VIC.3001.003.0001

human services

Critical client incident management instruction

Technical update 2014

State Government Victoria

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Authorised and published by the Victorian Government,1 Treasury Place, Melbourne.

ISBN 978-0-7311-6661-9

April 2014

This document replaces the *Critical client incident management instruction 2011.*

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1. Introduction and aims

This instruction outlines the management and reporting requirements for incidents or alleged incidents that involve or impact upon clients during service delivery.

1.1. Why report?

The key reason for reporting incidents is to learn from them and, if possible, prevent the future occurrence of similar incidents. Without a detailed analysis of incidents affecting clients, we may fail to uncover problems or situations that are potential hazards to clients or staff which could have been avoided or mitigated. Most incidents reported under this instruction are considered allegations as they are yet to be proven.

1.2. Scope

This instruction applies to all services directly delivered or funded by the Department of Human Services (the department). More detail is provided in section 2 'Scope of the instruction'.

1.3. Aims

The aims of client incident management and reporting are to:

- ensure timely and effective responses are taken to address immediate client safety and wellbeing
- be accountable to clients for actions taken immediately and planned in response to their experience of a critical incident
- ensure due diligence and responsibilities to clients are met
- support the provision of high-quality services to clients through the full and frank reporting of adverse events
- assure and enhance the quality of service and supports to clients through monitoring and acting on individual incidents as well as trends identified through the analysis of incident reports
- support organisational consistency
- ensure that identified deficits in service and support are addressed
- inform the appropriate ministers, the Secretary, deputy secretaries, executive directors and directors of significant incidents affecting clients in a timely and accurate manner.

1.4. Compulsory reporting

Reporting of incidents as defined in this instruction is compulsory.

1.5. Further information

Department of Human Services client incident report forms and supporting materials are available on the Funded Agency Channel www.dhs.vic.gov.au/funded-agency-channel and the Department of Human Services intranet, human services hub http://intranet.dhs.vic.gov.au.

2. Scope of the instruction

This instruction applies to all services delivered directly by the department and all service providers funded by department. As part of their service agreement or contract, providers of the following program and activity types are required to comply with departmental critical client incident management and reporting processes as indicated below by category.

The reporting requirements are determined by the service type. Reporting requirements for all services delivered directly by the department or funded by department are outlined below.

2.1 Program and activity types required to report Category One client incidents only

Providers that are funded to deliver the following service program and activity types are required to report Category One client incidents.

2.1.1 Children, youth and families

Family and community services

- Child FIRST and family services
- family violence and sexual assault services

2.1.2 Housing and community building services

Homelessness assistance

- crisis accommodation services and crisis support services

2.2 Service types required to report Category One and Category Two client incidents

Providers that are funded to deliver the following service program and activity types are required to report Category One and Category Two client incidents.

2.2.1 Disability services

Individual support

- day services
- flexible support packages
- individual support packages
- outreach support
- respite.

Information, planning, and capacity building

- case management
- access.

Targeted services

- behaviour intervention services
- independent living training.

Residential accommodation services

- residential institutions
- shared supported accommodation.

2.2.2 Children, youth and families services

Family and community services

- Aboriginal community controlled organisations (ACCO) (residential services)
- early parenting services
- placement prevention/families FIRST
- placement prevention and reunification/ Family coaching Victoria
- cradle to kinder program
- family intervention services.

Home-based care

- permanent care
- lead tenant
- home-based care – general
- home-based care – complex
- home based care – intensive
- therapeutic foster care
- leaving care.

Kinship care

- home-based care – kinship.

Residential care

- residential care.

Secure welfare

- secure welfare services

Statutory child protection services

- child protection services
- child protection after hours.

2.2.3 Youth services and youth justice

Youth justice statutory community services

- community services.

Refugee minor program

- Refugee Minor Program.

Youth services

- youth support services
- adolescent support programs
- Finding Solutions
- Youth Justice Group Conferencing
- youth justice community support services.

2.2.4 Youth justice custodial services

Youth justice custodial services

- Malmsbury Youth Justice Centre
- Parkville Precinct (Parkville Youth Residential Centre and Melbourne Youth Justice Centre).

2.2.5 Housing and community building services

Homelessness assistance

- supported accommodation assistance
- homelessness service support
- transitional housing management.

Community managed

- housing association
- community housing.

Department managed

- public housing.

long-term housing assistance

- long term assistance
- Public Housing Infrastructure Program

2.3. Out-of-home care

Out-of-home care is the term used in Victoria when a child or young person is placed in care away from their parents.

In Victoria the vast majority of children and young people in out-of-home care are placed there following child protection intervention and in accordance with an order granted by the Children's Court. However, a small number of children and young people are placed in out-of-home care on a voluntary basis with no court order requiring them to live away from their parents.

Out-of-home care includes both care directly delivered by departmental staff and care delivered through funded community service organisations. Thus, incident reports are the responsibility of both departmental and community service organisation staff.

Out-of-home care includes:

- residential care
- therapeutic residential care
- lead tenant accommodation
- home-based care, which encompasses: foster care; adolescent community placement; kinship care; shared family care; permanent care prior to finalisation; and therapeutic foster care.

Where allegations against carers occur in out-of-home care the department's *Guidelines for responding to quality of care concerns in out-of-home care* (2009) apply.

2.4. Disability supports

A range of disability supports are funded through funding packages. This includes services provided through individual support packages. The funding can be used for support needs and services that can be purchased from disability service providers, other community services providers or providers of goods or services available to all other members of the community.

