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| Client incident management summary guide |
| For further information refer to the Department of Health  and Human Services Client incident management guide |

Contents

[Introduction 1](#_Toc30755914)

[Responding to an incident 2](#_Toc30755915)

[Reporting overview 2](#_Toc30755916)

[Determining whether or not an event /circumstance is a client incident 3](#_Toc30755917)

[Selecting an incident category 4](#_Toc30755918)

[Major impact incident 4](#_Toc30755919)

[Non-major impact incident 4](#_Toc30755920)

[Determining whether an incident is major or non-major 4](#_Toc30755921)

[Selecting an incident type 5](#_Toc30755922)

[Select incident type 5](#_Toc30755923)

[Incident categories 7](#_Toc30755924)

[Definitions of incident types 7](#_Toc30755925)

[Reporting an incident 12](#_Toc30755926)

[Timelines for major and non-major impact incidents 12](#_Toc30755927)

[Reporting incidents 12](#_Toc30755928)

[Investigative or review actions following major impact incidents 12](#_Toc30755929)

[Incident investigation 12](#_Toc30755930)

[Incident review 13](#_Toc30755931)

[Investigative or review actions following major impact incidents 13](#_Toc30755932)

[Where to get more help 14](#_Toc30755933)

# Introduction

This summary guide is to assist staff who are reporting an incident which impacts on a client.

According to the **Client incident management guide**, all in-scope services are required to report an incident that occurred during service delivery and resulted in harm to a client.

The safety and wellbeing of our clients is the priority and any issues impacting on the immediate safety of clients should always be addressed prior to reporting and throughout the management of an incident.

The key reason for reporting incidents is to learn from them and, if possible, prevent their reoccurrence. Without a detailed analysis of the incidents affecting clients, we may fail to uncover problems that are potential hazards to clients or staff.

Service providers must manage the response and subsequent actions to all client incidents through their incident management processes. Service providers are required to have a client incident register to record client incident information and electronically submit client incident information to the department’s divisional office.

As part of this process, **major and non-major impact** client incidents must be reported to the department **within three business days[[1]](#footnote-1)** of the incident occurring or of the service provider becoming aware of the incident.

The divisional office is responsible for the quality assurance and endorsement of incident reports, incident investigations and root cause analysis reviews undertaken by the service provider.

This summary guide provides the high-level process for responding to and reporting client incidents. Please refer to the **Client incident management guide** and the CIMS webpage for the complete process.

# Responding to an incident

Following an incident, the first priority is to ensure the safety of the client, staff and others involved by following these steps:

1. Assess the situation to ensure a safe and secure environment and remove the client, staff and others from the source of danger if safe to do so.
2. Call a medical practitioner or ambulance, or provide transport (if it is safe and appropriate to do so) for the injured person to the nearest hospital accident and emergency department if the client, staff or others require urgent medical attention.
3. Support the person to see a health practitioner for assessment and treatment of any injuries, including psychological trauma, if the client, staff or others have injuries that do not require immediate attention.
4. Assure the client that the incident will be taken seriously, discuss their options with them and ask them how they would like to be supported throughout the process.
5. Remove the person who is accused or suspected of harming the client from contact with the client (or any other person) if they could present a risk to their safety and wellbeing.
6. Consider the impact of the incident on other clients within the setting and provide them with appropriate support.
7. Ask the client whether he or she wishes to contact specialist or victim support services such as crisis care, counselling, advocacy, a legal information service or a lawyer if they can provide informed consent. If not, ask his or her guardian or key support person.
8. Report the incident to police if a crime is suspected to have occurred and appropriate client consent is obtained (where appropriate). Ensure that evidence is preserved. Refer to the **Client incident management guide**, section 2.2 for additional guidance.
9. Consult the **Client incident management guide**, Appendix B: Responding to allegations of abuse if the incident relates to an allegation of abuse that involves a client (including emotional / psychological abuse, financial abuse, physical abuse, sexual abuse and sexual exploitation).
10. Notify other service providers known to be working with that client, if lawful and appropriate to do so (for example, ensure that any personal or health information disclosed is able to be lawfully disclosed before doing so).

