

Incident Management Policy

| Date approved | Date Last amended | Date of next review | Status |
|---------------|--------------------------|--------------------------|-------------------------|
| 15/8/17 | 1 st May 2019 | 1 st May 2020 | Endorsed by: Dina Kahn |
| | | | Approved by: Moshe Kahn |

1. Purpose

The purpose of the Incident Management policy is to describe the action that is to be taken in order to ensure the effective management of incidents and to prevent or reduce harm to personnel and clients/service users.

Effective management of incidents includes:

- responding to the immediate needs of individuals involved (including personnel) and taking any immediate action necessary to re-establish a safe environment as a first priority
- communicating with the client, personnel, carers, advocates and other service providers as appropriate and in a timely manner
- notifying external authorities
- undertaking follow-up actions in relation to individual incidents
- reviewing incident information over time to identify lessons and practice implications, and making recommendations for improvement
- generating and implementing improvement strategies and action plans and monitoring and reviewing the effectiveness of actions taken

2. Related Policies

Responding to Child Abuse Reports and Allegations Policy Feedback and Complaints Management Policy

3. Related Legislation

Department of Human Services *Critical client incident management instruction: 2011 Occupational Health and Safety Act 2004 Commission for Children and Young People Act 2012* Children Services Regulations

4. Scope

This policy applies to all personnel.





See Appendix 1 for additional Guidance in relation to categorising incidents

| Critical Incident | Events which cause or are likely to cause extreme physical stress or emotional |
|-------------------|--|
| | distress to personnel or clients/service users |
| | Breaches of professional standards or agency policy by personnel that cause |
| | harm to or significantly compromise the health and safety of personnel or |
| | clients/service users |
| Critical Incident | Persons tasked to manage immediate responses to Critical Incidents. These |
| Response Team | would usually be persons with line management responsibilities for the effected |
| (CIRT) | program and appropriate skills in incident management. |
| Incident Review | A Review of the management of an Incident that: |
| | assesses whether the Incident has been effectively managed, |
| | assesses whether Incident Management Policy and processes are effective |
| | makes recommendation to ameliorate and deficiencies in policies and |
| | processes. |
| Incident Register | A register of incidents identified through incident report system. |
| Minor Incident | Events which cause or may cause a momentary period of minor physical stress |
| | & or emotional stress to personnel or clients/service users. |
| | Near misses and minor breaches of professional standards or agency policy |
| | that do not compromise the health and safety of personnel or clients/service users |
| Moderate | Events which cause or are likely to cause physical stress or emotional distress |
| Incident | to personnel or clients/service users |
| moldent | Near misses and criminal behaviour or breaches of professional standards or |
| | agency policy by personnel that may compromise the health and safety of |
| | personnel or clients/service users |
| Personnel | All staff and volunteers who work for the organisation whether in a paid or |
| | unpaid capacity. |
| Risk Register | A register of risks identified through risk assessments and incident reviews. |
| | Risk mitigation activities and time frames for their completion are recorded. |
| | Risks remain on the risk register until risk mitigation activities are completed. |
| Root Cause | Part of an Incident Review. Root Cause Analysis probes the source of a |
| Analysis | problem and then suggests productive solutions in the form of preventive |
| | system changes. Root cause analysis: |
| | focuses primarily on systems and processes, not individual performance |
| | progresses from special causes to common causes in organisational |
| | processes |
| | identifies changes that could be made in systems and processes to improve the level of performance and reduce the risk of a particular serious |
| | incident occurring in the future. |
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| Position | Responsibility | |
|------------------------------------|---|--|
| Executive Officer/ | Implement policies and procedures across the organisation | |
| Manager | Ensure personnel have access to and understand this policy and related procedures | |
| | Ensure all managers/supervisors have access to support and advice to understand and implement this policy and related procedures | |
| | Establish a Critical Incident Response Team (CIRT) and appoint a Coordinator of the CIRT where the incident is categorised as Critical. | |
| | Receive a Critical Incident Debriefing Report from the CIRT | |
| Workforce/HR/ Quality | Review and update this document and supporting resources in consultation with relevant stakeholders | |
| | Provide training and advice in the application of policy and procedures | |
| Managers/ | Ensure this policy and related procedure is followed and implemented | |
| Supervisors | Assess each situation reported and notify appropriate personnel of the incident as indicated on this policy | |
| | Responsible for the response and recovery of an incident | |
| | Immediately control the situation including liaising with key stakeholders, obtaining and documenting details of the incident | |
| | Report to the Critical Incident Response Team where required | |
| Critical Incident Response Team | Coordinate the response and recovery of an incident, including coordination of Emergency Evacuation Procedures (if required) Notifying relevant emergency contacts for staff or clients/service users involved in the incident and provide appropriate support | |
| | Coordinate appropriate counselling and support services | |
| | Manage internal and external communications include liaising with external authorities | |
| | Implementing an ongoing plan of support to ensure follow up concerning the well-being of individuals involved in the incident | |
| | Ensuring that the organisation complies with any additional legislative reporting requirements that may arise from the incident | |
| Personnel | Awareness of and compliance with this policy and related procedure. | |

