

# CRITICAL INCIDENT PROCEDURE

<b>Document Name</b>	ACAP_1_A_PRO_Critical Incident Procedure	
<b>Date of Next Review</b>	03/04/2020	
<b>Approved by</b>	Academic Board	03/04/2019
<b>Responsible Person</b>	Dean	
<b>Related Documents</b>	Critical Incident Policy; Non-academic Misconduct Policy; Grievances, Complaints and Appeals Policy and Procedure; Student Code of Conduct; Student Welfare and Support Policy; Records Management Policy; Navitas Privacy Policy; Navitas Health & Safety Incident Management and Reporting Procedure.	
<b>References and Legislation</b>	Tertiary Education Quality and Standards (TEQSA) Act 2011 (Cth); Higher Education Standards Framework (Threshold Standards) 2015; Education Services for Overseas Students Act 2000 (Cth); Education Services for Overseas Students Regulations 2001; National Vocational Education and Training Regulator Act 2011; Migration Act 1958 (Cth); National Code of Practice for Providers of Education and Training to Overseas Students 2018; the Higher Education Support Act 2003 (Cth); Privacy Act 1988 (Cth)	

## 1. Purpose

Each critical incident is unique. The purpose of this Procedure is to provide a framework for the College to manage critical incidents both off and on campus. While compliance with these procedures is expected the safety of all involved parties is the first priority of the College's Critical Incident Procedure.

This Procedure should be read in conjunction with the Critical Incident Policy.

## 2. Scope

This Procedure applies to all staff and students at the Australian College of Applied Psychology.

## 3. Definitions

Term	Definition
<i>College</i>	The Australian College of Applied Psychology (ACAP).

## 4. Roles and Responsibilities

The General Manager has the overall responsibility for the oversight of emergencies and critical incidents. In the event of a critical incident, the General Manager must be informed as soon as possible. In the event of a critical incident, the General Manager will thereafter be responsible for informing the Board of Directors of the incident.

Campus Managers are responsible for:

- implementation of this Procedure on their campus;
- identifying potentially critical incident circumstances, assessing and controlling of risks effectively in regard to their campus;
- implementing, monitoring and maintaining risk control measures for critical or potentially critical incidents in regard to their campus;
- monitoring the effectiveness of critical incident risk control measures and rectifying or reporting any deviations from this Procedure and other approved procedures;
- consulting with staff on critical incident practices or any proposed changes;
- ensuring staff are trained and competent in how to behave in the event of a critical incident;
- ensuring the wellbeing of all students and staff following a critical incident;
- implementing disaster recovery and business continuity measures where relevant; and
- keeping the General Manager informed.

Staff and students are responsible for:

- being aware of and adhering to the relevant codes of conduct and any other health, wellbeing, and safety policies and procedures on campus;
- not placing themselves or others at risk of injury;
- reporting to the Campus Manager any critical or potentially critical incident and any significant matters which may have resulted from a critical incident;
- assisting the Campus Manager to identify hazards, to assess risks, and to implement risk control measures related to critical incidents;
- following established critical incident procedures; and
- availing themselves of the support mechanisms in the event of exposure to critical incidents.

Critical incident affecting one person's psychological welfare will be handled within the College's student and staff support services as appropriate.

Any incident that causes physical injury or affects a group of people will be handled in accordance with the procedure described below.

#### **4.1 Preparation**

Tasks to be undertaken in the event of a critical incident include:

a) Preparation Before an Event

Ensure professional staff development on each campus:

- Participation in critical incident workshops;
- First Aid training; and
- Workplace Health and Safety training

b) Knowledge of Legal Obligations and Issues

e.g. ESOS Standard 6 – Providers must have a documented critical incident policy together with procedures that cover the action to be taken in the event of a critical incident, the required follow-up to the incident, the recording of the incident and the action taken.

c) Provide Staff Awareness of Critical Incident Matters

e.g. through staff meetings, referring to relevant policy and procedures.

#### **4.2 Action Immediately Following a Major Event**

a) Staff member receiving news of an incident/s:

- immediately contacts the Campus Manager or any available manager on campus; and
- takes any emergency action that is feasible in order to prevent or minimise the consequences of the incident.

b) Campus Manager or nominee actions:

- Decides and initiates any emergency action, e.g. building evacuation, contacting emergency services;
- Convenes a Coordinating Team of staff;
- Leads the Coordinating Team for their campus;
- Plans and manages business continuity; and
- Informs the General Manager as soon as practicable.

c) General Manager informs the Board of Directors.

### **4.3 Coordinating Team Allocating Roles and Responsibilities for Tasks**

The Coordinating Team allocates individuals specific roles and responsibilities.

One person from the Coordinating Team will be appointed as the main point of contact for others – the hospital, relatives, friends, and other parties such as the consulate and police. That person will make it known to everyone involved that they will be available 24-hours a day whilst the incident is active (i.e. the period of response).