## Reporting overview

There are five key stages of reporting an incident. The points below provide a high-level overview of these stages, with details following.

1. **Determine if the event / circumstance is a client incident.**

Determine if the event is reportable as a client incident under the **Client incident management guide**.

1. **Select an incident category (major impact or non-major impact).**

Assess whether the incident is a mandatory major impact incident or, using professional judgement, resulted in a major impact or non-major impact to the client, having regard to the requirements of the **Client incident management guide***.*

1. **Select an incident type.**

After assessing the impact, determine the appropriate type of incident to record. Some incident types must always be categorised as major impact. See ['Selecting an incident type'](#_Selecting_an_incident_2).

1. **Report the incident**

Report **major and non-major impact** incidents to the department within **three business days**.

1. **Initiate investigative or review actions for major impact incidents.**

An investigation must be undertaken for incidents assessed as majorclient impact with one or more of the following incident types:

* physical, sexual (including sexual exploitation), financial, or emotional/psychological (including cultural) abuse where the subject of the allegation is a staff member, volunteer, or client
* poor quality of care
* injury – unexplained.

Other major impact incident types will be subject to review.

# Determining whether or not an event /circumstance is a client incident

**A client incident is any event or circumstance that occurred during service delivery and resulted in harm to a client.**

If the event or circumstance could have caused harm to a client but did not do so (for example, a ‘near miss’), or if the incident did not occur during service delivery, you do not need to report it through the CIMS.

An incident that has occurred ‘during service delivery’ is an incident that occurs during any of the following circumstances:

* while a service is being directly provided
  + as a result of, or related to, a deficiency or a potential failure in service provision (for example, through hazards, neglect or inadequacy).

**‘During service delivery’ includes:**

* When the client is receiving a service. For example, when a staff member is with a client, when the client is on an outing where a staff member is present, or when the client is engaging with a service online or via telephone.
* When the client attends a service provider’s premises: including offices, residential services, respite facilities or day services. This includes the area within the boundaries of the premises, as well as the surrounding area within sight of the premises.
* Off-site/outreach services: incidents that occur at the location of service delivery and the surrounding area within sight of that location. For example, when a staff member is providing in-home support or support in the community with the client, even if that support is minimal, such as an hour a month.
* Clients under the care of 24-hour services. For example, any incident that occurs in residential care, supported accommodation or statutory child protection.

**‘During service delivery’ excludes harm that occurs to a client:**

* In the general course of life. For example, when a client is receiving episodic care and an incident occurs when the client is not receiving the services. This exclusion does not apply to clients who are under the care of 24-hour services.
* Following adequate and appropriate discharge or release from the department-funded service or following the completion of the service provision period.

# Selecting an incident category

After determining that the event or circumstance meets the definition of a client incident, you must decide the appropriate incident category. There are two incident categories: **major impact** and **non-major impact**. In determining the incident category, the focus must be on the impact (level of harm) to the client. This assessment is based on professional judgment and information available at the time including the level of injury, response/reaction of the client, other signs of harm/trauma that may be apparent.

The most senior staff member present is responsible for using their professional judgement to assess the appropriate categorisation of the incident, having regard to the requirements of the **Client incident management guide**. Further guidance follows.

## Major impact incident

* The unanticipated death of a client
* Severe physical, emotional or psychological injury or suffering which is likely to cause ongoing trauma
* A pattern of incidents related to one client which, when taken together, meet the level of harm to a client. This may be the case even if each individual incident is a non-major impact incident
  + Certain incidents are always required to be reported as major impact incidents. See ['Selecting an incident type'](#_Selecting_an_incident_3) below.

OR

## Non-major impact incident

* Incidents that cause physical, emotional or psychological injury or suffering, without resulting in a major impact
* 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
* Incidents that involve a client but result in minimal harm
* Incidents that do not otherwise meet the criteria for ‘major impact’.

## Determining whether an incident is major or non-major

**The following should be considered when determining the categorisation of the client incident, based upon the professional judgment of the service provider:**

### Client experience

* Was the client physically, emotionally or psychologically harmed in the incident? To what extent? What level of treatment or care did they require as a result of the incident?
  + Is the client still at risk of further harm from this incident?