7. Key Requirements

Prevention and Preparedness

Managers will use a Risk Assessment to identify and assess potential risks in particular situations and develop and implement risk mitigation strategies to address those risks.

7.1 Immediate Response

Immediate responses include the care, support and communication actions that take place immediately following an incident to mitigate further harm and ensure the safety of client / service users, families and personnel. As appropriate, the response continues throughout the incident management process to promote healing, recovery and learning. The following actions are to be taken in immediately responding to incidents.

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Reduce the harm and risk of harm to those impacted by the incident including by:

- making the surroundings safe to prevent immediate recurrence of the incident
 - o removing malfunctioning equipment or supplies
 - removing potentially harmful person(s)
- moving to a safe place
- alerting others to risks that extend beyond the local environment, for example, other areas within the organisation

Provide immediate care and support to client / service users, families, personnel and others involved in the incident including addressing:

- physical well-being e.g. medical treatment if a person suffers any harm or injury as a result of the incident; and
- emotional well-being (including psychological) e.g. arranging for coverage of duties and facilitating access to counselling, debriefing and peer support.

Report the incident immediately to the manager – Moshe Kahn. An Incident Report Form should be completed as soon as possible following an incident by the attending personnel and signed off by a senior staff member or Manager. Reports must include:

- details of the person/s involved
- date, time, location of the incident
- injury type and how incurred
- actions taken including treatment.

Where appropriate, details of the Incident should also be recorded in the client file.

Secure items related to the event that may need to be assessed as part of the incident analysis.

Report the incident immediately to Police and /or Child Protection as required by the 'Responding to child abuse reports and allegations' Policy.

Ongoing support

Create a plan to provide ongoing support and information to clients, families and involved personnel.





7.2 Preliminary Assessment & Reporting

The Manager – Moshe Kahn is responsible for:

- assessing and categorising the incident;
- notifying senior management; and
- ensuring an Incident Report is logged on the Incident Register.

An incident may be categorised as Minor, Moderate or Critical (see Definitions)

Minor incidents do not disrupt the normal operations or services of a Centre/Program and the immediate responses and any follow-up actions are managed by the work unit manager.

Moderate incidents and critical incidents may cause temporary closure to an area of a Centre/Program or interrupt the normal services of a Centre/Program and the immediate responses and any follow-up actions will need to be managed by a senior manager and, in the case of Critical Incidents, a Critical Incident Response Team.

Moderate incidents and critical incidents must be reported to the Manager immediately. The Manager may establish a Critical Incident Response Team comprised of Heads of divisions for the effected program/s and personnel with responsibility for Human Resources, Communications, Police/Child Protection Liaison, Risk Management. The Critical Incident Response Team's role is to ensure that immediate responses listed above are coordinated and effective and to deploy resources to support this end. The Critical Incident Response Team is a central point for supporting responses to incidents and in managing and collecting information on incidents. All reports must be reported to CIVL board.

