

Sample Policy 4

Critical incident reporting

Critical incident reporting policies and procedure should be reviewed to ensure they are appropriate for each service type. They should clearly demonstrate how and to whom reporting must occur. For example:

All staff must be aware that:

- if an incident occurs it must be reported to the line manager immediately
- a critical incident report form must be completed and submitted within 24 hours of the incident.

Management should ensure that:

- all staff are aware of where to access a critical incident report form in the office, how to complete the form and where to send it
- corrective follow-up action is implemented for all accidents or incidents reported in relation to home visits
- all incidents are recorded in the incident register and forwarded to the OH&S committee/OH&S officer/line manager prior to each meeting for review
- incident report forms include strategies to minimise further risks of a similar nature, and the incident is discussed (ensuring client confidentiality where necessary) at relevant team meetings.
- incidents are reported to your insurer, and to the WorkCover Authority following serious incidents.

Critical incident reports should include all details relating to the incident

- **Type of incident**
 - Physical assault
 - Verbal assault
 - Slip and/or trip
 - Self-harm
 - Near miss (i.e. incident nearly occurred and could be prevented in the future)
 - Left premises
 - Medical condition
 - Other
- **Circumstances of incident**
 - Date and time of incident
 - Name of injured person
 - Address and exact location of incident
 - Who was involved
 - Details of incident, i.e. what happened
 - Actions taken after the incident
 - Also consider an option for pictorial representation of the incident

All material presented or produced by the Mental Health Coordinating Council (MHCC) is for guidance purposes only. The information should be reviewed in relation to your organisation's individual circumstances and policies.

- Whether first aid or other medical treatment was administered. If yes:
 - name of person receiving first aid or medical treatment
 - name of person providing first aid or medical treatment
 - contact address of both
 - work and mobile contact phone numbers
 - treatment given
 - follow-up required?

- Whether there were any witnesses. If yes:
 - Name of witness(es)
 - Work and mobile contact phone numbers
 - Witness statement
 - Name of person(s) notified
 - Follow-up provided

Analysis of critical incidents

Beyond the initial notification and resolution of a critical incident, appropriate steps must be taken to manage the risk of any recurrence. To this end, it is important that information obtained from critical incidents is periodically (annual minimum) examined with the aim of identifying and responding to systemic and other causal factors.

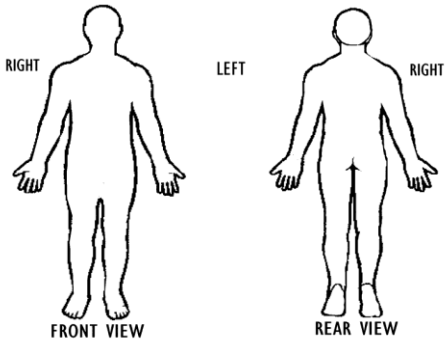
Staff support

Management must ensure supports are in place to reduce any physical or psychological impact on staff involved, including debriefing as required.

INCIDENT AND INJURY REPORT FORM

Instructions: Please complete Parts A and C (if incident has occurred), or Parts B and C (if injury has occurred), within 24 hours of the event occurring, and forward to Manager immediately.
 Please attach extra sheets if you require more on this form.

Part A: Details of incident (eg property, plant or environmental damage)			
Date of incident		Time of incident	am / pm
Nature of incident	<input type="checkbox"/> Physical assault <input type="checkbox"/> Verbal assault <input type="checkbox"/> Slip and/or trip <input type="checkbox"/> Self-harm <input type="checkbox"/> Near miss (i.e. incident nearly occurred and could be prevented in the future) <input type="checkbox"/> Left premises <input type="checkbox"/> Medical condition <input type="checkbox"/> Other		
Location of incident			
Description of incident			
Name of person who received the report		Telephone	
Reported to authorities, if appropriate?	<input type="checkbox"/> Yes Provide details (when and whom): <input type="checkbox"/> No		
Part B: Details of injury (e.g. to a staff member or consumer client) and treatment			
Date of incident		Time of incident	am pm
Name of injured person		Date of birth	
Exact site location where injury occurred		Telephone	
Activity in which the person was engaged at the time of injury	<i>(e.g. during a visit, in a break, in the office)</i>		

Nature of injury	<input type="checkbox"/> Sprain / strain <input type="checkbox"/> Open wound <input type="checkbox"/> Fracture <input type="checkbox"/> Bruising (contusion) or crushing <input type="checkbox"/> Burn <input type="checkbox"/> Psychological injury (e.g. from aggression or harassment) <input type="checkbox"/> Slip, trip or fall <input type="checkbox"/> Object in the eye <input type="checkbox"/> Choking <input type="checkbox"/> Near miss (i.e. an injury that nearly occurred and could be prevented in the future) <input type="checkbox"/> Other: _____		
Body location of injury if physical (indicate location of injury on the diagram)			
Treatment given on site		Name of treating person	
Referral for further treatment?	<input type="checkbox"/> Yes Name of doctor or hospital: <input type="checkbox"/> No	Medical certificate received?	<input type="checkbox"/> Yes Attach copies <input type="checkbox"/> No
Injury management required?	<input type="checkbox"/> Yes Notify return to work coordinator <input type="checkbox"/> No	Name of return to work coordinator	
Reported to authorities	<input type="checkbox"/> Yes Provide details (when and whom): <input type="checkbox"/> No		
Witness to event (each witness may be contacted to provide an account of what happened)			
Witness name		Witness phone number	
Witness name		Witness phone number	

Part C: Investigation			
Cause of incident or injury			
Preventative actions (include what needs to be done, who will do it and when it will be done)			
Completed by			
Name		Position	
Signature		Date	
Manager's Signature		Date	