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Service Stream	Families and Young People Services	Category	Residential Care and Transition Services
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REPORTABLE INCIDENTS					
CRITICAL					
Category	Definition (including Departmental Reporting Requirements)	Severity Assessment Criteria		Verbal Escalation Timeframe/Delegation	Incident Report Closure Delegation
Death or fatal injury of a child/young person	A child or young person supported by MC has died, regardless of the cause of death. <i>Critical</i> <i>Verbal Reporting to Dept: Immediate</i> <i>Written Reporting to Dept: Within 4 business hours of becoming aware of incident.</i>	Extreme	Death or fatal injury of a child/young person where MC may have or did contribute to the incident by act or omission.	Immediate, CEO	GM
		Major	Death that was not anticipated or was considered unexpected or abnormal deviation of a disease progression.	Immediate, COO/GM/HOO	GM
		Moderate	Anticipated death in line with disease progression.	Immediate, RD/OL	RD
Death or fatal injury of a carer or community member	A child or young person supported by MC witnesses or is involved in the death of a carer/community member. <i>Critical</i> <i>Verbal Reporting to Dept: Immediate</i> <i>Written Reporting to Dept: Within 4 business hours of becoming aware of incident.</i>	Extreme	Death or fatal injury of a of a carer or community member where MC significantly contributed to the incident by act or omission.	Immediate, CEO	GM
		Major	Death or fatal injury of a of a carer or community member where MC may have or did somewhat contribute to the incident by act or omission.	Immediate, COO/GM/HOO	GM
		Moderate	Death that was not anticipated or was considered unexpected or abnormal deviation of a disease progression.	Immediate, RD/OL	RD
		Minor	Anticipated death in line with disease progression.	Immediate, SPM	SPM

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REPORTABLE INCIDENTS					
CRITICAL					
Category	Definition (including Departmental Reporting Requirements)	Severity Assessment Criteria		Verbal Escalation Timeframe/Delegation	Incident Report Closure Delegation
Alleged or suspected unmet standard/s of care (Child Protection Act 1999) or duty of care including the use of a prohibitive practice	<p>A child/young person supported by MC has experienced, or is alleged to have experienced, harm or compromised care that has been caused by an MC employee or a carer supported by MC and is in direct opposition to legal or moral care standards and/or the matter may affect MC's ability to continue providing services.</p> <p>This includes where a prohibitive practice has been used.</p> <p><i>Critical</i></p> <p><i>Verbal Reporting to Dept: Immediate</i></p> <p><i>Written Reporting to Dept: Within 4 business hours of becoming aware of incident.</i></p>	Extreme	Where the experienced or alleged harm or compromised care of a child/young person has extreme impact and MC significantly contributed to the incident by act or omission.	Immediate, CEO	GM
		Major	Where the experienced or alleged harm or compromised care of a child/young person has major impact and MC may have or did somewhat contribute to the incident by act or omission.	Immediate, COO/GM/HOO	GM
		Moderate	Suspected or alleged harm or compromised care of a child/young person where MC had unintended contribution to the incident by act or omission.	As soon as practical, RD/OL	RD
Incident to cause reputation risk or attract media attention (including demonstrations)	<p>An incident has occurred that has peaked, or is likely to peak, interest from the media or other stakeholders that may have a detrimental bearing on MC's reputation in the community. This includes if a past client of Mercy Community has died.</p> <p><i>Critical</i></p>	Extreme	<p>Adverse media that leads to regulatory intervention or operations impact at a catastrophic level.</p> <p>(e.g., Media coverage at a state-wide level over multiple channels on multiple occasions, content on multiple social media channels, which becomes viral for prolonged duration).</p>	Immediate, CEO	GM

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REPORTABLE INCIDENTS					
CRITICAL					
Category	Definition (including Departmental Reporting Requirements)	Severity Assessment Criteria		Verbal Escalation Timeframe/Delegation	Incident Report Closure Delegation
	Verbal Reporting to Dept: Immediate Written Reporting to Dept: Within 4 business hours of becoming aware of incident.	Major	Adverse media that leads to operations and probable regulatory impact at a major level. (e.g., Media coverage at state-wide level over multiple channels once only, or defamatory content on multiple social media channels – sharing stops after 24 hours, without reoccurrence).	Immediate, COO/GM/HOO	GM
		Moderate	Adverse media that leads to operations impact at a moderate level, possible regulatory impact. (e.g., Media on a single channel, or defamatory content on single social media channel – shared.	Immediate, RD/OL	RD
		Minor	Adverse media that leads to operations impact at a minimal level, but no regulatory impact. (e.g., Media coverage at local level only, or defamatory content on single social media channel, attracting comments but not shared).	Immediate, SPM	SPM

