



St Vincent de Paul Society
NSW
good works

Critical Incident Policy & Procedures

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

Version Control

Contact names	Role / position	Version number	Date	Review Due
Graham West	CEO	1	July 2011	July 2012

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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
<http://vintranet.vinnies.org.au/Operations/Society%20HR/Policies%20And%20Guidelines/Privacy%20and%20Confidentiality%20Policy%20v2%202010.doc>
- Child Protection Policy 2007
<http://vintranet.vinnies.org.au/Operations/ChildProtection/Child%20Protection%20Policies/Child%20Protection%20Policy.doc>
- Media Policy & Procedures 2010
http://vintranet.vinnies.org.au/Operations/CommunityAndCorporateRelations/Policies/Media%20Policy%20and%20Procedures%20June%202010.doc#_To_c260998789
- Insurance and Occupational Health & Safety Manual 2002
<http://vintranet.vinnies.org.au/Administration/OHS/OHS%20Policies/Insurance%20%20OHS%20Manual%202002.doc>
- Records Retention Policy 2010
<http://vintranet.vinnies.org.au/Administration/Finance/Policies/Records%20Retention%20Policy%20June%202010.doc>

Other References

- New South Wales Government, WorkCover Authority of NSW, <http://www.workcover.nsw.gov.au>
- Model Work Health and Safety Bill, <http://www.safeworkaustralia.gov.au/NR/rdonlyres/B62AF65F-9C97-4600-A3E0-8E0D1BA94B9D/0/ModelWorkHealthandSafetyBill.pdf>
- Disability Services Queensland, Critical Incident Reporting Policy 2008, <http://www.disability.qld.au/publications>
- 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

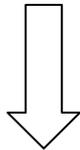
The Central Council Executive Officer/State Council senior manager is to:

- 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.

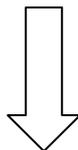
1. **Record and communicate the incident:** Any incident that occurs should be recorded and communicated in the service's system of everyday recording. This may be a Day Book, a diary, and/or through a meeting (minuted). This allows other team members to know what has occurred and the results of the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



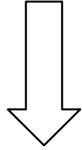
2. **Register of Injuries:** It is a legal requirement that this Register (Attachment 1) be completed for any actual or potential physical and/or psychological injury to staff, clients, customers, volunteers or visitors. Once the Register has been completed by the affected Society personnel (or by a 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

The person in charge for this Society location is:
 Name: _____
 Phone: _____

- 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

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

- 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

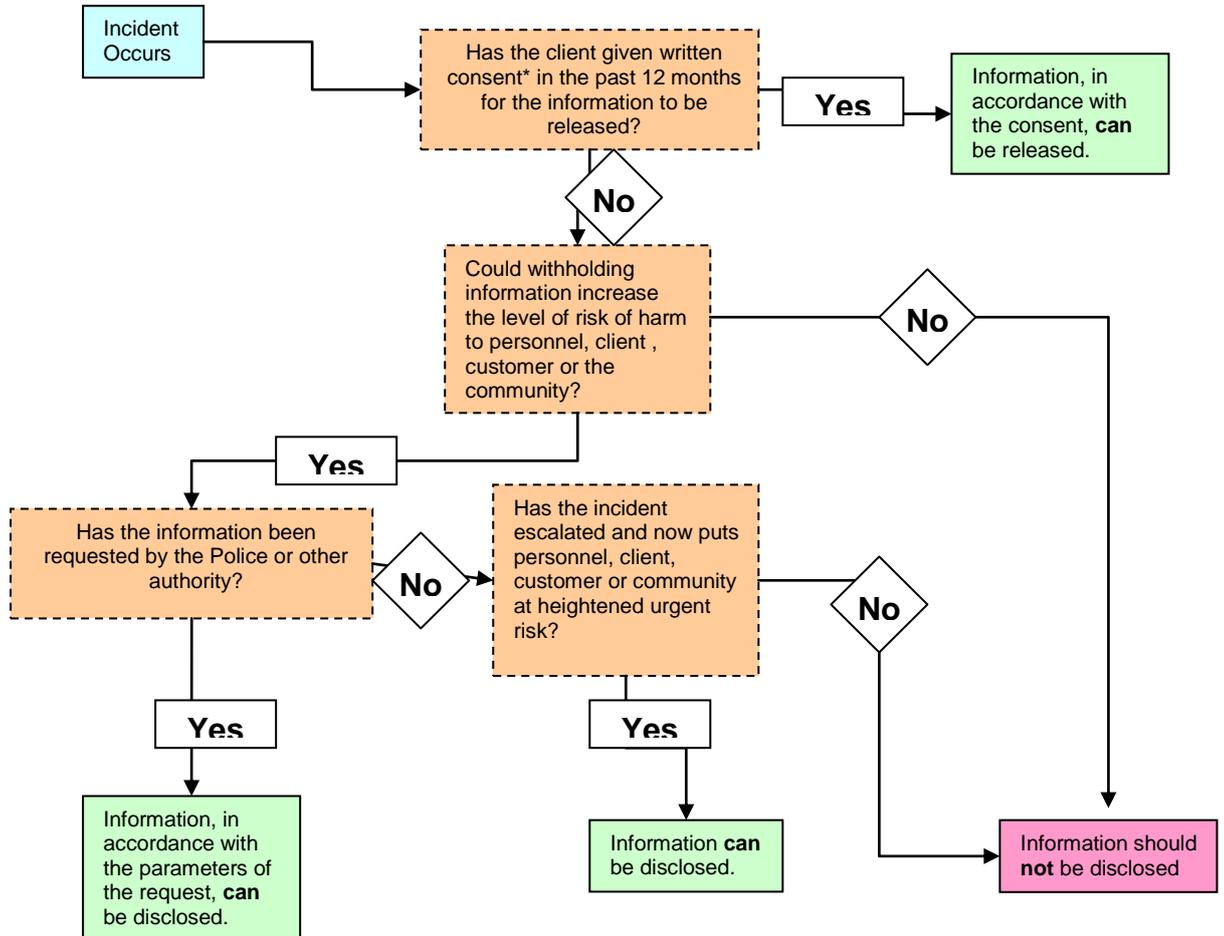
- Step 3**
- Record incident in register of injuries book
 - Complete incident & accident report forms
 - Complete insurance forms
 - Team debriefing
 - Support and counselling
 - Incident investigation
 - Liaison with casualties, families and authorities continue