The Coordinating Team will draw up a list of all those people who will need to be contacted about the incident and who it will need to have regular communication with over the period of response.

The Coordinating Team will meet regularly throughout the period of response to ensure that all members of the Team have up to date information about the incident, understand their respective roles and responsibilities and have the opportunity to debrief and provide each other with support on an ongoing basis.

The Coordinating Team will ensure that all staff have enough information to enable them to carry out their roles and responsibilities in relation to the incident. In particular, the Coordinating Team will discuss appropriate responses to be given to any staff and student enquiries about the incident. This response will achieve a balance between providing accurate information and respecting confidentiality.

The Campus Manager must agree to any responses given to parties outside of the Coordinating Team.

Any press management will be dealt with through delegation of the General Manager.

### **4.4 Records**

The Critical Incident Record Form will be initiated as soon as possible after the first response.

The Coordinating Team will ensure that accurate detailed records are kept throughout the period of response and are placed on a local file that is created for this purpose. This file may include information provided by the student or staff member when they arrived at the institution, (e.g. next of kin, emergency contact details, medical insurance provider, photo).

The records will include detailed documentation about each step taken in the period of response including process, copies of emails and letters, records of significant interactions that occur, and contact details for significant people in the process.

Records related to critical incidents will ensure that reasonable steps are taken to ensure personal information is safe from misuse, loss, and unauthorized access.

Any third party that wishes to view the student's file or notes must be referred to the Campus Manager (as a warrant or other legal instrument may be required before release).

A note shall be placed on a student's file and recorded in the Student Management System if death has occurred, indicating the student is deceased.

### **4.5 Insurance and Legal Matters**

The Campus Manager will provide to the General Manager or delegated authority any documentation that may be required for insurance claims or legal action resulting from the incident.

### **4.6 Critical Incident Report**

The Campus Manager and the Coordinating Team will prepare a Critical Incident Report and send it to the General Manager, including any suggestions for improved practice.

### **4.7 Review**

The General Manager will review the Critical Incident Report and initiates any action considered to improve policy or processes.

### 5. Document Management Control

Date	Summary of Changes	Author
11 March 2019	New document	Dean
03 April 2019	Procedure Approved	Academic Board

### INCIDENT SEVERITY ASSESSMENT TOOL

Level	Criteria / Description	Impacts	Examples (not exhaustive)	Who to Activate	Responsible
<b>Level 3</b>	<p><b>Crisis Management (Strategic)</b></p> <ul style="list-style-type: none"> <li>• Fatality or injury / illness requiring hospital treatment 5+ days.</li> <li>• Large scale impact on single or multiple campuses.</li> <li>• Sustained damage to reputation and brand.</li> <li>• Sustained negative media coverage. Serious, high risk matter/s raised by key stakeholder groups.</li> <li>• Service delivery disruption of up to 5+ days.</li> <li>• Sustained industrial action.</li> <li>• Requires management at off-site locations.</li> <li>• Requires strategic management decision making.</li> <li>• Greater than 5% impact on Group EBITDA.</li> </ul>	<p>Strategic and Reputational;</p> <ul style="list-style-type: none"> <li>• People</li> <li>• Assets</li> <li>• Financial</li> <li>• Reputation</li> <li>• Strategic</li> </ul>	<ul style="list-style-type: none"> <li>• Data breach.</li> <li>• IT Systemic Failure.</li> <li>• Fraud.</li> <li>• Sustained negative media coverage 2+ days (State or National media).</li> <li>• Active shooter.</li> <li>• Sudden loss of key staff or teams.</li> <li>• Fatality/ies or severe injuries.</li> <li>• Unexpected loss of contract.</li> </ul>	Critical Incident Management Team	Dean
<b>Level 2</b>	<p><b>Regional Critical Incident Management (Operational)</b></p> <ul style="list-style-type: none"> <li>• Injury or illness requiring hospital treatment under 5 days or psychological counselling.</li> <li>• Emergency affecting more than one building / campus.</li> <li>• Significant short-term damage to reputation and brand. Prominent negative media coverage. Concerns raised by key stakeholders. Significant social media coverage</li> <li>• Service delivery disruption of up to 2 - 5 days.</li> <li>• Requires recovery of critical business functions.</li> <li>• Significant breach of material contract, Act or regulation, resulting in possible closure of the College, a campus, or ability to deliver a course.</li> <li>• Industrial action impacting single or multiple campuses.</li> <li>• 2 - 5% impact on Group EBITDA.</li> </ul>	<p>Operational;</p> <ul style="list-style-type: none"> <li>• People</li> <li>• Assets</li> <li>• Business</li> <li>• Operations</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of telecommunications (e.g. 4G network outage).</li> <li>• Cyber attack.</li> <li>• Natural disaster.</li> <li>• Fire (major).</li> <li>• IT failure.</li> <li>• Negative media exposure (State or National media).</li> <li>• Terrorist attack.</li> <li>• Failure of regulatory or accreditation audit.</li> </ul>	Critical Incident Management Team	Dean
<b>Level 1</b>	<p><b>Emergency Response (Tactical)</b></p> <ul style="list-style-type: none"> <li>• Injury or illness requiring treatment by first aider or onsite paramedic but not requiring hospitalisation. Impact limited to a small area of one building / campus.</li> <li>• Coordination required to manage recovery of building / campus.</li> <li>• Emergency can be managed by warden team.</li> <li>• Emergency Services notified to respond.</li> <li>• Likely response will be less than 1 hour.</li> <li>• Some damage to reputation and brand. Short-term, negative coverage in local, State and / or social media related to specific, low-risk matter.</li> <li>• Service delivery disruption of up to 1- 2 days.</li> <li>• Minor non-compliances or breaches of material contract, Act and regulations within business units.</li> <li>• Less than 2% impact on Group EBITDA.</li> </ul>	<p>Tactical;</p> <ul style="list-style-type: none"> <li>• People</li> <li>• Property</li> </ul>	<ul style="list-style-type: none"> <li>• Assault</li> <li>• Fire (minor)</li> <li>• Contagious / communicable disease.</li> <li>• Extreme weather.</li> <li>• Bomb threat</li> <li>• Medical emergency</li> <li>• Gas leak</li> <li>• Short term IT Outage</li> <li>• Building break in / burglary</li> <li>• Minor medical emergency</li> <li>• Personal threat</li> <li>• Power outage</li> <li>• Water leak</li> <li>• WHS issue</li> </ul>	Critical Incident Management Team	Campus Manager

