



Department of Social Services (DSS) Families and Children Activity

Critical incident reporting guideline

Note: All critical incident reports are to be treated as confidential and should be appropriately marked as such. The reporting form is confidential after first entry.

Reports to DSS should only be prepared after immediate duty of care and reporting requirements have been addressed. For example, if someone is in immediate danger, please call 000. If an incident is a matter for police or child protection, liaison and resolution with these authorities is always the priority.

Part 1 - Critical incident reporting short guide

Objective of reporting critical incidents

The objective of critical incident reporting for the Families and Children Activity is to inform relevant government departments of critical incidents and the service provider's response to such incidents. This will also help identify possible Families and Children Activity issues on a regional or national scale.

Critical incident information will assist relevant departments to identify potentially significant service delivery issues and provide assurance that service providers are managing significant issues appropriately.

What is a critical incident?

A critical incident is an alleged or substantiated incident involving a service provider's staff, clients and/or other relevant persons, for example subcontractors or family members. It can also involve a related service, for example a community partner subcontracted by a Facilitating Partners under the Communities for Children Facilitating Partner program.

A critical incident is one that has the potential to be the subject of a high level of public scrutiny. These events could involve threats to life, the health, safety and/or well-being of clients, staff, or other relevant persons, serious injury or death. They include events that could significantly impact the current and/or future delivery of a program, including through reputational damage to a service provider or the Commonwealth. A critical incident could also involve staff, clients or other relevant persons from another service delivered by the service provider if this incident has the potential to impact DSS funded services. For more information and examples of what constitutes a critical incident, see **Part 3**.

How is a critical incident report made?

The report should be made on the Critical Incident Report Form (attached) – see **Part 2**.

Why is the reporting of critical incidents important?

It is important to document and report on critical incidents because recording the information surrounding each incident may help to minimise risk to the ongoing and future delivery of the program, including the risk of reputational damage. Critical incident reporting also contributes to the development and implementation of relevant improvement and risk-mitigation strategies.

Who should complete the report?

Relevant staff member/s of the service provider must record all critical incidents on the Critical Incident Report Form (see **Part 2**). The delegated manager of the service provider quality assures the form and ensures all internal organisational requirements for critical incidents are met.

Who should be informed, when and how?

DSS should be informed as soon as possible, and within 48 hours, of the incident or of the service provider becoming aware of the incident, by email with the critical incident report attached, to their Funding Arrangement Manager (FAM). The subject line in the email must indicate it is a confidential email. The service provider should telephone their FAM to advise the email is coming and confirm that DSS has received the email, either through a 'read-receipt' on the email or through a follow-up phone call.

Reports to DSS should only be prepared after immediate duty of care and reporting requirements have been addressed. For example, if someone is in immediate danger please call 000. If an incident is a matter for police or child protection, liaison and resolution with these authorities is always the priority.

Critical incident reporting checklist

1. The service provider responds to immediate needs of the individual/s involved or directly affected by the incident with consideration to their health and safety.
2. The service provider communicates with the client and/or staff member/s, relatives, carers, friends or advocates and other service providers or authorities (e.g. child protection authority, police etc.) as appropriate and in a timely manner.
3. The service provider complies with relevant Commonwealth, state and territory legislation, including mandatory reporting.
4. (Only after 1-3 have been completed) A staff member of the service provider records the incident using the DSS Critical Incident Report Form (see **Part 2**). This should be the most senior staff member present at the time of the incident (the Reporter).
5. The delegated manager of the service provider quality checks the DSS Critical Incident Report Form.
6. The completed DSS Critical Incident Report Form is emailed to the DSS FAM following a telephone call to advise the report is coming. Receipt of the email is confirmed with a read receipt on the email or with a follow-up call.
7. The service provider liaises with DSS to manage any possible service delivery risks or media attention that may occur as a result of the incident.
8. The service provider undertakes appropriate follow-up actions in relation to the incident as determined by them, including any internal organisational strategies or preventative measures to prevent recurrence. The service provider should routinely review any relevant strategies or preventative measures to ensure they remain effective for prevention of recurrence.

Part 2 - Critical incident report form

Complete this form to report incidents involving and/or impacting upon clients staff or other relevant persons.

Confidential after first entry

Sections 1 – 4 are to be completed by the most senior staff member present at the time of the incident, (the 'Reporter').

Section 1: Reporter details

Reporting organisation:

Reporting officer's name

Telephone number:

Position title:

Service location

Section 2: Incident details

Date of incident:

Time of incident:

AM

PM

If you did not see the incident:

Date you were first told/aware about the incident:

Time first told of incident:

AM

PM

Address/location of incident:

Short description of incident

Eg. Injury to client

For incidents involving **assault**:

Please mark one only.

'Other' refers to those who are not clients, staff or carers but who were involved in the incident.

client to client

client to staff/carer

staff/carer to client (must be marked as Category 1 below)

client to other

other to client

other - please describe:

Section 3: Who was involved?

Clients: details

Please complete for each client involved in the incident. This includes client witnesses.

	Person (Note – do not use person's name. Leave reference as 'Person 1')	Sex			Age	Family relationship/ Kinship/Foster carer (include only if anonymity can be maintained)	Participant/ Witness/ Victim/ (select one only*)			Injured		Medical professional required	
		M	F	O			P	W	V	Y	N	Y	N
1	Person 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Person 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Person 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Staff: details

Please complete for each staff member involved in the incident, including any witnesses.

