Critical Incident Follow-up PHC Remote CAHS Guideline

<table>
<thead>
<tr>
<th>Target Audience</th>
<th>All Employees</th>
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<tbody>
<tr>
<td>Jurisdiction</td>
<td>Primary Health Care Remote CAHS</td>
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<tr>
<td>Jurisdiction Exclusions</td>
<td>N/A</td>
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</tbody>
</table>
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The attributes in the above table will be auto-filled from the PGC System. Do not update in this document.

Purpose

Primary Health Care Remote CAHS Guideline to provide guidance for staff on follow-up required following a critical incident / event for remote health centre staff.

Guideline/Procedure

1. General Information

There is a wide spectrum of events that may be classed as critical incidents in the remote context, such as medical emergencies, serious injuries and trauma, family or community violence, verbal or physical threats to staff and natural disasters. Critical incidents are significant and to ensure acknowledgement, follow-up and support occur appropriately they must be reported in a timely way.

Critical incidents may be notified through the RiskMan process which provides for notification of a range of incidents. However staff may also experience critical events, such as an emergency with multiple casualties or the expected death of a client, where the incident reporting process does not apply. In these circumstances, as in the incident reporting process, reporting is important and the need for appropriate follow-up should be assessed.

This document provides guidelines for follow-up required following a critical incident / event for Central Australia Health Service (CAHS) Primary Health Care (PHC) remote health centre staff.

2. Definitions

Critical Incident: generally considered to be an event outside the normal range of experience of the people involved that is likely to cause physical and/or emotional distress to a degree sufficient to threaten or overcome their usual coping resources. See 4.1.

3. Responsibilities

3.1 CAHS PHC Health Centre Staff / Employees

- Be aware of and utilise self-care strategies
### 3.2 Primary Health Care Manager (PHCM)
- Foster an environment to encourage timely reporting of critical incidents
- Be involved with any immediate and/or subsequent follow-up related to a critical incident as required
- Notify and liaise with the relevant Manager or [Manager On-Call](#) following a critical incident

### 3.3 Rural Medical Practitioner (RMP) On-Call
- Notify the PHC Director of Medical Services following a significant critical incident

### 3.4 District Manager / Manager
- Be aware of and implement legislative requirements, Department of Health and PHC policies and procedures regarding Workplace Health & Safety (WHS) requirements and critical incident response processes
- Notify and liaise with the General Manager as required
- Implement appropriate responses / interventions as required

### 3.5 General Manager
- Notify and liaise with the Chief Operating Officer (COO) as required
- Maintain management systems for relevant staff to respond following a critical incident
- Support Managers to undertake training related to management of staff following a critical incident
- Implement review of critical incidents as required
- Appoint a [Crisis Event Team](#) (CET) for major and serious events if warranted

### 3.6 Crisis Event Team
- Undertake initial review of major and serious events as required
- Provide CET Investigation Report

### 3.7 CAHS Primary Health Care Executive
- Consider findings and recommendations from critical incident review processes and direct further follow-up
- Implement [Temporary Reduction or Withdrawal of Health Service](#) procedures as required

### 4. Procedure
Both management and staff share in the responsibilities relating to critical incident follow-up.

#### 4.1 Classification of Critical Incident / Event
Classification of critical incidents is helpful in determining future management. Critical incidents may be classified as:

- **Moderate** - may be described as a critical incident which impacts on the individual or service, or both, and requires definitive follow-up
- **Severe or Major** - are those events which have significant consequences
- **Serious or Sentinel Events** - may be described as an unexpected occurrence involving death, serious physical or psychological harm resulting from treatment, omission or outcome of care to a DoH client. For the
purposes of PHC, this has been expanded to include other client and non-client related events that are deemed to be of a serious nature.

4.2 Reporting a Critical Incident

In some instances verbal notification of a critical incident may be made during the event to facilitate additional support and management, for example if there is an emergency situation involving multiple casualties. However, in general a critical incident should be verbally reported to the PHCM and/or relevant Manager or Manager On-Call as soon as possible following the event. For those incidents requiring an incident report a RiskMan incident report should be completed in the specified time frame. See Incident Reporting PHC Remote CAHS Guideline.

Subject to the nature of the critical incident, notification may be escalated to the General Manager. For severe or major events this should occur within 12 hours of the incident, and for serious or sentinel events the General Manager should be notified within two (2) hours of the event.

