

PROCEDURE



Incident Management Procedure

1 Purpose

To ensure all hazards and incidents occurring at Council are reported, investigated, and recorded in accordance with legislative requirements.

2 Scope

This procedure applies to all employees, contractors, and volunteers at Council workplaces.

3 Definitions

Causation Factors: The primary reasons behind an incident.

Council: Hindmarsh Shire Council

CCSC: Community Care Services Coordinator

Elumina: Council's online incident, hazard and injury reporting system

Hazard: a source or situation with the potential to cause harm in terms of injury, illness, damage to property or environment or a combination of these.

HRSO: Human Resources and Safety Officer

MGHS: Manager Governance and Human Services

Incident: An unplanned event resulting in, or having the potential for injury, ill health, damage or other loss.

Near miss: any occurrence that might have led to injury or illness to a person.

Notifiable hazard/incident: serious incidents which, in accordance with legislative obligations, are required to be reported to the statutory authority, ie. WorkSafe or the Aged Care Quality and Safety Commission

Root Cause Analysis: A technique to determine the causal factors for the occurrence of an incident.

4 Responsibilities

For general OHS responsibilities refer to Council's OHS Responsibility Procedure.

The MGHS is responsible for ensuring the procedure is implemented and reviewed, as required.

The HRSO and/or MGHS is responsible for:

- monitoring and reviewing the system for effective incident management and reporting

- providing advice and recommendations to managers and employees on preventative and corrective action to improve the level of health and safety
- overseeing the conduct of investigations and corrective action/s of significant incidents.

Relevant Managers are responsible for:

- implementing the procedure in their area of responsibility;
- investigating incidents and implementing corrective actions;
- communicating and consulting with relevant employees, contractors and volunteers about this procedure.

The CCSC is responsible for reporting SIRS notifiable incidents to the Aged Care Quality and Safety Commission (the Commission).

5 Incident Response

When an incident occurs, the following actions must be taken:

- if safe to do so, attend to any injured and/or call for first aid assistance
- notify emergency services if necessary
- enlist assistance as required
- if necessary and if safe to do so, make the site safe to prevent further incidents
- secure the site of the incident to ensure that it is not disturbed
- notify the following:
 - employee, contact their Manager
 - contractor, contact their supervisor and/or Contract Manager
 - volunteers / visitors contact their direct supervisor

The MGHS and/or HRSO must be notified as soon as practicable after an incident occurring. They will provide information as to the appropriate personnel to contact and provide advice on keeping the site undisturbed until the investigation is complete, unless necessary to prevent further injury.

As required the MGHS and/ or HRSO will notify the statutory authority WorkSafe of all notifiable incidents. A list of notifiable incidents can be found: <https://www.worksafe.vic.gov.au/report-incident-criteria-notifiable-incidents> .

In relation to notifiable incidents, the site must not be disturbed until confirmation is received from WorkSafe that operations can continue.

If an incident has resulted in Council owned or hired plant or equipment being unsafe, the piece of plant or equipment is to be tagged out in accordance with Council's Tag Out Lock Out Procedure.

6 First Aid and Medical Treatment

Depending upon the severity of the injury, appropriate first aid or medical attention should be sought. For any injury requiring urgent medical treatment ring the Victorian Ambulance Service [000].

7 Transportation

Transport of an injured person should be to the following medical treatment centre dependent upon availability and expertise:

- West Wimmera Health Service
- Grampians Health (formerly Wimmera Health Care Group)

This should be decided on a case-by-case basis in consultation with injured person.

8 Reporting

8.1 Incident, hazard, injury and near miss reporting

All hazards, incidents, injuries, and system failures arising from daily operations or workplace safety inspections must be reported through Elumina. Ideally, this should be completed by the person involved in the incident or the person reporting the hazard. The appropriate manager or the HRSO can assist if the employee is unable to access the online portal.

The HRSO will also enter all details from the reports into the Risk Register (if necessary).