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REPORTABLE INCIDENTS					
CRITICAL					
Category	Definition (including Departmental Reporting Requirements)	Severity Assessment Criteria		Verbal Escalation Timeframe/Delegation	Incident Report Closure Delegation
Major security incident	An incident, issue or event that has occurred that poses a credible threat to the safety of a person supported by MC, including bomb, biological or chemical and, at the time of reporting, the threat is not realised. <i>Critical</i> <i>Verbal Reporting to Dept: Immediate</i> <i>Written Reporting to Dept: Within 4 business hours of becoming aware of incident.</i>	Extreme	Adverse incident, issue or event that posed an extreme threat to the safety of a person supported by MC. (e.g., threat could have resulted in death)	<i>Immediate, CEO</i>	GM
		Major	Adverse incident, issue or event that posed a major threat to the safety of a person supported by MC. (e.g., threat could have resulted in serious injury)	<i>Immediate, COO/GM/HOO</i>	GM
Serious public health risk	A person supported by MC is medically diagnosed with a condition that is identified as a serious risk to public health. For example, a person diagnosed with a serious highly contagious illness and the Medical Officer or General Practitioner makes the notification. <i>Critical</i> <i>Verbal Reporting to Dept: Immediate</i> <i>Written Reporting to Dept: Within 4 business hours of becoming aware of incident.</i>	Major	As per incident definition.	<i>Immediate, COO/GM/HOO</i>	GM

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REPORTABLE INCIDENTS					
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Category	Definition (including Departmental Reporting Requirements)	Severity Assessment Criteria		Verbal Escalation Timeframe/Delegation	Incident Report Closure Delegation
Abduction or hostage of child/young person	A child or young person supported by MC has become involved in a hostage situation where there is an imminent threat to their life or safety. <i>Critical</i> <i>Verbal Reporting to Dept: Immediate</i> <i>Written Reporting to Dept: Within 4 business hours of becoming aware of incident.</i>	Extreme	Incident resulted in a child/young person supported by MC being abducted or held hostage.	Immediate, CEO	GM
		Major	Incident included an unsuccessful attempt to abduct or hold hostage a child/young person supported by MC.	Immediate, COO/GM/HOO	GM
		Moderate	Incident included MC receiving information that indicated a serious threat to abduct or hold hostage a child/young person supported by MC.	As soon as practical, RD/OL	RD

REPORTABLE INCIDENTS					
HIGH RISK					
Category	Definition (including Departmental Reporting Requirements)	Severity Assessment Criteria		Verbal Escalation Timeframe/Delegation	Incident Report Closure Delegation
Missing person/child	The whereabouts of a child/young person supported by MC are unknown and there are serious concerns for their safety and wellbeing – for example, but not limited to, they are vulnerable because they are under 12 years of age, are at risk, have a significant intellectual or physical	Extreme	Risks associated with the child/young person being missing are extreme. (e.g., at risk of death or serious injury)	Immediate, CEO	GM
		Major	Risks associated with the child/young person being missing are major (e.g., at risk due to high vulnerability to harm/exploitation)	Immediate, COO/GM/HOO	RD

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REPORTABLE INCIDENTS					
HIGH RISK					
Category	Definition (including Departmental Reporting Requirements)	Severity Assessment Criteria		Verbal Escalation Timeframe/Delegation	Incident Report Closure Delegation
	<p>disability, there is a significant risk of harm, or a reasonable search has been undertaken and the child or young person cannot be located.</p> <p><i>High Risk</i></p> <p><i>Verbal Reporting to Dept: Immediate</i></p> <p><i>Written Reporting to Dept: Within 4 business hours of becoming aware of incident.</i></p>	Moderate	Risk associated with the child/young person being missing are moderate (e.g., there are some protective factors, however the child/young person's safety is at significant risk)	As soon as practical, RD/OL	SPM
		Minor	Risk associated with the child/young person being missing are minor (e.g., there are several protective factors, however the child/young person's location is unknown)	As soon as practical, SPM	SPM
Serious medical situation/life threatening injury to child/young person or staff member	<p>A child/young person supported by MC or employee is in a situation where they require emergency medical support or hospitalisation due to life-threatening injury or illness (e.g., a person has been hospitalised and is in critical condition).</p> <p><i>High Risk</i></p> <p><i>Verbal Reporting to Dept: Immediate</i></p> <p><i>Written Reporting to Dept: Within 4 business hours of becoming aware of incident.</i></p>	Extreme	Serious medical situation/ life threatening injury of a child/young person or staff where MC significantly contributed to the incident by act or omission.	Immediate, CEO	GM
		Major	Serious medical situation/ life threatening injury of a child/young person or staff where MC may have or did somewhat contribute to the incident by act or omission.	Immediate, COO/GM/HOO	GM
		Moderate	Serious medical situation/ life threatening injury of a child/young person or staff that	Immediate, RD/OL	SPM