For certain types of incidents, additional reports may be required including:

**NT WorkSafe Incident Notification Form**: the Manager should complete an NT WorkSafe form for certain types of accidents / incidents and send to NT WorkSafe. See NT WorkSafe Incident Reporting webpage for the Injury Notification Bulletin and Incident Notification Form. This is a legislative requirement under the Work Health and Safety (National Uniform Legislation) Act and Regulations. This injury may or may not progress to Workers’ Rehabilitation & Compensation.

**Notification to the Coroner of a Reportable Death**: in the event of a reportable death, the Medical Officer should advise the Police who will in turn advise the Coroner. See Reportable Deaths - Coroner’s Cases.

4.3 Responding to a Critical Incident

Various reactions to a critical incident may be experienced by staff and/or community, and it is important for staff and management to assess the event, the impact, required response and follow-up. A response/s or follow-up may be necessary for the:

- actual event, eg activating disaster plans, requesting a community meeting or notifying the police of physical damage to DOH property
- staff member/s involved in the critical incident, eg counselling services or Legal Services Branch support
- community, eg community support interventions such as Mental Health counselling and support following youth suicide.

Staff are encouraged to utilise various strategies to minimise potentially harmful effects following a critical incident. PHC management also has a responsibility to maximising recovery following a critical incident. Responses include managing both the immediate and ongoing effects of the incident, and require attention to service delivery and supportive management of staff and others involved.

4.3.1 Initial Response

**Staff Response**

Subject to the type of critical incident, staff reactions may cross a spectrum of reactions from mild to strong and may last hours, days or weeks. Various self care strategies are recommended to minimise the after effects. These may include:

- notifying the PHCM and/or Manager or Manager On-Call as soon as possible during or after the critical incident to facilitate prompt management support and response. Discussing the incident will assist in determining a suitable course of follow up action.
- acknowledging that being involved in a critical incident has the potential to be emotionally distressing
  - be open to accepting any supportive help to help minimise the after effects

Department of Health is a Smoke Free Workplace
- sharing the experience with another person, such as a colleague, PHCM, Manager or other person as considered appropriate. This assists the individual to review their responses and identify potential follow up action
- seeking professional counselling services as required. This may include contacting the CRANAplus Bush Crisis Line, EASA services or alternate professional counselling services as agreed by the Manager.

**Management Response**

A prompt response and early intervention will contribute to stabilising ongoing situations and to maximising recovery following a critical incident. Subject to the nature of the critical incident, PHC Management may need to provide support and/or manage the critical incident, ensuring the mental and physical health and safety of staff following the critical incident.

The Manager should complete a risk assessment of the critical incident, reactions of staff involved and recovery environment within 36 hours of the event. Subject to assessment, management response may include:

- where incidents relate to clinical care, prompt and appropriate care of affected client/s
- provision of appropriate support and assistance for staff involved as required
- regular communication with staff involved
- utilisation of appropriate support resources that may be available at local level
- offering counselling and support services to staff and/or immediate family members (within 72 hours, where in the opinion of the affected employees and/or manager, the incident warrants this)
- facilitating completion of appropriate forms as required
- notifying and discussing the event with Legal Services Branch as applicable
- forming a Crisis Event Team (CET) to provide an initial review of the event.

**Crisis Event Team**

A CET may be formed to investigate major or serious critical incidents. The General Manager will identify key staff to form the CET as required.

For a clinical care critical incident, (involving client care), the CET should include AHW, Medical, Nursing and Professional Practice representation. For a non-clinical critical incident, the General Manager will determine the composition of the CET. When an incident occurs in a community where there are dual health service providers, the CET should include representation from this service.

Following formation of the CET, the General Manager or delegate completes the first section of the CET Investigation Report authorising the CET to conduct a preliminary investigation, which includes:

- identifying what happened
- identifying further actions required
- determining the appropriateness of any staff actions
- identifying requirements to prevent re-occurrence and other risks
- determining staff support requirements

Following discussion and receipt of the CET Investigation Report, the General Manager should:

- consider the report and discuss with appropriate members of management
- provide initial feedback to the family and/or staff involved
- instigate necessary actions or recommendations requiring action
- ensure appropriate reports are attended, eg RiskMan Report, Sentinel Event Notification, etc.

When a CET is formed investigation should be completed within 24 hours for a serious critical incident and 48 hours for a major critical incident.
4.3.2 On-going Response

Staff Follow-up

Staff should not underestimate the potential longer-term effects following a critical incident experience and thus should be mindful of continuing to minimise these. **Self-care** strategies should be continued as required and/or alternative strategies considered, including:

- on-going liaison with the relevant Manager
- accessing professional counselling services as required
- accessing relevant leave provisions
- transfer to an alternate community and health centre, town-based work or regional hospital as appropriate.

