

20 May 2016

By email: cpuresponses@coronerscourt.vic.gov.au

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Dear Registrar

Your reference COR2012003130
Response from Embracia on the Peninsular

We refer to your letter to Embracia on the Peninsular (**Embracia**) of 26 February 2016, in which you informed Embracia of the coroner's requirement pursuant to section 72(2) of the Coroners Act 2008 (Vic), that Embracia provide a written response to the coroner's recommendation.

The coroner's recommendation was that, *"if it had not already done so, Embracia aged care formalise and implement a comprehensive, robust internal review process"*.

Embracia's management takes the coroner's findings and recommendation seriously. Accordingly, it has instructed us to provide the coroner with the attached Incident Reporting Policy (**Policy**) and Embracia Emergency Procedure (Management of a Fall) as its response.

Embracia's management confirms that it has reviewed the Policy with a focus on ensuring the Policy addressed, or to the extent necessary, was revised to address, the coroner's recommendations. In addition, Embracia's management will:

1. undergo a training and education session on compliance with the Policy;
2. ensure all of Embracia's staff undergo ongoing training and education on the Policy's requirements.

For all new staff, the training will be conducted through induction and orientation programs. For existing staff, there will be re-training and education programs on the requirements for meeting the Policy.

The Policy itself:

1. requires timely and consistent investigation (assessment and recording) into all reportable incidents affecting residents, staff, visitors and volunteers; and

2. imposes specific responsibility on managers and registered nurses, to ensure that in relation to any incident, Embracia's staff complied with the Policy and, in the event of any non-compliance, identifies steps to rectify the non-compliance into the future.

Of course, Embracia's goal is as always, improved resident care and safety. Please contact us if the coroner has any questions arising from Embracia's response.

Yours faithfully



Robert King
Special Counsel

John Makris
Partner



INCIDENT REPORTING POLICY AND PROCEDURE

Policy area:	Occupational Health and Safety
Policy number:	4.05.01
Approved by:	Operations Manager QLD
Effective date:	May 2016
Relates to:	<p>This policy applies to:</p> <p>A) all residents, staff and volunteers and</p> <p>B) Incidents that are required to be reported under any State or Commonwealth law and under any of Embracia’s internal policies and procedures.</p> <p>Legislative obligations</p> <p>Embracia will take all reasonable steps to comply with the obligations, including reporting obligations imposed under all legislation relevant to delivery of services to our residents; and relevant to maintaining safe, fair and respectful workplace for staff and volunteers.</p>

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INCIDENT REPORTING POLICY AND PROCEDURE

INTRODUCTION

Embracia will take all reasonably practicable steps in relation to report and where necessary investigate all incidents that adversely affect or have the potential to adversely affect the health, wellbeing or rights of our residents, staff members and volunteers.

Embracia staff will investigate all incidents which they are obliged to investigate by law.

Embracia will record, respond to and where necessary investigate all incidents reported in a transparent, timely manner and in accordance with obligations imposed by law.

Embracia is committed to complying with reporting obligations imposed by the law and co-operating with external agencies in the investigation of reported incidents.

PURPOSE

The purpose of this policy is to:

- Promote high quality of care and services to all residents
- Provide a safe and respectful workplace for all staff and volunteers
- Ensure timely and consistent escalation of incidents / accidents that affect or have the potential to affect the health, safety, wellbeing or rights of residents, staff or volunteers to authorised positions, including our Managers and Directors.
- Timely and consistent assessment and recording and investigation of incidents to assist in the identification of opportunities for continuous improvement and the implementation of appropriate risk management strategies.
- Ensure that incidents are reported in an accurate and timely manner to external authorities as required by law and / or under our internal policies and procedures; and
- Ensure that incident data and analysis is used as part of Embracia's continuous improvement system.

PROCEDURE

1. Overview

This procedure outlines the requirements for the reporting and investigation of incidents that occur during the provision of services at our residential aged care homes.

In order to make the process of reporting incidents and investigations into incidents Embracia have prepared an Incident Management Instruction Guide (see attachment A).

Additionally, the roles and responsibilities of our staff in relation to reporting and incident investigation are set out in Attachment D

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2. Incident Management Instruction Guide:

The Incident Management instruction guide sets out the steps to manage an incident:

- A) Incident classification will determine the size and scope of the investigation process that is to be completed
- B) Our internal reporting obligation's
- C) Our external reporting obligations
- D) Who will be internally appointed to conduct an investigation and the time in which that investigation must be actioned

3. Incident Classification Guide

Immediately after an incident has occurred, the incident must be classified as a minor, moderate or major using the Incident Classification Guide – Attachment B.