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REPORTABLE INCIDENTS					
HIGH RISK					
Category	Definition (including Departmental Reporting Requirements)	Severity Assessment Criteria		Verbal Escalation Timeframe/Delegation	Incident Report Closure Delegation
			was not anticipated or was considered unexpected.		
Serious mental health episode/self-injurious behaviour/suicidal ideation	A child/young person supported by MC experiences a serious mental health episode which places their life at risk and requires immediate medical attention. This includes where a person supported by MC attempts suicide OR is expressing a credible threat of suicide or serious harm to themselves. <i>High Risk</i> <i>Verbal Reporting to Dept: Immediate</i> <i>Written Reporting to Dept: Within 4 business hours of becoming aware of incident.</i>	Extreme	Serious mental health episode/self-injurious incident of a child/young person or staff where MC significantly contributed to the incident by act or omission.	Immediate, CEO	GM
		Major	Serious mental health episode/self-injurious incident of a of a child/young person where MC may have or did somewhat contribute to the incident by act or omission.	As soon as practical, COO/GM/HOO	GM
		Moderate	Serious mental health episode/self-injurious incident of a of a child/young person.	As soon as practical, RD/OL	SPM
Emergency use of restrictive practice	A behaviour management strategy that constitutes a emergency use of restrictive practices (as per the Department's Positive Behaviour Support Policy) for a child on a child protection order has been used. Examples of which are: <ul style="list-style-type: none">Emergency physical restraint of a child or young person to prevent risk of or actual harm to themselves or others; and/or	Moderate	As defined in the incident definition	As soon as practical, RD/OL	SPM

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HIGH RISK					
Category	Definition (including Departmental Reporting Requirements)	Severity Assessment Criteria		Verbal Escalation Timeframe/Delegation	Incident Report Closure Delegation
	<ul style="list-style-type: none"> Emergency removal of illegal or harmful objects that may be used to harm self or others; and/or Relocation of a child or young person to another area that provides safety <p><i>High Risk</i></p> <p><i>Verbal Reporting to Dept: Immediate</i></p> <p><i>Written Reporting to Dept: Within 4 business hours of becoming aware of incident.</i></p>				
Immediate risk of harm, neglect, or exploitation (not by a carer)	<p>Significant harm or injury to a child/young person supported by MC has been identified outside of Standards of Care matters. This may include disclosure of harm during family contact, past harm where there are immediate risks present, sexual exploitation, or incidents of harm or suspected harm as a result of bullying and/or cyberbullying.</p> <p><i>High Risk</i></p> <p><i>Verbal Reporting to Dept: Immediate</i></p> <p><i>Written Reporting to Dept: Within 4 business hours of becoming aware of incident.</i></p>	Major	As defined in the incident definition, and where action or inaction of Mercy Community has contributed to or increased risk.	Immediate, COO/GM/HOO	RD
		Moderate	As defined in the incident definition	Immediate, RD/OL	SPM

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REPORTABLE INCIDENTS					
HIGH RISK					
Category	Definition (including Departmental Reporting Requirements)	Severity Assessment Criteria		Verbal Escalation Timeframe/Delegation	Incident Report Closure Delegation
High risk illicit substance or alcohol possession/use	A child/young person supported by MC is, or is suspected to be, under the influence of drugs, alcohol or other contraband which presents a significant risk to their safety and is impacting on their functioning. <i>High Risk</i> <i>Verbal Reporting to Dept: Immediate</i> <i>Written Reporting to Dept: Within 4 business hours of becoming aware of incident.</i>	Moderate	As defined in the incident definition	As soon as practical, RD/OL	SPM
Serious assault (including alleged) to client including physical and sexual assault	A child/young person supported by MC has been the subject or is alleged to have been the subject of a serious injury caused by another person OR has caused serious injury to another person. This may include physical or sexual assault. <i>High Risk</i> <i>Verbal Reporting to Dept: Immediate</i> <i>Written Reporting to Dept: Within 4 business hours of becoming aware of incident.</i>	Extreme	As per definition, where the extent of the assault is extreme in nature.	Immediate, CEO	GM
		Major	As per definition, where the assault is major in nature.	As soon as practical, COO/GM/HOO	GM
		Moderate	As defined in the incident definition	As soon as practical, RD/OL	SPM
Alleged or confirmed criminal activity with	A child/young person must accompany police to be interviewed in relation to their alleged criminal conduct or as an	Extreme	Risks associated with the child/young person being interviewed is extreme. (e.g.,	Immediate, CEO	GM

