



## Incident Reporting Procedure

<b>Document prepared by</b>	<i>NDIS/DHHS Project Officer</i>
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<b>Application</b>	<i>Staff/Contract Teachers/Volunteers</i>

**Examples of incidents to be reported internally (i.e. via the e.motion21 Incident Report Form). Please note that these are examples only and this list is not exhaustive**

- Any breach of the e.motion21 Code of Conduct
- Any breach of an e.motion21 policy
- An altercation involving any member of e.motion21 (staff, volunteer, dancer, family/friend, etc.)
- Health hazard (vomiting, incontinence, anaphylactic response, etc.)
- Incident where participant leaves the venue during the class.

### **Mandatory reporting requirements**

Any serious breach of e.motion21's Code of Conduct or an e.motion21 policy must be reported immediately by phoning the Artistic Director (if contract Teachers) and/or Chief Executive Officer.

In the case of emergency and immediate action is required (e.g. major health concern, violence) phone emergency services on '000' before contacting the Artistic Director and/or Chief Executive Officer.

The Chief Executive Officer will then action any mandatory reporting requirements in line with the Department of Health and Human Services' Client Incident Management System (CIMS) instructions and, where appropriate, the Reportable Conduct Scheme administered by the Commission for Children and Young People (Vic).

A client incident is defined as 'an event or circumstance that occurs during service delivery and results in harm to a client.' (CIMS, DHHS Vic 2017) There are two categories; major and minor, of reportable incidents under the Department of Health and Human Services. Consideration will be given to the actual or apparent impact of the participant and to the likelihood of the recurrence. The Chief Executive Officer will use their judgement, with reference to the DHHS CIMS instructions, in considering the severity and appropriate categorizing of individual incidents occurring at the service or during service delivery.

**Table 1: Definitions of 'Major Impact' and 'Minor Impact' incidents as defined by DHHS CIMS**

<b>Major impact (may require immediate emergency service/s; must be reported to CIMS within 24hrs)</b>	<b>Non-major impact (must be reported to CIMS within 30 days)</b>
<ul style="list-style-type: none"> <li>• The unanticipated or unexpected deaths of clients, including suicides</li> <li>• Severe physical, emotional or psychological injury or suffering that is likely to cause ongoing trauma</li> <li>• A pattern of incidents related to one client that, when taken together, meet the level of harm to a client defined above. This may be the case even if each incident is a non-major impact incident</li> </ul>	<ul style="list-style-type: none"> <li>• Incidents that involve a client but result in minimal harm</li> <li>• Incidents that cause physical, emotional or psychological injury or suffering, without resulting in a major impact</li> <li>• Impacts to the client that do not require significant changes to care requirements, other than short-term interventions (for example, first aid, observation, talking interventions or short-term medical treatment)</li> <li>• Incidents that do not otherwise meet the criteria for 'major impact'</li> </ul>

**Table 2: Definitions of sub-categories of 'Major' and 'Minor' Impact incidents (DHHS CIMS)**

<b>Incident types that MUST be reported as major impact</b>	<b>Incident types that could be EITHER major impact or non-major impact</b>
<ul style="list-style-type: none"> <li>• Death (unexpected)</li> <li>• Escape from a secure facility</li> <li>• Physical abuse</li> <li>• Sexual abuse</li> <li>• Sexual exploitation</li> </ul>	<ul style="list-style-type: none"> <li>• Absent</li> <li>• Dangerous actions – client</li> <li>• Emotional/psychological abuse</li> <li>• Inappropriate physical treatment</li> <li>• Medication error</li> <li>• Financial abuse</li> <li>• Poor quality of care</li> <li>• Injury</li> <li>• Emotional/psychological trauma</li> <li>• Inappropriate sexual behaviour</li> <li>• Self-harm/attempted suicide</li> </ul>

Incidents classified as 'Privacy Incidents' may be a breach, a possible breach or a 'near miss'.

- **Breach or Possible Breach** – an action or omission that results in loss, theft, misuse or unauthorised disclosure of personal information, or has the potential to do so.
- **Near Miss** – are situations where a breach would have occurred without intervention. This includes situations where a privacy incident has occurred without any actual disclosure of personal information
- Where a complaint has been made that a privacy breach has occurred, which then needs to be investigated (all allegation of privacy breach).

## How to Report an Incident

**For 'Major Impact' Incidents:** these incidents must be reported to DHHS within 24hrs of their occurring. Hence, any 'major impact' incident must be reported verbally (in person or over the phone) directly to the Chief Executive Officer within 3 hours (where possible and appropriate) of the incident occurring.

**For 'Minor Impact' Incidents:** these incident reports are to be completed initially via the e.motion21 Incident Report Form. Once completed, reports are to be emailed within 24 hours of the incident occurring to the appropriate line manager i.e. Artistic Director, Volunteer Coordinator or Chief Executive Officer. The Artistic Director and Volunteer Coordinator will report all incidents within 24 hours of receipt to the Chief Executive Officer.

**For 'Privacy Incidents':** e.motion21 must report all client related privacy incidents to the department within one business day of becoming aware of, or being notified of a possible privacy incident, or within one business day of an allegation being made of a potential breach. It's important to note that, a privacy breach that impacts a client may need to be reported as a client incident under CIMS as well as through a privacy incident report.

### Who is to complete the Incident Report Form

The most senior staff member who is present at the time of the incident or to whom the incident has been reported is to complete the Incident Report Form within 24 hours of the incident occurring and submit this to the appropriate line manager i.e. Artistic Director, Volunteer Coordinator or Chief Executive Officer.

### How this information is stored

e.motion21 keeps an Incident Register on soft copy at the Kew Office. Any reportable incidents are reported via the DHHS CIMS IT platform and stored electronically. Please note: all information recorded and stored is done so with reference to e.motion21's Privacy Policy and in accord with the *Privacy and Data Protection Act 2014*.

### Follow up of registered incidents (for internally reported incidents)

Once incidents are reported and if action is required, the appropriate line manager will put together a response or action plan. Where appropriate, this response/action plan will be discussed with the person who reported the incident and notes pertinent to the incident (e.g. a health/behavior management plan) will be recorded on the participant's file. Any required response/action plan must be discussed with the participant and/or their carer/advocate.

Please note that follow up of any reportable incidents will be done in accord with any ensuing investigation and subsequent finding made by any regulatory body to which the incident has been reported.

### Monitoring of outcomes from incidents

Should any incident require an action plan, please see e.motion21's Health/Behaviour Management Plan Procedure.

Related Policy	Forms
<i>Workplace Health and Safety Policy</i>	<i>OH&amp;S workplace inspection checklist</i>
<i>Occupational Health &amp; Safety Procedure</i>	<i>Class Checklist</i>
<i>Health/Behaviour Management Procedure</i>	<i>Incident Report Form</i>
<i>Emergency Procedure Flow Chart</i>	<i>Incident Report Register</i>
<i>Mandatory Reporting Procedures</i>	

<b>Document history</b>				
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<i>10 May 2017</i>	<i>1.0</i>	<i>Chief Executive Officer</i>	<i>Chief Executive Officer</i>	
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<i>22 January 2018</i>	<i>4.0</i>	<i>NDIS Project Officer</i>	<i>Chief Executive Officer</i>	<i>Updated to include new legislative requirements of CIMS (DHHS) and the Reportable Conduct Scheme (CCYP)</i>