When establishing services with a person and/or their supporters, departmental and registered disability service provider staff must enquire whether the person is purchasing the service as a result of receiving an individual support package or another funding package.

Having determined that the person is in receipt of a disability services funding package the registered disability service provider must comply with all aspects of this instruction as applicable to the incident.

2.5. Family and community services

The department provides and funds a range of early intervention and support services to ensure the safety and wellbeing of children, young people and families. These services include the following activities:

- Aboriginal community controlled organisations (ACCO) services – Family and Community Services (including Aboriginal Family Preservation and Restoration, Aboriginal Family Decision Making and Integrated Family Services – Indigenous)
- family violence support services
- sexual assault support services
- women's information and referral exchange
- men's family violence services

- sexually abusive behaviour treatment services
- family intervention services
- Indigenous family violence services
- integrated family services (including Child FIRST and family services)
- integrated family services – Indigenous
- Parenting Assessment and Skill Development Service (PASDS)
- early parenting centre services
- early parenting centre – PASDS
- placement prevention and reunification services (Family Coaching Victoria)
- Cradle to Kinder

2.6. Housing and community building services

The department provides subsidised housing for low-income Victorians who cannot access the private rental or ownership markets and who meet eligibility requirements. The department is also responsible for:

- developing local communities and connecting those most in need with support, training and employment opportunities
- tackling the underlying causes of homelessness and reducing the number of homeless people in Victoria.

Incident reports are required for all direct services delivered by the department as well as services funded by the department delivered by community service organisations.

Service providers providing the following services must report Category One incidents only:

- women's refuges
- youth refuges
- Indigenous hostels
- crisis accommodation services
- crisis support services.

The following service providers must report both Category One and Two incidents:

- Department of Human Services public housing and community facilities managed by departmental public housing
- Community service organisations providing:
  - transitional housing management services
  - homelessness and family violence assistance programs except those listed under Category One
  - social housing advocacy and support programs
  - community housing agencies leasing Director of Housing-owned properties under long- term community housing programs

– registered housing agencies providing affordable housing.

For community housing agencies that provide tenancy and property management, see the *Housing Provider Framework Lease and Property Management Agreement, General Lease or Funding Agreement*.

2.7. Additional guidelines

The department may issue supplementary guidelines for staff in relation to particular service types.

3. Roles and responsibilities

3.1. Local service level

The responsibilities for managing incidents at the local service delivery level include:

- responding to the immediate needs of individuals involved, including staff, and taking any remedial action necessary to re-establish a safe environment; this is the first priority where safety is threatened
- communicating with the client and/or staff member, relatives, carers, friends or advocates and other service providers as appropriate and in a timely manner
- undertaking follow-up actions in relation to individual incidents
- reviewing incident information over time to identify lessons and practice implications, and make recommendations for improvement
- generating and implementing improvement strategies and action plans and monitoring and reviewing the effectiveness of actions taken
- undertaking compliance checks to assess the ongoing implementation of the Critical client incident management instruction.

3.2. Department of Human Services designated divisional office

Each departmental division has a designated office that coordinates and monitors incident management and reporting.

The responsibilities of the designated divisional office include:

- ensuring, in the first instance, that the immediate needs of the clients have been met and appropriate follow-up actions are taken or planned
- providing detailed guidance on investigation processes where appropriate
- ensuring that the local level service provider has informed all relevant authorities including, but not limited to, Victoria Police, the Coroner or WorkSafe
- coordinating the inclusion of incident reporting policy and processes in induction and other training programs
- communicating with the ministers, Secretary, deputy secretaries, executive directors and other senior staff verbally and through written incident reports
- implementing a systematic approach to reviewing incidents, which includes an examination of the root cause of the incident
- reviewing and analysing individual and aggregate incident information over time to identify lessons and practice implications
- generating and implementing improvement strategies and action plans
- undertaking compliance checks to assess the ongoing implementation of critical client incident management and reporting policy.

Each executive director must ensure that all relevant departmental managers, authorised officers and community service organisations in their division comply with the critical client incident management and reporting requirements.

Divisional departmental Local Connections are responsible for ensuring that community service organisations are aware of and comply with the instruction.

3.3. Department of Human Services central office

Central office are responsible for reviewing incident data, in consultation with divisions, to inform policy development and continuous improvement of the incident management approach, practice guidelines and policy implementation.

The process of reviewing and managing incident data must include:

- establishing a systematic approach to reviewing and undertaking investigations centrally where appropriate
- analysing and reviewing aggregate incident information over time to identify policy and practice implications.

The Service Design and Implementation Group have overall responsibility for:

- setting and improving the critical client incident management approach
- developing and maintaining associated documents, tools and processes.

Performance Regulation and Reporting have overall responsibility for providing statewide data reports.

4. When is a client incident report required?

A client incident report is required for all critical incidents occurring at the service or during service delivery that involve and/or impact upon clients.

This includes all critical incidents that occur:

- while a staff member is with the client
- when the client attends a service provider premises, including offices, residential services, respite facilities or day services
- when a staff member is providing in-home support or support in the community with the client
- onsite at the service, including inside and around the building and locations that are within view of staff.

If a service provides 24-hour care (residential care, custodial services or statutory child protection) a report is required for all incidents involving clients of this service regardless of location.

If a service does not provide 24-hour care, critical incidents occurring outside of service delivery may also need to be reported.

Considerations include:

- was the client hurt and is the client still at risk?
- do you need to significantly change your service delivery to the client/clients as a result (including police intervention)?