Incident Reporting forms must be accessible to all personnel. All personnel must be trained in the Incident Reporting requirements, location of forms and notification requirements and support available. All incidents including minor incidents must be recorded on an Incident Report Form which is forwarded to the Manager and persons responsible for monitoring incident management. All incidents are entered into the Incident Register.

7.3 Additional Reporting & Information Disclosure Requirements

Reports are required internally to Human Resources, Manager, CIVL Board and contract partners.

Reports may be required **externally** to authorities including Police, Child Protection, WorkSafe, Department of Human Services and Department of Education (see Appendix 2 for guidance on external notifications).

External notifications required by organisational policy and governing legislation must be initiated by the Manager. All incidents that require external authority notification must be reported to the CIVL Board.

The disclosure process with client / service users, their families and involved personnel will begin as soon as reasonably possible. The process will be adapted to fit client / service users, family and, personnel needs and the requirements of any external investigation processes. Where police and/or child protection are involved, they will be provided with information about the incident to assist them in





their investigations. Police and/or child protection will be consulted about the disclosing of information to client / service users, their/ families and involved personnel.

The decision to disclose information will consider:

- whether the ongoing safety of those involved in or impacted by the incident is compromised by the disclosure or non-disclosure of information
- the advice of police and child protection (care will be taken not to compromise their investigations)
- the rights of those impacted by the incident to privacy, confidentiality, procedural fairness and a presumption of innocence in accordance with organisational policies, and
- the need of those potentially impacted by the incident to know of the incident.
- See Privacy and Information Sharing Policies

7.4 Incident Review

The management of moderate and critical incidents that impact significantly on the persons directly concerned and more broadly on the safe delivery of services and programs will be independently reviewed. An independent internal or external review of the management of the incident may be initiated by the CIVL Board

Incident Reviews are required for incidents where:

- clients/service users or staff are seriously injured or their health and well-being is compromised
- insurance claims arise
- emergency services are involved
- injury & damage to facility is caused by major malfunction of plant or equipment
- the reputation of the organisation may be brought into disrepute
- OHS systems and procedures fail.

A root cause analysis of the incident forms part of this review.

A member of the CIVL board will be assigned as the Incident Review Officer. Incident Reviews must be completed by the Incident Review Officer in conjunction with relevant personnel who may include Board and CEO and external experts. These personnel will form an Incident Review Team. To support the objectivity of incident review processes the Incident Review Officer and Team should not have been involved in the management of the incident.

A Review should be completed within 21 days of the initiating date with a further 21 days for completion of any follow-up actions.

Follow-up actions may be identified throughout the process of an Incident Review. It is important that these actions be assigned to a responsible person and a timeframe for completion be established. Follow-up actions arising should be added to the Risk Register to ensure that effective mitigation activities are implemented. The Manager is responsible for ensuring that actions on the Risk Register are completed within required timeframes.

If there is an extreme risk then immediate controls should be put in place to control the hazard. This control may be temporary in nature whilst longer term solutions are determined.





All Incident Review Reports are to be stored on a central database. Regular systematic review of all incidents will be undertaken at senior management level.

7.5 External Investigation/Review

An Incident may be subject to review by an external body. In some cases this may be instigated by an external regulatory body as part of a licencing or compliance requirement. The Manager may also initiate an external review.

7.6 Criminal Acts and Misconduct

Suspected criminal activity and misconduct of personnel must be reported to the Manager.

Criminal acts

If during the course of categorising or reviewing an incident it is suspected that the incident may involve criminal acts, the Review team should refer the matter to the appropriate external body (i.e. police / child protection) so it can be addressed using the appropriate legal processes.

The Incident Review <u>may</u> continue separately to the criminal / child protection investigation however it will usually be appropriate to suspend the Review because of issues relating to the disclosure of information.

