

Incident Policy

Policy Area	Human Resources
Policy Owner	EMBGS
Date Reviewed	22 September 2021
Next Review	22 September 2023

Purpose and Scope

From time-to-time incidents may arise associated with our service delivery or operations that may give rise to increased occupational health and safety, medico- legal or corporate risk. It is important for staff to understand the need to report these incidents so that Womens Health Family Service can:

- take the appropriate immediate incident management actions.
- implement effective incident mitigation strategies over the longer term.
- comply with contracted reporting requirements.

This policy applies to WHFS staff including board members, students, volunteers, and anyone who represents WHFS.

Policy Statement

Ensure WHFS staff can identify and report incidents within the required timeframes that allow for the organisation to manage any ongoing risk to staff and clients.

Key Definitions

Incident	An event that has led to or could have led to an injury. Incidents include accidents and injuries and can be relevant for Occupational Health and Safety or Clinical and Client service areas.
Clinical/Client Support Services Incident	Clinical incident is any unplanned event which causes, or has the potential to cause, harm to a patient (client). These are relevant for both the WHFS Clinic and Client Support Services.
Occupational Health and Safety Incident	An incident, in the context of occupational health and safety, is an unintended event that disturbs normal operations.
Notifiable Incident	An incident 'where harm or death is, or could have been (Near Miss), specifically caused (or suspected to be caused) by the Clinical Services rather than the underlying condition or illness or the person receiving the Clinical Services.' It also includes any 'reportable death', as defined in the Coroners Act 1996.
Critical Incident	A Critical Incident is any event that poses a serious risk to the life, health or safety, of an individual who is receiving services from your organisation. It can include incidents where staff, clients and third parties feel unsafe and under stress.
Mandatory Reporting	A legal requirement to report an incident to a Public Regulatory body

Procedure for all Incidents (includes accidents)

All incidents in the workplace (Clinical, Client Support Services and OSH) require an online WHFS Incident Reporting Form (on the organisation's intranet) to be completed. A separate accompanying Injury Description Form (Body Map) is used if necessary, as part of the report.

The submitted online form will be automatically sent to the Corporate Services Support Officer who will register the incident to WHFS Incident Register and advise the relevant responsible staff member(s).

- Clinical incident will be directed to the Medical Director, Health Services Manager and cc Executive Manager Medical & Mental Health Services.
- Client services incident will be directed to relevant Coordinator and cc Executive Manager Client Services.
- OHS incident will be directed to Corporate Services Support Officer and cc Executive Manager Business & Governance.

If the incident relates to a client, note pertaining to the incident should be added to the client's file.

When reporting a creche related accident/incident, download the Creche Incident Report Form from the intranet to complete and email the signed form to Corporate Services Support Officer who will ensure distribution to the relevant responsible staff members(s).

The Corporate Services Support Officer and relevant Managers/Coordinators and Executives are responsible for reviewing the incident, providing classification if needed (critical/service area etc) and taking relevant risk mitigation actions to prevent future reoccurrence of the incident.

All incidents are recorded on to the WHFS Incident Register (by the Corporate Services Support Officer) and appointed staff members for record keeping along with identifying risks, safety and quality issues and trends throughout the workplace so that necessary controls can be applied to avoid future reoccurrence of the incidents.

The registered incident is deemed complete if the appropriate actions have been followed and will officially closed at the relevant meeting.

If the incident remains open, then the incident register is also accessed by the relevant reporting managers who are required to update the register throughout the course of resolving the incident. All incidents have to be closed within 6 weeks.

The register is to be brought to the relevant meetings for discussion and closure of the incident.

OSH Incident

An incident, in the context of occupational health and safety, is an unintended event that disturbs normal operations. Examples of OSH incidents include:

- Any activation of duress alarm and response
- Any threat of harm to a WHFS staff member by a client or family member
- Any violence or anti- social behaviour in any WHFS office
- Any incidents of inappropriate or aggressive behaviour by colleague(s)
- Any work-related or workplace illness or injury
- Loss of or theft or damage to a WHFS asset
- Any conflict of interest
- Any report, material or public statements by staff that may bring the centre into disrepute.
- Any misuse of internet access

OSH incidents may also be part of a clinical incident.