If an incident occurs where there are concerns about the safety and wellbeing of children and young people who are not current clients of the department, consideration should be given to reporting the concerns to the divisional child protection intake service.

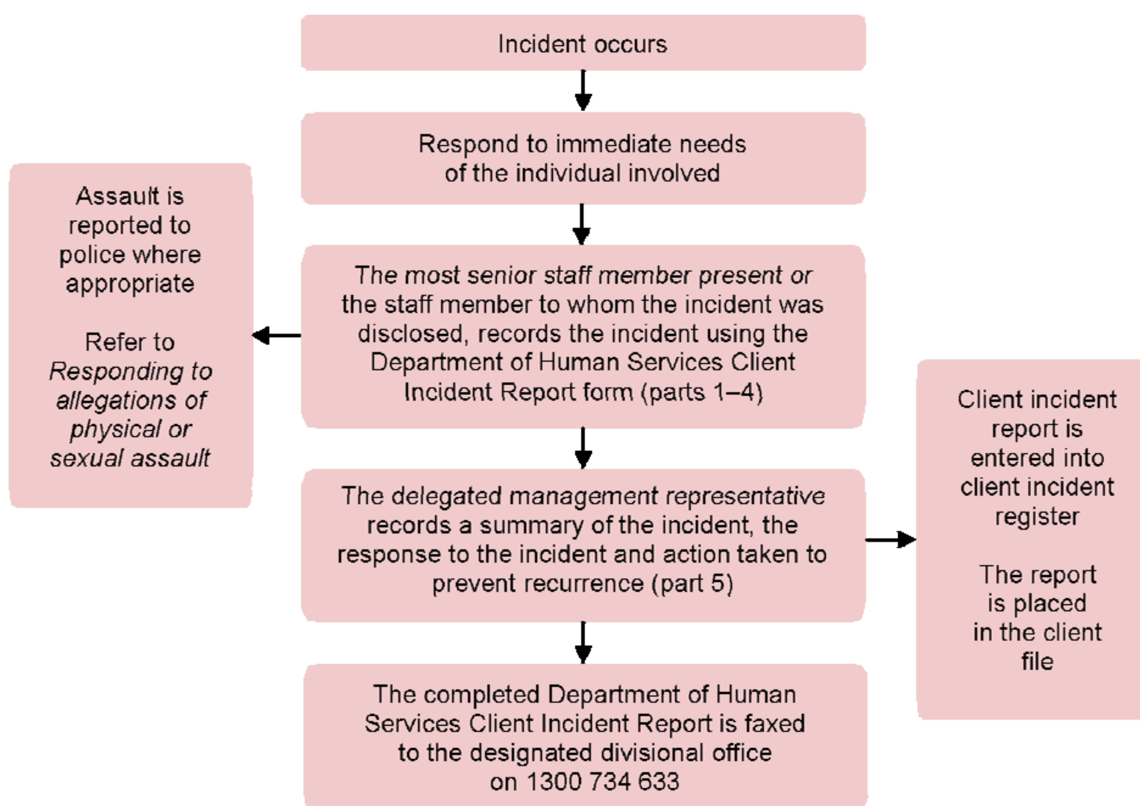
5. Reporting a critical client incident

5.1. Overview

This section explains the steps to be taken to complete a client incident report. The client incident report form can be downloaded from the Funded Agency Channel www.dhs.vic.gov.au/funded-agency-channel or the department's website http://www.dhs.vic.gov.au/home.

All reports must be legible, dated and presented in the specified report format.

Figure 1: Reporting a critical incident



5.1.1. Respond to immediate needs and re-establish a safe environment

In the case of any incident the first step is to make sure clients and staff are safe. Once that has been achieved a client incident report must be completed. The report must include immediate actions that have been taken and planned follow-up actions.

5.1.2. The most senior staff member records the incident on the client incident report form

The most senior witness to the incident or, if there were no witnesses, the staff member to whom the incident was reported must complete parts 1 to 4 of the client incident report form.

The client incident report should record all necessary factual details including:

- who was involved
- what happened

- how, where and when the incident occurred
- who was injured and the nature and extent of injuries (if applicable)
- what action is being taken in response to the incident.

Objective language must be used. Refer to *Writing effective department of Human Services client incident reports* for further guidance (available on the Funded Agency Channel www.dhs.vic.gov.au/funded-agency-channel or the department's website www.dhs.vic.gov.au>).

5.1.3. A management representative records action taken in response to the incident

After parts 1 to 4 of the incident report form have been completed the delegated management representative records in part 5 a brief description of the incident in less than 20 words and:

- records the local action in response to the incident and, if appropriate, the action planned to prevent recurrence
- quality checks the client incident report, ensuring that appropriate incident type, category, client and location details were recorded.

5.1.4. Submit completed client incident report

The delegated management representative of the service directly delivered or funded by the department submits the form completed to part 5 to the Department of Human Services designated divisional office using the designated fax number (1300 734 633) in accordance with the set timelines.

Category One client incident reports must be sent to the department designated divisional office as soon as possible and at the latest **within one working day** of the incident or **within one working day** from first being told of the incident.

Category Two client incident reports must be sent to the department designated divisional office as soon as possible and at the latest **within two working days** of the incident or two working days from first being told of the incident.

5.2. Additional guidance

5.2.1. Reporting alleged criminal acts

Alleged criminal acts that occur during service delivery must be reported to the police as soon as practicable. The relevant service provider is responsible for fulfilling this expectation.