Do not go to step 3

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).



* See Attachment 5: Client Consent Form

Critical Incident Management

Immediate Responsibilities & Actions

WHO	ACTION	CONTACT PHONE
FIRST ON THE SCENE	<ul style="list-style-type: none"> ▪ ASSIST INJURED – DO NOT MOVE INJURED PEOPLE UNLESS THEY ARE IN DANGER ▪ PHONE EMERGENCY SERVICES ▪ CALL FIRST AIDER / GET ASSISTANCE ▪ NOTIFY PERSON IN CHARGE (IF NOT ALREADY INFORMED) ▪ BE AVAILABLE TO COMFORT THE INJURED AND/OR RENDER FURTHER ASSISTANCE 	000 EMERGENCY SERVICES
QUALIFIED FIRST AIDER	<ul style="list-style-type: none"> ▪ ASSIST INJURED UNTIL AMBULANCE ARRIVES ▪ DOCUMENT IN FIRST AID RECORD BOOK 	
PERSON IN CHARGE	<ul style="list-style-type: none"> ▪ NOTIFY REGIONAL OFFICE/ REGIONAL MANAGER ▪ ASSIST WHERE REQUIRED 	<i>Insert phone numbers for local "person in charge"</i>
REGIONAL MANAGER OR SPECIAL WORKS MANAGER/COORDINATOR	NOTIFY CENTRAL COUNCIL EXECUTIVE OFFICER	<i>Insert phone numbers</i>
CENTRAL COUNCIL EXECUTIVE OFFICER	NOTIFY: <ul style="list-style-type: none"> ▪ STATE CEO ▪ CENTRAL COUNCIL PRESIDENT ▪ CENTRAL COUNCIL OHS COORDINATOR WHERE APPLICABLE ▪ AUTHORITIES WHERE REQUIRED. INITIATE: <ul style="list-style-type: none"> ▪ TRAUMA COUNSELLING SUPPORT, IF REQUIRED ▪ INCIDENT INVESTIGATION. PREPARE: <ul style="list-style-type: none"> ▪ BREIFING PAPER for STATE CEO. 	
CENTRAL COUNCIL EXECUTIVE OFFICER	<ul style="list-style-type: none"> • WITHIN 24 HOURS NOTIFY CATHOLIC CHURCH INSURANCE • WITHIN 48 HOURS NOTIFY WORKCOVER • In case of FATALITY or SERIOUS INJURY or ILLNESS TO WORKERS, phone WorkCover IMMEDIATELY on 131050, 	

	<p>as an urgent investigation may be needed.</p> <p>ARRANGE:</p> <ul style="list-style-type: none">▪ COMPLETION OF INSURANCE FORMS▪ ONGOING CONTACT WITH INJURED PARTIES AND FAMILIES.	
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Post Incident Management

Short Term Response: 25 to 72 hours after the incident

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

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.

