**CENTRE FOR ALCOHOL AND OTHER DRUGS**

**SERIOUS CLINICAL INCIDENT REPORT FOR FUNDED NGOS**

**Who should complete this report?**

This form is for NGOs to report serious clinical incidents to their NSW Health funding and contracting agency (Local Health District and/or the Ministry of Health). An organisation may use their own serious clinical incident report provided that all required content from this report is addressed.

**What is a serious clinical incident?**

A serious clinical incident is an event or circumstance that occurs during service delivery which has had, or has potential to have, a significant impact on clients, staff and/or service delivery, or where serious physical and/or psychological injury or death has occurred or has the potential to occur.

**Who to contact and send this report to?**

Notice of a serious clinical incident is to be made to the organisation’s funding and contracting agency within 24 hours of the incident occurring. A Serious Clinical Incident Report is to be sent to the organisation’s funding and contracting agency within 72 hours of the incident occurring.

Questions relating to serious clinical incident reporting are to be directed to the organisation’s funding and contracting agency. Organisations with multiple NSW Health funding and contracting agencies must contact at least one of the agencies if there is a serious clinical incident.

**Serious clinical incident management – process flowchart**

Incident classification guide with examples of clinical incident types

Organisations are to use discretion when classifying incident types and use this form to report serious clinical incidents to the funding and contracting agency. If organisations are unsure whether a clinical incident is to be reported, contact the funding and contracting agency for advice.

Organisations also need to report other serious incidents, such as those relating to misconduct, serious complaints, an event which may cause adverse publicity, termination of a contract by another government funding agency, or any current, pending or threatened reputational proceedings. Refer to the terms and conditions of the relevant funding agreement and/or contact the funding and contracting agency for advice.

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| **Incident classification** | **Incident examples** |
| **Serious clinical incidents**  An event or circumstance that occurs during service delivery which has had, or has potential to have, a significant impact on clients, staff and/or service delivery, or where serious physical and/or psychological injury or death has occurred or has the potential to occur. | * Death or near-death * Injury, self-harm, accident or assault, requiring medical attention and/or Police involvement * Alcohol and other drug use requiring medical attention * Alleged serious physical assault requiring Police involvement requiring Police involvement * Alleged sexual assault * Medication error resulting in significant harm * Property damage seriously impacting on alcohol and other drug and/or clinical service delivery * Confirmed case COVID-19 (Coronavirus) |
| **Non-serious clinical incidents**  An event or circumstance that occurs during service delivery which has had a minor and manageable impact on clients, staff and/or service delivery, and where no or minor harm has occurred. | * Accident or injury requiring first aid or minor medical attention * Client missed medication, medication refusal or medication error resulting in no or minor harm * Client absconding, breaking curfew or not attending appointments / program * Alcohol and other drug use on-site which does not require medical attention * Client possession of alcohol, tobacco, or non-prescribed medication |

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| Details of person completing this report | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | Click here to enter text. | | | | | | | | | | Telephone: | | | | | Click here to enter text. | | | |
| Email: | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | |
| Position title: | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | |
| Organisation name: | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | |
| Service/program incident relates to: | | | | | | E.g. “Sunny Hill Residential Rehabilitation Program” | | | | | | | | | | | | | | | | | | |
| Incident details | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of incident: | | Click to enter | | | | Time of incident: | | | | | | | Click here to enter text. | | | | | | | | AM PM | | | |
| Address/location of incident: | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | |
| Details of persons directly involved – complete a separate line for each person involved in the incident | | | | | | | | | | | | | | | | | | | | | | | | |
| # | Surname | | First name | | | | | Gender | | Date of birth | | | | | Injured? Y/N | Medical attention required? Y/N | | | | Client/Staff/Other | | | | Aboriginal or Torres Strait Islander? Y/N |
| 1 | Click here to enter text. | | Click here to enter text. | | | | | Choose an item. | | Click here to enter a date. | | | | | Choose an item. | Choose an item. | | | | Choose an item. | | | | Choose an item. |
| 2 | Click here to enter text. | | Click here to enter text. | | | | | Choose an item. | | Click here to enter a date. | | | | | Choose an item. | Choose an item. | | | | Choose an item. | | | | Choose an item. |
| 3 | Click here to enter text. | | Click here to enter text. | | | | | Choose an item. | | Click here to enter a date. | | | | | Choose an item. | Choose an item. | | | | Choose an item. | | | | Choose an item. |
| 4 | Click here to enter text. | | Click here to enter text. | | | | | Choose an item. | | Click here to enter a date. | | | | | Choose an item. | Choose an item. | | | | Choose an item. | | | | Choose an item. |
| 5 | Click here to enter text. | | Click here to enter text. | | | | | Choose an item. | | Click here to enter a date. | | | | | Choose an item. | Choose an item. | | | | Choose an item. | | | | Choose an item. |
| Details of witnesses of the incident | | | | | | | | | | | | | | | | | | | | | | | | |
| # | Surname | | | First name | | | | | | | | Gender | | | | | | Date of birth | | | | Client/Staff/Other | | |
| 1 | Click here to enter text. | | | Click here to enter text. | | | | | | | | Choose an item. | | | | | | Click here to enter a date. | | | | Choose an item. | | |
| 2 | Click here to enter text. | | | Click here to enter text. | | | | | | | | Choose an item. | | | | | | Click here to enter a date. | | | | Choose an item. | | |
| 3 | Click here to enter text. | | | Click here to enter text. | | | | | | | | Choose an item. | | | | | | Click here to enter a date. | | | | Choose an item. | | |
| 4 | Click here to enter text. | | | Click here to enter text. | | | | | | | | Choose an item. | | | | | | Click here to enter a date. | | | | Choose an item. | | |
| Description of the incident | | | | | | | | | | | | | | | | | | | | | | | | |
| Provide a factual description of the incident and any other important information, i.e. what happened and how it occurred:  Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |
| Incident management and follow-up | | | | | | | | | | | | | | | | | | | | | | | | |
| What immediate actions have been taken in response to the incident?  Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |
| What follow-up actions will be taken in response to the incident to address safety concerns and prevent reoccurrence?  Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |
| Timeframe for improvements: | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | |
| Describe the support provided to clients, staff and or others in relation to this incident:  Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |
| Select all who have been informed of this incident: | | | | | | | | | | | | | | | | | | | | | | | | |
| NGO CEO/Manager  Local Health District  Ministry of Health | | | | | | | NSW Police  NSW Ambulance  NSW Ombudsman | | | | | | | | | | | | Impacted persons’ family/guardian  Other (please specify below):  Click here to enter text. | | | | | |
| Is a Police investigation underway? Y/N | | | | | Choose an item. | | | | Date reported to Police: | | Click here to enter a date. | | | | | | Police Incident No: | | | | | | Click here to enter text. | |
| Authorisation | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of person completing this form | | | | | | | | | | | | | | | | | | | | | | Date: | | |
| Name and signature of authorising person | | | | | | | | | | | | | | | | | | | | | | Date: | | |