5.2.2. Additional details

The need to quickly submit the client incident report may conflict with the time required to develop long-term or complex responses. In such cases the client incident report must be submitted in accordance with the set timelines with a note on the form stating that a response is still being developed.

Once a client incident report has been completed the incident description must not be changed or altered in any way or for any reason. If another witness or individual disagrees with the content of the report the alternative views must be put in writing as a file note and attached to the completed client incident report.

5.2.3. Third party information

A client incident report may include personal information from a third party to an incident. That is, someone who is not a client or staff member but who witnessed or was involved in the incident. The person should be notified that the information is being collected by the department for the purpose of service improvement and, in particular, to try and prevent similar incidents from occurring in the future. It may not be necessary to name witnesses. Refer to section 9 'Privacy'.

5.2.4. Sending information by fax

Service providers should send incident reports to the department designated divisional office using the designated fax number (1300 734 633). There are risks to privacy in sending information by fax, which include misdialling a number, people other than the intended recipient reading the information, errors in transmission or the transmission not being authorised.

Minimise risk by taking the following precautions:

- before sending a fax call the intended recipient by phone to confirm their number and alert them of an incoming fax
- ask the recipient to ring to confirm receipt of the fax
- set your fax machine to print transmission reports as required
- do not send sensitive information using a pre-programmed dialling facility
- send only the minimum amount of information necessary
- send only one incident report per fax transmission
- always use a cover sheet containing your details and a request that you be contacted if the recipient is not in fact the addressee
- label the fax 'private' or 'confidential', and mark it for the attention of the addressed recipient only
- make a note on the original document of the date that was faxed (or attach the transmission report).

5.2.5. Do not send information by email

There are particular risks in sending messages via the internet and email. The confidentiality of internet traffic cannot be assured as it may pass through and be scanned and copied by nodes in many different locations. Therefore service providers are required to fax a completed incident report form to the department.

5.2.6. Incident report records management

Service providers are required to file copies of all incident reports (completed to part 5) relating to the client in the client's file and review incidents as part of quality assurance.

Service providers must maintain a critical client incident register or database. The register or database must be available for audit.

Paper incident reports and related electronic data must be stored securely and only accessed by staff who have a business purpose for doing so. Paper reports should be stored in locked filing cabinets. Access to electronic data should be limited to appropriate staff only.

5.2.7. Feedback from the designated divisional office

If a division manager, executive officer or area director determines that a client incident report submitted requires further action in responding to the client's needs and safety the relevant service provider will be notified. If the client incident report has been assigned the incorrect incident type or category, the service provider will be notified by the relevant divisional office to assist with instruction compliance.

5.3. Clients receiving multiple service types (shared clients)

A shared client is a client of a number of service types, service providers or government departments. Information regarding a critical client incident may be disclosed to the other service providers for the purpose of service improvement, to lessen or prevent a serious or imminent threat to a client's life, health, safety or welfare and/or trying to prevent similar incidents from occurring in the future.

The department divisional office is responsible for notifying other departments or service providers where the client is believed or known to be shared.

Refer to section 9 'Privacy' for information about the use or disclosure of information about clients and staff.

5.3.1. Disclosed incidents involving shared clients

An incident may occur in relation to a client who is involved with a number of service types (such as disability case management, child protection and public housing) and/or in receipt of services from a number of service providers. Only one client incident report is required per incident.

The service that first becomes aware of the incident is responsible for completing the client incident report (parts 1 to 5) unless, by mutual agreement, a more appropriate service or service provider takes responsibility for completing the report. This might be the case, for example, where the incident has a direct and obvious relationship to, and impacts on, the delivery of a particular type of service.

If the service provider that first becomes aware of the incident is not the lead service provider with prime responsibility for the client, then they must ensure that the lead service or prime service provider, where known, is informed. Together service providers are to determine who will take responsibility for completing the client incident report. For example where an incident is not required to be reported by one service area, but is by another due to reporting requirements.

The department divisional office is responsible for notifying other departments or service providers where the client is believed or known to be shared.

5.3.2. Lead division or central office service agreements

Where a community service organisation has a lead division or central office service agreement, the community service organisation service provider should report the incident via the usual process to the geographic division in which the service outlet is located, unless otherwise agreed.

The division is responsible for recording the client incident report in the departmental data information system and providing a copy of the report, with the department incident reference number (IRD), to the lead division or central office service agreement lead.

5.3.3. Incidents impacting on clients involved in services funded by other government departments

For department clients who are involved in a number of service types from other government departments (such as Department of Justice and/or Department of Health), and/or are in receipt of services from a number of service providers, a client incident report is required to be provided to each government department in accordance with their reporting requirements.

6. How to choose an incident type and category

6.1. Incident type

An incident type is simply a descriptor. For each incident only one incident type must be selected. There is a set list of incident types that can be used in incident reports.

When choosing an incident type, choose the incident type with the definition that best describes what happened in the incident, or the behaviour or circumstance that had the greatest impact.

Refer to section 12 'Definitions of incident types'.

6.2. Category

There are two categories of reportable incidents. In grading an incident, give consideration to the actual impact or apparent outcome for the client and the likelihood of recurrence.

Category One incidents are the most serious. A Category One incident is an incident that has resulted in a serious outcome, such as a client death or severe trauma.

Category Two incidents involve events that threaten the health, safety and/or wellbeing of clients or staff.

It is expected that senior staff will use their professional judgement in considering the sensitivity and appropriate grading of incidents being reported.

Refer to the categorisation table in *Critical client incident management summary guide and categorisation table*: 2011 (available on the Funded Agency Channel www.dhs.vic.gov.au/funded-agency-channel and for staff of the department on the Department of Human Services intranet, human services hub http://intranet.dhs.vic.gov.au/).