Management Follow-up

Subject to on-going assessment and liaison with health centre staff concerned, CET Investigation Report for relevant critical incidents, management follow-up may include:

- continued regular communication with staff involved
- provision of on the job support, such as relief from on-call duties for a period of time
- supporting staff to leave the workplace and/or community and/or facilitate access to leave
- providing relief staff
- monitoring staff response or recovery and initiating and supporting further interventions as required
- offering individual or group / team counselling where not previously undertaken or ensuring ongoing access to counselling services according to needs
- implementing necessary actions and recommendations from the CET Investigation Report

Community Follow-up

The nature of the critical incident may indicate the need for, and the type of, community response which may be offered or required. For example, critical incidents such as youth suicide or community conflict may require a significantly different response to an event which impacts on the safety of health centre staff such as aggressive behaviour or significant alcohol related behaviour in the community.

Staff should also be aware, in addition to a community response, individual support or counselling for family or community members directly exposed to the event may be required. This should be discussed with the individual and facilitated as required.

In the first instance where a traumatic event impacts on the community, if community representatives agree there is a need for a community response, this may be facilitated by health staff. Subject to community agreement, strategies may include:

- counselling and support services available from the Mental Health Program or other relevant health providers, including provision by, or collaboration with Indigenous mental health professionals where possible
- involvement of community resources, such as community leaders, traditional healers or clergy in providing community support
- support and education for community members to provide support for others in the community
- mediation or conflict resolution.

When the critical incident impacts on the provision of health services or the safety of health centre staff, subject to the nature of the critical incident, potential strategies for PHC Management may include:

- meeting with the community council or community members to discuss the issue/s
- agreement of community level strategies to support health centre staff, eg staff accompanied to health centre for on-call work by a responsible community member. See [Staff On-Call – Safety Considerations](#)
4.4 Self-Care Strategies

To help prepare staff recruited to PHC to manage the stress associated with remote practice, the CRANApus website provides a range of resources under the Support tab, including the Bush Support Services Guide to Bush Survival and Bush Support Services Guide to a Healthy Lifestyle amongst others.

While various strategies may be utilised following a critical incident, the following should also be utilised as preventive strategies, including:

- fostering a peer support network
- keeping home as a retreat or safe place to go after a day at work
- maintaining contact and socialising whenever possible with family and friends
- developing or continuing activities or hobbies outside work
- planning regular leave from the workplace
- awareness of personal and professional capacities and limitations
- awareness of, and acting on, warning signs that may signal post-traumatic stress

### Implementation, Review & Evaluation Responsibilities

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<th>Responsibility</th>
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<td><strong>Implementation</strong></td>
<td>Document will be accessible via the Policy Guidelines Centre and Remote Health Atlas</td>
<td>Health Policy Guidelines Program Atlas Development Officer, Primary Health Care CAHS</td>
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<td><strong>Review</strong></td>
<td>Document is to be reviewed within 3 years, or as changes in practice occur</td>
<td>Atlas Development Officer, Primary Health Care CAHS</td>
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<td><strong>Evaluation</strong></td>
<td>Evaluation will be ongoing and informal, based on feedback. Adverse incidents will be entered into RiskMan and will be followed up by the relevant manager.</td>
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### Key Associated Documents

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<tr>
<th>Forms</th>
<th>RiskMan down time form (ONLY to be used in the event of outages)</th>
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<tr>
<td></td>
<td>Crisis Event Team Initial Investigation Report</td>
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<td>See NT WorkSafe Incident Reporting webpage for Incident Notification Form</td>
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<tr>
<td>Key Legislation, By-Laws, Standards, Delegations, Aligned &amp; Supporting Documents</td>
<td>Incident Reporting PHC Remote CAHS Guideline</td>
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</table>
Management On-Call PHC Remote CAHS Guideline
Reportable Deaths – Coroner’s Cases
Staff On-Call – Safety Considerations
Temporary Reduction or Withdrawal of Health Service
DoH Workplace Health and Safety (intranet site)
Work Health and Safety (National Uniform Legislation) Act and Regulations
NT WorkSafe
NT WorkSafe Incident Reporting webpage
Legal Services (intranet), scroll down webpage for Request Forms
Council of Remote Area Nurses of Australia (CRANAplus)
Employee Assistance Services Australia

References
As Above

<table>
<thead>
<tr>
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<th>Method</th>
<th>Evidence level (I-V)</th>
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