# Critical Incident Report Form

Management/Supervisor must complete this form.

For all staff, student and non-employee injuries, send the form to Human Resources within 24-hours of the incident occurring.

## A – Business Unit details

Business Unit	
Address:	
Manager/Supervisor:	Tel: ( )
Other contact details:	

## B – Person(s) involved details

Full name:	Date of birth: / /	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address:		Tel: ( )	
Status: Employee <input type="checkbox"/>	Student <input type="checkbox"/>	Contractor/ Visitor <input type="checkbox"/>	Other (specify) <input type="checkbox"/>

## Other person(s) involved (attach additional pages where relevant)

<input type="checkbox"/>	<b>Employee</b>	F/T <input type="checkbox"/>	P/T <input type="checkbox"/>	Casual <input type="checkbox"/>	Employee number:	Employee tel: ( )
	Time in role:	Department:			Manager/Sup	
	Duty status: At Work <input type="checkbox"/> During recess break <input type="checkbox"/> Travelling to/from work <input type="checkbox"/> other <input type="checkbox"/> please specify:					
<input type="checkbox"/>	<b>Student</b>	How did the student report the incident?: in person <input type="checkbox"/> by telephone <input type="checkbox"/> in writing <input type="checkbox"/>				
	Did the student report a pre-existing medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/>				Additional Notes:	
	If yes, provide details:					
<input type="checkbox"/>	<b>Contractor / Visitor</b>	Company name:			Purpose of visit:	
	Employer of contractor:					
	Tel: ( )					

## C – Incident details

Date of incident/onset of symptoms: / /	Time of incident: am / pm
Date incident reported: / /	Business unit/location of incident:
To whom reported (name & title)	
Version of incident as indicated by person involved:	
<b>Type of incident</b>	
Injury/illness <input type="checkbox"/> Property damage Navitas/ other <input type="checkbox"/> Near miss <input type="checkbox"/> Violence, stalking or assault <input type="checkbox"/> Theft/fraud <input type="checkbox"/> Environmental/Chemical <input type="checkbox"/> Fatality <input type="checkbox"/> Other:	

