

# Critical client incident management summary guide and categorisation table: 2011

*For further information refer to the*

**Department of Human Services**

***Critical client incident management instruction: 2011***

Updated December 2012

This guide is to assist staff in the reporting a critical incident that involves or impacts upon their clients.

Under the *Critical client incident management instruction 2011* all services delivered directly by Department of Human Services and service providers funded by the Department of Human Services are required to report critical incidents involving or impacting upon clients that occur at the service or during service delivery.

Most incidents reported under the instruction are considered allegations as they are yet to be proven. The key reason for reporting incidents is to learn from them and if possible, prevent their recurrence. Without a detailed analysis of incidents affecting clients, we may fail to uncover problems that are potential hazards to clients or staff.

Incidents are to be reported to the department using the Department of Human Services client incident report form.

Completed client incident reports must be faxed to a Department Human Services designated office. There is a list of fax numbers on the Funded Agency Channel <[www.dhs.vic.gov.au/funded-agency-channel](http://www.dhs.vic.gov.au/funded-agency-channel)> or the department's website <[www.dhs.vic.gov.au](http://www.dhs.vic.gov.au)>.

## When is an incident report required?

A client incident report is required for all critical incidents that occur at the service or during service delivery which involve and/or impact upon clients. This includes all critical incidents that occur:

- while a staff member is with the client
- when the client attends a service provider premises, including offices, residential services, respite facilities or day services
- when a staff member is providing in-home support or support in the community with the client
- on-site at the service including inside and around the building, and locations that are within view of staff.

If a service provides 24 hour care (residential care, custodial services or statutory child protection), a report is required for all incidents involving clients of this service, regardless of location.

If a service that does not provide 24 hour care, critical incidents that occurred outside of service delivery may also need to be reported.

Considerations include:

- was the client hurt and is the client still at risk?
- do you need to significantly change your service delivery to the client as a result (including police intervention)?

Refer to the *Critical client incident management instruction: 2011* for further information.

## When an incident occurs

In any incident, the most important first step is to make sure clients and staff are safe.

After that, a client incident report must be completed.

The Department of Human Services client incident report form can be downloaded from the Funded Agency Channel <[www.dhs.vic.gov.au/funded-agency-channel](http://www.dhs.vic.gov.au/funded-agency-channel) > or the department's website <[www.dhs.vic.gov.au](http://www.dhs.vic.gov.au)>.

The most senior staff member to witness the incident, or the staff member to whom the incident was disclosed, completes the client incident report form.

The report includes a brief description of the incident, immediate actions that have been taken and planned follow-up actions.

Client incident report must be legible and on the authorised Department of Human Services form.

Plain English should be used.

# Incident Type

## Incident type

An incident type is a descriptor. For each incident you choose one incident type from a set list of incident types.

When choosing an incident type chose the incident type that best describes what happened in the incident or the behaviour or circumstance that had the greatest impact.

To help you choose an incident type, there is a list of the incident types, their definitions and examples further in the guide.

## Categories

There are two categories of reportable incidents; consideration is to be given to the actual or apparent impact for the client and to the likelihood of recurrence.

It is expected that senior staff will use their judgement in considering the severity and appropriate categorising of individual incidents occurring at the service or during service delivery.

### Category One

Category One incidents are the most serious; and such incidents occurring at the service or during service delivery must be reported. A Category One incident is an incident that has resulted in a serious outcome, such as a client death or severe trauma.

### Category Two incidents

Category Two incidents involve events that threaten the health safety and/or wellbeing of clients or staff.

**Category One** client incident reports must be sent to the Department of Human Services designated office as soon as possible, and at the latest **within one working day** of the incident or one working day from first being told of the incident.

**Category Two** client incident reports must be sent to the Department of Human Services designated office as soon as possible, and at the latest **within two working days** of the incident or two working days from first being told of the incident.

Refer to *Incident type categorisation table*

In assessing the need for an incident report, professional judgement by a senior staff member is required. The following factors should be considered in determining whether an incident is reportable.

### Severity of outcome – consider:

- nature and extent of the trauma
- level of distress caused to the victim.

If a client is admitted to hospital as an inpatient as a result of a physical or sexual assault, accident, sudden illness, injury, self harm or possible overdose, the event would be reportable as a Category One incident.