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REPORTABLE INCIDENTS					
HIGH RISK					
Category	Definition <i>(including Departmental Reporting Requirements)</i>	Severity Assessment Criteria		Verbal Escalation Timeframe/Delegation	Incident Report Closure Delegation
legal or police action or breach of bail conditions	alleged victim. Or a child/young person has breached bail conditions. <i>High Risk</i> <i>Verbal Reporting to Dept:</i> Immediate <i>Written Reporting to Dept:</i> Within 4 business hours of becoming aware of incident.		at risk of serious criminal charges)		
		Major	Risks associated with the child/young person being interviewed is major (e.g., at risk of minor criminal charges)	As soon as practical, COO/GM/HOO	GM
		Moderate	Risks associated with the child/young person being interviewed is moderate (e.g., at risk of receiving a warning or bail conditions)	As soon as practical, RD/OL	SPM
		Minor	Risks associated with the child/young person is minor (e.g., shoplifting)	At CTL discretion, SPM	SPM

OTHER INCIDENTS					
MEDIUM RISK					
Category	Definition	Severity Assessment Criteria		Verbal Escalation Timeframe/ Delegation	Incident Report Closure Delegation
Medical situation/injury	A child/young person supported by MC suffers a serious injury or illness which requires medical support or treatment but is not life-threatening. <i>Medium Risk</i> <i>Verbal Reporting to Dept:</i> At CTL/On-call discretion	Minor	As defined in the incident definition	At CTL discretion, SPM	SPM

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OTHER INCIDENTS					
MEDIUM RISK					
Category	Definition	Severity Assessment Criteria		Verbal Escalation Timeframe/ Delegation	Incident Report Closure Delegation
	<i>Written Reporting to Dept:</i> By 5:00pm the next business day after becoming aware of incident.				
Alleged historical/past harm, neglect, or exploitation	<p>A child/young person supported by MC has disclosed historical/past significant harm or injury HOWEVER immediate safety is not threatened.</p> <p>N.B. For Department clients, 'harm' is ultimately determined by Child Safety Services pursuant to the definition contained in the <i>Child Protection Act 1999</i> (Qld).</p> <p><i>Medium Risk</i></p> <p><i>Verbal Reporting to Dept:</i> At CTL/On-call discretion</p> <p><i>Written Reporting to Dept:</i> By 5:00pm the next business day after becoming aware of incident.</p>	Minor	As defined in the incident definition	<i>At CTL discretion,</i> SPM	SPM
Self-injurious behaviour or plausible threats	<p>A child/young person supported by MC causes deliberate or direct harm to own self without the conscious intention to die which results in injury requiring medical support or treatment.</p> <p><i>Medium Risk</i></p>	Minor	As defined in the incident definition	<i>At CTL discretion,</i> SPM	SPM

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MEDIUM RISK					
Category	Definition	Severity Assessment Criteria		Verbal Escalation Timeframe/ Delegation	Incident Report Closure Delegation
	<p><i>Verbal Reporting to Dept:</i> At CTL/On-call discretion</p> <p><i>Written Reporting to Dept:</i> By 5:00pm the next business day after becoming aware of incident.</p>				
Illicit substance or alcohol possession/use	<p>A child engages in substance misuse or the effect of such is observed but does not appear seriously impacted and does not require medical attention or hospitalisation. This can include disclosure of past use or a child who is in possession of illicit substances or paraphernalia.</p> <p><i>Medium Risk</i></p> <p><i>Verbal Reporting to Dept:</i> At CTL/On-call discretion</p> <p><i>Written Reporting to Dept:</i> By 5:00pm the next business day after becoming aware of incident.</p>	Minor	As defined in the incident definition	At CTL discretion, SPM	SPM
Escalating risk-taking behaviour	<p>A child/young person supported by MC displays increased risk-taking behaviour which poses an increased risk to themselves or others e.g., threats of serious harm to others or property.</p>	Minor	As defined in the incident definition	At CTL discretion, SPM	SPM

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Category	Definition	Severity Assessment Criteria		Verbal Escalation Timeframe/ Delegation	Incident Report Closure Delegation
	<p><i>Medium Risk</i></p> <p><i>Verbal Reporting to Dept:</i> At CTL/On-call discretion</p> <p><i>Written Reporting to Dept:</i> By 5:00pm the next business day after becoming aware of incident.</p>				
Alleged or confirmed criminal activity	<p>A child/young person supported by MC has been charged with an offence and there is a pending court appearance OR is alleged to have been involved in criminal actions warranting police investigation.</p> <p><i>Medium Risk</i></p> <p><i>Verbal Reporting to Dept:</i> At CTL/On-call discretion</p> <p><i>Written Reporting to Dept:</i> By 5:00pm the next business day after becoming aware of incident.</p>	Minor	As defined in the incident definition	At CTL discretion, SPM	SPM
Medication error/refusal/unable to administer which has serious consequences	<p>A child or young person supported by MC has been the subject of a medication error, which may include employees forgetting to administer medication, the person refusing to take medication, being absent from placement and therefore unable to</p>	Minor	As defined in the incident definition	At CTL discretion, SPM	SPM

