Community Housing

Community housing providers are required to provide reports about all possible critical client incidents that occur during the provision of services. This requirement is described at clause 27.3 in the Master Community Housing Agreement. Further information is available at https://www.sa.gov.au/topics/housing/public-and-community-housing/community-housing-organisations/managing-a-community-housing-organisation/managing-critical-client-incidents

A critical client incident is defined as an event (or alleged event) that occurs as a result of, or during the delivery of services, and has caused or is likely to cause significant negative impact to the health, safety or wellbeing of a client or service recipient. Critical client incidents will usually require a crisis response, incident management, coordination and consideration of a range of risks and sensitivities.

The SA Housing Authority requires that:

1. All possible critical client incidents are verbally reported to your Business Relations Specialist (BRS) as soon as reasonably possible:
   - after the incident has occurred,
   - mandatory reports have been made, and
   - the safety of all concerned is assured.

2. This form must be sent to your Business Relations Specialist and to IndustryPartnershipsCHP@sa.gov.au following the phone call to your BRS.

Reporter’s Details

<table>
<thead>
<tr>
<th>Given Name</th>
<th>Family Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Community Housing Provider Name</th>
<th>Program/Service Name</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email</th>
<th>Phone</th>
<th>Relationship to Client</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Incident details summary - this section is mandatory and must be completed

<table>
<thead>
<tr>
<th>Date of incident</th>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Time of incident</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Specific location of the incident (e.g. in or on the grounds of a community housing property or a building lease by your CHP, excursion to public venue or in the office, kitchen or grounds etc.)</th>
</tr>
</thead>
</table>
**Critical Client Incident Report**

*CHPs may customise this reporting template e.g. add items required by your organisation, and add your organisation’s logo; the Incident Details Summary section is mandatory and cannot be changed.*

<table>
<thead>
<tr>
<th>Community Housing property address, suburb, postcode.</th>
<th>A succinct summary of what happened including, the relationship of any alleged perpetrator(s) to the alleged victim(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The immediate steps that were taken to address the situation:</td>
</tr>
<tr>
<td></td>
<td>Current safety issues (i.e. is the client safe?):</td>
</tr>
<tr>
<td></td>
<td>Coordination requirements (e.g. with other agencies, service providers, or government departments):</td>
</tr>
<tr>
<td></td>
<td>Describe actions planned and/or taken to prevent recurrence</td>
</tr>
</tbody>
</table>

**Media**

Has the media been made aware of the incident?  
☐ Yes  ☐ No  ☐ Unknown

Provide information about media involvement and where it has been reported?

☐ Television  ☐ Newspaper  ☐ Social media  ☐ Radio  ☐ Unknown

**Client Details**

| Incident Involved | ☐ staff  ☐ equipment  ☐ contractor/temp staff  ☐ hazard/security  ☐ visitor/carer/relative  ☐ volunteer  ☐ staff (tick if same as reporter) |
# Community Housing

## Critical Client Incident Report

[CHPs may customise this reporting template e.g. add items required by your organisation, and add your organisation’s logo; the Incident Details Summary section is mandatory and cannot be changed.]

<table>
<thead>
<tr>
<th>Client number or reference</th>
<th>Client consent obtained for sharing information</th>
<th>Date of first service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>………./……./…………..</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Client information (this is optional if consent not given)</th>
<th>Given Name</th>
<th>Family Name (if more than one person involved /affected please provide additional information)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>Gender ☐ Male ☐ Female</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Suburb</th>
<th>Postcode</th>
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<tr>
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<table>
<thead>
<tr>
<th>Occupation</th>
<th>Phone</th>
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<tr>
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</table>

## Response to Incident

- **Has an injury been sustained?** ☐ Yes ☐ No

If injuries occurred, please describe the injuries?

- **Was first aid provided?** ☐ Yes ☐ No ☐ Who by:

  Describe first aid treatment provided

- **Was further treatment required?** ☐ Yes ☐ No ☐ treating doctor ☐ hospital ☐ medical centre ☐ nurse ☐ other (please provide details)

- **Was hospitalisation required?** ☐ Yes ☐ No ☐ Name of Hospital

  Was an ambulance called?
  ☐ Yes ☐ No

- **Is rehabilitation required?** ☐ Yes ☐ No ☐ Comments:

- **Has debriefing/ assistance been offered?** ☐ Yes ☐ No ☐ Other ☐ Critical Incident Debrief

- **What outcome is being sought by client or complainant?**

- **Does the client intend to pursue legal action?** ☐ Yes ☐ No ☐ Unknown

## Name and contact details of observers, witnesses, service providers or others

<table>
<thead>
<tr>
<th>Given Name</th>
<th>Family Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>e-mail</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Given Name</th>
<th>Family Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
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</tr>
</tbody>
</table>

What service is being provided e.g. respite, day options, accommodation, in-home care?
Critical Client Incident Report [CHPs may customise this reporting template e.g. add items required by your organisation, and add your organisation’s logo; the Incident Details Summary section is mandatory and cannot be changed.]

