CRITICAL INCIDENT POLICY AND PROCEDURE

Sydney Institute of Traditional Chinese Medicine

Critical Incident Policy and Procedure	
Code: E2.20	Area: EMG
Policy Owner: EMG	Version #: 2.3 Date: 16 Mar 2020
Policy Developer/Reviewer: QAM	Review date: 16 Aug 2022

VERSION HISTORY

Version	Updated By	Approval Date	Details
1.0	EMG	3 Mar 2016	Document creation.
1.1	CEO	25 Sep 2016	Update the role of WHS Officer.
1.2	CEO	30 Jun 2017	Review for alignment to HESF 2015; addition of Evacuation Plans for Levels 6 and 7.
2.0	EMG	4 Sep 2019	Comprehensive review and update.
2.1	PRG	17 Dec 2019	Added Section 2.8 Notifiable Incidents
2.2	PRG	20 Jan 2020	Updated Section 2.5: Coordinator with information for Clinic or IT-related incidents, and Appendix B: Evacuation Diagrams.
2.3	PRG	16 Mar 2020	The Coordinator for SASH incidents is a SASH Taskforce member; if no WHS member is available then the most senior employee present can become the Coordinator.

PURPOSE AND SCOPE

The aim of this policy is: • Provide guidance on the Sydney Institute of Traditional Chinese Medicine's (SITCM) system for responding to critical incidents that minimises their effect upon the students, staff, patients and operations of the organisation. This policy applies to all staff and students at SITCM, including those at off-campus clinics recognised by SITCM. Parts of this Policy apply specifically to international students.

1 OVERVIEW

This policy is designed to address preparation for, response to, and recovery from critical incidents that may occur within SITCM. Any interruption to the normal operations of SITCM could be damaging to the future relationships with students and other stakeholders (including regulators) and could affect SITCM's public image. Apart from an overarching responsibility to all students and staff, management have a specific regulatory responsibility to international students in the case of a critical incident.[1]

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[1] As defined by the *Education Services for Overseas Students (ESOS) Act 2018*.

This policy is informed by the *Higher Education Standards Framework (Threshold Standards) 2015* Standard 2.3, the *National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2018* and the *Education Services for Overseas Students Act 2018*. This policy should be read together with the *Safety and Security Policy and Procedure*.

2   POLICY

2.1   DEFINITION

A critical incident is defined as "a traumatic event, or the threat of such (within or outside Australia), which causes extreme stress, fear or injury".[2] Critical incidents pose risks to students or staff, may occur on or off campus and may be classified as natural or human-caused. The following is a non-exhaustive list of specific examples of critical incidents:

1) The death or serious injury of a staff member, student, patient, or visitor on the SITCM campus.
2) The destruction of whole or part of premises that SITCM occupies (e.g. by explosion or fire).
3) The threat of damage to premises that SITCM occupies (e.g. a bomb threat).
4) Staff and/or students being taken hostage.
5) A member of staff or student being assaulted or sexually harassed.
6) A serious accident on campus.
7) A break-in accompanied by major vandalism.
8) A student being killed or seriously injured while engaged in an SITCM-sponsored activity.
9) A natural or other major disaster in the community.

When a critical incident constitutes an emergency, the primary objective is the safety of human lives. Salvage and recovery operations will be of secondary importance, and will take place only when the affected area is declared safe.

2.2   ASSUMPTIONS

The policy assumes that:

1) Staff and students are properly orientated in how to respond to a critical incident and what support is available to them in accordance with the *Safety and Security Policy and Procedure*;
2) All facilities are subject to regular maintenance (refer to *Facilities and Resources Policy and Procedure*);
3) Emergency exits are clearly marked and kept clear of obstacles at all times;
4) Fire prevention measures and protection equipment is in place (e.g. fire wardens appointed, smoke detectors, alarm systems and fire extinguishers are in place and maintained);

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[2] As defined by the *National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2018* and the *Higher Education Standards Framework (Threshold Standards) 2015* Glossary of Terms.