Issue	Action	Who
Funerals, liaison	Arrange appropriate support such as: <ul style="list-style-type: none"> ▪ Time off for staff to attend ▪ Tributes ▪ Condolences to families ▪ Society representative 	Regional Manager or Special Works Manager/Coordinator Central Council Executive Officer
Acknowledgement of support and rescue personnel	Letter of thanks	Central Council Executive Officer
Post trauma symptoms not resolved	Continue arrangements to provide professional support.	Central Council Executive Officer
Anniversaries	Recognition of the anniversary is helpful in the post recovery phase. Be guided by those involved in the incident. Arrange an appropriate event to mark the day	Central Council Executive Officer Regional Manager or Special Works Manager/Coordinator
Outcomes of the investigation	Recommendations to be reviewed and action plan developed to address improvements	Central Council Executive Officer Central Council OHS Coordinator where applicable Regional Manager or Special Works Manager/Coordinator
External investigations	Liaise with external authorities, as needed such as, police or WorkCover	Central Council Executive Officer Central Council OHS Coordinator where applicable Regional Manager or Special Works Manager/Coordinator

Contacts

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

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.

Attachment 1: Register of Injuries

Register of injuries

Details of Worker

Surname: _____
Given names: _____
Address: _____
Postcode: _____
Occupation/Title: _____
Date of birth: / / Sex: Male Female

Details of Injury/Illness

Date of injury: / / Time of injury/illness: _____
Nature of injury (sprain, fracture, laceration, etc): _____
Body involved (arm, back, etc): _____
Describe how injury was sustained: _____
Date location at time of injury: _____
Names of witnesses: _____

Additional comments (if any)

Details of person making entry

Surname: _____ Given name: _____
Signature: _____
Date: / /

Acknowledgement of injury (to be completed by employer)

The employer acknowledges that the person who has entered the particulars of injury in this register has given notice of the injury to the employer. A copy of this notice has been given to the employer/employer's representative as acknowledgement in writing of Notice of Injury.