### Vulnerability of client – consider:

- age and stage of development, culture and gender of the client
- balance of power or position between the alleged perpetrator and victim, and potential for exploitation
- client's individual capacity, understanding of potential risks and communication skills.

### Pattern and history of behaviour – consider:

- history and pattern of offending or being offended against
- client's risk taking behaviour
- frequency of the event (and recency if it is disclosed during service delivery)
- likelihood of recurrence.

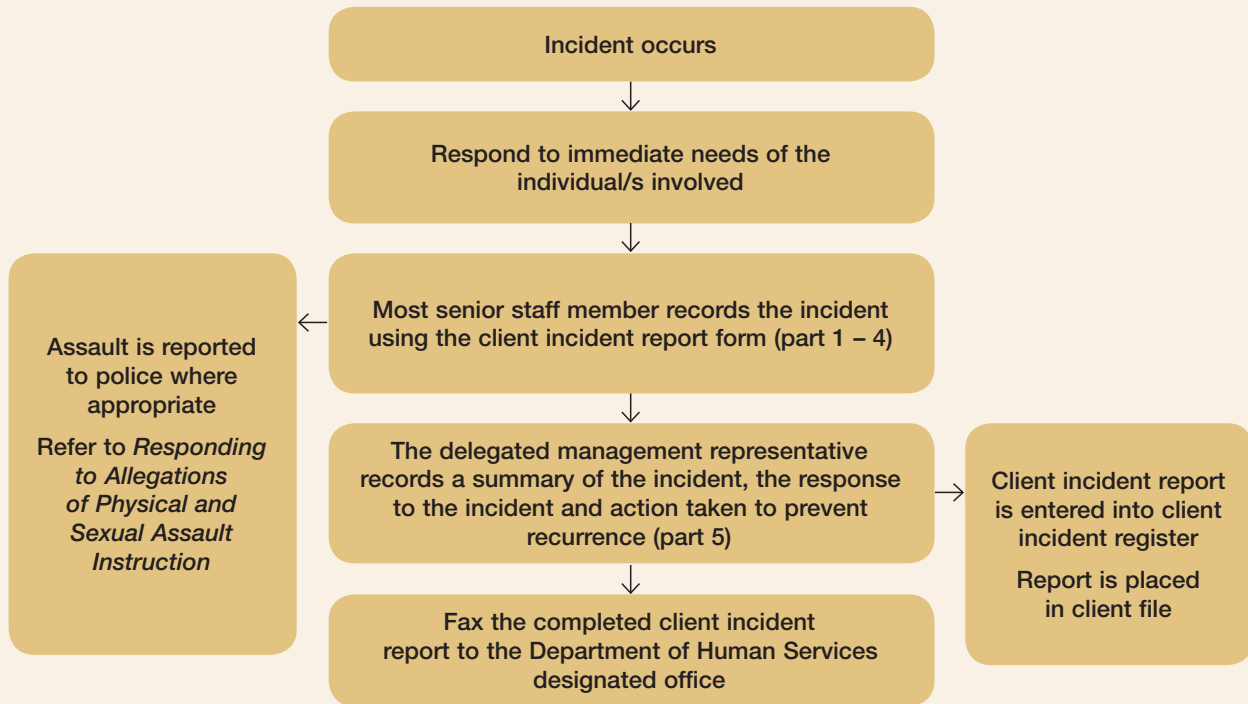
## Overview of reporting a critical client incident

The diagram below provides an overview of the steps to be taken to complete a client incident report.

The client incident report form can be downloaded from the Funded Agency Channel <[www.dhs.vic.gov.au/funded-agencychannel](http://www.dhs.vic.gov.au/funded-agencychannel)> or the department's website <[www.dhs.vic.gov.au](http://www.dhs.vic.gov.au)>.


All reports must be legible and presented in the specified report format.





Most circumstances described in incident reports are alleged and yet to be proven.

The classifying of incidents must follow the *Critical client incident management instruction* as a minimum requirement. It is not possible to stipulate every possible incident. Professional judgement by senior staff is required.

 indicates category not available for selection.

Incident type	<b>Category One</b> <b>Must be reported at the latest within one working day</b>	<b>Category Two</b> <b>Must be reported at the latest within two working days</b>	<b>Considerations</b>
	A Category One incident is an incident that has resulted in a serious outcome, such as a client death or severe trauma.	A Category Two incident involves events that threaten clients or staff health, safety or wellbeing.	Considerations are aspects or issues that inform categorising an incident.