6.3. Factors to consider in determining whether an incident is reportable

In assessing the need for an incident report the senior staff member must exercise professional judgement. The following factors should be considered when determining whether an incident is reportable:

- Was the client hurt in the incident? To what extent?
- Is the client still at risk?
- Do you have to change your service delivery substantially as a result?

These factors are considered in more detail below.

6.3.1. Severity of outcome

Consider:

- the nature and extent of the trauma
- the level of distress caused to the victim.

If a client is admitted to hospital as an inpatient as a result of a physical or sexual assault, accident, sudden illness, injury, self-harm or possible overdose, the event is reportable as a Category One incident.

6.3.2. Vulnerability of client

Consider the:

- age and stage of development, culture and gender of the client
- balance of power or position between the alleged perpetrator and victim and the potential for exploitation
- a client's individual mental and/or physical capacity, understanding of potential risks and communication skills.

An incident involving the conduct of (or negligence by) a staff member that significantly impacts on or places at risk the health, safety and wellbeing of a client is likely to be reportable to the department.

6.3.3. Pattern and history of behaviour

Consider:

- the history and pattern of offending or being offended against
- the client's risk-taking behaviour
- the frequency of the event (and how recent it was if it is disclosed during service delivery)
- the likelihood of recurrence.

7. Guidance for reporting death, assault and poor quality of care

7.1. Client death

As in the general population, people will pass away in or while in receipt of services. The death of a resident or client of a service does not in itself constitute a Category One incident. However, if the death involves circumstances that are out of the ordinary, a client incident report may be required. For example:

- the death of a client in unusual or unexpected circumstances, such as, but not limited to, murder, overdose or suicide
- the death of a housing tenant where the deceased is not discovered for some time or discovered after concerns and a welfare check
- the death of a client in a residential facility or housing property where the condition of the facility or property or standard of care provided may have been a contributing factor
- any deaths of a client under the age of 18 years
- the death of a parent, guardian or carer in unusual or unexpected circumstances that places a client aged under 18 years or a client with a disability at risk
- the death has a direct or obvious correlation to the service the person was receiving
- the death is reportable, for example to the Commission for Children and Young People.

Client deaths as the consequence of the progression of a diagnosed condition or illness are not reportable to the department unless the death occurred in a disability residential service/care.

In order to meet with administrative functions under legislation the death of a client who was living in disability residential service/care (both community service organisations and department delivered) at the time of their death, which was a consequence of the progression of a diagnosed condition or illness, should be reported as a Category Two incident. Client deaths as the consequence of the progression of a diagnosed illness or condition are not reportable in all other disability services.

All deaths in unusual circumstances during service delivery are required to be reported as a Category One incident.

7.2. Assault

Assaults of any type are unacceptable regardless of the intent of the person committing the violence. Any assault of a client must be reported.

Assaults can vary in nature from life-threatening events to incidents that threaten clients or others health, safety or wellbeing. To assist staff with accurate categorisation of the incident in their report further advice regarding allegations of physical and sexual assault is provided below.

Refer to *Responding to allegations of physical and sexual assault instruction: technical update 2014*, for reporting and management requirements of allegations of physical and sexual assault.

Refer also to the categorisation table in *Critical client incident management summary guide and categorisation table*: 2011 (available on the Funded Agency Channel www.dhs.vic.gov.au/funded-

agency-channel and for staff of the department on the Department of Human Services intranet, human services hub http://intranet.dhs.vic.gov.au/).

7.2.1. Sexual assault

Sexual assault includes rape, assault with intent to rape and indecent assault. An indecent assault is an assault that is accompanied by circumstances of indecency. Examples are unwelcome kissing or touching in the area of a person's breasts, buttocks or genitals. Indecent assault can also include behaviour that does not involve actual touching, such as forcing someone to watch pornography or masturbation.

Inappropriate touching by a client with a disability needs to be considered in the context of the individual client's behaviour or disability. A behavioural support plan should be developed for the client (or an existing plan should be reviewed). A police report may not be necessary or appropriate in this case.

Staff should be mindful that sex-offending behaviour (for offenders both with and without a disability) develops via a progression of behaviours that increase in severity over time. Accurate categorising and reporting of inappropriate sexual behaviour will help identify the need to intervene and assist the client to develop appropriate behaviour.

A client exposing themselves in a public place needs to be considered in the context of the individual client's behaviour or disability. If the behaviour is such that criminal charges are likely, or the client has previously been charged with sexual offences, then the incident must be categorised as Category One.

7.2.2. Sex work by a client

Sex work by a client under the age of 18 years is a Category One incident and should be recorded as 'Behaviour – sexual exploitation'. Sex work must be recorded as a Category One incident due to the criminal nature of the activity. A care plan must be put in place to reduce the risk of harm to the client.

Members of the public who are known to be engaging clients in sex work must be reported to the police.

All allegations of sexual assault are to be reported as a sexual assault (refer to section 7.2.1 'Sexual assault').

7.2.3. Staff to client assault

Allegations of assault of a client by a staff member, volunteer carer or member of the carer's household must be reported as a Category One incident regardless of whether medical attention is required and regardless of the type of assault alleged (for example, alleged rape or indecent assault).

7.3. Poor quality of care incidents

Poor quality of care concerns may, depending on the extent and nature of impact on the client be defined as either Category One or Category Two incidents.