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OTHER INCIDENTS					
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Category	Definition	Severity Assessment Criteria		Verbal Escalation Timeframe/ Delegation	Incident Report Closure Delegation
	<p>administer the medication, or incorrect medication/dosage being provided AND after consultation with medical professionals (e.g. hospital or 13 Health), it has been determined that this has resulted or may result in a significant detrimental impact to the health/well-being of the young person. This medical situation may require further medical assessment and/or treatment.</p> <p><i>Medium Risk</i></p> <p><i>Verbal Reporting to Dept: At CTL/On-call discretion</i></p> <p><i>Written Reporting to Dept: By 5:00pm the next business day after becoming aware of incident.</i></p>				
Absence from placement	<p>The child/young person supported by MC is absent from the placement and their location is known or can be quickly established and there are concerns for their safety.</p> <p><i>Medium Risk</i></p> <p><i>Verbal Reporting to Dept: At CTL/On-call discretion</i></p>	Minor	As defined in the incident definition	At CTL discretion, SPM	SPM

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	<i>Written Reporting to Dept:</i> By 5:00pm the next business day after becoming aware of incident.				
Significant property damage (destruction of premises)	A person supported by MC has caused, contributed to, or been the victim of, serious damage to MC property, where the damage requires extensive repairs or will result in a significant loss to the person or to MC. <i>Medium Risk</i> <i>Verbal Reporting to Dept:</i> At CTL/On-call discretion <i>Written Reporting to Dept:</i> By 5:00pm the next business day after becoming aware of incident.	Extreme	Major damage. Damage that repair or replacement value is greater than \$100,000	Immediate, CEO	GM
		Major	Major damage. Damage that repair or replacement value is \$20,000-100,000	Immediate, COO/GM/HOO	GM
		Moderate	Moderate damage, or damage that repair or replacement value is between \$5000-20,000	As soon as practical, RD/OL	SPM
		Minor	Little or no damage/loss, or damage/loss that repair or replacement value is less than \$5000	As soon as practical, SPM	SPM
Problematic sexually reactive behaviour	A child or young person supported by MC is involved in sexual activity with themselves and it interferes with social, cognitive, emotional and/or physical development; or with others when it involves: <ul style="list-style-type: none">coercion, bribery, aggression, clandestine behaviour and/or violence;behaviour that is abnormal for age/developmental capability,	Extreme	Risks associated with the behaviour are extreme. (e.g., involvement in child pornography)	Immediate, CEO	GM
		Major	Risks associated with the behaviour are major (e.g., at risk due to high vulnerability to harm/exploitation or displaying behaviours that place others at high risk)	Immediate, COO/GM/HOO	GM
		Moderate	Risk associated with the behaviour are moderate (e.g., there are some protective	As soon as practical, RD/OL	SPM

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MEDIUM RISK					
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	compulsive, excessive and/or degrading; and/or • a substantial difference in age or developmental ability between participants. <i>Medium Risk</i> <i>Verbal Reporting to Dept: At CTL/On-call discretion</i> <i>Written Reporting to Dept: By 5:00pm the next business day after becoming aware of incident.</i>		factors, however the child/young person's safety is at significant risk)		
		Minor	Risk associated with the behaviour are minor (e.g., the behaviour is known and has active and effective safety planning in place)	As soon as practical, SPM	SPM

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Residential Care and Transition Services Addendum