5) Normal safe work practices are followed routinely, and staff are familiar with fire drill and emergency evacuation procedures; and

6) Back-ups of computer records are stored off-site and retrievable (refer to *Records Management and Security Procedure*).

2.3   CRITICAL INCIDENTS THAT IMPACT INTERNATIONAL STUDENTS

1) SITCM will ensure that it has in place a structured approach in responding to critical incidents as they occur and providing appropriate support and counselling services to international students.

2) Examples of critical incidents that may specifically affect international students could include, but are not limited to:
    a. The disappearance of a student.
    b. Severe verbal or psychological aggression towards an international student.
    c. The death, serious injury or threat of such to an international student.
    d. A natural disaster.
    e. Issues such as domestic violence, drug or alcohol abuse that involve an international student.
    f. Other non-life threatening events.

3) SITCM will ensure that all international students are made aware at orientation of:
    a. How to seek assistance for any incident that significantly impacts on their wellbeing, including a critical incident.
    b. How to report any incident that significantly impacts on their wellbeing, including a critical incident.[3]

4) SITCM will also ensure that where required, and as appropriate:
    a. As soon as practical after a critical incident occurs, the appropriate regulator(s) is/are notified about the details of the incident including the time, location and nature of the incident.
    b. As soon as practical after a critical incident occurs, the Department of Home Affairs is notified (refer to Appendix A).
    c. As soon as practical after a critical incident occurs, any affected international students' parents are notified.
    d. In the case of an international student's death or other absence affecting the student's attendance or course progress, the incident is reported via PRISMS.
    e. That the incident and its management are recorded on the affected students' files.

2.4   WORKPLACE HEALTH AND SAFETY (WHS) COMMITTEE

1) Preparation for, and management and review of, critical incidents is overseen by the Workplace Health and Safety (WHS) Committee, of which the WHS Manager is the Chair.

2) Refer to the *Safety and Security Policy and Procedure* for more information on the role of the Workplace Health and Safety Committee.

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[3] *National Code of Practice for Providers of Education and Training to Overseas Students 2018* (Cth) Standard 6.9.2.

2.5   COORDINATOR

1) In the case of a critical incident that solely involves the SITCM Teaching Clinic, the Clinic Supervisor will assume the role of Coordinator (in accordance with the *Manual for Clinical Practice*).
2) In cases where the critical incident is solely IT-related, the IT Officer will assume the role of Coordinator (in accordance with the *IT Management Policy and Procedure*).
3) In cases where the critical incident relates to sexual assault or sexual harassment, only a member of the SASH Taskforce may assume the role of Coordinator (in accordance with the *Sexual Assault and Sexual Harassment Policy and Procedure*).
4) In the case of all other critical incidents, the WHS Manager will assume the role of Coordinator.
5) If the first choice for coordinator is not immediately, the first available WHS Committee member becomes the Coordinator.
6) The Coordinator has various duties in the event of a critical incident (see Section 3: Procedures)

2.6   RESPONSE TO CRITICAL INCIDENTS

The response to a critical incident is divided into three parts:

1) Reaction
   a. The responsibilities related to reaction lie with the first people to be involved in the incident, and with the Coordinator.
2) Recovery and Restoration
   a. The recovery and restoration phase may include some or all of the following:
      i. All key personnel will be notified of the problem and assigned tasks focused toward recovery from the critical incident.
      ii. Students will be notified of the problem minimises panic or concern.
      iii. Alternate facilities will be arranged in order to continue operations.
      iv. Employees may be required to work longer, more stressful hours, so the Coordinator should organise an appropriate support system to alleviate some of the stress.
      v. The Coordinator will ensure appropriate counselling opportunities and support are available for staff and students to discuss the incident in a supportive environment.
      vi. If the incident involves death, staff and students should be apprised of funeral details and given leave to attend, as a funeral plays an important role in helping people accept the reality of death and provides rituals for the shared experience of grief.
      vii. If the critical incident involves an assault, SITCM will take necessary disciplinary action against those found to be responsible in accordance with the *Staff Misconduct Policy* or the *Student Non-Academic Misconduct Policy*.
3) Review
   a. After the critical incident has been dealt with, the WHS Committee will evaluate the response process and the roles of the Coordinator and relevant support staff.
   b. When necessary, the WHS Committee will take action to mitigate the likelihood of future incidents.
      i. Such action may include adjustments to this policy.
   c. Findings from the review process will be presented to the Executive Management Group (EMG).

