Critical Incident Policy & Procedures

Approved by the St Vincent de Paul Society NSW Provisional Board on 13 July 2011

Version Control

<table>
<thead>
<tr>
<th>Contact names</th>
<th>Role / position</th>
<th>Version number</th>
<th>Date</th>
<th>Review Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graham West</td>
<td>CEO</td>
<td>1</td>
<td>July 2011</td>
<td>July 2012</td>
</tr>
</tbody>
</table>
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Policy Statement

Critical Incident Policy

In the event of a critical incident, the St Vincent de Paul Society NSW recognises that appropriate infrastructure must be in place to ensure the provision of all necessary support services.

This policy ensures that the Society has:

- An effective approach in responding to critical incidents;
- Appropriate support available to those affected; and
- Appropriate training and information provided to members, volunteers and staff.

Related Policies

- Privacy and Confidentiality Policy 2010

- Child Protection Policy 2007

- Media Policy & Procedures 2010

- Insurance and Occupational Health & Safety Manual 2002

- Records Retention Policy 2010
Other References

- Workplace Injury Management and Workers Compensation Act 1988
- St John Ambulance Australia (2007), First Aid in the Workplace.

Background

This document enables the St Vincent de Paul Society (NSW) to have a shared understanding of what a critical incident is and how to respond to it. This document outlines state-wide procedures for staff, members and volunteers (personnel) to recognise an incident as being or becoming critical and by providing the necessary tools to assist personnel to respond appropriately.

The Society acknowledges it owes a common law duty of care to ensure the safety of its employees and others involved in the activities and services conducted by it or on its behalf. To satisfy this obligation the Society must ensure everything reasonably practicable to be done is done. It is the Society’s responsibility to take all reasonable precautions to prevent illness, harm and injury to all personnel and clients.

The response to a critical incident needs to protect all stakeholders, including the client, customers, staff, volunteers, members, the wider community and other relevant agencies and services. The response to a critical incident may involve the decision as to whether to divulge a client’s and/or Society personnel’s personal details.

Those details are likely to be health information for the purposes of the Health Records and Information Privacy Act 2002 (NSW) (“HRIPA”). HRIPA sets out 15 Health Privacy Principles relating to the management of health information held by an organisation. They include Health Privacy Principle 11 dealing with limits on the disclosure of health information. In general, an organization cannot disclose health information except in certain limited circumstances. Those excepted circumstances include with the consent of the person (see Attachment 5: Client Consent Form). They also include if disclosure of the information is reasonably believed to be necessary to lessen or prevent a serious and imminent threat to the life, health or safety of the individual or another person.
When a client or worker is involved in a critical incident, they may be unable to give their consent to the disclosure of their information but such disclosure may be necessary to lessen or prevent a serious and imminent threat to their life, health or safety (refer to the Privacy and Confidentiality Policy 2010).

Personnel are expected to assist the authorities with their enquiries generally, keeping a balance between client confidentiality, police work, and the greater social good. For example, if a client is known to be under a Community Treatment Order, the person in charge of the facility will immediately notify the local public mental health unit. Another example may be the police seeking the whereabouts of a missing person, in which case the person in charge should assist the police. Disclosure to a law enforcement agency is another permitted exception to the limits on disclosure of health information in Health Privacy Principle 11 if it is for the purposes of ascertaining the whereabouts of an individual who has been reported to a police officer as a missing person.

If none of the exceptions to the limits on disclosure of health information in Health Privacy Principle 11 applies, there should be no disclosure of an individual's health information.

This document provides guidelines for personnel to have a clear understanding of how to:

- Recognise that an incident is (or is becoming) critical;
- Respond in a manner that would achieve the best possible outcome for all stakeholders;
- Escalate the reporting process (and associated responsibility) to the relevant person in the Society; and
- Communicate appropriately, during and after the incident, both internally and with related organisations, agencies, and other stakeholders.

**Definitions**

**Critical Incident**

The Society defines a critical incident as an event, or the threat of such, which may cause or causes extreme stress, fear or injury.