Client Support Services and Clinical incidents

All Client Support Services and Clinical incidents must also be reviewed alongside the Open Disclosure policy. If Open Disclosure is required, then the WHFS Checklist and process must be followed along with the incident process.

Examples of clinical incidents include:

- Medication errors
- Infection, excessive bleeding, damage or suspected damage to internal organs arising from reproductive health procedures (e.g. uterine perforation with IUD insertion)
- Errors in healthcare arising from miscommunications or omissions
- Any suicide or attempted suicide of a WHFS client
- Any referral of a WHFS client to an acute or psychiatric hospital
- Any psychiatric crisis/ emergency in any WHFS facility
- Any complaint from a client or family member regarding the appropriateness, effectiveness or level of quality with a WHFS counselling, advocacy, mental health, nursing, medical or allied health Service

Management of the incident

When an incident occurs then the staff member must assess the situation to ensure the safety of the client, staff and anyone involved. If the incident is judged to pose, a present or imminent risk to the personal safety, wellbeing or life of a person, emergency service/s should be immediately contacted by telephoning 000.

Provided there is no imminent risk to the employee then the relevant procedures should be followed for the service area and client cohort.

- Clinical Deterioration (Acute Physiological Deterioration)
- Mental Health Deterioration (Acute Deterioration in a person's Mental State)
- Client presenting with suicidal/self-harm behaviours (Suicide Self Harm Disclosure, Prevention and Safety Planning)
- Client or member of the public in Crisis on the phone or walk-in at reception (process on the Info Hub)
- Outreach and Co-located worker safety (Outreach and Co-located worker safety)
- Creche Incident (see below)

The employee safety and duress policy provide further guidance on how to deal with deal with defusing aggressive behaviour, employee harm minimisation related to unpredictable client behaviours, weapons/illegal substances on the property and Office and Building Safety and must be read in conjunction with this policy.

If the situation does not fall into the above processes, then employees are still required to ensure the safety of clients, staff and anyone else involved and undertake the appropriate actions to support and resolve the incident. Contact immediate manager and team for support if needed.

Creche Procedures

In the event of an Accident/Incident injury occurring the following is undertaken

- A member of creche staff attends immediately to the child, first aid administered as necessary.
- Incident/accident form completed.

- Depending on the nature of the injury the parent/carer may be called to return immediately to the creche to attend to their child.
- If the injury is of a minimal nature the parent/carer will be advised of the incident/accident at the end of the session when they collect their child.
- In the event of any accident/injury occurring, the parent/carer will be provided with a verbal explanation of what has occurred and what action was taken. They are requested to add any comments they may have to the bottom of the Accident/Injury form, and to sign the form to confirm they have been made fully aware of the Incident/Accident and the action that was taken.
- Parent/carer provided with a copy of the completed signed form.
- A copy of completed, signed form attached to the child's creche registration form.

As the creche is a multi-age group facility (2 months to 6 years of age) several checks are conducted by creche staff on a daily basis prior to child client's attending. These checks aid in identifying and minimalizing potential risk.

External garden space:

- Daily visual check of garden space scanning for hazardous item e.g., used discarded syringes, discarded rubbish (safe disposal of these items undertaken)
- Physical check to ensure both gates are securely locked
- Soft fall floor surface checked for spills and stains

Internal Creche space:

- Daily checks of toys and equipment – immediate removal of broken or damaged toys/equipment
- Daily preparation of play space to ensure toys/equipment on offer is appropriate to age and ability of babies/children attending. Any items identified as potential hazards are removed from the space for that session.

Daily thorough cleaning of toys and equipment after each session.

Incident Reporting

All incident reports are to be completed within 24 hours.