In the case of a reported injury the employee will be contacted as soon as reasonably practicable by the HRSO in accordance with Council's Return to Work Procedure.

8.2 Types of hazards and incidents to be reported

All incidents (including damage to Council assets), hazards, near misses and injuries to employees, contractors, volunteers and visitors must be reported at Council as soon as is reasonably practicable.

8.3 Theft

Where Council property is stolen, an incident report is to be submitted onto Elumina and the theft is to be reported to the Victorian Police by the relevant supervisor/manager.

9 Notifiable Incidents

9.1 WorkSafe

Notification to the statutory authority, WorkSafe, is required where **an incident occurs which meets criteria** set out in *Occupational Health and Safety Act 2004*. The MGHS and/or HRSO is responsible to notify WorkSafe of all notifiable incidents.

For further information on incident notification contact the HRSO.

9.2 Serious Incident Response Scheme (Home Care Packages and Commonwealth Home Support Packages)

The Serious Incident Response Scheme (SIRS) is an initiative that helps prevent and reduce incidents of abuse and neglect in aged care services subsidised by the Australian Government. All staff and volunteers have a responsibility to identify and respond to incidents. Under the scheme, there are 8 reporting incident types:

- Unreasonable use of force
- Unlawful sexual contact or inappropriate sexual conduct
- Psychological or emotional abuse
- Unexpected death
- Stealing or financial coercion by a staff member
- Neglect
- Inappropriate use of restrictive practices (as defined within the *Aged Care Act 1997*).
- Unexplained absence from care

Notifications about these incidents is made via the My Aged Care Service Provider Portal.

9.2.1 Responsibility

All Community Care Staff are responsible for identifying incidents. The Community Care Services Coordinator (CCSC) is responsible for submitting the notifications to the Commission via the My Aged Care Portal. In the absence of the CCSC, the Community Care Administration Officer (in the first instance) and Assessment Officer will be responsible for submitting the notifications via the My Aged Care Portal. The Manager Governance and Human Services and Director Corporate and Community Services are responsible for supporting the CCSC in managing and reporting incidents and overseeing the policy and procedural framework.

9.2.2 Reporting Timeframes

Priority 1 reportable incidents must be reported, via the process described in clause [9.2.2](#), within 24 hours of the provider becoming aware of the incident.

Priority 1 reportable incidents are incidents:

- that have caused or could reasonably have been expected to cause, a consumer physical or psychological harm and/or discomfort that would usually require medical or psychological treatment to resolve, or
- if there are reasonable grounds to contact the police, or
- of unlawful sexual contact or inappropriate sexual conduct, or
- when there is the unexpected death of a consumer or a consumer's unexplained absence from the service.

Where a Council employee or volunteer is aware of facts or circumstances that lead to a belief that an incident is unlawful or considered to be of a criminal nature (for example sexual assault), these incidents must also be reported to police within 24 hours of the provider becoming aware of the incident. If the volunteer or employee makes a report to the police, the CCSC should be advised as soon as possible.

Priority 2 reportable incidents are those that do not meet the criteria for a Priority 1 reportable incident. Providers must report Priority 2 reportable incidents to the Commission within 30 days of becoming aware of it occurring.

9.2.3 Reporting Processes

Incidents are to be reported to the Community Care Services Coordinator (CCSC) (or Community Care Administration Officer or Assessment Officer in the absence of the CCSC) as soon as possible after the incident has occurred or has been reported to an alternative staff member. The following information should be provided:

- The time, date and location of the incident;
- Any responsive measures undertaken (services or relatives contacted, support provided etc.)
- Parties involved in the incident, including any witnesses.

The CCSC (or Community Care Administration Officer or Assessment Officer in the absence of the CCSC) will submit an incident notification via the My Aged Care Portal, and will notify the client, case manager, next of kin and law enforcement services as required.