Misconduct

If during the course of categorising or reviewing an incident it is suspected that the incident may contain elements of misconduct, the Review Team should refer the matter to the HR Manager or other relevant manager so it can be addressed using the appropriate personnel management processes. The Incident Review may continue separately to the misconduct processes unless advised by the HR Manager or other relevant manager to cease the Review because of issues relating to procedural fairness and transparency.

8. Monitoring

All Incident Reports recorded on the Incident Register are to be regularly reviewed by senior management to ensure the effectiveness of actions taken and to identify areas for improvement.

9. Communication

The Incident Management Policy will be communicated to all personnel. Personnel will be involved in reviews of the Incident Management requirements. Any significant alterations to the Incident Management requirements and resources will be communicated to all personnel.

10. Policy Review

This document will be reviewed every 3 years, in consultation with stakeholders. Some circumstances may trigger an early review, this includes but not limited to legislative changes, organisational changes, incident outcomes and other matters deemed appropriate by the Board and/or Chief Executive Officer. Records are retained to document each review undertaken. Such records may include minutes of meetings and documentation of changes to policies and procedures that result from a review.



Additional Guidance on incident definition and categorisation

Minor incidents are events which are within the range of ordinary human experiences and have no after effect on those involved and do not disrupt the normal operations or services of a Centre/Program. For example: injuries not requiring medical treatment¹ (cuts, abrasion, bruises, minor sprain), near misses or minor breaches of agency policy that do not compromise the health and safety of staff or clients/service users.

Moderate incidents are events which may be within the range of ordinary human experiences but have a short term effect on those involved. Moderate incidents may cause temporary closure to an area of a Centre/Program or interrupt the normal services of a Centre/Program. For example: injuries requiring immediate medical treatment (concussion, lacerations, fracture or dislocation) threats of violence, near misses, criminal behaviour, breaches of professional standards or agency policy by personnel that compromise the health and safety of staff or clients/service users

Critical incidents are events which are outside the range of ordinary human experiences & have the potential to leave lasting effects on those involved. Critical incidents cause temporary closure of a Centre/Program or an area of a Centre/Program. For example: serious injuries, fatalities, near fatalities, extreme threats of violence, assaults, an event or media coverage that has the potential to bring the organisation into disrepute, criminal behaviour or serious breaches of professional standards or agency policy by personnel that cause harm to or significantly compromise the health and safety of staff or clients/service users.

| Health, safety and wellbeing | | |
|----------------------------------|--|--|
| Absent/missing client | Client who is in the care of the organisation is absent and there are concerns | |
| | for their safety and welfare | |
| Accidental Injury | Actions or behaviours that unintentionally cause harm which requires medical treatment | |
| Assault - physical | Actions or attempted actions that involve the use of physical force against a person that result in or have the potential to cause harm. Any assault of a client or staff member must be recorded as a critical incident. Assaults can vary in nature from life-threatening events to incidents that threaten clients or others health, safety or wellbeing. Allegations of assault of a client by a staff member, volunteer carer or member of the carer's household must be reported as a critical incident regardless of whether medical attention is required and regardless of the type of assault alleged. | |
| Assault - sexual | Sexual assault includes the full range of sexually abusive behaviour including rape, assault with intent to rape and indecent assault. Inappropriate touching or exposure by a client with a disability needs to be considered in the context of the individual client's behaviour or disability. A police report may not be necessary or appropriate in this case. 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 a critical incident. | |
| Client Behaviour – dangerous | Client actions that place self or others at risk of harm or are violent and dangerous including sex work of a client under 18 | |
| Death* – client, staff, other | The death of a client or staff member or another person during service delivery. | |