Critical incidents may include, but are not limited to:

- Serious injury, illness, or death;
- Suicide;
- A missing person;
- Severe verbal or psychological aggression;
- Severe aberrant behaviour which may cause significant alarm
- Physical assault;
- Natural disaster, for example, earthquake, flood, windstorm, hailstorm, or extremes of temperature;
- Fire, bomb (actual or threat), explosion, gas or chemical hazard;
- Serious damage to property or environment; and
- Adverse media exposure.
If a critical incident occurs, the procedures herein should be implemented.

**Personnel**

Personnel refers to members, volunteers, staff and, in relation to services, affected clients and/or customers.

**Critical Incident Team**

The Critical Incident Team guides the prevention and management of critical incidents in the Society, in consultation with the State Council. The Society’s Critical Incident Team is lead by the Chief Executive Officer (CEO), who is the Society’s ex officio Information Officer.

The Critical Incident Team also includes:
- State Council senior managers;
- Executive Officers and Presidents of the affected Central Councils;
- Head of relevant department; and
- OH&S representatives.

The responsibilities of the team include:
- a) identification of hazards that could cause a critical incident and assessment of related risks;
- b) design of control measures to eliminate or mitigate identified risks;
- c) liaison with all relevant emergency services, for example, police, fire brigade, ambulance, community emergency services, hospital, poisons information centre, community health services;
- d) liaison with WorkCover NSW;
- e) 24 hour access to contact details for all personnel;
- f) 24 hour access to contact details for all relevant staff members needed in the event of a critical incident, including the CEO, Executive Officer, manager, supervisor;
- g) development of a critical incident plan for each critical risk identified;
- h) assisting with implementation of critical incident plans;
- i) dissemination of planned procedures;
- j) organisation of practice drills;
- k) coordination of appropriate staff training; and
- l) regular review of critical incident plans.

**Critical Incident Procedures**

All work areas, Central Councils and Special Works of the Society will develop their own critical incident plans. Plans will assign responsibilities among relevant staff members and cover all the actions to be taken and timelines for doing so. The plans are to include all the items in the Critical Incident Procedures.
Critical Incident Procedures

**Step one**
Report to the person in charge of that work place. If required, assist the person in charge perform the duties below. The person in charge on duty at the time of the incident is to:

- Assess the incident;
- Ensure that everyone on site is safe;
- Immediately remove the relevant person/s from the scene to a safe place and provide comfort and reassurance;
- If you hold a current first aid qualification, and if there is implied or express consent to treatment (however, if a person cannot make an informed choice to give consent to treatment, consent is not required), offer first aid for physical injuries (St John Ambulance Australia 2007) and/or call an ambulance if indicated;
- Report the incident to the appropriate emergency services (police, ambulance or fire brigade) if indicated;
- In case of fatality or serious injury threatening the life of workers, phone WorkCover immediately on 131050, as an urgent investigation may be needed (NSW Government WorkCover Authority of NSW);
- Take measures to ensure the plant involved in a serious incident is not used moved or interfered with and that the area of the place of work within 4 metres of the location of the serious incident is not disturbed. Preservation of the site of the incident does not prevent the use, movement or disturbance of the site to keep or remove a trapped or injured person or to remove a body; or to avoid injury to a person or damage to property; or for the purposes of any Police investigation; or in accordance with the directions of an inspector of Workcover;
- Notify the manager of the site and, if needed, the maintenance manager; and
- Implement emergency procedures, including evacuation procedures if required, to contain and minimise the risk to all persons on site.

**Step Two**
The senior person, after being notified and evaluating the situation, is to:

- Assess the incident;
- Notify the Central Council Executive Officer/State Council senior manager;
- Ensure the family/next of kin have been notified by the police prior to contacting family/next of kin;
- Note the factual details and evidence of the incident in the Register of Injuries (Attachment 1);
- Advise the person that formal debriefing is available following such an event, and that they could experience a reaction, including a delayed reaction; and
- Ensure that the relevant documentation has been completed (see documentation process herein).

**Step Three**
The Central Council Executive Officer/State Council senior manager is to:

- Notify the State Office CEO and Central Council President.
Documentation

When any Society personnel is involved in an incident at any of the Society’s sites or where Society work is carried out, the following documents must be completed. These documents should be located centrally (for example, at reception). The person in charge must inform all Society personnel in their team where the documentation is to be found and its purpose.

