



## CO-P-008 Incident Reporting and Review

### 1. PURPOSE

This document details the procedure to report serious incidents and the process of review. Incident Reports provide a formal and legal record of critical events impacting on clients, staff, carers and volunteers of MacKillop.

A serious incident can cause adverse:

- outcomes for MacKillop clients, their relatives, carers, volunteers and/or staff
- work health and safety outcomes (see page 3 of WHS-P-3a)
- outcomes to the facilities and technology systems clients and staff use,
- events for the general public, and
- media coverage

Some incidents may involve more than one of the above outcomes.

### 2. SCOPE

This document applies to all employees, contractors and volunteers engaged in work or activities associated with MacKillop. All programs and services at MacKillop are required to report all incidents and record into RiskMan.

To ensure our services align to best practice and have a consistent approach, MacKillop has determined that incident reporting is mandatory for all programs. All programs and services at MacKillop are required to report all incidents and record these into RiskMan.

The types of incidents entered into RiskMan include:

- Client incidents
- Staff work-related injury, illness and safety incidents
- Information Communication Technology (ICT), property and fleet incidents
- Hazards
- Breaches or potential compliance breaches
- Immediate and High-risk registers

### 3. DEFINITIONS

<b>Term</b>	<b>Definition</b>
<b>Incident</b> <b>Incident type</b>	Incident types include client incidents, staff work-related injury, illness and safety incidents, ICT, property and fleet incidents, and hazards. Compliance breaches, or potential breached should also be captured.
<b>Incident categories</b>	The Department of Human Services (DHS) categories reportable incidents into two levels: <ul style="list-style-type: none"> <li>· Category 1 – being the most serious, such as client death or severe trauma, and</li> </ul>

	Category 2 – being incidents that threaten the health, safety or wellbeing of clients or staff.
<b>Incident report (IR)</b>	A formal and legal record of critical events
<b>Compliance breach</b>	An act or omission whereby MacKillop has not met its' compliance obligations, processes or behavioural obligations (compliance failure)
<b>RiskMan</b>	MacKillop's internal incident reporting system. RiskMan is a web-based portal to manage the capture, analysis and reporting of all types of incidents occurring at MacKillop
<b>Executive Dashboard report</b>	Monthly report completed by the Policy & Quality business unit, which includes incident reporting information provided to the Operations team and Executive
<b>Senior Management</b>	Includes MacKillop CEO, Director of Operations, Deputy CEO, Directors and General Managers

## 4. PROCEDURE

### Incident Reporting Requirement

The incident reporting procedure must be followed when:

- an incident occurs
- an incident / breach is disclosed
- a hazard is identified.

For support in understanding the categorisation of incident reports, MacKillop uses the Victorian Department of Human Services' *DHS Incident type categorisation table (2011)* – see CO-F-007.

If there is any doubt in understanding whether an IR should be completed staff should discuss with their delegated supervisor or manager.

All incidents must be recorded in our incident reporting systems (RiskMan). If you are concerned about including sensitive information in the system (i.e. duty of care or bullying) please contact the Director of Human Resources, Director of Policy and Quality, General Manager Risk and Compliance or any of the Executive Team for advice on how to enter this data.

#### 4.1 Mandatory reporting and other external reporting obligations

Employees and volunteers in New South Wales (NSW) and Victoria are subject to state laws mandating the reporting of certain incidents to Child Protection authorities or the Police.

In conjunction with this procedure, NSW employees and volunteers are required to follow *NSW-P-003 Mandatory Reporting* procedure.