### Severity of outcome

* What was the nature and extent of the harm suffered?
  + What was the level of distress or suffering caused to the client?

### Vulnerability of client

* Does the client’s age and stage of development, disability, culture or gender increase the severity of suffering and trauma experienced?
* Does the balance of power or position between the individual who is the subject of the allegation and the victim affect the impact of the incident on the client?
  + Does the client’s individual mental or physical capacity, understanding of potential risks or communication skills affect the impact of the incident?

### Pattern and history of behaviour

Some clients may have a history of dangerous actions that is understood and being actively case-managed by the service provider. In such cases, the service provider should classify incidents of such behaviour as non-major impact incidents, unless the incident is linked to either of the following:

* an **escalation** in the severity or frequency of dangerous actions
* **abnorma**l actions outside the known behavioural patterns of that client
  + mandatory major impact incidents as outlined in ['Selecting an incident type'](#_Selecting_an_incident_1) below.

If a **non-major impact** incident is related to a pattern of incidents for one client, you should consider whether, when taken together, these incidents meet the definition of a **major impact** incident. If so, this should be reported as a **major impact** incident. This is the case even if each individual incident would otherwise be classified as a non-major impact incident.

# Selecting an incident type

After assessing whether the incident is a major impact or non-major impact incident, you must determine the appropriate incident type. There are 16 incident types. It is critical to note that, due to their seriousness, **some** incident types **must always** be categorised as a major impact incident. You can select **up to two** incident types for each client impacted by the incident.

## Select incident type

| Incident type | Always major impact | Major impact or non-major impact |
| --- | --- | --- |
| Absent client |  | Yes |
| Dangerous actions – client |  | Yes |
| Death | Unexpected death | Yes |
| Emotional / psychological abuse |  | Yes |
| Emotional / psychological trauma |  | Yes |
| Escape from a secure facility | Yes |  |
| Financial abuse |  | Yes |
| Inappropriate physical treatment |  | Yes |
| Inappropriate sexual behaviour |  | Yes |
| Injury |  | Yes |
| Medication error |  | Yes |
| Physical abuse | Yes |  |
| Poor quality of care |  | Yes |
| Self-harm / attempted suicide |  | Yes |
| Sexual abuse | Yes |  |
| Sexual exploitation | Yes |  |

## Incident categories

### Major impact incident

* The unanticipated death of a client
* Severe physical, emotional or psychological injury or suffering which is likely to cause ongoing trauma
* A pattern of incidents related to one client which, when taken together, meet the level of harm to a client defined above. This may be the case even if each individual incident is a non-major impact incident.

### Non-major impact incident

* Incidents that cause physical, emotional or psychological injury or suffering, without resulting in a major impact
* 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
* Incidents that involve a client but result in minimal harm
* Incidents that do not otherwise meet the criteria for ‘major impact’.