### Absent/missing persons

Where a client is absent and where there are concerns for their safety and welfare, or that of others.

	Client's whereabouts is unknown and there is grave concern for their or other's safety and welfare.  Abduction/kidnapping of client.	Client's whereabouts is unknown and there is concern for their or other's safety and welfare	Understanding of client and behaviour support plan including age, risk-taking behaviours, individual capacity, communication skills, associates and previous history of client missing or absconding.  Missing persons report or warrant.  Current drug and mental health status of client.  Risk to community and vulnerability of the client.  Road safety skills.  Degree of contact with client while absent.
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## Behaviour

Conduct or treatment of others that is, or has the potential to be, a threat to the health, safety and wellbeing of self or others.

<b>Dangerous</b> <i>Client actions that lead to or place self or others at risk of harm.</i>	Conduct that is or poses a serious threat to life of self or others. Dangerous behaviour resulting in intervention from police/ambulance/ fire services (for example, train surfing, joy riding, arson, theft with a weapon).	Agitated behaviours that result or pose a threat to self or others such as throwing items, banging or kicking windows/ doors with injury/ property damage, placing self at risk on road, playing with matches/ lighters. Minor theft/robbery by a client.	Understanding of client. Client's pattern of behaviour and behaviour support plan and strategies. Recent medication changes. Wellbeing of client.
<b>Disruptive</b> <i>Client actions that cause disorder, are intrusive and/or offensive to others.</i>	<i>Consider incident type 'Behaviour-dangerous'.</i>	Behaviour that interferes with the delivery of service and intervention is not outlined in a documented support plan. Behaviour(s) of such intensity, frequency or duration that the physical safety of the person or others is placed at threat.	Understanding of client including client's pattern of behaviour and behaviour support plan and strategies. Recent medication changes. Wellbeing of client.
<b>Sexual</b> <i>Client sexually oriented actions in inappropriate circumstances.</i>	Behaviour of a sexual nature by a client that places client's safety and wellbeing at risk.	Sexual actions (including sexual play) of concern by a client and/or there is a power imbalance. Chronic preoccupation with sexually aggressive pornography.	Age, individual capacity and history of the client. Pregnancy or impregnation of a client under the age of 16 years whilst in care (including out of home care) or in custody of secretary. Age of consent. Consider incident type 'sexual assault' if the incident involves criminal behaviour.
<b>Sexual exploitation</b> <i>Involves sex work of a client under the age of 18 years.</i>	Sex work by a client under the age of 18 years.	<i>Consider incident type 'Behaviour-sexual'.</i>	Age of client. Also consider incident type 'Sexual assault' or 'Behaviour-sexual'.

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Incident type	Category One Must be reported at the latest within one working day	Category Two Must be reported at the latest within two working days	Considerations
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### Breach of privacy confidentiality matters

Involves the inappropriate disclosure of confidential client information.

	<p>Loss of or unauthorised disclosure of client information.</p> <p>Private client documents not stored according to privacy requirements.</p>	<p><i>Consider incident type 'Poor quality of care'.</i></p>	<p>Loss or unauthorised disclosure of papers/files/USBs containing client information.</p> <p>Unauthorised disclosure of client information by staff on social media.</p>
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### Community concern

Involves incidents that involve or impact upon clients which cause community concern.

	<p>Service related matters involving or impacting upon a client that have the potential for or result in public (media) or community comment.</p>	<p>Neighbourhood or localised incidents as the result of a client's actions and/or illegal activities in departmental or community service organisation facilities.</p>	<p>Extent to which the incident may lead to public or community comment and exposure for the organisation.</p>
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## Death

Involves the death of a client during service delivery.

All deaths of a client in unusual or unexpected circumstances including but not limited to murder, overdose or suicide.

All Children Youth and Families client deaths (excluding family members).

Death of a parent, guardian or carer in unusual or unexpected circumstances that places clients under 18 years at risk.

Death of a client who was living in disability residential accommodation which was a consequence of the progression of a diagnosed condition or illness.

## Drug/alcohol

Involves the use or misuse of drugs and/or alcohol and/or other substances.

Possible overdose that results in loss of consciousness.

Use that results in the client being admitted to hospital as an 'in-patient'.