1. **Record and communicate the incident**: Any incident that occurs should be recorded and communicated in the service’s system of everyday recording. This may be a Day Book, a diary, and/or through a meeting (minuted). This allows other team members to know what has occurred and the results of the action taken, for example, the client excluded, the client taken to hospital, the police called, or personnel taken to hospital.

2. **Register of Injuries**: It is a legal requirement that this Register (Attachment 1) be completed for any actual or potential physical and/or psychological injury to staff, clients, customers, volunteers or visitors. Once the Register has been completed by the affected Society personnel (or by a third party at the request of the person affected), one copy (white) of the entry is to remain in the Register and the other copy (pink) is to be kept by the affected worker. Rather than filling out another form, a photocopy is to be made by the person in charge and forwarded to the Society’s State Office Insurance and OH&S Coordinator. This must occur at the earliest opportunity following the incident.

3. **Accident Report Form**: It is a Society requirement that this form (Attachment 2) is completed for any accident. Once completed, it is forwarded to the State Office’s Insurance and Occupational Health and Safety Officer.

4. **Initial Notification of Injury and Disease Form**: If a staff member has an accident which sustains an injury for which a claim will be made, an Initial Notification of Injury and Disease Form (Attachment 3) is completed. Once completed, it is forwarded to the State Office’s Insurance and Occupational Health and Safety Officer.
5. **Volunteer Accident Insurance Claim Form:** If a volunteer has an accident which sustains an injury for which a claim will be made, a Voluntary Worker’s Claim Form (Attachment 4) is completed. Once completed, it is forwarded to the State Office’s Insurance and Occupational Health and Safety Officer.

**Debriefing**

Debriefing aims to minimise the impact of the incident and assist in the recovery process. It is offered on a voluntary basis to all members, volunteers, staff, clients, visitors and members of the public on site who were affected by the incident. It follows the initial defusing session within the first 24 hours after the incident.

The debriefing process should provide updates with information as well as support such as peer support, contacting significant others, taking of leave, accompanying home, organising professional referrals if indicated.

Staff who are directly involved in a critical incident are entitled to contact Access Programs on telephone number 1800 818 728 on their own initiative to arrange for counselling sessions. Generally, however, Access contact should be authorised by their manager. Managers may arrange counselling for clients, members, volunteers, staff and visitors based on their judgement of the need related to the critical incident. The CEO/State Executive Officer will be notified if this is the case.

**Planning**

Central Council EOs will ensure that all the Society sites which are in their portfolio are to have a plan for dealing with critical incident situations. Society sites include all sites where personnel are carrying out their duties. Plans will be in place for:

- Determining roles and responsibilities;
- Risk assessment;
- Training and communication;
- Media management;
- Dealing with the incident;
- Providing support for staff and others;
- Debriefing and investigating; and
- Communications (internal and external).
Roles & Responsibilities

State Office CEO
Where the critical incident has Society wide implications, the CEO is responsible for:

- All client information (as ex officio Information Officer) and
- All Society communication (internal and external, particularly with the State President, media and the judiciary).

Central Council Executive Officers and State Council senior managers are responsible for:

- Briefing the CEO and Central and State Council Presidents;
- Ensuring an investigation of the incident occurs;
- Communicating outcomes of the investigation;
- Ensuring corrective actions identified in the investigation are implemented in a timely manner;
- Liaising with:
  - Emergency service personnel, as appropriate,
  - Family members of any St Vincent de Paul Society personnel significantly affected by the incident, but only after police have notified the family if a fatality has occurred,
  - St Vincent de Paul Society Managers and Presidents,
  - Legal advisors where required;
- Ensuring support for staff has been arranged, such as debriefing, counselling as required;
- Providing timely updates, during and after the incident, to personnel affected;
- Identifying potential legal issues and seeking advice on the management of the issues; and
- Reporting on the above to the CEO.

Central Council Presidents are responsible for:

- Liaising with Community and Corporate Relations regarding media communications where the impact of the incident is confined to the Central Council.

Central Council OH&S Coordinator. CCEOs must ensure that their Central Council has an OH&S coordination function. The OH&S coordinator is responsible for assisting the Central Council Executive Officer, Regional Centre Managers, CRC Manager, Special Works Managers, Coordinators and Committees, Conferences and Central and Regional Councils with:

- Identification of potential critical incident situations;
- Development and documentation of emergency plans;
- Identification of resources within that documented plan;
- Incident investigation and reporting; and
- Development of corrective actions.