2.7 RECORD KEEPING

1) A *Critical Incidents Register* will be maintained by the WHS Manager, reviewed by the WHS Committee and presented to the EMG.
    a. The WHS Committee is responsible for drawing the EMG's attention to patterns of recurring incidents.
2) This register will contain the records of all critical incidents, including near misses, and any remedial action taken by SITCM.
    a. In the case of a critical incident affecting an international student, the record will be maintained in the Critical Incidents Register for at least two years after the international student ceases to be enrolled at SITCM.[4]
3) The content of the *Critical Incidents Register* will be used to draft an annual *Incident Report*. This report will be presented to the Board of Directors, who will consider the implementation of each recommendation made by the report.
4) In collecting personal information about an individual for this register, SITCM will adhere to the Australian Privacy Principles.[5]
5) SITCM will not use any individual's personal information for a purpose not disclosed to that individual.

2.8 NOTIFIABLE INCIDENTS

1) A notifiable incident is any incident that involves a person's death, serious injury or illness, or that constitutes a dangerous incident.
    a. "Serious injury or illness" is defined in the *Work Health and Safety Act 2011* Section 36.
    b. "Dangerous incident" is defined in the *Work Health and Safety Act 2011* Section 37.
2) SITCM must report a notifiable incident to SafeWork NSW either by telephone or in writing as soon as possible after the incident occurs.
3) The site of a notifiable incident must not be disturbed until an inspector appointed by SafeWork NSW arrives on the site.
    a. This does not apply if the inspector expressly states that the site may be disturbed.
4) All notifiable incidents must be kept in the Critical Incidents Register for at least five (5) years from the date SafeWork NSW was notified.
5) The WHS Manager is required to present a *Notifiable Incident Report* to the WHS Committee and EMG every time a notifiable incident (as defined in the *Critical Incident Policy and Procedure*) occurs.
    a. The WHS Committee is responsible for reviewing the *Notifiable Incident Report* and ensuring its recommendations are appropriate.
    b. The EMG is responsible for deciding on appropriate actions based on the recommendations of the *Notifiable Incident Report*.

3 PROCEDURES

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[4] *National Code of Practice for Providers of Education and Training to Overseas Students 2018* (Cth) Standard 6.8.
[5] *Privacy Act 1988* (Cth) Schedule 1.

3.1   GENERAL PROCEDURE

3.1.1   REACTION
1) The first person to become aware of a critical incident must:
   a. Ensure their own safety;
   b. Call emergency services (if the situation constitutes an emergency);
   c. Contact the Coordinator:
      i. For general incidents, contact the WHS Manager.
      ii. For clinic incidents, contact the Clinic Supervisor.
      iii. For IT incidents, contact the IT Officer.
      iv. For incidents relating to sexual assault or sexual harassment, contact any member of the SASH Taskforce.
      v. If the first choice for Coordinator is not immediately available, the first available WHS Committee member is the Coordinator.
      vi. If neither the first choice for Coordinator nor any WHS Committee member is available, then the most senior staff member present who has a first aid certificate is the Coordinator.
   d. Provide any possible assistance; and
   e. Once help arrives, continue to assist if needed.
2) Immediately after notification of the incident, the Coordinator must address the following questions:
   a. What happened?
   b. What makes the event critical?
   c. When did the incident occur?
   d. Where did it happen?
   e. Who was involved?
   f. Who needs assistance?
   g. What is the most appropriate intervention?
3) The Coordinator will then take the most appropriate intervention.
   a. If the critical incident is an emergency, the Coordinator must contact Emergency Support Services such as fire, ambulance or police as required.
   b. If the Coordinator determines that evacuation is an appropriate intervention, the Coordinator should execute the evacuation plans included in *Appendix B*.
   c. If the critical incident involves injury, the Coordinator will use the nearest first aid kit to apply appropriate first aid.
   d. If the critical incident involves a containable fire, the Coordinator will use the nearest fire extinguisher.
4) The Coordinator contacts all necessary emergency contacts as listed in *Appendix A*.
5) Move on to the recovery and restoration phase.