### Who has been notified?
- Clients family, advocate or guardian: [ ] Yes, [ ] No
  - Provide comment
- Other service providers who support the client/s: [ ] Yes, [ ] No
  - Which agencies?
- Other information

### Who was contacted?
- Who was contacted?
- Date and time

### What has already occurred since the incident occurred?
- Describe immediate action/s taken to make the situation safe and/or secure
- Describe investigations undertaken or currently underway

### Who undertook the investigations? (Provide names below and if necessary attach further information)
- Name
- Signature
- Other officers
- Others

### Feedback to person who made the report
- Has feedback or a response been provided to the person who reported the incident? [ ] Yes, [ ] No
- Provide comment about feedback or response

### Contacts
- **Was SafeWork SA contacted and notified?** [ ] Yes, [ ] No
  - Date: …/…/…..
  - Ref: No
  - See - when to notify SafeWork SA at the end of this form
- If Yes, indicate date and time
  - Date
  - Time
  - am/pm
- Were police, fire or emergency services contacted? (circle name of service contacted) [ ] Yes, [ ] No
  - Date: …/…/…..
- If reported to SAPOL [ ] Yes, [ ] No
  - Date: …/…/…..
  - What is the PIR no, who is the reporting officer?
- Reported to Office for Public Integrity [ ] Yes, [ ] No
  - Report No.
  - Follow up required:
- Reported to Child Abuse Report Line (CARL)
  - Report No.
- Reported to the Coroner - if applicable [ ] Yes, [ ] No
- Comments and any other contacts

Please attach relevant documents (e.g. photos, statements, drawings and communications) to this report.
Critical Client Incident Report  

[CHPs may customise this reporting template e.g. add items required by your organisation, and add your organisation’s logo; the Incident Details Summary section is mandatory and cannot be changed.]

When to notify SafeWork SA

SafeWork SA must be notified immediately of any dangerous incidents, or notifiable injury or if the incident results in a death by the fastest means possible.

What is a dangerous incident?

A dangerous incident is defined within the Work Health and Safety Act 2012 as:

“an incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person’s health or safety emanating from an immediate or imminent exposure to—

(a) an uncontrolled escape, spillage or leakage of a substance; or
(b) an uncontrolled implosion, explosion or fire; or
(c) an uncontrolled escape of gas or steam; or
(d) an uncontrolled escape of a pressurised substance; or
(e) electric shock; or
(f) the fall or release from a height of any plant, substance or thing; or
(g) the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the regulations; or
(h) the collapse or partial collapse of a structure; or
(i) the collapse or failure of an excavation or of any shoring supporting an excavation; or
(j) the inrush of water, mud or gas in workings, in an underground excavation or tunnel; or
(k) the interruption of the main system of ventilation in an underground excavation or tunnel; or
(l) any other event prescribed by the regulations,

but does not include an incident of a prescribed kind.

What is an immediately notifiable injury?

(b) immediate treatment for—

(i) the amputation of any part of his or her body; or
(ii) a serious head injury; or
(iii) a serious eye injury; or
(iv) a serious burn; or
(v) the separation of a person’s skin from underlying tissue (such as de-gloving or scalping); or
(vi) a spinal injury; or
(vii) the loss of a bodily function; or
(viii) serious lacerations; or

(c) medical treatment within 48 hours of exposure to a substance,

and includes any other injury or illness prescribed by the regulations but does not include an illness or injury of a prescribed kind.

SafeWorkSA can be contact 24/7 on 1800 777209

To find out more about reporting to SafeWork SA and obtain a report form, refer to the SafeWork SA internet site.

Should electric shock be reported?

All incidents involving electricity must be reported to the Office of the Technical Regulator (OTR) within 24 hours or earlier in the event of death.

To report an incident to the OTR phone: (08) 8226 5518 Business Hours (1800 558 811 After Hours)

For a copy of the report form and to obtain more information refer to the OTR internet site:

WARNING: Electric shock alters the heart rhythm and may result in death. Anyone exposed to electric shock must immediately be transported to a medical centre or hospital for medical examination and Electro Cardio Graph (ECG).