## Definitions of incident types

| Incident type | Definition | Always major impact  Incidents which must always be categorised as major impact | Generally non-major impact  Any additional guidance on incident types which should generally be classified as non-major impact |
| --- | --- | --- | --- |
| Absent client | A client is unexpectedly absent from the service or absent without authorisation and there are concerns for their safety. | Use the categorisation as outlined above. | Use the categorisation as outlined above |
| Dangerous actions – client | Dangerous actions that cause the client harm or place the client at risk of harm. This includes:  dangerous actions as a result of the misuse of drugs, alcohol or other substances  high-risk activities such as arson or train surfing  sexually-orientated actions by a client in circumstances that place their safety at risk. | Use the categorisation as outlined above. | Dangerous actions by vulnerable clients that are understood and being actively case-managed by the service provider are not major impact incidents. This does not apply to dangerous actions which are:  an escalation in severity or frequency of dangerous actions  abnormal actions outside the known behavioural patterns of that client.  Legal, consensual, sexually-oriented actions that do not impact on client safety or put client safety at risk do not meet the definition of an incident. |
| Death | The death of a client during service delivery where the death is unanticipated or unexpected. This includes death as a result of the use or misuse of drugs, alcohol or other substances. | All deaths of clients in unexpected or unanticipated circumstances, including suicides, must be reported as major impact. | Client deaths as the consequence of the progression of a diagnosed condition or illness are not reportable as a client incident unless the death occurred in a disability residential service. |
| Emotional/ psychological abuse | Actions or behaviours that reject, isolate, intimidate, or frighten by threats, or the witnessing of family violence, to the extent that the client’s behaviour is disturbed or their emotional/ psychological wellbeing has been, or is at risk of being, seriously impaired. This includes:  rejecting, isolating, terrorising and ignoring behaviours  denying cultural or religious needs and preferences  emotional abuse perpetrated by other clients.  Service providers should consider any potential power imbalance between the client and the person engaging in the behaviour. | Allegations of emotional/psychological abuse of a client by a staff member, volunteer carer or member of the carer’s household are usually classified as major impact. However, there may be circumstances of a minor nature which are not major impact – use of professional judgement is required based on the categorisation as outlined above. | There may be circumstances which meet the adjacent definition but are of a minor nature which are not major impact – use of professional judgement is required based on the categorisation as outlined above. |
| Emotional/ psychological trauma | A reaction or set of reactions which develop in a client because they have witnessed, heard, or otherwise been exposed to, a traumatic event which has threatened the client’s life or safety, or that of others around them. As a result, the person experiences feelings of intense anxiety, fear or helplessness. This includes (but is not limited to) the witnessing of catastrophic events such as the severe injury or death of a close family member or friend or the diagnosis of a life-threatening condition. | Use the categorisation as outlined above. | Use the categorisation as outlined above. |
| Escape from a secure facility | This type only applies to clients in custodial care and/or disability services clients subject to compulsory treatment or judicial orders. This incident type includes:  a client escaping a centre with defined boundaries  failure of a client to return from temporary leave. | Successful escape by disability services clients subject to compulsory treatment or judicial orders must be reported as a major impact incident. | Use the categorisation as outlined above |
| Financial abuse | The misuse of a client’s assets, property, possessions and finances without their consent. It includes:  denying a client the use of their own assets, property, possessions and finances  theft, fraud, exploitation and pressure in relation to assets, property, possessions and finances  obtaining assets through deception.  This also includes financial abuse perpetrated by other clients. | Allegations of financial abuse of a client by a staff member, volunteer carer or member of the carer’s household are usually classified as major impact. However, there may be circumstances of a minor nature which are not major impact – use of professional judgement is required based on the categorisation as outlined above. | There may be circumstances which meet the adjacent definition but are of a minor nature which are not major impact – use of professional judgement is required based on the categorisation as outlined above. |
| Inappropriate physical treatment | Actions that involve the inappropriate use of physical contact or force against a person that result in non-major impact harm to the client. This includes impact resulting from:  threats of physical abuse made to a client by another person  excessive use of physical force or restraint by a staff member.  Inappropriate physical treatment does not include an act or omission that constitutes a lawful exercise of force, such as the lawful and duly authorised use of physical restraint. | All incidents which meet this definition should be classified as ‘non-major impact’ unless the incident is linked to:  **escalation** in severity or frequency of dangerous actions  **abnormal** actions outside the known behavioural patterns of that client.  Where the level of harm to the client is a major impact, the incident must be reported instead as physical abuse – see definition. Use of professional judgement is required based on the categorisation as outlined above. | All incidents which meet this definition should be classified as ‘non-major impact’ unless the incident is linked to:  **escalation** in severity or frequency of dangerous actions  **abnormal** actions outside the known behavioural patterns of that client. |