	Person	Position/title (include only if anonymity can be maintained)	Participant/ Witness/ Victim/			Injured		Medical professional required	
			P	W	V	Y	N	Y	N
1	Person 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Person 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Person 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Person 4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: What happened?

Describe the incident and the immediate response of staff.

This section should be a brief, factual (avoiding opinion or bias) account of the incident. Include impact on client, staff member or other relevant person; who was involved; how, where and when the incident occurred; who did what; who (if anyone) was injured and the nature and extent of injuries.

Signature of reporter:

Date:

Signature of witness:

Date:

Section 5: Manager’s report

Section 5 to be completed by a supervisor, manager or CEO.

Print Name:

Telephone:

Position:

Brief summary of incident (for all incidents)

Provide a brief summary of incident in 20 words or less

What actions have been taken and what follow-up actions will be taken in response to the incident?

Please describe what actions have been taken to address safety risks and what will be done to prevent recurrence of the incident.

Staff to client assault and/or abuse in care

These refer to 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.

- Is this an incident of staff to client assault? Yes No *If yes, complete remaining items in this section.*
- Have immediate client safety needs been met? Yes No
- Has an investigation been initiated? Yes No
- Is this an incident of abuse in care? Yes No

Please provide details:

e.g. staff or carer stood down or case referred to child protection authority

Other areas informed (please tick those relevant)

- Child protection agency contacted: Yes No Date: Time:
 - Police contacted: Yes No Date: Time: N/A
 - Police job/reference number: Telephone:
 - Police investigation: Yes No Date: N/A
 - Coroner contacted: Yes N/A Date: Case number:
 - Other appropriate services contacted: Yes No Date: N/A
- If so, who?

Report quality checked: Yes No

Signature of Manager: Date:

Part 3 - Additional information

This guideline applies to all service providers directly funded, wholly or partly, by DSS under the Families and Children Activity.

This guideline is not intended to limit service provider obligations under the terms and conditions of a DSS Grant Agreement. This guideline is intended to provide guidance on, in the context of critical incidents, how required communication is to occur, and is not intended to limit any obligations under a DSS Grant Agreement in any way.

Service providers must have their own organisational critical incident reporting policies. Service providers must ensure that these internal policies are consistent with relevant guidelines and DSS requirements, including foremost strict adherence to all legislative and regulatory requirements in relation to identifying and managing critical incidents.

The service provider directly funded wholly or partly by DSS is responsible for addressing and managing critical incidents at the local service delivery level. This includes:

- complying with relevant Commonwealth, state and territory legislation, including mandatory reporting;
- responding to the immediate needs of individuals involved, including clients and 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 or authorities (e.g. police, child protection authority) as appropriate and in a timely manner;
- reporting critical incidents, as defined in this guideline, to DSS;
- undertaking follow-up actions in relation to individual incidents, including reviewing measures taken to ensure actions taken remain current and effective to avoid re-occurrence; and
- developing and implementing improvement and risk-mitigation strategies, and engaging in ongoing monitoring and review of the effectiveness of these strategies.

A staff member of the service provider records the incident on the Critical Incident Report Form – (see Part 2)

A staff member of the provider must complete the DSS critical incident report form.

The report should record all necessary factual details including:

- what happened;
- how, where and when the incident occurred;
- how many people were involved, their relationship and age if under 18;
- who (at a relationship level) was injured and the nature and extent of injuries (if applicable); and
- what action is being taken in response to the incident.

The staff member of the service provider completing the incident report should use objective language and ensure that personal information of other individuals (i.e. names or other information about an individual whose identity is apparent or can reasonably be ascertained from the information) is not included in the report.

A management representative clears the critical incident report

After the DSS Critical Incident Report Form has been completed, the delegated management representative of the service provider quality checks the report, ensuring that appropriate level of information has been recorded, and clears the report prior to its submission to the DSS FAM.

Examples of critical incidents

A critical incident may involve threats to life, the health, safety and/or well-being of clients, provider staff or other relevant persons, serious injury or death. They include events that could significantly impact the current and/or future delivery of a program, including through reputational damage to a service provider or the Commonwealth. A critical incident may involve staff and/or clients from another service delivered by the provider if this incident has the potential to impact DSS funded services.

An incident involving the conduct of (or negligence by) a provider staff member that impacts on, or places at risk the health, safety and wellbeing of a client, is reportable to DSS. Examples of other critical incidences that are required to be reported to DSS include:

- Injury
- Physical assault
- Suicide attempt
- Self-harm
- Dangerous behaviour including threatening behaviour (including threat of dangerous behaviour for example of a client to themselves, family member or other party)
- Sexual assault and rape
- Death
- Fraud or misuse of funds
- Bullying and/or harassment
- Building/location issues impacting on service delivery
- Adverse media coverage

Factors to consider when making the critical incident report

Outcome of the event

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

Severity of outcome

- Nature and extent of the harm/trauma
- Level of distress caused

Vulnerability of client or staff member

- 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; and
- Client's or staff member's individual mental and/or physical capacity, understanding of potential risks and communication skills.

Pattern and history of behaviour

- History and pattern of offending or being offended against;
- Client or staff member's risk-taking behaviour;
- Frequency of the event (and how recent it was); and
- Likelihood of recurrence.