The classification will be determined by the seriousness of the incident and will regulate the action that must be taken both internally and externally in response to the incident including assessing the nature and extent of the investigation that will be undertaken.

If, after considering the Incident Classification Guide, there is any doubt about whether an incident is a minor, moderate or major incident, staff should immediately contact the Manager or the Operations Manager QLD/Managing Director VIC.

4. External Reporting Obligations Guide:

The external reporting obligations guide at Attachment C sets out our obligations to report a particular type of incident to external organisations.

It also identifies who is internally responsible to report the incident to any relevant external organisations.

5. Media

Under no circumstances is any staff member or volunteer to comment or engage with the media. Any media enquiries must immediately be directed to the Operations Manager QLD/Managing Director VIC, or Directors.

6. Summary of roles and responsibilities of staff members

Information on roles and responsibilities of staff members in relation to incident reporting and incident investigation are set out in Attachment D – Roles and Responsibilities of Staff Members.

7. Investigation of incidents

Investigations should be undertaken in a consistent and appropriate manner

Any Moderate or Major incidents must be investigated in accordance with the Incident Management Instruction Guide.

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The size and scope of the investigation will vary depending on the severity and seriousness of the incident reported.

If there is a real or probable chance an incident will result in litigation, the incident must be reported to Embracia's insurers and consideration should be given by the Directors to consulting with Embracia's legal advisors.

If the incident is likely to be investigated by an external agency such as the police, the coroner or Workplace Health & Safety, the Operations Manager QLD/Managing Director VIC will consult with the external Agency (and Embracia's legal Advisors).

8. Continuous Improvement

As part of Embracia's continuous improvement system we will collate and analyse incident data.

Monthly analysis of incidents will be collated by the CLINICAL CARE COORDINATOR to identify any trends in incidents

Depending on the nature of the incident the Manager / CLINICAL CARE COORDINATOR are responsible for actioning trends identified in the monthly reports including:

- A) Identification of improvement outcomes
- B) Identification of residents at risk of incidents
- C) Reassessment of residents needs as a result of individual incidents and where trends arise;
- D) Assessment of the environment for hazards and possible causes of incidents
- E) Risk assessments to be completed on specific resident incidents - if and when necessary
- F) Roster changes if appropriate
- G) Staff education and / or training and
- H) Maintenance and improvement of goods and equipment



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OTHER DOCUMENTS TO CONSIDER WITH THIS POLICY:

Policies and procedures:

- P_1.01.02_Risk Assessments.doc
- P_1.10.16_Insurance Claims.docx
- P_1.08.03_Media Policy.docx
- P_1.02.05_Reportable events_Homes.doc
- P_4.04.03_Hazard Reporting.docx
- P_2.14.02_Falls_Management and Prevention policy

Forms:

- F_1.02.01_Compulsory reporting of reportable assaults.xlsx
- F_1.02.03_Record of report to the department.docx
- F_1.02.04_Reportable incident register.docx
- F_1.02.06_Disclosure of reportable incidents to DSS.docx
- F_2.04.08_Incident report residents only.docx
- F_4.05.01_Hazard Register.xlsx

Attachments:

Attachment A – Incident management instruction guide

Attachment B – Incident classification guide

Attachment C – External reporting obligation guide

Attachment D – Roles and responsibilities of staff members

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ATTACHMENT A – INCIDENT MANAGEMENT INSTRUCTION GUIDE

Step 1 – Immediate Action
Take all appropriate action to ensure residents, staff and all other people onsite are safe

Step 2 – Incident Classification
Classify the incident as either minor, moderate, major/extreme by using the Incident Classification Guide

Step 3 – Internal Reporting Obligations

Once the incident has been classified, notify management and complete an incident form on Icare for residents, or the Staff Incident Form for staff, within the timeframes outlined in the table below

Incident Classification:	Minor Incident	Moderate Incident	Major/Extreme Incident
Timeframe to Verbally Notify Management:	Within shift worked	Within shift worked	Within 1 hour
Timeframe to Complete Report:	Within shift worked	Within shift worked	Within 24 hours

Step 4 – External Reporting Obligations
Review the External Reporting Obligations Guide and identify whether any external organisations need to be notified of the incident

Step 5 – Incident Investigation

Identify an investigator and supervisor to complete the internal investigation within the prescribed timeframe