Managers and Coordinators are responsible for planning which includes ensuring:
- Potential risks/critical incident situations are identified:
- Written procedures are in place to minimise the potential for incidents to occur;
- Written emergency procedures are in place which cover identified risks (this may include off site locations where activities take place);
- Staff and volunteers know and understand what they have to do in an emergency situation and they have acknowledged this in writing (this can be recorded in the emergency procedures file);
- Implement regular (at least yearly) practice drills to reinforce the actions required in an emergency, additional to fire and evacuation drill, working with violent and aggressive people, etc.;
- Emergency contact numbers are known and displayed;
- Personal duress, panic and security alarms are available, functioning, and used as a matter of course;
- Communication systems, such as telephone, two way radios and mobile phones are operational and that alternative communication needs are identified where phone coverage is not reliable;
- Information about resources has been communicated to key personnel who can be called on to assist, where required, with:
  - Counselling (personal, confidential),
  - Critical Incident Stress Debriefing,
  - Management of communications,
  - Dealing with the media,
  - Legal assistance; and
- Training and communication of the critical incident management plan has been implemented.

These roles and responsibilities need to be underpinned by training, particularly as many of them relate to legal obligations. The training will be provided by the Manager of each site with the assistance of an appropriately qualified trainer as deemed necessary. The training records will be stored at the workplace and made available to employees and others at the workplace for their assistance.

**Media Management**

In the event of a critical incident, the media may have some level of coverage of the event. It is important to interact with the media correctly to avoid unnecessary damage to the Society’s reputation or legal position. This interaction also provides an opportunity for the Society to have its side of the story presented fairly and accurately and to minimise misinformation and rumour. The Society has a Media Policy and Procedure which outlines the procedures for interacting with the media.

Dealings with the media during or after a critical incident sometimes occur in a situation where the event is unplanned and emotions and stressors are likely
to be high. Therefore it is important that the person liaising with the media speaks with a level of authority and factual information.

Media interviews and statements during or after a critical incident which has state-wide implications will be dealt with by the State President or the CEO or a duly appointed representative. The Society’s current Media Policy (2010) states that “matters of national or state-wide importance should always be handled at State Council level. All matters of this nature will be referred, via the Communications Manager or Community and Corporate Relations Manager, to the State Council spokesperson in the first instance” (Section 2.1 Spokespeople). Other representatives of the Society should not make any comment to the media but should obtain the media person’s contact details and pass them on to the CEO, Central Council Executive Officer or President. Contact details of Society personnel or clients are not to be released to any media representatives.

Media Statements
A statement containing factual information about the incident should be written as soon as possible and updated as more information becomes available. All facts will be verified and jointly approved by the Community and Corporate Relations Department and the State CEO/Central Council President before being released to the media.

Critical Incident Flow Charts
The first of the two flow charts, Critical Incident Management Flow Chart, below maps the management of the critical incident itself.

The second flow chart, Critical Incident Non/Disclosure Flow Chart, maps the decision making chain when a worker is requested to disclose a client’s personal information.
Critical Incident Management Flow Chart

**If a critical incident occurs:**

### Step 1
- Assist injured – do not move injured people unless they are in danger
- Phone emergency services 000
- Call first aider / get assistance
- Notify person in charge (if not already informed)
- Notify WorkCover Authority
- Notify Legal Advisors

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The person in charge for this Society location is:

Name: ____________________
Phone: ____________________

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Person in charge is to:
1. Contact Central Council Executive Officer
   Ph: ____________________
2. Assist with first aid and security
3. Take care of personnel and others involved

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### Step 2

Critical Incident Management Plan Activated by CCEO

- CCEO
  - Notifies State CEO & Central Council, authorities, & Insurance & OH&S Coordinator where applicable
  - Contacts casualties and families
  - Arranges counselling and defusing team meeting

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Manager/ Person in charge
- Investigate incident
- Notify rehabilitation coordinator
- Record incident in register of injuries book
- Complete incident & accident report forms
- Complete insurance forms
- Monitor situation & report any adverse reactions

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Do not go to step 3

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### Step 3

- Record incident in register of injuries book
- Complete incident & accident report forms
- Complete insurance forms
- Team debriefing
- Support and counselling
- Incident investigation
- Liaison with casualties, families and authorities continue
Critical Incident Non/Disclosure Flowchart
To disclose or not to disclose

Please refer to the Confidentiality and Privacy Policy for details on how to deal with private information. In general, personal information will not be disclosed to other people or organisations without consent. There are exceptions to this rule (as per Privacy & Confidentiality Policy).