Moderate / Critical Incident Types

Chabad Yourd cal Treatment' means treatment by a medical professional

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| outh | All deaths occurring during service delivery are classified as critical incidents. |
| | The death of a client that doesn't occur during service delivery does not in itself constitute a critical incident. However a critical incident classification may be required where the death: |
| | Is of a client under the age of 18 years occurs in unusual or unexpected circumstances, such as, but not limited to, murder, overdose or suicide has a direct or obvious correlation to the service the person was receiving 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 usually classified as critical incidents. |
| Drug/alcohol misuse | Life threatening use of drugs and/or alcohol and/or other substances including potential overdose |
| Property | Damage or disruption to premises that involves or impacts upon services to |
| damage/disruption | clients |
| Self-harm / Suicide | Actions that intentionally cause harm or injury to self or with the intention to |
| attempted | end one's own life |
| Conduct of Personnel | |
| Criminal behaviour by | Behaviour that has had or may have an adverse impact on clients or the |
| personnel | Foundation including the possession of illegal or unauthorised goods. |
| Breach of confidentiality | The inappropriate disclosure of confidential client information. |
| Breach of professional standards, policy or duty of care* | Poor professional practice, inappropriate behaviour or breach of professional standards or agency policy by staff or that results in or has the potential to cause harm to a client or other personnel. |
| Public Relations | |
| Community concern | Incidents that involve or impact upon clients which cause community concern and had or may have an adverse impact on the reputation and standing of the organisation. Community concern includes: subpoena of agency personnel to Coronial or other Statutory Inquires in relation to service users information that suggests that the organisation is in breach of regulatory or certification requirements |
| | A breach of agency policy that leads to an adverse impact on the reputation and standing of the agency. |
| Involvement of | Emergency Services, Police Child Protection, courts |
| External Authorities | |





Requirements for reporting of critical incidents to government authorities vary between jurisdictions.

National

There is some national consistency in the requirements for reporting OHS incidents and critical incidents children's services covered by the National Quality Framework. This is achieved through complementary legislation in each jurisdiction.

Reportable Conduct Scheme

The head of our organization, Rabbi Moshe Kahn, will notify the commission within 3 business days of becoming aware of a serious allegation. He will conduct an investigation and advise the commission of the person who is undertaking the investigation. He will manage the risks to children. Within 30 calendar days, he will provide the Commission with detailed information about the reportable allegation and any action undertaken. He will notify the commission of the investigation findings and any disciplinary action taken, or the reasons no action was taken.

The Commission must be notified regarding a reportable allegation made against one of the their current workers or volunteers, regardless of whether the alleged conduct occurred before, during or outside the worker or volunteer's role with the organization.

The Commission may be notified about a reportable allegation that was made aware after the worker or volunteer had ceased employment or engagement with the organization. However, the Commission would only be required to be notified of an allegation if it concerned conduct by the former worker or volunteer when they were employed or engaged by the organization.

Children's Services

The National Quality Framework (NQF) operates through Australian State and Territory Acts and regulations applied in each jurisdiction. The NQF applies to most long day care, family day care, outside school hours care and preschools/kindergartens in Australia. The requirements are the same in all jurisdictions.

For example, Division 6 of the Children Services Regulations (Victoria) requires that 'the Secretary' be notified of any 'Serious Incidents' as per the requirements below:

The proprietor must notify the Secretary as soon as practicable -

- Of the death of a child while being cared for or educated by the children's service; or
- Of any incident involving an accident or injury or trauma to a child while being cared for or educated by the service requiring the attention of a registered medical practitioner or admission to a hospital; or
- If a child appears to be missing or otherwise cannot be accounted for or appears to have been taken or removed from the service

Division 9 of the Children Services Regulations requires that 'the Secretary' be notified within 48 hours after a complaint is made if the complaint alleges that:-

- The health, safety or wellbeing of any child within the children's service may have been compromised; or
- There may have been a contravention of the Act or these Regulations.





Occupational health and safety

Occupational health and safety legislation is enacted in all jurisdictions and is relatively consistent in its reporting requirements.

For example, 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.





Appendix 3

Incident Management



