

CENTRE FOR ALCOHOL AND OTHER DRUGS

SERIOUS CLINICAL INCIDENT REPORT FOR FUNDED NGOS

Who should complete this report?

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

What is a serious clinical incident?

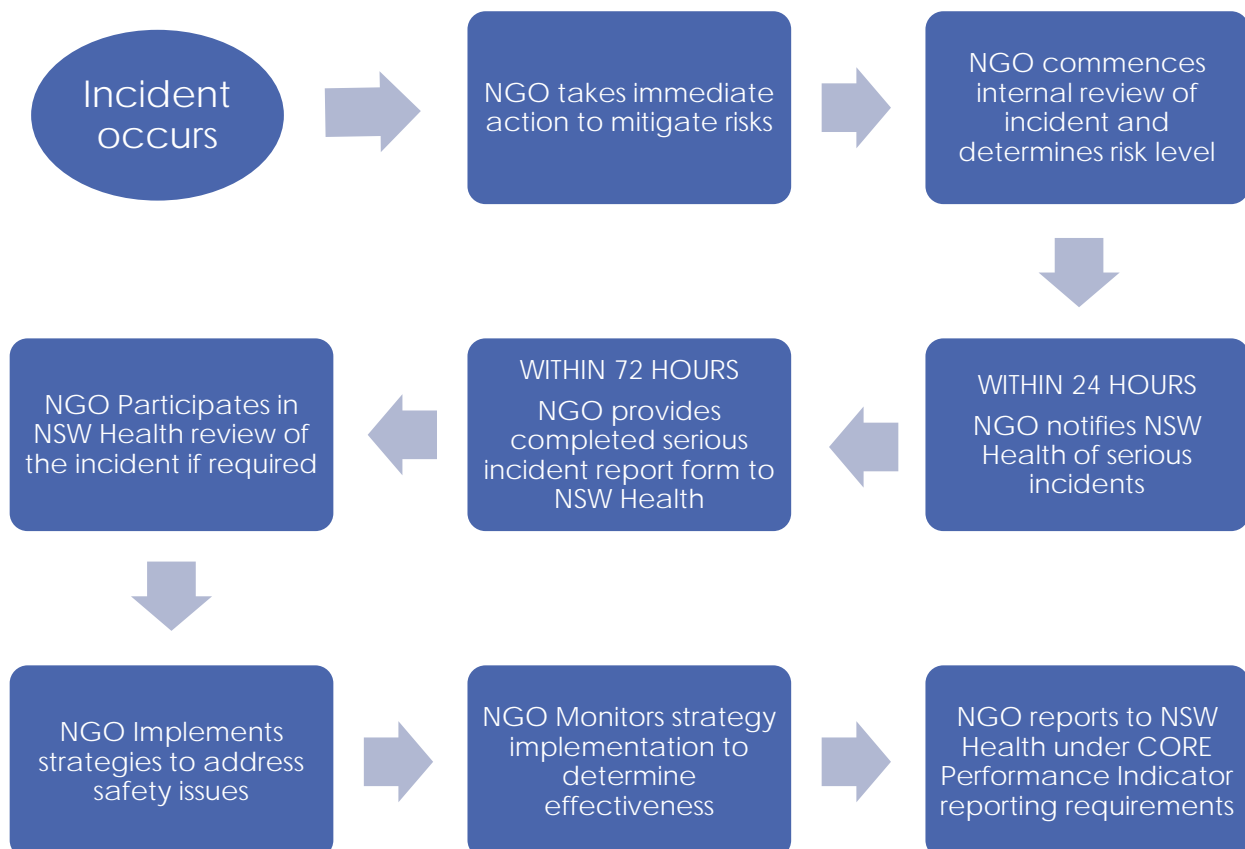
A serious clinical incident is an event or circumstance that occurs during service delivery which has had, or has potential to have, a significant impact on clients, staff and/or service delivery, or where serious physical and/or psychological injury or death has occurred or has the potential to occur.

Who to contact and send this report to?

Notice of a serious clinical incident is to be provided by the NGO to their funding and contracting agency within 24 hours of the incident occurring or when the NGO becomes aware of the incident. A Serious Clinical Incident Report is to be provided by the NGO to the funding and contracting agency within 72 hours of reporting the incident.

Questions relating to serious clinical incident reporting are to be directed to the NGO's funding and contracting agency. NGOs 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

Contracted NGOs are to use discretion when classifying incident types and use this form to report serious clinical incidents to the funding and contracting agency. If you are unsure whether a clinical incident is to be reported, contact your contract manager for advice.

Contracted NGOs 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.

Incident classification	Incident examples
<p>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.</p>	<ul style="list-style-type: none"> • 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 • Alleged sexual assault • Medication error resulting in significant harm • Property damage seriously impacting on alcohol and other drug and/or clinical service delivery • Confirmed COVID-19 (Coronavirus) outbreak (more than one linked case) – single confirmed cases are to be reported to contract managers via email (full incident report is not required for single positive COVID cases)
<p>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.</p>	<ul style="list-style-type: none"> • 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

Details of person completing this report							
Name					Telephone:		
Email:							
Position title:							
Organisation name:							
Service/program incident relates to:							
Incident details							
Date of incident:		Time of incident:		<input type="checkbox"/> AM <input type="checkbox"/> PM			
Did the incident occur on your organisation premises?		If yes, please write address: If no, please <u>do not provide identifying information</u> such as address but write address type such as 'client's usual residence', 'other service office', 'park', 'shop', 'unknown' etc:					
Details of persons directly involved – complete a separate line for each person involved in the incident							
#	Client identifier (DATS MDS identifier preferred). Please DO NOT write client's name.	Gender	Age (please DO NOT provide date of birth)	Injured? Y/N	Medical attention required? Y/N	Client/Staff/Other	Aboriginal or Torres Strait Islander? Y/N
1			years				
2			years				
3			years				
4			years				
5			years				
Description of the incident							
Provide a factual description of the incident and any other important information, i.e. what happened and how it occurred. Please do not include identifying information e.g. do not use the client name, instead use 'client':							
Incident management and follow-up							
What immediate actions has your organisation taken in response to the incident?							
What immediate actions have other organisations taken in response to the incident?							

What follow-up actions will be taken by your organisation in response to the incident to address safety concerns and prevent reoccurrence?					
Timeframe for improvements:					
Describe the support provided to clients, staff and or others by your organisation in relation to this incident:					
Is your organisation involved in a multi-service provider review of the incident?		If yes, please describe the process (which organisation is leading the review, what information sharing arrangements are in place etc):			
Select all who your organisation has been liaising with regarding this incident:					
<input type="checkbox"/> NGO CEO/Manager		<input type="checkbox"/> NSW Police		<input type="checkbox"/> Impacted persons' family/guardian	
<input type="checkbox"/> Local Health District		<input type="checkbox"/> NSW Ambulance		<input type="checkbox"/> Other (please specify below):	
<input type="checkbox"/> Ministry of Health		<input type="checkbox"/> NSW Ombudsman			
Is a Police investigation underway? Y/N		Date reported to Police:		Police Incident No:	
Authorisation					
Signature of person completing this form					Date:
Name and signature of authorising person					Date:
Please ensure that identifying information is not provided in this form.					