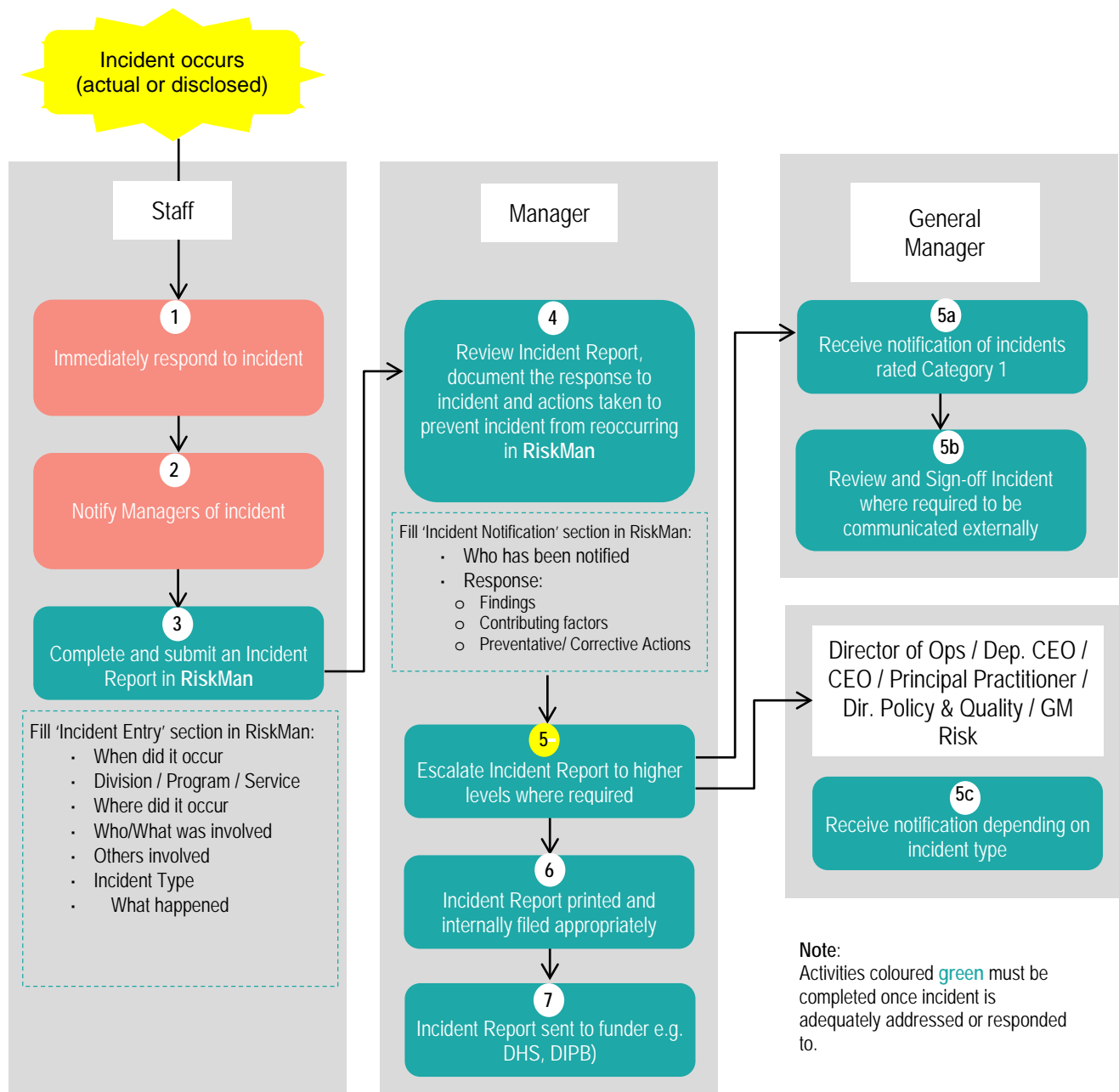
Victoria has additional reporting requirements for matters involving alleged criminal conduct or incidents involving a sexual offence against a child, regardless of whether the offence occurred during service delivery. Additional procedures to be followed in these circumstances are outlined in *CO-P-14 Responding to Allegations of Abuse Made by Clients of MacKillop Family Services*.