Incident:	Minor Incident	Moderate Incident	Major/Extreme Incident
Investigator:	RN/EEN	CLINICAL CARE COORDINATOR/ Manager	Manager/Ops Manager
Supervisor:	Manager	Manager/Ops Manager	Operations Manager
Timeframe:	Within 24 hours	Within 24 hours	Immediately



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ATTACHMENT B – INCIDENT CLASSIFICATION GUIDE

<p>Minor Incident</p> <ol style="list-style-type: none"> 1. An incident that does not result in any injury to the person involved in the incident; and 2. An incident that causes nil permanent damage to any property. 	<p>Examples</p> <ol style="list-style-type: none"> 1. False Fire alarm 2. Minor property theft or minor altercation between residents; or 3. An incident which results in nil injury to the resident / staff.
<p>Moderate Incident</p> <ol style="list-style-type: none"> 1. An incident that causes minor injuries to the person involved in the incident. 2. An incident that causes moderate property damage. 3. A “near miss” 4. A resident or staff fall; and 5. A medication incident that does not result in harm to the resident 	<p>Examples</p> <ol style="list-style-type: none"> 1. A staff member or visitor suffers a minor injury at work which does not require medical attention 2. A workplace health and safety incident which although resulting in no injury was a “near miss” 3. A resident has displayed sexual, physical or psychological behaviour that is not an immediate risk but had the potential escalate without appropriate review and intervention.
<p>Major / Extreme Incident</p> <p>A major incident includes:</p> <ol style="list-style-type: none"> 1. A “reportable death” 2. A life threatening physical injury to a Resident or staff member 3. A missing resident reported to the Police and Department 4. A series of falls by the same residents 5. A medication incident that results in harm to the resident 6. An incident that causes serious physical or psychological injury 7. An incident that causes very significant property damage 	<p>Examples</p> <ol style="list-style-type: none"> 1. A staff member suffers a workplace injury resulting in a life threatening serious injury 2. A death of a resident which is suspicious or occurred in unusual circumstances 3. An unusual or unexplained absence of a resident which has been reported to the police and the Department 4. Alleged sexual misconduct by a staff member or a resident



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ATTACHMENT C – EXTERNAL REPORTING OBLIGATION GUIDE

Allegation / Event	Notifiable Authority	Timeframe	Person Responsible for Reporting
Sexual contact, unreasonable use of force or assault	The Department of Health Allegation or suspicion of Elder Abuse contact Police Complaints Commissions 1800 550 552	As soon as allegation or suspicion identified	Facility Manager /Clinical Care Coordinator or Operations Manager
Allegation or suspicion of financial abuse of a resident	Police	As soon as provider forms a reasonable suspicion that there has been financial abuse	Facility Manager
An unexplained absence of a resident at Embracia's Aged Care Facilities	Police The Department of Health	As soon as reasonable practicable Within reportable timeframe Manager must report to police	Facility Manager/Operations Manager



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Allegation / Event	Notifiable Authority	Timeframe	Person Responsible for Reporting
The organisation, or a registered health practitioner forms a reasonable belief that another registered health practitioner behaved in a way that constitutes notifiable conduct such as practicing in a way that constitutes a significant deviation / departure from accepted professional standards	Australian Health Practitioner Regulation Agency	As soon as practicable after forming the reasonable belief	Facility Manager / Operations Manager
Death of a resident (if deemed as a reportable death e.g. violent or unnatural death, suspicious or unusual circumstances)	Police Coroner	Immediately	Facility Manager / Operations Manager
A workplace incident that causes the death of a staff member or non-worker	Police Coroner Workplace Health and Safety and Work cover authority (if death of a staff member)	Immediately	Facility Manager / Operations Manager
A workplace incident resulting in a person suffering serious injury or illness including: An injury / illness which requires immediate treatment at a Hospital; prescribed injuries such as a serious head injury , serious burn or spinal injury which requires immediate treatment; or medical treatment within 48 hours of exposure to a substance	Workplace Health & Safety Victoria / Queensland Work cover authority	Immediately Immediately	Facility Manager /Operations Manager Facility Manager / Operations Manager



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Allegation / Event	Notifiable Authority	Timeframe	Person Responsible for Reporting
A dangerous incident e.g. Fire or explosion	Workplace Health & Safety Victoria / Queensland Work cover authority (only if the dangerous incident resulted in an injury to a staff member)	Immediately	Operations Manager
A "near miss" that had the potential to result in a serious risk to a person's health or safety	Workplace Health & Safety Victoria / Queensland	Immediately	Operations Manager