- Complete online WHFS Accident/Incident Form on the organisation's intranet (The Info Hub)
- Use the accompanying Injury Description Form (Body Map) if necessary, as part of the report.
- The submitted online form will be automatically sent to the Corporate Services Support Officer who will register the incident to WHFS Incident Register and advise the relevant responsible staff member(s) (see below). In addition, the form is also saved as a PDF and sent on corporate services to retain on file.
- Within the relevant responsible team, the Coordinator/Manager and Executive are allocated roles in relation to the incident.

Clinical

Inform: Executive Manager

Inform & Action: Medical Director and Health Services Manager (dependant on incident)

Coordinates: Corporate Services Support Officer

Client Support Services

Inform: Executive Manager

Action: Relevant Manager/Coordinator

Coordinates: Corporate Services Support Officer

Occupational Health and Safety

Inform: Executive Manager

Action & Coordinates: Corporate Services Support Officer

Team roles

Role of person who is Informed:

- Executive Manager/Medical Director are informed of the process formally via email and provided the link to the register to review.
- Executive Manager/Medicator Director are requested to update the incident register by way of acknowledgement of the incident.

Role of person who Actions:

- Takes responsibility for actioning next steps, closing the incident and updating the register with all outcomes.
- Ensure the client has been responded to and that the client notes are updated. For a clinical incident review against open disclosure: have we said sorry to the client, provided a factual explanation of what has happened and allowed them the opportunity to respond?
- Check if any staff members involved need further support.
- Take responsibility for reporting externally if required (Medication Management, MH clients)
- Action person follows through on process until incident is formally closed.

Role of person who Co-ordinates:

- Manages incident register and uploads initial incident report details and ensures ongoing completion by relevant parties.
- Checks in regularly with role of person who Actions to ensure actions are followed and updated register accordingly.
- Prepares the register for Clinical Governance Committee, Quality & Risk and OHS Meetings.
- Reviews process regularly for quality improvement (improvement implements following feedback and complaint).

Mandatory Reporting

Therapeutic Goods Administration

If the incident is associated with supply and/or administration of medicines, it is mandatory to also report to the Therapeutic Goods Administration (TGA) (1800 044 114).

Further details on how to report can be found at the Australian Government Therapeutic Goods Administration website [here](#).

Notifiable Incidents

An incident 'where harm or death is, or could have been (Near Miss), specifically caused (or suspected to be caused) by the Clinical Services rather than the underlying condition or illness or the person receiving the Clinical Services.' It also includes any 'reportable death', as defined in the Coroners Act 1996.

Notifiable Incidents include, but are not limited to:

- Deaths
- Assault and/or aggression
- Sexual contact and/or allegation of sexual assault
- Attempted suicide
- Absent Without Leave (AWOL)
- Missing person
- Serious medication error
- Unlawful sexual contact with the patient by a staff member
- The patient is harmed by suspected unreasonable use of force by a staff member of a mental health service or psychiatric hostel
- Any allegation of homicide committed by a current mental health patient or a mental health patient who was discharged or deactivated from mental health services within 28 days prior to the alleged homicide needs to be reported to the Chief Psychiatrist, even if the mental health service becomes aware of the alleged homicide after the 28-day period.
- Any notifiable incident described above, that may receive media attention.

Notifiable incidents are required to be reported to the following

1. Office of the Chief Psychiatrist's (OCP)

All NGOs providing Counselling Face to Face services and NGOs that employ clinical staff to provide services are required to report Notifiable Incidents to the Office of the Chief Psychiatrist's (OCP).

The Chief Psychiatrist's Notifiable Incident Form is located on the Chief Psychiatrist's (OCP) website <http://www.chiefpsychiatrist.wa.gov.au> and can be reported directly to the Chief Psychiatrist via email to monitoring@ocp.wa.gov.au. Notifiable incidents must be reported as soon as practicable, ideally within 48 hours of the event.