In general, it is anticipated that poor quality of care concerns would represent lower level risks to the health and wellbeing of a client than physical or sexual assault and are therefore likely to be defined as Category Two incidents.

Poor quality of care should be defined as a Category One incident where it results in the need for medical intervention. If poor quality of care cannot be excluded as contributing to a client's need for medical intervention, it should be reported and defined as a Category One incident.

In grading a poor quality of care incident, service providers should be informed by any previous incident reports regarding the client, the carer or the family of the client or carer. Where there are previous incident reports, the service provider should consider the number, timing and subject of previous incident reports.

7.3.1. Poor quality of care – out-of-home care

For children and young people placed in out-of-home care, consultation should occur with quality of care coordinators. The *Guidelines for responding to quality of care concerns in out-of-home care* (2009) apply.

The point at which a poor-quality of care concern moves from one that can be dealt with as part of the usual support and supervision function carried out by service providers to one that requires an incident report is a matter for staff to use their professional judgement. Their decision should be guided by the extent and nature of the impact on the child or young person. Case plans and care and placement plans and reviews should be consulted for information about the child or young person and aspects of their care. Such information may provide important context for assessing concerns about poor quality of care.

Situations where a client incident report is required may include (but are not limited to):

- concerns, especially ongoing or repeated concerns, about:
  - hygiene in the caregiver's home (including foster care, kinship care, permanent care and residential care)
  - the quality of diet provided to the child or young person
  - inappropriate clothing
  - poor levels of supervision
  - inappropriate behaviour management
  - the methods used to discipline a child (that have already been determined not to be abuse or neglect)
- where it is alleged that the caregiver or member of their household has been engaged in criminal behaviour
- inappropriate behaviour by caregivers, such as:
  - not cooperating with reasonable access arrangements
  - making derogatory comments about the child or their family
  - not accepting reasonable visits from staff

- – treating a child in placement in a discriminatory manner (for example providing them with a lower standard of care than the caregiver's birth children).

Failure to care adequately for a child or young person with an adequate standard of nutrition, medical care, clothing, shelter or supervision to the extent that the health and development of the person is significantly impaired or placed at risk is to be reported as a Category One incident. For example, a child or young person is neglected if left uncared for over long periods of time or abandoned. Neglect of medical care refers to a situation where a parent, staff or caregiver's refusal to agree to a certain medical procedure may be determined to be an unacceptable deprivation of the person's basic right to life and health.

7.3.2. Poor quality of care – disability services

Situations where an incident report is required for clients receiving disability services may include (but are not limited to):

- concerns, especially ongoing or repeated concerns, about:
  - hygiene in the residential facility
  - quality of diet provided to the client
  - inappropriate clothing
  - lack of bedding
  - poor levels of supervision
  - inappropriate behaviour support
- the methods used to respond to dangerous or disruptive behaviour by a client (that has already been determined not to be assault)
- where it is alleged that the staff of a facility or an in-home carer has been engaged in criminal behaviour
- inappropriate behaviour by staff or caregivers such as not cooperating with reasonable community access arrangements or making derogatory comments about the client or their family.

8. Reviewing and learning from incidents

Where there is organisational learning and change the safety and quality of services to clients will improve.

All service delivery areas are expected to be aware of, understand and comply with legislative requirements and departmental guidelines. In complex human services environments, however, sometimes things do not happen as they should. The key reason for reporting incidents is to learn from them and prevent their recurrence.

In dealing with complex care environments it is important to concentrate on the conditions in which staff work as the root cause of an incident may lie in organisational and management systems. For example, the root cause of an incident involving injury to a client may be a staff training deficit or equipment failure. The focus must be on trying to build capability in order to prevent errors or reduce their effects.

Incidents should be systematically analysed and ongoing change implemented in order to prevent similar events from occurring. This may include review processes such as child death inquiries, review processes or local regional reviews.

It may be appropriate to use root cause analysis for unexpected occurrences or incidents involving death or serious physical or psychological injury. Root cause analysis probes the source of a problem and then suggests productive solutions in the form of preventive system changes. In this context, root cause analysis:

- focuses primarily on systems and processes, not individual performance
- progresses from special causes in care processes to common causes in organisational processes
- repeatedly digs deeper by asking 'why?' until no additional logical answer can be identified
- identifies changes that could be made in systems and processes, through either redesign or development of new systems or processes, to improve the level of performance and reduce the risk of a particular serious incident occurring in the future.

Root cause analysis is founded on the belief that people make mistakes and that errors are inevitable, but that organisational improvement is always possible and the ever-present goal.

9. Privacy

Respecting the privacy of individuals who are involved in or witness to an incident is an important consideration in dealing with incident reports, which often contain personal details and other sensitive information.

9.1. Community Service organisations' obligations and requirements

There are a number of Victorian Acts that regulate the collection of personal information. In Victoria these include the *Information Privacy Act 2000* and *Health Records Act 2001*. Other legislation that regulates service provision is the *Disability Act 2006* and the *Children, Youth and Families Act 2005*. Privacy legislation does not override this legislation, it supplements it.

The Health Records Act applies to the Victorian Government sector, Victorian Government funded health services, private health services within Victoria, and any other organisations in Victoria that hold health information.

9.2. Departmental staff

Departmental staff must comply with the Department of Human Services privacy policy whenever personal and/or health information about clients, staff or others is collected, stored, transmitted, shared, used or disclosed.

The privacy policy is an integrated policy which supports the sensitive protection and management of personal information and seeks to meet the legislative requirements of the *Information Privacy Act 2000* and *Health Records Act 2001* Information relating to privacy is available at http://www.dhs.vic.gov.au/home.