Use that is life-threatening.

Use for which the client attends and/or receives treatment by a medical practitioner or presentation at a hospital emergency department.

Use by a client under 18 years in care where the client's functioning is impaired.

Understanding of client including client's pattern of use and behaviour management plan.

Age of client.

Behaviour of client.

Supervised treatment order for disability clients.

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### Escape

Involves successful or attempted breaking out or fleeing from within defined boundaries or failure to return to custody.

<p><b>From a centre</b> <i>Involves successful or attempted breaking out or fleeing from within defined boundaries.</i></p>	<p>Successful breaking out or fleeing from within defined boundaries of a youth justice custodial centre, secure welfare, DFATS or compulsory treatment order.</p>	<p>Attempt to break out or flee from within the defined boundaries of a youth justice custodial centre, secure welfare, or DFATS.</p>	<p>Compulsory treatment order under the <i>Disability Act 2006</i> who have left their residential premises without authorisation.</p>
<p><b>From temporary leave</b> <i>Involves the failure by client to return from leave.</i></p>	<p>Client on unescorted temporary leave fails to return to custody by the expiry of their leave pass, requiring a police report. Client on escorted leave flees from the custody of escorting staff. Client is subject to a compulsory treatment order, community treatment order, supervision order/extended supervision order, non-custodial or custodial supervision order.</p>	<p>A client on unescorted temporary leave fails to return to custody by the expiry of their leave pass however there are extenuating circumstances/valid reasons.</p>	<p>Temporary leave involves youth justice clients failing to return from an unescorted leave or fleeing from escorting staff during an escorted leave. Compulsory treatment order under <i>Disability Act 2006</i> who have failed to return from or comply with their authorised leave conditions.</p>

## Illness

Involves an unforeseen illness that is not described in the client's documented care plan.

Illness that has come on suddenly and results in unplanned hospitalisation as an 'inpatient'.

An illness that has come on suddenly and the client attends and/or receives treatment by a medical practitioner but is not admitted to hospital as an 'inpatient'.

Severity of illness.  
Client's health care plan.

## Injury

Involves actions or behaviours that cause harm that requires medical attention.

Effective August 2012

An injury for which a person:

- is admitted to hospital as an 'in-patient' and/or any of the following injuries:
  - fractures,
  - concussion,
  - burns,
  - severe cuts and/or
- a pattern of unexplained and/or concerning injuries.

An injury for which a person attends and/or receives treatment by a medical practitioner or presentation at a hospital emergency department.  
Unexplained injuries (for example bruises and/or cuts).

Impact on client and daily activities.  
Age of client.  
Consider 'physical assault' if the injury relates to an allegation of assault.

## Medical condition Known – deterioration

Involves the unanticipated/disproportionate deterioration of a known medical condition.


Unanticipated deterioration of a known medical condition that is life threatening and/or the client is admitted to hospital as an inpatient.

Unanticipated deterioration of a known medical condition where the client attends or receives treatment by a medical practitioner or presentation at a hospital emergency department.

Impact on client and daily activities.  
Age, individual capacity and history of client.  
Nature/type of medical condition.

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<p><b>Medication error</b> Involves an error in the administration of medication.</p>			
<p><b>Incorrect</b> <i>Involves the administration of incorrect medication.</i></p>	<p>Any error that results in significant or major life impact and/or the client is admitted to hospital as an 'inpatient'.</p> <p>Unauthorised administration of PRN restraint medication.</p>	<p>Any error that may result in a less significant or major life impact based on advice from a doctor, pharmacist or poisons information centre and/or the client attends and/or receives treatment by a medical practitioner or presentation at a hospital emergency department.</p>	<p>Medication errors that do not meet the requirement of Category One or Two and are to be managed in line with the relevant program specific guidelines.</p>
<p><b>Missed</b> <i>Involves missed administration of medication.</i></p>			
<p><b>Restraint PRN misuse</b> <i>Involves the incorrect or unauthorised administration of PRN restraint medication.</i></p>			
<p><b>Refused by client</b> <i>Involves the client refusing medication.</i></p>			
<p><b>Pharmacy</b> <i>Involves an error in the dispensing of medication.</i></p>			
<p><b>Other</b> <i>Involves all other errors not listed above.</i></p>			



## Physical assault

Actions, or attempted actions, that involve the use of physical force against a person that result in, or had the potential to cause harm.

