

Purpose

The purpose of this document is to outline At Home Care's procedure for reporting any incidents/hazards that occur in the provision of services. Incidents are any occurrence or situation that is out of the ordinary or unexpected or has the potential to cause harm to our employees or clients we support.

Procedure

At Home Care is committed to ensuring all incidents/hazards are reported and actioned where necessary. It is therefore incumbent on all employees to report any incident/hazard to At Home Care.

Incidents to be reported directly to your Care Team Coordinator(s) may include:

- Risks and Hazards and near miss occurrence in the client's home and community
- Falls / near falls
- Outbursts from clients (regardless of how small or if you have managed to get it under control)
- Client is unwell; sleepy; feverish; or change in their normal behaviour
- Any change in medical condition
- Any manual tasks include any queries with current technique
- Occupational Health and Safety relating to the client, home, or yourself
- All injuries to yourself and the client (must be reported immediately)
- Medication errors or issues
- Concerns for your welfare or the clients
- Behavioural needs of the client

Please make sure you are familiar with the Working Safely in the Home Environment Handbook and refer to this.

Note: Certain incidents or activities (such as taking clients out) may require reporting to specific Case Managers and for those clients where this is required you will be provided with instructions by AT HOME CARE at induction and by your Care Team Coordinator.

Where there has been an incident or hazard identified the following must occur:

- Immediately or as soon as possible contact your Care Team Coordinator or the afterhours team on 9381 3344.
- Complete an Incident Report Form via SKEDULO at the end of your shift providing details of what occurred, immediate actions taken, who you reported to and any witnesses.
- Once received the Incident report will be assessed by the Quality Compliance and Risk Manager or their delegate to determine the next course of action including any investigations. This may involve speaking further with you, any witnesses, the client to understand the root cause of the incident.
- Upon completion whether further action is required or not, the incident report will be closed, and parties notified of the outcome.

Obligations from Staff:

- When completing incident reports these must be factual (refer to Appendix 1)
- If at any time you have concerns regarding your safety, make sure you are safe then contact your Care Team Coordinator or the afterhours team on 9381 3344 for immediate support.
- Your phone should always be fully charged, close by and have sufficient credit.
- Whilst client's needs are paramount while on shift, if at any time, you are uncomfortable taking a client to and from appointments, day trips, or activities the client wishes to attend please notify your Care Team Coordinator or the afterhours team on 9381 3344.

APPENDIX 1

GUIDELINES FOR PROVIDING A GOOD INCIDENT REPORT

A good incident report is complete.

A complete incident report will cover, who, what, where, when, how and why. The emphasis placed on each of these questions will vary based on the type and complexity of the incident.

A good incident report is concise.

It may seem strange to say that an incident report should be both complete and concise. However concise simply means **ensuring all the important details** are included. You should not include any words or statements that do not add any value and interfere with the facts of the incident.

A good incident report is specific.

Vague or incomplete incident reports do not assist with determining what occurred. In the spaces provided on the incident forms ensure the dates, times and content is specific.

For example:

Vague – the client had a high fever.

Specific – the client had a fever of 39 degrees.

A good incident report is factual and objective.

All incident reports should be factual, fair, and impartial. A fact is something real that can be either proved or disproved. Opinions and inferences are not to be included in an incident report.

For example:

Inference: when I arrived on shift the client's brother appeared to be unsteady on his feet and under the influence of alcohol.

Factual / objective: when I arrived on shift, I observed the client's brother to be drinking alcohol.

Opinion / subjective: in my view the client's brother is an alcoholic.

A good incident report is light on abbreviations.

Including standard abbreviations (e.g., etc.) in an incident reports is OK. However, using too many abbreviations or using them inappropriately can detract from the incident you are describing and make it hard to understand.