10. Related reporting requirements

The *Critical client incident management instruction* is one of several departmental processes for dealing with a range of incidents or events. All have a common central focus on risk management and the desire to learn from and prevent repeat occurrences of adverse events. Some incidents will require a number of reports for different purposes.

10.1. Occupational health and safety

Under the Victorian *Occupational Health and Safety Act 2004* the employer must notify WorkSafe immediately after they become aware of a serious incident at a workplace. Notification to WorkSafe is required where any person (not just an employee) is involved in a serious incident at a workplace. Under the Act, all Victorian employers are required to have a register of injuries as specified by WorkSafe Victoria. This register must be readily accessible in all workplaces. Refer to http://www.worksafe.vic.gov.au/ for more information.

Many incidents involve or affect staff. The health, safety and wellbeing of employees are core management responsibilities. Prevention of workplace risks to health, safety and wellbeing is the most effective way to reduce occupational illness and injury. Community service organisations are required to report all incidents that may lead to a claim against the organisation to the insurer, Victorian Managed Insurance Authority, as detailed in its insurance manual for service providers.

If a department staff member is injured or becomes ill in the workplace a Disease/injury/near miss/accident (DINMA) form must be completed. Refer to human services hub http://intranet.dhs.vic.gov.au for more information.

10.2. Fire risk management

The department has developed a series of guidelines to provide a consistent approach to fire risk management in certain buildings. The Fire Risk Management Guidelines (Capital Development Guidelines Series 7) encompass fire-related policy and procedures.

The fire incident reporting procedure (guideline 7.1, appendix 6) differs from the procedure indicated on the client incident report form. It includes information on who discovered the fire, the method of extinguishment, information about the spread of the fire, burning and smoke and the extent of evacuation.

10.2.1. Fires in public housing and community housing

There is a relatively high incidence of fire in public housing and community housing compared to other departmental buildings and facilities. In cases of fire, irrespective of severity, the responding officer (housing manager or representative) must complete a fire incident report as soon as possible after the fire and forward it to the Fire Risk Management Unit, Property and Asset Services, Property Portfolio Branch.

10.3. Death of a current or former child protection client

10.3.1. Child death inquiry

In the event of the death of a current or former child protection client where the case had been closed within 12 months of the death, independent review and analysis occurs in accordance with the *Commission for Children and Young People Act 2012*.

The Commission for Children and Young People manages the child death inquiry process, which aims to promote continuous improvement and innovation in policies and practices relating to child protection and the safety and wellbeing of vulnerable children and young persons.

Note: for these purposes, where an unborn report or s 38 consult under the *Children and Young Persons Act 2005* is the only child protection contact, the case is not in scope for a child death inquiry.

Child death inquiries are undertaken by a reviewer from the Commission for Children and Young People supported by an independent consultant where appropriate.

The Commission for Children and Young People Act makes provision for the Commission for Children and Young People to conduct an inquiry into the deaths of youth justice clients if it wishes but this is not a requirement.

The Victorian Child Death Review Committee concluded its activities with the establishment of the Commission for Children and Young People in March 2013. The Commission for Children and Young People has established an internal review committee to consider the findings of each inquiry and review undertaken, and to make recommendations to government for systemic reform and action.

The Commission Review Committee aims to maximise an integrated approach to learning and reflective practice, and align recommendations from inquiries and reviews with monitoring and policy analysis activity underway in the Commission for Children and Young People.

10.3.2. Incident response following the death of a current or former child protection client

Where the death of a current client becomes known, or that of a client where the case had been closed within the twelve month period preceding the death, a category one incident report will be required in accordance with the incident reporting guidelines. A copy of the client incident report must be provided by the division to the Commission for Children and Young People and the Child Protection Unit, Statutory and Forensic Services Design Branch in Service Design and Implementation Group.

The division will provide required briefings as per established ministerial briefing requirements and process.

In the event of the death of a former client where the case had been closed for more than 12 months prior to the death, senior management should consider what action may be required. Relevant factors to consider include:

- the length of time elapsed since child protection involvement
- the extent of child protection involvement
- the sensitivities of the case
- the potential for public, political or legal scrutiny
- the particular facts and circumstances.

Consultation should occur amongst senior divisional and central branch staff wherever required. Divisional management will determine further action required including briefing requirements.

10.3.3. Client death inquiries (youth justice)

Inquiries into youth justice client deaths follow a similar model to that used in child protection inquiries, but they are coordinated by the Youth Justice and Disability Forensic Unit, Statutory and Forensic Services Design, Branch, Service Design and Implementation Group.

For the purposes of the client death inquiry process a youth justice client is defined as a young person who is in custody in a youth justice centre, under Department of Human Services (youth justice) supervision in the community or who dies while on an order or within one month of being in custody or on a supervisory order.

10.4. Reporting to the coroner (disability services)

In addition to reporting client deaths through departmental incident reporting processes a statutory obligation to report deaths to the Coroner may also apply. A 'reportable death' to the Coroner includes (but is not limited to) deaths:

- that appear to be unexpected, unnatural or violent or to have resulted, directly or indirectly, from accident or injury
- of a person whose identity is unknown
- where the person was held in care immediately before their death.

A 'person held in care' includes a person under the control, care or custody of the Secretary, Department of Human Services. The *Victorian Coroner's Act 2008* is available at

http://www.coronerscourt.vic.gov.au/

10.5. Reporting alleged criminal acts

Alleged criminal acts that occur during service delivery must be reported to the police as soon as practicable. The relevant service provider is responsible for fulfilling this expectation.