## 4.2 Incident Reporting Procedure

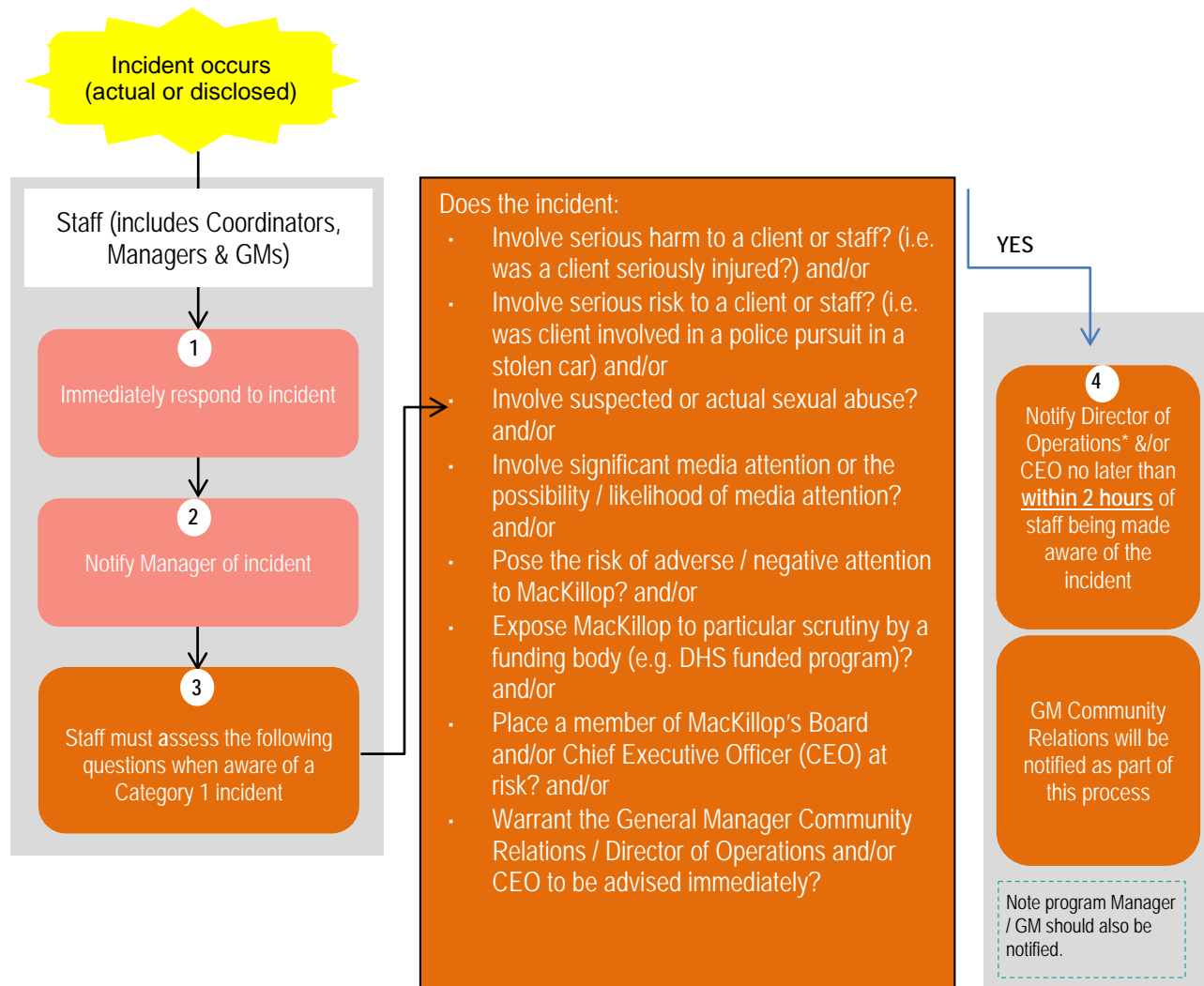
Once an incident has been identified, the following process must be followed:

1. Immediately **respond** to the issue
2. **Notify** Managers
3. **Complete** an Incident Report (IR) in RiskMan
4. Manager reviews and documents a **response** in the IR
5. IR is **escalated** to higher levels where required (see section 4.3 Communication requirements - Category 1 incident specific)
6. **Submit** completed incident to relevant external parties within specified reporting timeframes
7. Manually **Store** a copy of client IR within the client's files
8. A post incident review may be **conducted** of serious incidents by senior management to derive learning, improve controls and prevent recurrence.

Figure 1: Incident first response and incident notification / escalation (standard process)



### 4.3 Communication requirements - Category 1 incident specific



If the answer to **any** of the above questions is **YES** the relevant manager is to follow the process below to ensure the Director of Operations\*, General Manager Community Relations or CEO (where applicable) are informed of the incident no later than within two (2) hours of staff being made aware of the incident.