Incident Occurs

Has the client given written consent* in the past 12 months for the information to be released?

No

Could withholding information increase the level of risk of harm to personnel, client, customer or the community?

No

Has the information been requested by the Police or other authority?

No

Has the incident escalated and now puts personnel, client, customer or community at heightened urgent risk?

No

Information should not be disclosed

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Information in accordance with the parameters of the request, can be disclosed.

Information in accordance with the consent, can be released.

Information can be disclosed.

* See Attachment 5: Client Consent Form
## Critical Incident Management

### Immediate Responsibilities & Actions

<table>
<thead>
<tr>
<th>WHO</th>
<th>ACTION</th>
<th>CONTACT PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FIRST ON THE SCENE</strong></td>
<td>• ASSIST INJURED – DO NOT MOVE INJURED PEOPLE UNLESS THEY ARE IN DANGER</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• PHONE EMERGENCY SERVICES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• CALL FIRST AIDER / GET ASSISTANCE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• NOTIFY PERSON IN CHARGE (IF NOT ALREADY INFORMED)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• BE AVAILABLE TO COMFORT THE INJURED AND/OR RENDER FURTHER ASSISTANCE</td>
<td>000 EMERGENCY SERVICES</td>
</tr>
<tr>
<td><strong>QUALIFIED FIRST AIDER</strong></td>
<td>• ASSIST INJURED UNTIL AMBULANCE ARRIVES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• DOCUMENT IN FIRST AID RECORD BOOK</td>
<td></td>
</tr>
<tr>
<td><strong>PERSON IN CHARGE</strong></td>
<td>• NOTIFY REGIONAL OFFICE/ REGIONAL MANAGER</td>
<td>Insert phone numbers for local &quot;person in charge&quot;</td>
</tr>
<tr>
<td><strong>REGIONAL MANAGER</strong></td>
<td>• NOTIFY CENTRAL COUNCIL EXECUTIVE OFFICER</td>
<td>Insert phone numbers</td>
</tr>
<tr>
<td><strong>CENTRAL COUNCIL EXECUTIVE OFFICER</strong></td>
<td>• NOTIFY:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• STATE CEO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• CENTRAL COUNCIL PRESIDENT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• CENTRAL COUNCIL OHS COORDINATOR WHERE APPLICABLE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• AUTHORITIES WHERE REQUIRED. INITIATE:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• TRAUMA COUNSELLING SUPPORT, IF REQUIRED</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• INCIDENT INVESTIGATION. PREPARE:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• BREIFING PAPER for STATE CEO.</td>
<td></td>
</tr>
<tr>
<td><strong>CENTRAL COUNCIL EXECUTIVE OFFICER</strong></td>
<td>• WITHIN 24 HOURS NOTIFY CATHOLIC CHURCH INSURANCE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• WITHIN 48 HOURS NOTIFY WORKCOVER</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• In case of FATALITY or SERIOUS INJURY or ILLNESS TO WORKERS, phone WorkCover IMMEDIATELY on 131050,</td>
<td></td>
</tr>
</tbody>
</table>
as an urgent investigation may be needed.

ARRANGE:
- COMPLETION OF INSURANCE FORMS
- ONGOING CONTACT WITH INJURED PARTIES AND FAMILIES.
## Post Incident Management

