
POLICY

<**The organisation**> has processes in place to report and monitor client related incidents. <**The organisation**> follows mandatory procedures for recording and reporting incidents within <**Department of Health and Human Services (DHHS) /NDIS**> funded services. Incidents are reported promptly and accurately to enable management to meet the reporting requirements of <**DHHS**> and facilitate ongoing monitoring and risk assessment.

A client incident is defined as “An event or circumstance that occurred during service delivery and resulted in harm to a client.”

Note that this excludes incidents that affect staff or members of the public but do not have an impact on a client. Such incidents should be reported through other appropriate channels, including reports to Victoria Police or WorkSafe

PROCEDURE:

The current guidelines and current <**DHHS Incident Report Form**> are to be used to record all client related incidents. Staff are to write/print legibly using a black pen to enable hand written forms to be copied and faxed as required.

Immediate response to an alleged incident must be carried out or led by the most staff member present at the location of the incident or at the service provider site

IMMEDIATE RESPONSE

The person leading the management of the alleged incident must ensure the following occurs as required and appropriate:

- Client's immediate safety needs met
- Medical attention provided
- Client debriefing or counselling
- Referral to appropriate support services
- Change client care (support plan)
- Notify next of kin, guardian or key support person
- Reported to Victoria Police
- Staff member stood down or removed.

ONGOING SUPPORT

Appropriate actions may include:

- steps to assure the client's safety and wellbeing in the future
- providing and supporting the client to access treatment, counselling, or trauma and victim support services to address their safety and wellbeing as required
- modifications in the way services are provided or to the client's care plan, including updating any support documentation
- supporting the client through any action the client takes to seek justice or redress, including making a report to Victoria Police or accessing legal counsel
- providing direct support to clients to discuss the incident
- any ongoing risk management strategy required where this is deemed appropriate
- support and debriefing for staff and client witnesses. Further detail about debriefing in

NOTIFYING THE POLICE

If a crime is suspected to have occurred, the most senior staff member present should follow the flow chart above to determine whether or not to contact Victoria Police.

Staff should preserve any physical or documentary evidence that may be critical to an investigation by Victoria Police or the service provider. This may require discussions with Victoria Police.

SEXUAL ASSAULT ALLEGATIONS

For specific guidance on the immediate response to allegations of abuse, including information on contacting the local Centre Against Sexual Assault (CASA), refer to Appendix B.

REPORTING AN INCIDENT

Any incident not occurring during service delivery hours does not need to be reported to the Division and should be reported internally using the hazard incident report form or continuous improvement process.;

Client incidents must be electronically reported to the divisional office (via the department's CIMS IT webform or the service provider's IT system), either within 24 hours or on a monthly basis, depending on the classification of the incident:

Major impact incidents require **<position>** to notify divisional offices of the incident within 24 hours. The **<position>** must also record details on the client incident register.

- The unanticipated death of a client.
- Severe physical, emotional or psychological injury or suffering which is likely to cause ongoing trauma.
- A pattern of incidents related to one client which, when taken together, meet the level of harm to a client defined above. This may be the case even if each individual incident is a non-major impact incident.

Non-major impact incidents require **<position>** to capture key details regarding the incident on the client incident register. Incident data for non-major impact incidents must be provided to the divisional office in a batch on a monthly basis by the **<position>**.

- Incidents that cause physical, emotional or psychological injury or suffering, without resulting in major impact as defined above.
- Impacts to the client which do not require significant changes to care requirements, other than short-term interventions (for example, first aid, observation, talking interventions or short-term medical treatment).
- Incidents that involve a client but result in minimal harm.
- Incidents that do not otherwise meet the criteria for 'major impact' above.

INCIDENT DOCUMENTATION

The **<position>** must electronically report all major impact incidents to the department within 24 hours of the incident occurring or the **<position>** becoming aware of the incident (via the department's CIMS IT webform or the service provider's IT system).

