

Critical Client Incident Report Form

As a registered community housing provider, YourPlace Housing is required to report all critical client incidents to the South Australian Housing Authority, Housing Partnerships.

Critical client incidents in community housing are events that happen at or in relation to a property and cause a serious negative impact on the health, safety or well-being of a tenant or any person present at the property.

Critical client incidents may include:

- the unexpected death, serious injury or alleged assault, including physical, sexual abuse, sexual assault, and indecent assault of a client, that happens as a result of, or during the delivery of services
- allegations of serious unlawful or criminal activity or conduct involving an employee, a subcontractor or volunteer that has caused, or has the potential to cause, serious harm to clients
- an incident where a client assaults or causes serious harm to others (including employees, volunteers, or contractors), as a result of, or during the delivery of services
- a serious fire, natural disaster, accident, or other incidents which are likely to result in:
 - significant damage to property
 - closure of premises
 - prevention of service provision
 - a significant threat to the health and safety of clients

If there is any doubt that an event may be reportable, please call YourPlace Housing.

When any death, or a potential Critical Client Incident (CCI) occurs, please:

- 1 Ensure the immediate safety of all concerned.
- 2 Call the Senior Manager, Services on (08) 8351 8466 to inform YourPlace Housing of the incident and the response.
- 3 Complete this form and send it to angela.brianobrien@yourplacehousing.com.au with the subject line:
 - 'Critical Client Incident Name of Client'



- No other formats will be accepted.
- Please provide as much information as is currently available, without investigating to get more information. If 'not known' or 'not applicable', please state 'NA', do not leave sections un-filled. Further information can be provided later if required.
- Use full names and particulars of clients, not initials (see paragraph on this form's last page re Information Privacy Principles).
- Ensure all mandatory reports are made as soon as possible, e.g. NDIS Quality and Safeguards.

NOTE: It is imperative that all deaths are reported to YourPlace Housing, which has an obligation to report on all deaths, whether or not they are considered 'critical or reportable incidents'.

Further information is at SA.GOV.AU – Managing Critical Client Incidents (www.sa.gov.au)

Details of Person Reporting the Incident					
First Name:	Last Name:				
Position Title:	Support Provider Business Name:				
Email:	Phone:				
LIIIdii	i none.				
Dua manana / Camata a Namana					
Program / Service Name:					



Client Details – Please use full names not initials

First Name:

Last Name:

Date of Birth:

Gender:

Does this person identify as Aboriginal or Torres Strait Islander?

Yes

No

Not Stated

Client's Home Address:

Address of Incident, if different to the Client's Address:

Start Date of Current Support Period / Date of First Service:

Client Support Information

If applicable, what 'supports' were provided or ongoing prior to the incident occurring? (This could include external supports such as NDIS, DCP, Mental Health or NGOs). Please provide as much detail as possible as to nature of support provided, regularity of contact etc.

Previous antisocial behaviour activity (e.g. previous critical client incidents, st			_		Yes	No
lf yes, please provide as much detail	as possible:					
Date of last face-to face contact price either by your organisation, or any of		:				
Children Details						
Does the Client have Children (minors	s / dependents)?	Yes		No	
Name:	ı	Date	of Birth:		re Childre sent at Inc	
					Yes	No
					Yes	No
					Yes	No
Details of any other children presei	nt at the incide	ent.				
Name:	Date of Birth:		Parent Na	me:		

Other Occupants at the Address

Relationship Were Children Present to Client: at Incident?

Yes No

Yes No

Yes No

Yes No

Incident Details

Estimated Time of Date and Time Worker

Date of Incident: (include AM/PM)

Became Aware of Incident:

Specific Location of Incident: (e.g. in a YourPlace Housing property or a building leased by your provider, in the office, kitchen, bedroom, bathroom or grounds etc.)

Provide a Succinct Summary of the Incident: (including the relationship of any alleged perpetrator(s) to the alleged victim(s))

Response to Incident

Describe the immediate steps taken to address the situation, including how the client was managed / supported and by whom? (e.g. SAPOL & MFS attended, fire extinguished, client placed in emergency accommodation etc) Describe any current well-being / safety concerns for client: (e.g. Client became homeless due to house fire) What is the provider going to do to help the client? Summary of the client's safety plan (e.g. how the provider is supporting them?) Describe co-ordination with other agencies, follow up required, any other information or actions to be taken, and any planned actions to prevent recurrence.



Notification

Who has been Notified? **Person Spoken to: Date of Notification: Other Support Services Police** Police Incident Report Number where relevant: **NDIS QESG** Coroner Client's Family, **Advocate or Guardian Fire Ambulance Child Abuse Report Line** (CARL) - Ph: 131 478 **Guardian for Children and Young People** - Ph: 8226 8570 Email: gcyp@gcyp.sa.gov.au SafeWork SA **Office for Public Integrity** Other

Please Specify if Other:

Media	
Has the media been made aware of the incident?	Yes
Provide information about media involvement and wh	ere it has be

No

Unknown

en reported? **Television** Social Media Radio Unknown Newspaper **Media Details: Name and Contact Details of Observers or Witnesses PERSON 1: OBSERVERS OR WITNESSES** First Name: **Last Name:** Phone: **Email: PERSON 2: OBSERVERS OR WITNESSES** First Name: **Last Name:** Phone: **Email: PERSON 3: OBSERVERS OR WITNESSES** First Name: **Last Name: Email:** Phone:



YourPlace Housing is required to report **all potential critical client incidents** that occur during the provision of services to the SA Housing Authority.

Disclaimer: The intent of reporting potential CCI's is to inform responsible government officers that an incident has occurred, to ensure an appropriate response has occurred, and to identify any opportunities that may exist to improve services and/or achieve 'best practice'. Reporting a potential CCI in no way implies that a 'failure of service' has occurred, or any liability on the part of the SA Housing Authority or any of its partners/service providers or contractors.

Critical client incidents will sometimes require a crisis response, incident management, coordination, and consideration of a range of risks and sensitivities.

In order to make these judgments, decisions and responses, the SA Housing Authority relies heavily on community housing providers providing as much information as possible.

The <u>Department of Premier and Cabinet Information Privacy Principles Instruction (IPPS)</u> override any local confidentiality protocols and will mostly allow the disclosure of personal information with no risk of breaching privacy (refer clause 10 'Disclosure of Personal Information').



Form Submission On Completion

Please return to YourPlace Housing:

■ Save & Send Email: angela.brianobrien@yourplacehousing.com.au

CC: tenancy@yourplacehousing.com.au

Subject Line: 'Critical Client Incident – Name of Client'

■ Print & Post YourPlace Housing

9 Byron Place

Adelaide SA 5000