Name: _____ Date: / /

Employer's Copy - Pink Employee's Copy - White

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

	Society of St Vincent de Paul NSW/ACT ACCIDENT REPORT FORM	Name of Workplace: <input style="width: 95%;" type="text"/>						
Status: <input type="checkbox"/> employee <input type="checkbox"/> visitor <input type="checkbox"/> contractor <input type="checkbox"/> volunteer <input type="checkbox"/> student <input type="checkbox"/> resident <input type="checkbox"/> patient								
1. Details of injured person Surname: <input style="width: 95%;" type="text"/> First name(s): <input style="width: 95%;" type="text"/> Address: <input style="width: 95%;" type="text"/> Phone: <input style="width: 45%;" type="text"/> (h) <input style="width: 45%;" type="text"/> (w) Sex: <input type="checkbox"/> F <input type="checkbox"/> M Age: <input style="width: 20px;" type="text"/> D.O.B. <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> Occupation: <input style="width: 80%;" type="text"/> 1st language: <input style="width: 20%;" type="text"/>	3. Details of incident (continued) Activity: <input style="width: 95%;" type="text"/> Engaged in: <input style="width: 95%;" type="text"/> Location: <input style="width: 95%;" type="text"/> Describe details of incident: <div style="border: 1px solid black; height: 60px; width: 100%;"></div> Incident reported to: <input style="width: 80%;" type="text"/> Time reported: <input style="width: 20px;" type="text"/> Date reported: <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>							
2. Details of witnesses Surname: <input style="width: 95%;" type="text"/> First name(s): <input style="width: 95%;" type="text"/> Address: <input style="width: 95%;" type="text"/> Phone: <input style="width: 45%;" type="text"/> (h) <input style="width: 45%;" type="text"/> (w) Surname: <input style="width: 95%;" type="text"/> First name(s): <input style="width: 95%;" type="text"/> Address: <input style="width: 95%;" type="text"/> Phone: <input style="width: 45%;" type="text"/> (h) <input style="width: 45%;" type="text"/> (w)	4. Employment details Date of commencement of current employment: <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> Current level of responsibility: <input style="width: 95%;" type="text"/> Current tasks: <input style="width: 95%;" type="text"/> Current shift arrangements: <input type="checkbox"/> Fixed <input type="checkbox"/> Standard <input type="checkbox"/> Rotating <input type="checkbox"/> Flexible <input type="checkbox"/> Other							
3. Details of incident Time: <input style="width: 40px;" type="text"/> Date: <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>								
5. Details of Injury <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> Nature (tick) <input type="checkbox"/> Burns 120 <input type="checkbox"/> Contusion and crushing 100 <input type="checkbox"/> Cut/puncture 81 <input type="checkbox"/> Dermatitis 420 <input type="checkbox"/> Disorder of muscle/tendon 330 <input type="checkbox"/> Foreign body: ear, eye, nose 110 <input type="checkbox"/> Fractures 010 <input type="checkbox"/> Infectious diseases 580 <input type="checkbox"/> Mental disorders 910 <input type="checkbox"/> Multiple injuries 160 <input type="checkbox"/> Poisoning & toxic effect 140 <input type="checkbox"/> Sprains, strains 040 <input type="checkbox"/> Superficial injury 090 <input type="checkbox"/> Traumatic amputation 070 Other: <input style="width: 100%; height: 30px;" type="text"/> </td> <td style="width: 33%; vertical-align: top;"> Mechanism (tick) <input type="checkbox"/> Bite 221 <input type="checkbox"/> Contact with biological factor 71 <input type="checkbox"/> Contact with hot objects 51 <input type="checkbox"/> Exposure to mental stress 81 <input type="checkbox"/> Fall on same level 02 <input type="checkbox"/> Fall from height 01 <input type="checkbox"/> Grabbed by person 244 <input type="checkbox"/> Hit by person – intentional (not sexual assault) 241 <input type="checkbox"/> Hit by a person – non-intentional 242 <input type="checkbox"/> Hitting moving object 12 <input type="checkbox"/> Muscular stress, lifting etc 41 <input type="checkbox"/> Sexual assault 243 <input type="checkbox"/> Single contact with chemical 61 Other: <input style="width: 100%; height: 30px;" type="text"/> </td> <td style="width: 33%; vertical-align: top;"> Agency (tick) <input type="checkbox"/> Biological agencies 859 <input type="checkbox"/> Chemical 5000 <input type="checkbox"/> Cleaning equipment 326 <input type="checkbox"/> Cooking equipment 139 <input type="checkbox"/> Knives/cutlery 411 <input type="checkbox"/> Firearms/other weapons 3450 <input type="checkbox"/> Furniture and fittings 449 <input type="checkbox"/> Ground surface 715 <input type="checkbox"/> Hot water/steam 632 <input type="checkbox"/> Other person(s) 842 <input type="checkbox"/> Steps/stairway 721 Other: <input style="width: 100%; height: 60px;" type="text"/> </td> </tr> <tr> <td style="width: 33%; vertical-align: top;"> Bodily location (tick) <input type="checkbox"/> Abdomen & pelvis 358 <input type="checkbox"/> Ankle 550 <input type="checkbox"/> Arm 40 <input type="checkbox"/> Back 319 <input type="checkbox"/> Chest 339 <input type="checkbox"/> Ear 130 <input type="checkbox"/> Eye 129 <input type="checkbox"/> Face 160 <input type="checkbox"/> Fingers 461 <input type="checkbox"/> Foot & toes 569 <input type="checkbox"/> Hand 460 <input type="checkbox"/> Head 190 <input type="checkbox"/> Mouth 140 <input type="checkbox"/> Multiple locations 690 <input type="checkbox"/> Neck 219 <input type="checkbox"/> Nose 150 <input type="checkbox"/> Psychological system (stress) 800 <input type="checkbox"/> Trunk (location unspecified) 390 </td> <td colspan="2"></td> </tr> </table>			Nature (tick) <input type="checkbox"/> Burns 120 <input type="checkbox"/> Contusion and crushing 100 <input type="checkbox"/> Cut/puncture 81 <input type="checkbox"/> Dermatitis 420 <input type="checkbox"/> Disorder of muscle/tendon 330 <input type="checkbox"/> Foreign body: ear, eye, nose 110 <input type="checkbox"/> Fractures 010 <input type="checkbox"/> Infectious diseases 580 <input type="checkbox"/> Mental disorders 910 <input type="checkbox"/> Multiple injuries 160 <input type="checkbox"/> Poisoning & toxic effect 140 <input type="checkbox"/> Sprains, strains 040 <input type="checkbox"/> Superficial injury 090 <input type="checkbox"/> Traumatic amputation 070 Other: <input style="width: 100%; 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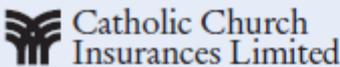
This form needs to be filled in and sent to the State Office's Insurance and Occupation Health and Safety Coordinator. It is also available at <http://vintranet.vinnies.org.au/Administration/OHS/Questionnaires%20and%20Forms/Accident%20Report%20Form.doc>.