9.2.4 SIRS Incident Investigation

The Community Care Services Coordinator will be primarily responsible for investigating the incident, but may be supported by the Community Care Services Administration Officer. Through discussions with workers, witnesses, clients, case managers and any other relevant party, and incident report will be recorded which captures:

- The details of the incident including causes and effects of the incident;
- Whether the incident could have been prevented;
- What action needs to be taken to minimise the impact of the incident;
- What action needs to be taken to prevent similar incidents from occurring in the future;
- and
- Whether any other bodies need to be notified on an incident.

The CCSC will ensure that affected parties, particularly clients, are given the opportunity to be assisted by an advocate throughout the investigation and response process.

The incident report will then be provided to the Manager Governance and Human Services who will review the management of the incident and any prescribed resolution. Together with the CCSC, the MGHS will determine whether any remedial action may be required. This includes reviewing whether:

- An incident may have been prevented (or the severity of the incident lessened) by an adjustment to standard processes and procedures or by some decision or action by a staff member.
- There is an ongoing risk to consumers, visitors, staff or others; and
- A decision or action taken immediately after an incident in order to mitigate impact and ongoing risk has unintended consequences.

9.2.5 Open Disclosure

Aged Care Service providers are required to implement open disclosure as part of the Clinical Governance Standard in the National Safety and Quality Health Service (NSQHS) Standards. Open disclosure is the open discussion of adverse events that result in harm to a patient while receiving health care with the patient, their family and carers.

The elements of open disclosure are:

- an apology or expression of regret, which should include the words 'I am sorry' or 'we are sorry';
- a factual explanation of what happened;
- an opportunity for the patient, their family and carers to relate their experience;
- a discussion of the potential consequences of the adverse event; and
- an explanation of the steps being taken to manage the adverse event and prevent recurrence.

9.3 General

Investigations must begin as soon as possible, the purpose is to identify hazards and causation factors that contributed to the incident and identify possible preventative and corrective actions.

Where practicable, nothing at the site must be disturbed until after the completion of the investigation other than what is necessary to make the site safe and prevent further injury. Where appropriate, photographs or video footage may be taken and equipment held for subsequent examination or testing.

It is the responsibility of the HRSO/MGHS and the relevant Manager / Coordinator to complete the incident investigation in a timely manner using ensuring thorough documentation on the investigation. If the Designated Work Group has a Health and Safety Representative, they must be invited to participate in the investigation.

Depending on the severity of the incident, the CEO may appoint appropriate persons to complete the investigation.

Depending on the incident, employees may be stood down on pay while the investigation is completed. Where an employee is stood down all HR Procedures are to be followed.

9.4 Investigation methodology

The investigation process is to:

- gather facts;
- identify hazards and causation factors; and
- determine corrective actions.

9.4.1 Gather facts

Where applicable the HRSO/MGHS and the relevant Manager / Coordinator should gather facts by:

- reviewing photos, sketches and other evidence gathered during inspections and observations
- analysing systems of work, training records, maintenance and service records
- determining environmental conditions, such as lighting, floor surfaces, weather conditions etc.
- reviewing materials, equipment, chemical and substances involved
- interviewing witnesses
- establishing the sequence of events, and
- determining if any similar events have occurred before.

9.4.2 Identify hazards and causation factors

The HRSO/MGHS and the relevant Manager / Coordinator should identify hazards and causation factors by:

- applying an appropriate root cause investigation method. Consideration of how “People, Plant, Place and Procedure” contributed to the incident;
- analysing the differences between what actually happened and what should have happened before, during and after an incident (including incident recovery or emergency measures), and
- determining whether any existing controls failed e.g. was equipment guarded, chemical stored correctly, was the correct procedure followed etc.

9.4.3 Determine corrective actions

To prevent eliminate or reduce the risk of a similar incident occurring, so far as is reasonably practicable, the HRSO/MGHS and the relevant Manager / Coordinator should determine corrective actions by:

- identifying new risk control actions or improving existing risk control actions to be implemented, in consideration of the Hierarchy of Controls
- identifying the person/s responsible for carrying out corrective actions and an appropriate timeframe, and
- distributing findings of the investigation to employees, including relevant elected health and safety representatives, and other relevant persons.