### Short Term Response: 25 to 72 hours after the incident

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification of people needing support</td>
<td>Keep in contact with those involved Monitor behaviour</td>
<td>Regional Manager or Special Works Manager/Coordinator</td>
</tr>
<tr>
<td>Individuals identified at defusing session on day 1 and others needing formal debriefing</td>
<td>Arrange debriefing session with professional support person for those involved</td>
<td>Central Council Executive Officer</td>
</tr>
<tr>
<td>Casualties</td>
<td>Keep in touch with them &amp; provide support Include in debriefing session if fit enough</td>
<td>Regional Manager or Special Works Manager/Coordinator</td>
</tr>
<tr>
<td>Families of deceased</td>
<td>Keep in touch with them &amp; provide support &amp; access to professional support</td>
<td>Central Council Executive Officer</td>
</tr>
<tr>
<td>Incident report forms</td>
<td>Complete incident report forms</td>
<td>Regional Manager or Special Works Manager/Coordinator</td>
</tr>
<tr>
<td>Incident investigation</td>
<td>Select investigation team members Identify external or specialist resources Hold initial meeting outlining scope, time frames and role of the team</td>
<td>Central Council Executive Officer Central Council OHS Coordinator where applicable</td>
</tr>
<tr>
<td>Liaison with emergency services, hospital, coroners office, media</td>
<td>Brief State CEO on any up dated information Assist as needed</td>
<td>Central Council Executive Officer</td>
</tr>
<tr>
<td>Normal operation of Society activities</td>
<td>Resumption of normal activities to be commenced when immediate issues are under control</td>
<td>Regional Manager or Special Works Manager/Coordinator</td>
</tr>
</tbody>
</table>
Medium & Long Term Response: 72 hours and beyond

Monitoring of individuals who have been involved in a critical incident may be required for weeks and even months after an event. The following may need to be considered.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funerals, liaison</td>
<td>Arrange appropriate support such as:</td>
<td>Regional Manager or Special Works Manager/Coordinator</td>
</tr>
<tr>
<td></td>
<td>- Time off for staff to attend</td>
<td>Central Council Executive Officer</td>
</tr>
<tr>
<td></td>
<td>- Tributes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Condolences to families</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Society representative</td>
<td></td>
</tr>
<tr>
<td>Acknowledgement of support and rescue personnel</td>
<td>Letter of thanks</td>
<td>Central Council Executive Officer</td>
</tr>
<tr>
<td>Post trauma symptoms not resolved</td>
<td>Continue arrangements to provide professional support.</td>
<td>Central Council Executive Officer</td>
</tr>
<tr>
<td>Anniversaries</td>
<td>Recognition of the anniversary is helpful in the post recovery phase.</td>
<td>Central Council Executive Officer</td>
</tr>
<tr>
<td></td>
<td>- Be guided by those involved in the incident.</td>
<td>Regional Manager or Special Works Manager/Coordinator</td>
</tr>
<tr>
<td></td>
<td>- Arrange an appropriate event to mark the day</td>
<td></td>
</tr>
<tr>
<td>Outcomes of the investigation</td>
<td>Recommendations to be reviewed and action plan developed to address improvements</td>
<td>Central Council Executive Officer, Central Council OHS Coordinator, Regional Manager or Special Works Manager/Coordinator</td>
</tr>
<tr>
<td>External investigations</td>
<td>Liaise with external authorities, as needed such as, police or WorkCover</td>
<td>Central Council Executive Officer, Central Council OHS Coordinator, Regional Manager or Special Works Manager/Coordinator</td>
</tr>
</tbody>
</table>
## Contacts

<table>
<thead>
<tr>
<th>Life threatening emergency</th>
<th>000 (landline)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>112 (mobile phone)$^1$</td>
</tr>
<tr>
<td>Police</td>
<td>Insert phone number of local station</td>
</tr>
<tr>
<td>Trauma counseling: Insert name of local service</td>
<td>Insert phone number of local service</td>
</tr>
<tr>
<td>Counseling: Access Programs</td>
<td>1800 818 728</td>
</tr>
<tr>
<td>Media: Community &amp; Corporate Relations</td>
<td>02 9568 0225</td>
</tr>
<tr>
<td>Legal assistance: Central Council Executive Officer</td>
<td>Insert phone number</td>
</tr>
<tr>
<td>Insurance: Catholic Church Insurance, via the State Office Insurance and OH&amp;S Coordinator</td>
<td>9568 0288</td>
</tr>
<tr>
<td>WorkCover</td>
<td>13 10 50</td>
</tr>
</tbody>
</table>

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1. According to the Australian Communications and Media Authority (2010), 112 is the GSM international standard emergency number which can only be dialled on digital mobile phones. Accepted as a secondary international emergency number in some parts of the world (including Australia), 112 can be dialled in areas of GSM network coverage with the call automatically translated to that country’s emergency number. Special capabilities once existed when dialling 112, however mobile phones manufactured since January 2002 also provide these capabilities when dialling Triple Zero (000) to access the emergency call service.
The Register of Injuries is a book of forms (as above) which is provided by Catholic Church Insurance. The Register is used throughout NSW. The forms are in duplicate with a white copy (employer's copy which stays in the book) and a pink copy (employee's copy).