The most senior witness to the incident or, if there were no witnesses, the staff member to whom the incident was disclosed, must complete the detailed components of the client incident report.

In addition to providing incident information to the department, all client incidents must also be recorded on the client incident register. The **<position>** must update the client incident register within 24 hours of becoming aware of a major impact incident.

Non-major impact incidents must be reported electronically (via the department's CIMS IT webform or the service provider's IT system) in a batch on a monthly basis by the **<position>** and recorded on the client incident register.

The non-major impact incident data contained in the register is required to be reported to the department in a batch on a

An **<Incidents Register>** will be maintained and reviewed at the end of each quarter at the **<appropriate meeting>**, to monitor any trends or patterns of behaviour. The on- going review and response to incidents will be an agenda item for

fortnightly staff meetings to monitor type and frequency and to monitor the effectiveness of responses to reduce risk/reoccurrence.

Reporting/ responding to physical and sexual assault. Refer also to Allegations of Abuse and Neglect procedure.

SCREENING INCIDENTS FOR INVESTIGATION

<the position> will screen an incident for investigation if it is a major impact incident within the following categories:

- physical abuse
- sexual abuse
- financial abuse
- emotional/psychological abuse
- poor quality of care
- injury – unexplained (in order to determine whether there has been any abuse or neglect that caused the injury).

The incident must be screened by the **<position>** within a maximum of 72 hours of becoming aware of the incident, to determine the exact nature of the incident, including any allegations relating to the incident, and decide the appropriate investigative action.

An investigation manager will be appointed from the **<executive team>** whom is separate from the incident and does not work directly with the client to determine the investigative action to be undertaken and work with the divisional office as required.

The investigation manager will decide whether:

- No further investigative action is required
- Monitoring and support required
- Internal investigation required
- External investigation required

The decision as to the recommended investigative action must be communicated to the divisional office within 72 hours of becoming aware of the incident.

In certain cases the investigative manager may note on the investigation report that divisional support is required because:

- the allegation relates to a pattern of similar serious allegations
- it is not possible to undertake an independent investigation because of the seniority of staff involved

The divisional office will ultimately determine what level of involvement is necessary in each case.

INCIDENT INVESTIGATION

If an investigation is to be undertaken, the incident investigation must be completed and the investigation report finalised within 28 working days of receiving confirmation from the divisional office regarding the appropriate investigative action. This excludes any time that the investigation is put on hold by Victoria Police.

For investigations where the alleged victim is a person with an intellectual disability or cognitive impairment, refer to the Disability Services Commissioner's website <http://www.odsc.vic.gov.au/> for further guidance on this topic.

The investigation manager is responsible for developing any response plan following investigation of the incident and once the plan has been closed an evaluation may occur to inform quality assurance processes.

Review of the decision to substantiate abuse

Where the divisional unit requests a review of a decision to substantiate or refute abuse the **<position>** will reply by letter within 48 hours of receipt of the request.

REVIEWING INCIDENTS

An incident review or analysis of an incident may occur following close out of an incident. A review may seek to answer:

- Did we respond with appropriate actions to manage the incident?
- Why did the incident happen, and what can be changed to reduce the likelihood of similar or related incidents in the future?

The incident review may be conducted as:

- Case review – a review led by the service provider following a client incident to identify what happened and any process and system issues. This is a less structured and resource-intensive review than a root cause analysis review.
- Root cause analysis (RCA) review – a structured review process for identifying the basic or causal factor(s) that underlie an incident, in order to facilitate learning from that incident. It requires trained staff and appropriate resourcing and time, and therefore is only required in certain defined cases.

The chief executive officer or delegated authority can sign off the case review and record any changes relevant to the services provided to the client on the client's file.

<organisation> is not required to submit each individual case review to the divisional office. However, the divisional office may request case review reports on an ad-hoc basis for quality assurance purposes or as otherwise required.

REFERENCES

Client incident management guide Client incident management system November 2017