1. Verbally reporting incidents – during business hours

- 1.1. During business hours, all incidents must be managed and verbally reported as follows (*N.B. while this is the most common process, where incident notification or involvement occurs at different points – e.g., a CTL involved in an incident – they will notify the appropriate up-line manager and will negotiate with the up-line manager who needs to be involved in the reporting review process*):
 - 1.1.1. When a worker is involved in an incident, or becomes aware that an incident has occurred, they will first and foremost respond to the incident, ensuring that the immediate situation is dealt with and any safety issues regarding the people we support, workers, or the environment are managed.
 - 1.1.2. As soon as practicable following the reasonable management of the incident, the worker will notify the relevant Care Team Leader (CTL)/Team Manager (TM)/Program Coordinator (PC) immediately;
 - 1.1.3. The CTL/TM/PC will notify the Senior Program Manager (SPM) of the incident:
 - For Critical Risk Incidents – immediately;
 - For High-Risk Incidents – as soon as practicable, in accordance with the nature of the incident. Some incidents will require immediate reporting. CTLs/TMs/PCs will use practice discretion in determining what reporting is required, using their contextual knowledge as the basis for the judgement; and
 - For Medium Risk Incidents – when practicable, if at all. Some incidents require no verbal reporting above CTL/TM/PC. The CTL/TM/PC will use practice discretion regarding verbal reporting actions.
 - 1.1.4. The SPM will notify the Regional Director (RD) of the incident:
 - For Critical Risk Incidents – immediately, or as soon as practicable after the management of the incident; and
 - As per Severity Assessment Criteria.
 - 1.1.5. For Critical Risk Incidents, as required, the RD, or delegate, will notify the General Manager (GM) of the incident immediately.
- 1.2. Following internal verbal reporting, the CTL/TM/PC or SPM, will report Critical Risk and High-Risk Incidents to the Department of Child Safety, Seniors, and Disability Services (the Department) immediately via telephone. The verbal reporting to the Department is to occur within a four (4) hour timeframe as per Departmental incident reporting procedures. Medium Risk incidents may be reported to the Department, with the CTL/TM/PC using their practice discretion to determine this (this may include as normal casework correspondence).
- 1.3. Internal and external verbal communication regarding the immediate management/reporting of the incident will continue as required until such a time as parties consider the immediate incident/issues resolved.

2. Verbally reporting incidents – after hours

- 2.1. As with any incident, workers will first and foremost respond to the incident, ensuring that the immediate situation is dealt with and any safety issues regarding the people we support, workers, or the environment are managed. Incident reporting processes are to occur only when practicable following the reasonable management of the incident.
- 2.2. There is no requirement to report Low or Medium Risk Incidents after hours, although if workers believe the incident should be reported or require support, they can contact the On-call Worker.
- 2.3. Outside of business hours, Critical Risk and High-Risk Incidents must be reported as follows:

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- 2.3.1. The worker will contact the On-call Worker and liaise with them regarding the management of the incident.
- 2.3.2. For Critical Risk Incidents, the On-call Worker will notify the On-call Manager as soon as practicable and then notify the Child Safety After Hours Service Centre (CSAHSC). The On-call Manager will notify the RD.
- 2.3.3. For High-Risk Incidents, the On-call Worker will notify the CSAHSC. Reporting to the On-call Manager is not required, with the exception of:
 - Fire lighting behaviour requiring the use of emergency services;
 - A person we support is reported as missing;
 - A person we support has been admitted to hospital;
 - Significant staff assault requiring emergency services and/or hospitalisation;
 - Sexual assault allegation or disclosure; and/or
 - Carers unable to support a person we support's return to placement, upon request.
 - Critical Neighbourhood matters and complaints.

The On-call Manager will verbally report incidents to the RD after hours, as per the Severity Assessment Criteria (indicated as 'Immediate' reporting); where this states 'as soon as practicable', reporting may occur by the end of the immediate business day.

- 2.4. Initial verbal reporting processes must continue as required until the immediate situation is resolved.
- 2.5. The worker who initially manages or becomes aware of the incident must complete an *Incident Log* as soon as practicable after the incident (no later than by the completion of their shift) and follow the process outlined in this procedure.
- 2.6. The On-call Worker must record details of any reporting actions in the On-Call Log by 09:00am the next business day (as per *FS PROC RCaTS On-Call Support*).
- 2.7. The child or young person's regular CTL/TM/PC will review the On-Call Log the next business day to ascertain whether any incidents occurred after hours and will input this information into the Incident Log. Where more information is required, the CTL/TM/PC will contact the On-call Worker for clarity.

3. Incident report completion and correspondence

- 3.1. The worker who managed or first became aware of the incident must complete an Incident Log and publish this prior to the completion of their shift. In the exceptional circumstance that the worker cannot complete and publish the Incident Log prior to completion of their shift, they must notify the CTL/TM/PC or On-call Worker who will assist to resolve the matter. Solution can include,
 - 3.1.1. Approval for completion from a personal device within an agreed timeframe
 - 3.1.2. The incident can be recorded on their behalf clearly noting that the worker could advise what has taken place and that this incident was recorded as a verbal statement.
- 3.2. Once published, the incident log will appear in the CTARS Incident Register ready for review.
- 3.3. To ensure these requirements are met, the CTL/TM/PC will review the Incident Register each morning to process the open Incident Logs for their assigned programs. They will:
 - 3.3.1. Complete the Immediate intervention sections. This may include:
 - Analysis of the incident, including possible triggers or factors that influenced the incident,
 - Reflection on the effectiveness of the response/intervention provided,

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- Contextual information that provides insight into the presentation behaviour that is not included in the incident body.