All assaults of or by a client that led to serious injury and hospitalisation as an 'inpatient'.

Assaults involving a weapon regardless of injury.

All assaults or alleged assaults of a client by a staff member or volunteer carer regardless of injury.

Assault of or by a client that:

- results in medical attention being sought or required for the victim and/or
- presentation at a hospital emergency department and/or
- threatens health, safety or wellbeing.

Threatened assault of or by a client that has potential to cause harm.

Medical attention means attendance and/or treatment by a medical practitioner.

Client safety and wellbeing.

History and capacity of client.

Police involvement.

Note: All staff/carer to client assaults must be reported as a Category One incident.

## Poor quality of care

Involves inappropriate behaviour or inadequate care by caregivers or staff.

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.

Inappropriate behaviour or inadequate care by caregivers (including members of a carers' household) or staff.

Inappropriate behaviour by a carer or staff in response to disruptive or dangerous behaviour of a client.

Support and supervision.

Program standards for service delivery.

## Possession

Involves the possession of illegal or unauthorised goods.

Client found with illegal arms, explosives/dangerous goods.  
Item found within a custodial centre that has the potential to place the security of the centre at risk, for example a gun or knife.

Client found with other illegal or unauthorised goods/drugs.

Quantity and location.

Intent and risk to others.

Criminal charges.

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  indicates category not available for selection.

Incident type	Category One Must be reported at the latest within one working day	Category Two Must be reported at the latest within two working days	Considerations
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### Property damage/disruption

Involves damage or disruption to premises that involves or impacts upon clients.

	Damage or disruption to departmental or community service organisation property that significantly impacts on clients such as fire that results in severe service disruption.	Damage or disruption to a department or community service organisation property that impacts on clients including minor fire damage.  Vehicle damage as the result of an accident which occurred while transporting clients.  Theft/robbery of a client's assets (including property/money) in department or community service organisation managed property by a person unknown.	Consider 'Behaviour – dangerous' if the property damage was perpetrated by a client.  Housing and Community Building - fires that only cause property damage to be reported to Housing and Community Building Emergency Branch.
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### Self harm

Involves actions that intentionally cause harm or injury to self.

	Actions/ behaviours by a client that intentionally cause harm or injury to self that requires admission to hospital as an 'inpatient'.	Actions/behaviours by a client that intentionally cause harm or injury to self that requires medical attention and/or presentation at a hospital emergency department.	Age and history of client. Client health care plan.
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## Suicide attempted

Involves actions that intentionally cause harm with the intention to end one's life.

Actions/behaviour with the intention to take one's life that requires urgent action such as assessment, medical treatment, mental health treatment and/or hospitalisation.

Actions/behaviour with the intention to take one's life that requires medical attention and/or presentation at a hospital emergency department.  
Words/gestures that threaten suicide with capacity to implement or carry out the threat.

Age and history of client.  
Client health care plan.  
Note: Client deaths resulting from suicide are reported under the incident type 'Death'.

## Sexual assault

Involves actions or attempted actions of a sexual nature that have caused or have the realistic potential to cause serious harm.

### Rape

*Penetration or attempted penetration (anal, oral, vaginal) through the use of physical force, intimidation and/or coercion without that person's consent.*

Alleged rape (penetration or attempted penetration) of or by a client.  
Exchanging sex with predatory adults for money, goods, substance or favours.

*Consider incident type 'Sexual assault – indecent' or 'Behaviour – sexual'.*

History and capacity of client.  
Balance of power or position between alleged perpetrator and victim. Potential for exploitation.

### Indecent

*Unwanted sexual actions which are forced upon a person against their will, through the use of physical force, intimidation and/or coercion without that person's consent.*

Any indecent act in front of or by a client that is reportable to the police.  
Exchanging sexual acts with predatory adults for money, goods, substance or favours.  
Production/possession of child pornography.

Public display of verbal and/or physical of sexualised behaviour by clients that may be of concern to others.

Pornography includes materials that depict erotic behaviour and are intended to cause sexual excitement irrespective of format or media.  
Note: All staff/carer to client sexual assaults must be reported as a Category One incident.

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Keep this ready reckoner **pinned** to the **office noticeboard** or **close** to the **phone**.

This flipchart is based on the *Critical client incident management instruction 2011*



Department of  
Human Services