| Inappropriate sexual behaviour | Actual or attempted unwanted sexual actions (or allegations of such actions) that result in non-major impact harm to the client, unless the relevant behaviour meets the definition of sexual abuse, in which case it must always be reported as major impact. | All incidents which meet this definition should be classified as ‘non-major impact’ unless the incident is linked to:  **escalation** in severity or frequency of dangerous actions  **abnormal** actions outside the known behavioural patterns of that client.  Where the level of harm to the client is a major impact, the incident must be reported instead as physical abuse – see definition. Use of professional judgement is required based on the categorisation as outlined above. | All incidents which meet this definition should be classified as ‘non-major impact’ unless the incident is linked to:  **escalation** in severity or frequency of dangerous actions  **abnormal** actions outside the known behavioural patterns of that client. |
| Injury | Actions or behaviours that unintentionally cause harm which requires first aid or medical attention. Includes both explained and unexplained injuries. | Use the categorisation as outlined above. | Use the categorisation as outlined above. |
| Medication error | Refers to any error in the administration of a client’s prescribed medication, where the service provider is responsible for such administration. Includes:  the administration of incorrect medication  missed medication  the incorrect or unauthorised administration of PRN (from the Latin ‘pro re nata’) restraint medication  psychotropic medicines misuse  client refusal of prescribed or authorised medication  pharmacy error (an error in the dispensing of medication). | Misuse of psychotropic medicines administered by a staff member **must** be reported as major impact. | Use the categorisation as outlined above. |
| Physical abuse | Actions that involve the inappropriate use of physical contact or force against a person that result in **major impact** harm to the client. This includes impact resulting from:  threats of physical abuse made to a client by another person  excessive use of physical force or restraint by a staff member  physical abuse perpetrated by other clients, as well as by caregiver or staff.  Physical abuse does not include an act or omission that constitutes a lawful exercise of force, such as the lawful and duly authorised use of physical restraint. | All incidents of physical abuse **must** be reported as major impact.  Where the level of harm to the client has a non-major impact to the client, the incident must be reported instead as inappropriate physical treatment – see definition.  Use of professional judgement is required based on the categorisation as outlined above. | All incidents of physical abuse **must** be reported as major impact.  Where the level of harm to the client has a non-major impact to the client, the incident must be reported instead as inappropriate physical treatment – see definition.  Use of professional judgement is required based on the categorisation as outlined above. |
| Poor quality of care | Inappropriate or inadequate care by caregivers or staff in the context of service delivery.  **Note**: Abuse by a caregiver or staff member should be categorised under the sexual abuse, physical abuse, emotional/psychological abuse or financial abuse types. | Neglect of a client **must** be reported as a major impact incident. Neglect is the failure to care adequately for a client to the extent that the health, wellbeing and development of the client is significantly impaired or at risk. | Use the categorisation as outlined above. |
| Self-harm / attempted suicide | Actions that intentionally cause harm or injury to self.  Actions to attempt suicide (the intention to end one’s own life). | Attempted suicide **must** be reported as a major impact incident. | Use the categorisation as outlined above. |
| Sexual abuse | Actual or attempted unwanted sexual actions (or allegations of such actions) that result in **major impact** harm to the client or which are otherwise forced upon a client against their will or without their consent, through the use of physical force, intimidation and/or coercion. | All incidents of sexual abuse **must** be reported as major impact.  Examples may include (regardless of level of harm or perceived harm to client):  all allegations of rape, which is the actual or attempted penetration or attempted penetration (anal, oral, vaginal) through the use of physical force, intimidation and/or coercion without that person’s consent  sexual abuse of a child by another child. | All incidents of sexual abuse **must** be reported as major impact. |
| Sexual exploitation | Sexual exploitation, defined as the abuse of a person under 18 or a person with a cognitive disability, which may include:  the exchange of sex or sexual acts for money, goods, substance or favours  involving a child in creating pornography  contact with a known sex offender. | All incidents of sexual exploitation **must** be reported as major impact. | All incidents of sexual exploitation **must** be reported as major impact. |