3.3.2. Record any Action, Investigations, and Comments. This will include:

- Any planned interventions that will occur in response to the incident and any steps that have already been taken to initiate these interventions,
- Any further reporting actions that have occurred, internally or with the Department or other authorities; and
- Any further management actions taken regarding the incident (e.g., staff debriefing, WHS/HR Incident Completion, additional safety actions).

N.B. Each Action should be recorded separately.

3.3.3. Record any immediate verbal reporting details to the Department in the Notification and Distribution section. If the incident occurred after hours, this information will be obtained from the On-Call Log

3.3.4. There may be circumstances where the CTL/Team Manager or SPM may be required to revert a CTARS Incident Log. These circumstances are by exception due to the need to maintain the integrity of the record and ensuring that the content is not altered. CTARS Incident Logs can be reverted in the following circumstances:

- Correcting date, time, and place of the incident,
- Reassessing and changing the category or SAC of the incident,
- Correcting significant spelling errors, names or recoding accurate addresses.

Where this occurs, the amendment is to be recorded in the Actions, investigations, Comments section of the Incident log by the person making the correction.

Details of the incident or follow-up detailed by the worker completing the log are not to be altered under any circumstances. If further information is required to be included, it may be recorded in the Action, Investigations and Connects section.

All changes made to Incident Logs are logged by CTARS and can be requested to be retrieved at any time. Connect with the Mercy Community (MC) Service Desk for the correct request pathway.

3.4. Following the completion of these tasks, the CTL/TM/PC will export the Incident Log to PDF and email a copy to the relevant Department contacts.

3.5. This written communication will then be recorded within the Notifications and Distribution section of the Incident Log and a copy of the lodgement email saved within the 'Documents' section in CTARS, labelled 'Incident Report Correspondence'. The naming convention for this email will be set out as the young person's initials, date of the incident (YYYYMMDD), Incident Report, and IR number: *AB 2021-10-10 IR123456*.

3.6. Following the CTL/TM/PC's review, the relevant SPM will review the Incident Log via the Incident Register and will update any Actions, Investigations or Comments, such as:

- Any actions taken at a SPM level in response to the incident, including Standards of Care Matters or Human Resource processes;
- Any organisational actions being taken; and
- Any further details of support or debriefing to workers, children or young people or other people.

3.7. Further details of liaison with the Department or other authorities to date should be added to the Notifications and Distribution section.

3.8. Depending on the SAC level of the incident, the appropriate management role (as indicated in above table) will review the Incident Log via the Incident Register and enter any additional

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Actions, Investigations or Comments reflecting their actions in connection to the incident, add commentary to the Incident Closure section, save and close the incident.

- 3.9. All Incident Logs must be reviewed as per above and closed within the CTARS Incident Register within three (3) working days of Mercy Community becoming aware of the incident.
- 3.10. The senior leadership team (comprised of SPMs and RDs) will monitor the Incident Register and ensure that relevant delegates are meeting the review requirements within appropriate timeframes. They will ensure that the Incident Register accurately reflects the current progress of incident reports and where they currently sit in the escalation process.

4. Incident debriefing

- 4.1. Within five (5) business days of a SAC Extreme or Major incident occurring, Line Mangers (during business hours) or on-call (outside of business hours) are responsible for completing a debrief with the worker/s involved in the incident. Debriefs will be focused on practice reflection and worker support needs. The *HR FORM FS Immediate Response and Debriefing Checklist* will be completed to reflect the support provided. The completed form will then be provided to the employee's Line Manager (where relevant) and forwarded to the relevant HR Business Partner for filing on the employee/s Personnel File/s, as per *HRPROCSFS Supervision, Staff Care and Self-Care*.
- 4.2. The SPM will review all Extreme and Major Incidents prior to AC contacting the relevant worker/s to ensure appropriate guidance is provided, such as, not being able to discuss certain details due to a police investigation or SOCR process.
- 4.3. If a worker does not engage in the debriefing process, details of opportunities offered, and any responses/lack of response will be case noted (Using the *HR FORM Case Note*) and forwarded to the relevant HR Business Partner for filing on the employee/s Personal File/s.
- 4.4. SPMs will complete debriefing with any CTL/TM/PC/AC directly involved in incidents as per the timeframe and process outlined above.
- 4.5. SPM will complete debriefs for sensitive or high-profile matters at their own or their RD's discretion.