11. Glossary

Abuse in care: Alleged or actual physical or sexual assault where a client in care is the victim and the perpetrator is a staff member, a carer or a member of the carer's household.

Aggregate data: Data collected and reported by organisations as a sum or total over a given time period – for example, monthly or quarterly.

Authorised program officer: The authorised program officer ensures that restrictive interventions used in a service are applied in accordance with the Victorian *Disability Act 2006*. Authorised program officers are authorised by the Secretary, Department of Human Services

Behaviour support plan: A plan that specifies a range of strategies to be used in managing the behaviour of a person with a disability and reduce the risk of harm associated with the behaviour. It includes proactive strategies to build on the person's strengths and increase their life skills.

Carer: A volunteer or staff member who cares for clients, usually in a residential setting.

Client: A child, young person or adult who receives services delivered or funded by the department.

Drug/s: For the purpose of this instruction, a drug is a chemical substance, natural or synthetic, that alters the functions or structure of the body.

Hazard: A source of potential harm or a situation with the potential to cause loss.

Medical attention: The attendance and/or treatment by a medical practitioner including, but not limited to a doctor, ambulance officer and/or an allied health professional.

Medical practitioner: For the purpose of this instruction, a medical practitioner is a doctor, ambulance officer and/or an allied health professional.

Overdose: A drug and/or alcohol overdose occurs when a drug and/or alcohol is used in quantities and/or concentrations that cause severe illness. It is a type of poisoning.

PRN medication: PRN (from the Latin 'Pro re nata') medication is to be administered when certain circumstances occur – for example, if a client has a headache or in the event of an epileptic seizure. However, for clients residing in department-managed residential services, the medication requires a doctor's approval.

Restrictive interventions: The use of a chemical restraint to restrict the rights or freedom of movement of a person with a disability. Restrictive interventions, such as chemical restraint medication, must be approved by the authorised program officer. Refer to the *Residential services practice manual* for disability services.

Risk management: Strategies, structures and processes undertaken for the effective management of potential opportunities and adverse effects.

Root cause analysis: A process for identifying the basic or causal factor(s) that underlie variation in performance, which can assist with learning from serious incidents.

Injury: An injury for which a person is admitted to hospital as an inpatient or any of the following injuries: fractures, concussion, internal injuries, crushings, burns, severe cuts requiring stitches, lacerations or severe shock.

Weapon: A thing designed, used or useable for inflicting bodily harm – for example, a knife or a brick.

12. Definitions of incident types

For more information refer to the categorisation table in the Department of Human Services *Critical client incident management summary guide and categorisation table: 2011* (available on the Funded Agency Channel www.dhs.vic.gov.au/funded-agency-channeland for staff of the department on the Department of Human Services intranet, human services hub http://intranet.dhs.vic.gov.au/).

Absent/missing client: Where a client is absent and there are concerns for their safety and welfare or that of others.

Behaviour – dangerous: Client actions that lead to or place self or others at risk of harm.

Behaviour – disruptive: Client actions that cause disorder, are intrusive and/or offensive to others.

Behaviour – sexual: Sexually orientated actions by client in inappropriate circumstances.

Behaviour – sexual exploitation: Sex work of a client under the age of 18 years.

Breach of privacy/confidentiality matters: The inappropriate disclosure of confidential client information.

Community concern: Incidents that involve or impact upon clients which cause community concern.

Death – client: The death of a client during service delivery.

Death – other: The death of a person other than a client or staff member that involves or impacts upon a client.

Death – staff: The death of a staff member that involves or impacts upon a client.

Drug/alcohol: The use or misuse of drugs and/or alcohol and/or other substances.

Escape – from a centre*: Successful or attempted breaking out or fleeing from within defined boundaries.

Escape – from temporary leave*: The failure by client to return from leave.

Illness: An unforeseen illness that is not described in the client's documented care plan.

Injury: Actions or behaviours that unintentionally cause harm which requires medical attention.

Medical condition known – deterioration: The unanticipated and/or disproportionate deterioration of a known medical condition.

Medication error – incorrect: The administration of incorrect medication.

Medication error – missed: Missed administration of medication.

Medication error – pharmacy: An error in the dispensing of medication.

For example, there was an error in the written instruction or medication provided by a pharmacist that resulted in the administration of incorrect medication.

Medication error – refused by client: Client refused prescribed or authorised medication.

Medication error – restraint PRN misuse: The incorrect or unauthorised administration of PRN (from the Latin 'Pro re nata') restraint medication.

** This incident type is only relevant to clients in custodial care and/or disability services clients subject to compulsory treatment or judicial orders.*

Medication error – other: A medication error not listed above.

For example, a factor other than those listed above caused the incorrect administration of or access to medication.

Physical assault: Actions, or attempted actions, that involve the use of physical force against a person that result in, or have the potential to cause harm.

Poor quality of care: Inappropriate behaviour or inadequate care by caregivers or staff.

Possession: The possession of illegal or unauthorised goods.

Property damage/disruption: Damage or disruption to premises that involves or impacts upon clients.

Self-harm: Actions that intentionally cause harm or injury to self.

Suicide attempted: Actions that intentionally cause harm with the intention to end one's own life.

Sexual assault – rape: Penetration or attempted penetration (anal, oral, vaginal) through the use of physical force, intimidation and/or coercion without that person's consent.

Sexual assault – indecent: Unwanted sexual actions which are forced upon a person against their will, through the use of physical force, intimidation and/or coercion.