Attachment 3: Initial Notification of Injury and Disease Form

 Catholic Church Insurances Limited <small>ANZ 74 000 001 218 AFIL 215401</small>									
Address: GPO Box 4240 SYDNEY NSW 2001 Ph 02 9273 2800 Fax 9273 2880 Email: wcomp.injury.reports.nsw@ccinsurances.com.au									
Initial Notification of Injury and Disease Form									
Workers Compensation Insurance Policy No: _____ Client No: _____ Employer Name (as Per Policy): _____ Address: _____ _____ Workplace (post centre): _____									
Injured Workers Information									
Name	<table border="1"> <tr> <td colspan="2"></td> <td>D.O.B.</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>Employee No:</td> <td></td> </tr> </table>			D.O.B.				Employee No:	
		D.O.B.							
		Employee No:							
Address:	_____								
Telephone:	<table border="1"> <tr> <td>H:</td> <td></td> <td>B:</td> <td></td> </tr> <tr> <td>M:</td> <td></td> <td></td> <td></td> </tr> </table>	H:		B:		M:			
H:		B:							
M:									
Occupation:	_____								
Language:	_____								
Gender:	<table border="1"> <tr> <td>M</td> <td>F</td> <td>(please circle)</td> <td>Interpreter: Yes/No</td> </tr> </table>	M	F	(please circle)	Interpreter: Yes/No				
M	F	(please circle)	Interpreter: Yes/No						
Is the worker a member of a Religious Institute or a Minister of Religion?									
Has the worker previously sustained similar injuries to that of this notification? (please provide details.)									
Employment Status Information: Worker's Employment Status (please circle): Full time/ Part-Time/ Casual No. of Hours worked per week: _____ Aver'd Weekly Wage (gross): \$ Does the worker have employment other than with you? If yes please provide details below.									
Details of Injury:									
<small>Page 1 of 2 - please ensure both pages of this document are fully completed</small>									

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

	<p>ABN 76 000 005 210 AFSL 235415 214 St. Kilda Road Melbourne 3004 GPO Box 180 Melbourne 3001 Telephone: 1300 655 001 www.cchinsurances.com.au</p>	Claim Number <input type="text"/>
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Personal Accident Voluntary Workers Claim Form

Important Information

Catholic Church Insurances is unable to process your claim unless the following are provided.

- Original Doctor's Certificate. The certificate must show:
 - Name of the voluntary worker
 - Date, nature and extent of injury
- Original taximised accounts or receipts for claimable expenses.
- Declaration on page 3 to be completed by church/school/organisation.

Catholic Church Insurances does not pay for the cost of obtaining documentation to support a claim.

STOP **IMPORTANT: CATHOLIC CHURCH INSURANCES IS PROHIBITED BY FEDERAL HEALTH LEGISLATION FROM PAYING ANY MEDICARE SERVICE INCLUDING THE MEDICARE GAP**

IF YOU REQUIRE ASSISTANCE PLEASE CONTACT US ON THE CLAIMS HELPLINE: 1300 655 001

Check List for voluntary workers

Please check

- That all questions have been answered
- That you have not included any Medicare claimable items
- That all supporting documentation is attached
- That the church/school/organisation has signed the declaration on page 3

Check List for church/school/organisation

Please check

- That all questions have been answered
- That all supporting documentation is attached
- That the voluntary worker has signed the declaration on page 3
- That the church/school/organisation has signed the declaration on page 3

Additional comments/notes if required

1

Voluntary Workers 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	<input type="checkbox"/>	DoCS / Family Services	<input type="checkbox"/>
MTHS Clinic	<input type="checkbox"/>	Mental Health Service	<input type="checkbox"/>
Medical Practitioners	<input type="checkbox"/>	Centrelink	<input type="checkbox"/>

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	<input type="checkbox"/>
This current support period	<input type="checkbox"/>
12 months	<input type="checkbox"/>
FromTo	<input type="checkbox"/>

- 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)