**D – Injury / illness details**

<b>Type of injury (tick more than one if appropriate)</b>											
Strains/Sprains	<input type="checkbox"/>	Animal/Insect bite	<input type="checkbox"/>	Dermatitis (skin rash)	<input type="checkbox"/>	Hearing loss	<input type="checkbox"/>	Crush injury	<input type="checkbox"/>		
Pain/tenderness	<input type="checkbox"/>	Heat stress/exhaustion	<input type="checkbox"/>	Toxic/allergic reaction	<input type="checkbox"/>	Internal injury	<input type="checkbox"/>	Dental	<input type="checkbox"/>		
Contusion (bruise)	<input type="checkbox"/>	Fracture/dislocation	<input type="checkbox"/>	Respiratory irritation	<input type="checkbox"/>	Amputation	<input type="checkbox"/>	Stress	<input type="checkbox"/>		
Burn (heat)	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	Lacerations/abrasions	<input type="checkbox"/>	Foreign body	<input type="checkbox"/>	Swelling	<input type="checkbox"/>		
Burn (chemical)	<input type="checkbox"/>	Soft tissue injury	<input type="checkbox"/>	Tick if recurrence of a previous injury	<input type="checkbox"/>						
If other please specify:											
<b>Location of injury (tick and specify which side of the body: right (R) or left (L) as appropriate)</b>											
Chest	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	Wrist	<input type="checkbox"/>	Eyes	<input type="checkbox"/>	Back Middle	<input type="checkbox"/>	Foot	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	Arm upper	<input type="checkbox"/>	Hand	<input type="checkbox"/>	Neck	<input type="checkbox"/>	Back low er	<input type="checkbox"/>	Ankle	<input type="checkbox"/>
Hip	<input type="checkbox"/>	Arm low er	<input type="checkbox"/>	Head/face	<input type="checkbox"/>	Knee	<input type="checkbox"/>	Leg upper	<input type="checkbox"/>	Finger (specify)	<input type="checkbox"/>
Groin	<input type="checkbox"/>	Elbow	<input type="checkbox"/>	Ears	<input type="checkbox"/>	Back upper	<input type="checkbox"/>	Leg low er	<input type="checkbox"/>	Toe (specify)	<input type="checkbox"/>
If other please specify:											

If requested, provide a copy of this page to the student, contractor or visitor.

Were you requested to provide a copy? Yes  No

<b>Name</b>		<b>Date of incident/ onset of symptoms:</b>	/ /
-------------	--	---	-----

<b>Incident severity</b>			
Non-serious <input type="checkbox"/> Serious <input type="checkbox"/> Notifiable <input type="checkbox"/>			
For serious or notifiable incidents indicate who has been notified. Senior management <input type="checkbox"/> Human Resources <input type="checkbox"/>			
Delegated WHS Officer <input type="checkbox"/>	External WorkCover <input type="checkbox"/>	Date notified: / /	
Time notified: am / pm			

<b>Incident description</b>			
Describe the exact location and the work activity performed at the scene of the incident.			
Provide a brief description of the incident (provide an attachment if necessary).			
Was the incident a result of the actions of another party (e.g. contractor, visitor)? Yes <input type="checkbox"/> Provide details below No <input type="checkbox"/>			
Full name:		Tel:	
Address:			
Indicate immediate actions taken, for example area secured, first aid provided, emergency services called.			
Was the incident captured on CCTV/digital recording? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Slip/fall only	Date last cleaned: / /	Time last cleaned:	am / pm

<b>Witness details</b>							
Witness name 1:		Tel:	Employee <input type="checkbox"/>	Student <input type="checkbox"/>	Contractor / Visitor <input type="checkbox"/>		
Witness name 2:		Tel:	Employee <input type="checkbox"/>	Student <input type="checkbox"/>	Contractor / Visitor <input type="checkbox"/>		
<b>Treatment of injury</b> Was treatment required? Yes (complete details below) <input type="checkbox"/> No <input type="checkbox"/>							
Was first aid given? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, First Aid Attendant's name: If yes, list treatment given:							
Referred to doctor? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, did the manager take the employee to the doctor? Yes <input type="checkbox"/> No <input type="checkbox"/> Doctor's name and tel. (if known):							
Sent to hospital? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of hospital:			Ambulance called? Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>Status following injury</b>							
<b>Employee</b>	Resumed working? Yes <input type="checkbox"/> No <input type="checkbox"/>		Normal hours <input type="checkbox"/> OR Reduced hours <input type="checkbox"/>				
			Normal duties <input type="checkbox"/> OR Alternative duties <input type="checkbox"/>				
	Is the employee unfit for work? Yes <input type="checkbox"/> No <input type="checkbox"/>		Did the employee miss one full shift? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is injury management assistance required? Yes <input type="checkbox"/> No <input type="checkbox"/>				Has a claim been lodged? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Student</b>	Did the student resume studies? Yes <input type="checkbox"/> No <input type="checkbox"/> explain?						
<b>Contractor/ Visitor</b>	Did the contractor resume their work activities? Yes <input type="checkbox"/> No <input type="checkbox"/> explain?						

Name of person completing report (print):	Position:
Signature of person completing report:	Date: / /
Manager's signature:	Date: / /
Has a copy of this form (pages 1 & 2) been given to the employee? Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Distribution instructions</b>	<b>Original copy:</b> File the original with Human Resources.
<b>Employee incidents:</b> provide a copy of the form to the employee and forward a copy to Human Resources/Employee Relations Unit	
<b>Students, contractor or visitor incidents:</b> if requested, provide a copy of <b>first page only</b> . Send a complete copy to: Human Resources.	