*\*References to the Director of Operations will be replaced by the Deputy CEO for incidents relating to Western Australia services or MacKillop Education services.*

1. Telephone the Director of Operations and General Manager Community Relations (where applicable)
2. If you do not receive an answer, leave a voicemail message and immediately follow up by:
  - a. Texting and emailing alerts until it is confirmed that they know about the incident
  - b. Make contact (phone / text or email) with the Director of Operations Executive Assistant and ensure she contacts the Director of Operations and makes him aware of the incident and **then** confirm with your Manager that contact has been made.
3. If contact cannot be made with the Director of Operations, or his assistant, then repeat the process with the Office of the CEO to ensure the CEO is made fully aware of the incident within the recommended two hour period

*NB: Do not rely on email communication to inform the Director of Operations and /or CEO. Verbal confirmation that the incident has been communicated **must** be obtained in all instances.*

#### **4.4 Specific program requirements**

Refugee Services: Required to complete and send completed client incident reports to the Department of Immigration and Border Protection (DIBP) using a DIBP formatted report. Once signed and sent all Incident Reports are to be placed into client files.

NSW Services: Services in NSW have no requirement to forward client incident reports to external funding bodies or government departments, however, an incident report may be sent or used as part of a Mandatory Reporting requirement or as part of an investigation (see *NSW-P-003 Mandatory Reporting*).

WA Services: Required to report to the Department of Child Protection (DPS) within 24 hours of a critical incident. RiskMan standard report meets DPS requirements. Once signed and sent all Incident Reports are to be placed into client files.

Department of Human Services' funded services: Required to complete and send completed client incident reports to DHS using DHS formatted reports. Once signed and sent all Incident Reports are to be placed into client files.

##### **4.4.1 Victoria Only - DHS Created Category 1 Incident Reports**

Incidents relating to MacKillop clients may be reported directly to DHS. In this instance DHS have the responsibility to create the Incident Report and inform MacKillop of any such report.

If DHS inform MacKillop that there has been a Category 1 Incident Report created relating to a MacKillop client, the responsible Manager is to re-enter the data from the DHS created incident report into RiskMan. This is to occur within 1 working day of DHS informing MacKillop of the creation of the Incident Report. There is no requirement to send this report to DHS.

The Manager (or their delegate) may, if deemed appropriate, enter the details of the incident as a summary rather than verbatim as long as there is no perceived change to the intent or content of the initial report. The Manager needs to ensure that the report indicates in the 'Summary' Section within RiskMan that this is a DHS generated report.

The Manager is to print the Category 1 Incident created within RiskMan using the 'Printer Friendly Version' tab and attach to the DHS Incident Report and place on the client file.

The Manager is then responsible for completing the Category 1 Tracking within RiskMan (see *CO-P-010 Category 1 Incident Report Tracking Procedure*).

## 4.5 Writing an Incident Report

Incident Reports provide a formal and legal record of critical events impacting of clients, staff, carers and volunteers of MacKillop. A good Incident Report should be:

### Well-Organised

Incident Reports should be written in chronological order, including:

- Time notified/made aware of the incident
- How you learned about the incident
- Identifying each person named in the report.

### Complete and Concise

A well-written report is complete. It covers immediate actions taken to meet client's wellbeing, who, what, where, when, why, and how. It does not leave unanswered questions. Be concise but don't leave out important details. Be economical with description and omit words or details that do not add value to the report. Excessive wordiness interferes with readability.

### Accurate, Specific and Factual

Use first person or if preferred, 'the writer' but maintain a consistent style. Double-check dates, times, names, phone numbers, etc. Proof your report carefully, and have others proof as appropriate. Being accurate also means being specific. Vague references do not give readers much information. Well-written reports are factual. A fact is something real that can be either proved or disproved. Try not to include opinions in your report. However, if you do include them, you should clearly identify them as such.

### Objective

Objective reports are fair and impartial, not influenced by emotion or opinion. Avoid words whose connotations change the tone of the report.

### Limited use of abbreviations

Some abbreviations are acceptable (e.g. Mr., Mrs., and Dr.). Long and cumbersome expressions are commonly abbreviated. Using too many abbreviations or using them inappropriately can detract from your description and make it hard for the reader to understand.

### Who, what, where, when, why and how

Ideas of things to cover when describing the incident include:

<b>Who</b>	<b>What</b>
Who was directly involved?	What happened? (type & details of incident)
Who discovered the incident?	What was the impact (on client)?
Who reported the incident?	What was the impact on others involved?
Who witnessed the incident?	What actions did you take?
Who responded to the incident?	What were the results of your actions?
Who took what actions?	What was said?
Who is the responsible party?	What was used?
Who was notified?	What contributed to the incident?
<b>Where</b>	<b>When</b>
Where did the incident occur?	When did the incident happen?
Where do responsible parties / key people live or work?	When was the incident discovered & reported?
	When was the incident brought under control?
<b>Why</b>	<b>How</b>
Why did the incident occur?	How did the incident occur?
Why did you take the actions you did?	How was the incident discovered?
	How was the client/staff impacted?
	How was the information obtained?
	How did you respond to the incident?