All identified corrective actions are to be logged in Elumina. .

9.4.4 Review corrective actions

The MGHS/HRSO, SMT and OHS Committee should ensure the Review of Corrective Actions is completed. Consider the following factors:

- Have corrective actions as stated been completed?
- Have the corrective actions been effective in reducing the risk of harm to people and property?
- Have the corrective actions introduced any new hazards?

Relevant employees affected by the hazard/incident and associated corrective actions shall be consulted in the process of verifying the effectiveness of controls/corrective actions. Any changes to the control measures should be documented in the relevant procedure or Safe Work Method Statement.

The HRSO shall review implementation of corrective actions and their outcomes (as recorded in Elumina) within 7 business days of the investigation concluding.

9.4.5 Communicate Result of Investigation

Upon completion of an Occupation Health and Safety Incident Investigation, the people involved in the incident and all relevant employees are to be informed of the result of the investigation.

9.5 Training Requirements

Employees involved in leading, participating and implementing the incident reporting and investigation process shall complete appropriate training to ensure knowledge, understanding and competency of the key principles and processes.

9.6 External Provider

There may be investigations where it would be more appropriate for the investigation to be completed by an external provider. In such instances Council is to follow Council's Procurement Policy.

10 Related Documents

Hindmarsh Shire Council's OHS Manual
Hindmarsh Shire Council's OHS Responsibility Procedure
Hindmarsh Shire Council's OHS Risk and Change Management Procedure
Hindmarsh Shire Council's OHS Responsibility Procedure
Hindmarsh Shire Council's OHS Risk Register
Hindmarsh Shire Council's OHS Corrective Action Register
Hindmarsh Shire Council's OHS Accident/ Hazard Report Form
Hindmarsh Shire Council's OHS Incident Hazard and First Aid Register

10.1 Resources

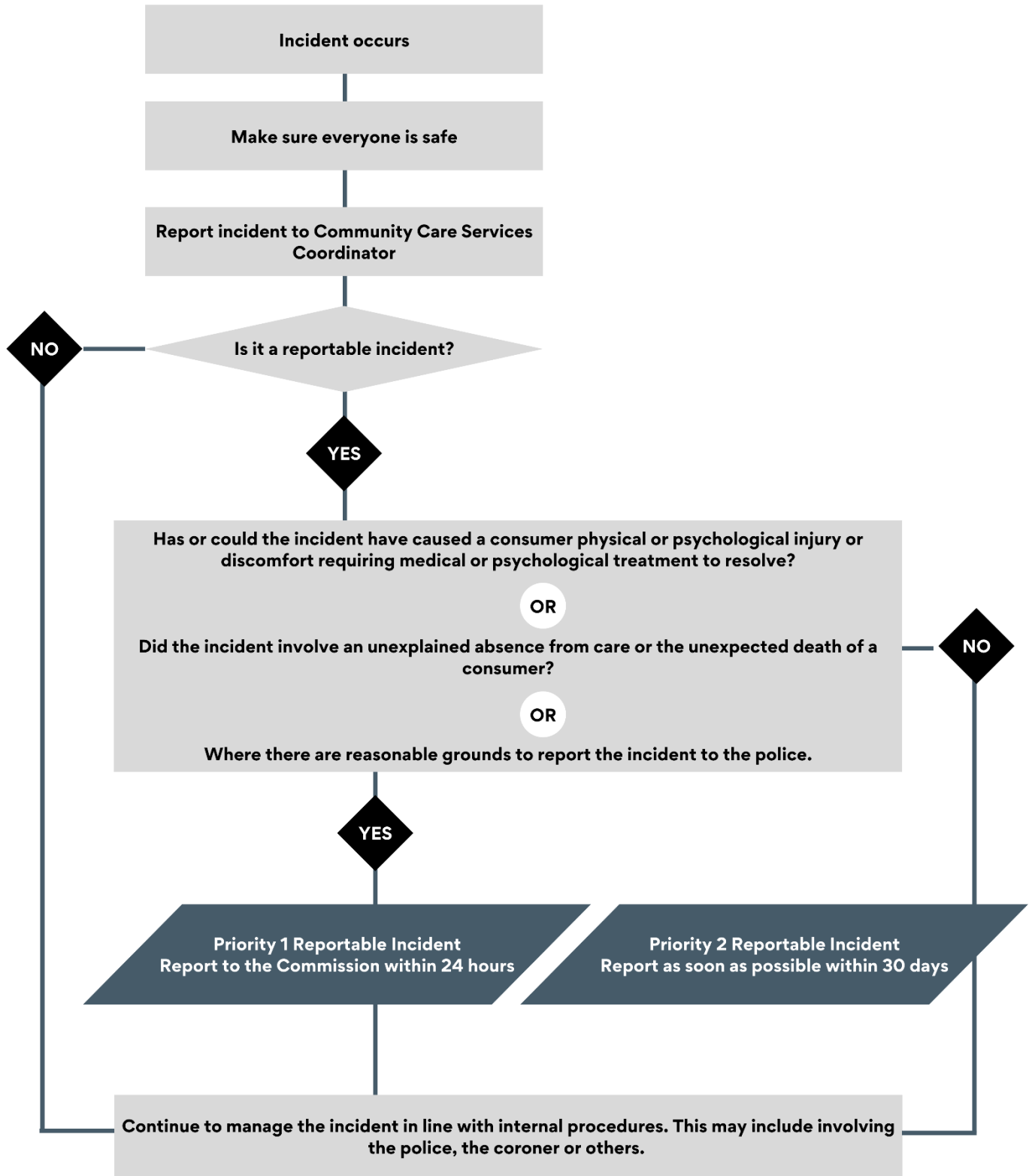
Occupational Health and Safety Act 2004
Occupational Health and Safety Regulations 2017