Please refer to the [Policy for Reporting of Notifiable Incidents to the Chief Psychiatrist – Public Mental Health Services](#) for information on the statutory requirements for reporting and current policy.

2. The Mental Health Commission (MHC)

For all MHC contracted services, a Notifiable incident form (the same form as the OCP) must also be submitted to the MHC at quality@mhc.wa.gov.au.

All Service Providers should report Notifiable Incidents to the MHC as soon as is practicable, ideally within 72 hours. In the case of the confirmed death of a Service User, reporting should be within 24 hours. The MHC will acknowledge the submission and contact WHFS should further information be needed.

Further guidelines for reporting the can be found in the [Notifiable Incident Reporting Guidelines](#) And the [Quality Management Framework \(mhc.wa.gov.au\)](#).

3. West Australian Primary Health Alliance (WAPHA)

For all notifiable incidents that relate to a WAPHA funded service then an Incident Report must be made using the Notifiable Incident Report Form, which can be accessed using this link: https://wapha.donesafe.com/module_records/public_new?module_name_id=22%0d2.

The Notifiable Incident must be reported to WAPHA no later than forty-eight (48) hours from the date that your organisation became aware of the Notifiable Incident.

An outline of the process required, and next steps are available in the [WAPHA Notifiable Incidents Procedure](#) [Contracted Providers](#) and [WAPHA Notifiable Incidents Policy](#).

Closing an incident, Quality Improvements and Internal Reporting

The risk mitigations actions relating to the incident to be discussed at either the Clinical Governance Committee Meeting and/or OHS Committee Meeting as required and to remain on the relevant meeting agenda until closed.

All meetings to be used as an opportunity to reflect on incident themes and process along with client and staff feedback to make recommendations to change policy and operational process as required.

Responsibilities for analysing incident data, and identifying trends and opportunities for improvement to be resolved are the responsibility of all Incident owners and should be shared with Quality and Risk Committee meeting for oversight and reported quarterly to the WHFS Board via the Clinical Governance update. The severity rating of the incident is to be reviewed alongside the WHFS Risk Rating consequences table to ensure alignment to the risk register.

Responsibilities

Identifying and reporting an incident is the responsibility of all employees of WHFS.

Mandatory Reporting is the responsibility of the Medical Director/Executive Manager responsible for managing the Incident.

The CEO, Executive, Managers and Coordinators and Corporate Support Services Officer are authorised to take any action (if necessary) within their capacity to evacuate any area affected by the risk.

The Corporate Services Support Officer and relevant Managers/Coordinators and Executives are responsible for reviewing the incident and taking relevant risk mitigation actions to prevent future reoccurrence of the incident. Specific roles are outlined above.

Related Policies and Procedures

Open Disclosure Policy
Risk Management Framework
Policy for Employee Safety and Duress
Suicide Self Harm Disclosure, Prevention and Safety Planning
Acute Deterioration in a person's Mental State
Acute Physiological Deterioration
Policy of Outreach and Co-located Worker Safety
Incident Reporting Flow Chart
Creche Policy

References

Policy for Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist, Policy for Private Hospitals and Non-Government Organisations Providing Mental Health Services, Version 2.2, Office of the Chief Psychiatrist: <https://www.chiefpsychiatrist.wa.gov.au/monitoring-reporting/notifiable-incidents/>

Quality Management Framework, Mental Health Commission: [Guidelines NI FORM 2017 \(mhc.wa.gov.au\)](https://www.mhc.wa.gov.au)

Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards: <https://www.safetyandquality.gov.au/standards/nsqhs-standards>

WA Department of Health Clinical Risk Management resources: https://ww2.health.wa.gov.au/Articles/A_E/Clinical-risk-management

Mental Health Act 2014

Therapeutic Goods (Medical Devices) Regulations 2002

Privacy Act 1998 (Cwth)

[WAPHA Notifiable Incidents Procedure Contracted Porviders](#)

[WAPHA Notifiable Incidents Policy](#)