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ATTACHMENT D – ROLES AND RESPONSIBILITIES OF STAFF MEMBERS

Role	Responsibility
Operations Manager	<p>Ensures Directors of Embracia are notified of all Extreme / Major incidents.</p> <p>Oversees the actions of the facility managers and staff to ensure compliance with incident reporting and management requirements as set out in this document.</p> <p>Undertakes a media risk assessment and potential response for the Directors consideration and refers to all media interest regarding an incident to the Directors of Embracia.</p>
Manager	<p>Following investigation of an incident the Facility Manager is responsible to ensure Embracia's policy and procedures are followed and appropriate action undertaken by the registered nurse which includes a comprehensive post incident review.</p> <p>If Embracia's policy and procedures are not followed then appropriate counselling and disciplinary proceedings will follow</p> <p>Ensures the Operations Manager is notified of all Extreme / Major incidents</p> <p>Oversees the actions of staff to ensure all Incidents are reported and assessed and risk management strategies are identified and implemented as required by this document.</p> <p>Ensures all relevant staff members are trained in and comply with incident reporting and Management requirements.</p> <p>Takes all reasonable, practical steps to ensure hazards are identified, reported, assessed and actioned.</p> <p>Ensures incident escalation timeframes are met as outlined in this document.</p>
Registered Nurse on duty at time of incident	<p>Registered Nurses have a duty of care to follow Embracia's policy and procedure to ensure a comprehensive post incident review management process is actioned in a timely manner</p> <p>Ensures care staff and engaged persons comply with</p>



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	<p>incident reporting requirements.</p> <p>Ensures incidents are escalated to appropriate levels within the timeframes outlined in Incident reporting flowchart.</p> <p>Ensures people involved in the incident have access to relevant support services e.g. Advocacy, legal support, police, medical / Counselling services.</p> <p>Consults with care staff and engaged persons to analyse and review incident information to identify practise issues and develop, implement and review improvement strategies where appropriate.</p>
Care staff on duty at time of incident	<p>Ensures incidents are escalated to appropriate levels within the timeframes outlined in Incident reporting flowchart listed</p> <p>Care staff have a duty of care to ensure all documentation is completed in a timely manner as per this policy which includes completion of incident form and progress notes on Icare</p> <p>Responds to the immediate needs of people involved in the incident, including residents, staff, engaged persons and members of the public, contacts ambulance and / or other Emergency services as appropriate. The care staff take the necessary action to re-establish a safe environment.</p>



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SPECIAL CONSIDERATION: Residents on Anticoagulant Therapy (e.g. Warfarin), Antiplatelet Therapy (e.g. Aspirin) and Residents with diagnosis of Dementia

ASSESS DANGER
RESPONSE – ALERT STAFF
CHECK AIRWAYS
BREATHING & CIRCULATION
REASSURE and PROVIDE COMFORT

Provide sound clinical assessment:

- Registered/Endorsed Enrolled Nurse assess for signs of head injury even if no such injury is apparent
- Assess pupil dilation and level of consciousness. Conduct and record baseline observations: BP, P, T, R and oxygen sats. Compare results against resident's details on iCare
- Assess for other injury – abrasion, laceration, fracture
- If safe to do so and with assistance, move resident using lifting device. If unsafe provide comfort, stay with resident and contact ambulance for medical assistance
- Provide initial treatment for any obvious injuries

Provide ongoing monitoring:

- Undertake monitoring of neurological observations including: BP, T, P, R, Pupil Response, Assessment of Conscious State and Pain
- ¼ hourly for 1 hour
 - ½ hourly for 2 hours
 - 1 hourly for 4 hours

DOCUMENT IN NEUROLOGICAL OBSERVATION CHART AND PROGRESS NOTES

REPORT ALL FALLS TO A GP EVEN IF INJURIES ARE NOT APPARENT

- Call for ambulance if required
- Notify NOK and EPOA (where nominated in case of emergency)
- Notify GP immediately
- Notify Manager and/or CCC
- Notify Physiotherapist/ Occupational Therapist for mobility & pain review

DOCUMENT

- Complete an Incident Report on iCare recording in detail the location and time of fall, the incident description, what actually happened, recollections of the resident and immediate action taken
- Document the time GP was notified, details of information relayed to GP and advice received from GP
- Document details of fall on Handover Sheet & in Physio Book
- Commence post fall risk assessment and falls review process