# Reporting an incident

**Once you have selected an appropriate incident category and incident type, you must report the incident. Service providers are required to use their client incident register (CIR) to store and submit client incident information.**

## Timelines for major and non-major impact incidents

**Major and non-major impact incidents** require the **completion and submission of a client incident report** to the designated divisional office within **three business days** of the incident occurring or of the service provider becoming aware of the incident.

## Reporting incidents

Reporting incidents in a timely and complete manner helps to ensure that the client’s safety and wellbeing is being addressed and that the incident is being managed appropriately. The report will also form the basis of any subsequent investigation or review.

Incidents must be reported electronically (via the department’s CIMS IT webform or the service provider’s IT system) and recorded in the service provider’s client incident register.

### Major and non-major impact incidents

The service provider becomes aware of an incident, (major or non-major impact) and responds in accordance with the information provided in the [Introduction](#_Introduction) and [Responding to an incident](#_Responding_to_an).

### Record incident

The most senior staff member present, or the staff member who first became aware of the incident, records the incident in the client incident report via the department’s CIMS IT webform or the service provider’s IT system.

### Endorse incident

CEO or delegated authority within the service provider approves the client incident report.

### Report incident

Within three business days of the incident occurring or of first becoming aware of the incident, the completed client incident report is submitted electronically to the divisional office by the service provider CEO or delegated authority.

### Update client file

The client incident report is saved on the service provider’s client incident register and the client file.

# Investigative or review actions following major impact incidents

**All major impact incidents must be subject to either an investigation and/or a review led by the service provider.**

These actions are described below.

## Incident investigation

An incident investigation is a formal process of collecting information to ascertain the facts, which may inform any subsequent criminal, civil, disciplinary or administrative sanctions.

The purpose of the investigation is to determine whether there has been abuse or neglect of a client by a staff member (including a volunteer) or another client, pursuant to an allegation in a client incident report (that is, can abuse of the client be substantiated?).

## Incident review

An incident review is required for all major impact incidents that are not subject to an investigation.

An incident review is a process of identifying what happened, determining whether an incident was managed appropriately, and identifying the causes of the incident.

The purpose of an incident review is to identify these causes and inform subsequent learnings to apply to reduce the risk of future harm and to inform continuous improvement.

Service providers are required to select the appropriate type of review based on their assessment of the incident. There are two types of incident reviews:

* Case review – appropriate for incidents where the service processes or systems were not, or do not appear to be, a significant causal or contributing factor to the incident.
  + Root cause analysis review – appropriate for incidents where the service processes or systems were, or appear to be, a significant causal or contributing factor to the incident.

## Investigative or review actions following major impact incidents

An **investigation must be undertaken** for incidents assessed as major client impact with one or more of the following incident types:

* physical, sexual (including sexual exploitation), financial, or emotional/psychological (including cultural) abuse where the subject of the allegation is a staff member (including a volunteer) or client
* poor quality of care
* injury – unexplained (in order to determine whether there has been any abuse or neglect that caused the injury).

Other major impact incident types and incidents involving allegations of abuse where the subject of the allegation is not a staff member, volunteer, or client will not be investigated under the CIMS. These incidents must instead be subject to a **case review** or a **root cause analysis** review.

In instances where the information and evidence available (such as CCTV footage) enable a conclusion to be reached during the initial follow-up and assessment as to whether allegations can (or cannot) be substantiated, service providers can complete an **investigation outcome and case review report** or an **investigation outcome and root cause analysis report** to advise the department of:

* the investigation outcome (substantiated or not substantiated), on the balance of probabilities
* the rationale for not further investigating
* the evidence that supports that outcome
* the approach and findings of the subsequent review.

A high-level overview of the key decisions within this process is outlined below. See Chapter 4: Investigations and Chapter 5: Reviews of the ***Client incident management guide*** for more details.

Flowchart details the flow of a major impact incident from incident reporting to investigation outcome requirements.

# Where to get more help

[Client incident management guide](https://providers.dhhs.vic.gov.au/cims) <https://providers.dhhs.vic.gov.au/cims>

[Client incident management guide addendum – out-of-home care](https://providers.dhhs.vic.gov.au/cims) <https://providers.dhhs.vic.gov.au/cims>

Visit the [CIMS webpage](https://providers.dhhs.vic.gov.au/cims) <https://providers.dhhs.vic.gov.au/cims>

[Email the CIMS helpline](mailto:CIMS@dhhs.vic.gov.au) <CIMS@dhhs.vic.gov.au>

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1. Under the CIMS, ‘business days’ denotes Monday to Friday, excluding public holidays, [↑](#footnote-ref-1)