11 DOCUMENT CONTROL

Incident Management Procedure (formerly OHS Hazard and Incident Reporting Investigation Procedure)		Policy Category	OHS
Version Number	1.3	Policy Status	APPROVED
Approved/Adopted By	CEO	Approved/Adopted on:	20 April 2021
		V1.3	30 January 2023
Responsible Officer	MGHS		
Version History	Date	Version	Description
	19/09/2018	1.0	First version
	26/08/2020	1.1	Reviewed following an incident investigation
	20/04/2021	1.2	Reviewed following an incident
	30/01/2023	1.3	Policy renamed and updated to include SIRS Notifiable Incidents Procedure

Appendix A – Serious Incident Reporting Scheme Management

Reportable Incident	Explanation
Unreasonable use of force	Hitting, pushing, shoving, or rough handling a consumer.
Unlawful sexual contact or inappropriate sexual conduct	Sexual threats against a consumer, stalking, or sexual activities without consumer consent.
Neglect of a consumer	Withholding personal care, untreated wounds, or insufficient assistance during meals.
Psychological or emotional abuse	Yelling, name calling, ignoring a consumer, threatening gestures, or refusing a consumer access to care or services as a means of punishment.
Unexpected death	Where reasonable steps were not taken by the provider to prevent the death, the death is the result of care or services provided by the provider or a failure by the provider to provide care and services.
Stealing or financial coercion by a staff member	If a staff member coerces a consumer to change their will to their advantage, or steals valuables from the consumer.
Inappropriate use of restrictive practices	<p>Where it is used in relation to a consumer in circumstances such as:</p> <ul style="list-style-type: none"> • where a restrictive practice is used without prior consent or without notifying the consumer’s representative as soon as practicable • where a restrictive practice is used in a non-emergency situation, or • when a provider issues a drug to a consumer to influence their behaviour as a form of restrictive practice.
Unexplained absence from care	Where the consumer is absent from the service without explanation and there are reasonable grounds to report the absence to the police.



Reportable incidents should be reported to the Commission using the My Aged Care Provider Portal.