A register of injuries is required by the Workplace Injury Management and Workers Compensation Act 1998 (No. 86, Section 61, Chapter 4, Part 2, Division 1, 63 Register of injuries). The Act requires that the register is to be kept in a readily accessible place so that a worker (or someone acting on their behalf) can record the particulars of injuries.

This register is to be kept permanently.
Attachment 2: Accident Report Form

This form needs to be filled in and sent to the State Office’s Insurance and Occupation Health and Safety Coordinator. It is also available at [http://vintranet.vinnies.org.au/Administration/OHS/Questionaires%20and%20Forms/Accident%20Report%20Form.doc](http://vintranet.vinnies.org.au/Administration/OHS/Questionaires%20and%20Forms/Accident%20Report%20Form.doc).
Attachment 3: Initial Notification of Injury and Disease Form

This two page form is completed if an injured worker makes a claim against Catholic Church Insurance. Once completed, the form is sent to the State Office’s Insurance and Occupation Health and Safety Coordinator.
Attachment 4: Volunteer Accident Claim Form

This form is filled in if a volunteer has an accident. Once filled in, the form is sent to the State Office’s Insurance and Occupation Health and Safety Coordinator.
Attachment 5: Client Consent Form

ST VINCENT DE PAUL SOCIETY NSW SERVICES
CLIENT CONSENT FORM

I _______________________________ D.O.B. __________________ give
consent for the exchange of information and reports, including medical
records and information, between all relevant departments of the St Vincent
de Paul Society NSW (Society) and

Dept of Housing ☐ DoCS / Family Services ☐
MTHS Clinic ☐ Mental Health Service ☐
Medical Practitioners ☐ Centrelink ☐

and __________________________________________________( insert name
of any additional organization or person (e.g. another treatment agency).

I understand that under the Health Privacy Principles in the Health Records
and Information Privacy Act (NSW) 2002 the Society cannot disclose my
health information unless, among other things, I consent to that disclosure. I
understand that my health information will be used exclusively to assist staff
of the Society to make appropriate and informed decisions regarding my case
support and ongoing care.

- It has been explained and I understand that any information gathered
  may be recorded in my file.
- It has been explained and I understand that any information gathered
  will remain confidential.
- It has been explained and I understand that my file could be accessed
  by another member of the Society who needs to have access to this
  information.
- It has been explained and I understand that the Society may collect my
  information for statistical purposes and for funding reasons, but that it
  will not identify me personally in any way.
- It was explained and I understand that this consent remains in force
  only for:

  This instance ☐
  This current support period ☐
  12 months ☐
From ………………To ……………… ☐

- It was explained and I understand that this consent can be withdrawn
  at any time by my request to the Case Worker, Manager or
  Coordinator. I understand that I do not have to give any reason as to
  why I wish to withdraw consent. I understand that if I withdraw my
  consent such withdrawal of consent will only apply to the disclosure of
my information to the agencies and organisations listed above after the date on which I withdraw consent. I also understand that even after I withdraw my consent my information will remain on my file until it is no longer necessary for the purposes for which it may lawfully be used by the Society.

I am giving my consent voluntarily

Signed___________________________________date__________________
(signature of client)

Witness_________________________________date___________________
(signature of staff member /case worker)
### Record of Amendments

<table>
<thead>
<tr>
<th>Amendments</th>
<th>Page / Section</th>
<th>Date</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Since approval from working committee and from all Central Councils, deleted “Are you reasonably satisfied that it is a bona fide claim?” from left hand side, second from the top box of flow chart.</td>
<td>Page 14</td>
<td>24/06/2011</td>
<td>Maria, as per Broken Bay’s suggestion.</td>
</tr>
</tbody>
</table>