## 4.6 RiskMan

All Incident Reports will be completed on MacKillop's enterprise risk management system - RiskMan. Incidents must be recorded into RiskMan as soon practical. All staff have access to RiskMan via MacNet's homepage, MacKillop's intranet. The expectation is that any incident type will be captured and reported through RiskMan.

An incident in RiskMan is separated into 2 components: Incident Entry (blue section) and Incident Notification (purple section).

- 4.5.1 Incident Entry section: mandatory information required (prior to submitting the incident to their delegated manager) includes: when and where did it occur, who was involved, the type of incident and details of the incident.
- 4.5.2 Incident Notification section: delegated managers have access to this section. Managers will document who was notified of the incident, the responses and actions taken and identification of causes and potential corrective actions.

#### **4.7 Incident Reporting Timeframes**

##### Category 1

All Category 1 client incidents, regardless of the service or program area, are required to be completed within 1 working day of the Incident. The only exception to this would be if services funding agreement stipulates that the requirement is less than 1 working day.

No Category 1 incident will leave MacKillop without direct sign-off by the relevant General Manager (or provision of delegated authority to another manager).

##### Category 2

All Category 2 client incident reports, regardless of the service or program area, are required to be completed within 2 working days of the incident. The only exception to this where the services funding agreement stipulates that the requirement is less than 2 working day.

Category 2 incidents are required to be signed by the relevant manager (or provided another manager or supervisor has been formally delegated that authority).

##### Other

All other incidents are to be completed within 24 hours.

#### **4.8 Records Management**

All client incident reports, once completed, are to be printed and placed on client files. Any staff incident reports, that form part of a WorkCover claim or early intervention case management, are to be printed and placed on the staff members Injury/Incident file.

Actual or potential breaches are reported as and when they occur, to business unit management, and where appropriate escalated to the General Manager Risk, MacKillop Executive or CEO as per the Breach Reporting Procedure.

#### **4.9 Privacy**

MacKillop staff and volunteers must remember that we have a duty of care when involved in any incident regarding the privacy and confidentiality of our clients, families, other staff and volunteers. For any concerns please refer to the Privacy statement on the website or contact the Privacy officer at [privacy@mackillop.org.au](mailto:privacy@mackillop.org.au)

#### **4.10 Additional Principles**

If a client is receiving dual services from MacKillop, the following is to apply:

- If one of the dual services is a DHS funded service (such as out-of-home care or disability services), the incident should be reported directly to the appropriate case worker/ manager of the DHS funded service and it is the responsibility of the MacKillop staff member in the funded service to complete the incident report
- If neither service being provided to the client is DHS funded, the service/ program that was the witness to the incident is to complete the incident report
- If both services being provided to the client are DHS funded, the service that is the witness to the incident is required to complete the incident report
- If an incident occurs, regardless of whether it is DHS funded, the other service/ program must be alerted to the incident

## **5. REVIEW AND ANALYSIS**

All client Incident Reports are collated on a monthly basis by the Policy and Quality Unit. At the end of each month, the Policy and Quality Unit is responsible for informing the appropriate Manager/s of any current Incomplete Incident Reports within their program and providing a timeframe for the completion of the Operations and Executive Dashboard Report. The Policy and Quality Unit will report any Incomplete Incident Reports (if any) on the appropriate Operations and Executive Dashboard Report.

### **5.1 Executive Dashboard Report**

The Policy and Quality Unit is responsible for the collation and production of the appropriate dashboard reports. The monthly dashboard report will be developed in consultation with the Director Policy and Quality and Manager Operational Policy.

The Operations and Executive Dashboard reports will include (but not be limited to):

- Number of Incident Reports per category
- Number of Incident Reports per program and/or service area
- Previous Incident Report data in relation to numbers, incident types, quality of care issues, abuse in care issues, incomplete incident reports and incidents against targets per program/ service
- Any other relevant information as requested by the Executive Team