5. Repeat Allegation Process

- 5.1. The Repeat Allegation practice paper (FS PP Repeat Allegation Pattern Behaviour) outlines a behavioural intervention approach aimed at supporting children and young people who display a patterned behaviour associated with repeat allegation due to trauma history.
- 5.2. The repeat allegation may at times be regarding current and past Mercy Community employees and the disclosures may potentially breach of the statements of standards.
- 5.3. If and when there is an assessment that a person we support's behaviours fit within the repeat allegation pattern an incident report will still be completed as if it were a potential breach of the statement of standards. SPM will also set up a log in the SOC register. This will support appropriate reporting being adhered to whilst further investigation occurs to determine the outcome.
- 5.4. If the critical incident is later determined not to be a Standard of care matter SPM can record this outcome in the SOC register.

6. Incidents reported to Mercy by Department

- 6.1. Department may report incidents to Mercy Community, for example, a disclosure of abuse that Department has been made aware of. In this situation, Mercy Community will incident report for the purpose of internally capturing this information, however as this information has been provided from the Department Mercy Community is not required to provide this same information back to Department.
- 6.2. If Mercy Community has additional or new information to the incident, then an incident report to the Department is required to fulfil incident reporting requirements.

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The following is an extract from the Department's Managing High Risk Behaviour Policy 646-2 and lists examples of restrictive practices and prohibited practices to inform decision making above.

- **Restrictive practices**

- Restrictive practices are defined as any intervention that impacts on the rights or freedom of movement of a person with the primary purpose of protecting the person or other people from harm. Restrictive practices may include:
 - Sustained or prolonged physical restraint of a person to prevent or restrict the movement of a person, or any part of their body, for the primary purpose of managing their behaviour that causes risk of or actual harm to themselves or others.
 - Removal of illegal or harmful objects that may be used to harm self or others.
- Restrictive practices may only be used where there is a high risk of **immediate** harm to the child or others should intervention be withheld. Where restrictive practices are used, paramount consideration must be given to the best interests of the child or young person.

- **Prohibited practices**

- Prohibited practices are unlawful and unethical practices which cause a high level of discomfort and trauma. Any action which is contrary to section 122 of the Act because it frightens, threatens, or humiliates a child or young person is a prohibited practice. Prohibited practices must not be used in responding to the behaviour of children who are placed in care under section 82(1) of the Act.
- The following is a non-exhaustive list of prohibited practices:
 - **Seclusion/Containment:** Containment or seclusion where a child or young person is detained or forced to remain in a room or place, they cannot leave. It does not include steps taken by a carer or member of direct care staff in a parenting role to discipline and respond to a child, which are reasonable in all the circumstances surrounding the child's behaviour, and which do not frighten, threaten, or humiliate the child. For example, the use of short periods of "time out" type strategies consistent with accepted parenting practices (such as the Triple P program) is permitted, as is the normal use of age and developmentally appropriate items such as cots, play pens and rockers.
 - **Aversives:** The application of painful or noxious conditions (e.g., unwanted cold or hot bath, application of chilli powder on food or body parts, unwanted squirting of liquid) on a child's face or body parts.
 - **Mechanical restraint:** The use of devices to intentionally restrict a child's movement. It does not include age and developmentally appropriate functional devices used to assist and support involuntary movement such as a wheelchair or age and developmentally appropriate aids and support devices used to prevent injury, such as a highchair, cot, harness, or car seat. However, such devices are prohibited where they are used as a punishment, for a lengthy period or were developmentally inappropriate.
 - **Chemical restraint:** The intentional use of medication, without the prescription of a registered medical practitioner, to control behaviour, sedate for convenience's sake or disciplinary purposes. It also includes the misuse of medication prescribed by a registered medical practitioner, where it is used contrary to the instructions.
 - **Corporal punishment:** Corporal or physical punishment is the use of physical force intended to cause some degree of pain or discomfort for discipline, correction, control, changing behaviour or in the belief of educating the child. For example, hitting, slapping, whipping, caning, kicking, pinching, punching, pushing, or shoving.
 - **Unethical practices:** For example, rewarding children or young people with cigarettes, using family contact as a reward or the withdrawal of family contact as

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a punishment or deprivation of meals, sleep, clothes, shelter, personal hygiene, and medical care.

- **Physical restraint:** Physical restraint, as either an emergency or as a planned response can result in injury, trauma, and death. Examples are prone restraint, supine restraint, basket holds, take down techniques, restraint that restricts breathing, pushing the child's head to their chest or bending forwards at the waist, restraint involving the hyperextension or hyperflexion of joints, application of pain for compliance and having a carer sitting or kneeling on the child.
- **Environmental restraints:** On-going use of restricting to items in a child or young person's home. For example, restricting access to food or hygiene items like soap to prevent children or young people making a mess.

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