3.1.2   RECOVERY AND RESTORATION
1) In the first 24 hours:
   a. Gather accurate facts and information.
   b. If the incident constitutes a notifiable incident, notify SafeWork NSW.
   c. Notify the parents of affected students if necessary.
   d. If possible, re-establish a sense of routine within SITCM. Staff members and students will feel safe once the regular patterns of management and organisation have been re-established.
2) In the first 48 – 72 hours:
   a. Restore routines while taking into account the needs of staff and students.

        b. Provide additional assistance if required and when necessary, including assistance outlined in the *Student Support Policy*.

        c. If appropriate, provide a formal staff meeting with professional input.

3) In the first two weeks post-critical incident:

        a. Monitor progress of those hospitalised or injured.

        b. Stay alert for delayed reactions from staff and students.

        c. Arrange professional counselling services for affected staff and students if needed.

        d. Provide relevant information to those who require it.

4) Follow the review section of the procedure.

3.1.3 REVIEW

1) The WHS Manager provides a debriefing to each relevant staff member within one week of the incident.

2) The WHS Committee instigates a formal evaluation of the process involved in managing the critical incident. This evaluation should include feedback from those who have been involved in various aspects of the operation of this policy.

3) The final evaluation of the handling of the critical incident, along with any actions to be taken, is presented to the EMG.

4) If the evaluation identified any weaknesses in this policy, this policy will be amended as necessary and presented to the EMG for approval.

3.2 PROCEDURE FOR INTERNATIONAL STUDENTS

3.2.1 REACTION

1) The first person to become aware of a critical incident must:

        a. Ensure their own safety;

        b. Call emergency services (if the situation constitutes an emergency);

        c. Contact the Coordinator:

            i. For general incidents, contact the WHS Manager.

            ii. For clinic incidents, contact the Clinic Supervisor.

            iii. For IT incidents, contact the IT Officer.

            iv. For incidents relating to sexual assault or sexual harassment, contact any member of the SASH Taskforce.

            v. If the first choice for Coordinator is not immediately available, the first available WHS Committee member is the Coordinator.

            vi. If neither the first choice for Coordinator nor any WHS Committee member is available, then the most senior staff member present who has a first aid certificate is the Coordinator.

        d. Provide any possible assistance; and

        e. Once help arrives, continue to assist if needed.

2) Immediately after notification of the incident, the Coordinator must address the following questions:

        a. What happened?

        b. What makes the event critical?

        c. When did the incident occur?

        d. Where did it happen?

        e. Who was involved?

        f. Who needs assistance?

        g. What is the most appropriate intervention?

3) The Coordinator will then take the most appropriate intervention.
  a. If the critical incident is an emergency, the Coordinator must contact Emergency Support Services such as fire, ambulance or police as required.
  b. If the Coordinator determines that evacuation is an appropriate intervention, the Coordinator should execute the evacuation plans included in *Appendix B*.
  c. If the critical incident involves injury, the Coordinator will use the nearest first aid kit to apply appropriate first aid.
  d. If the critical incident involves a containable fire, the Coordinator will use the nearest fire extinguisher.
4) The Coordinator contacts all necessary emergency contacts as listed in *Appendix A*.
Move on to the recovery and restoration phase.

3.2.2   RECOVERY AND RESTORATION
1) In the first 24 hours:
  a. Gather accurate facts and information.
  b. If the incident constitutes a notifiable incident, notify SafeWork NSW.
  c. Notify the parents of affected students if necessary.
  d. Notify the Department of Home Affairs if appropriate.
  e. If possible, re-establish a sense of routine within SITCM. Staff members and students will feel safe once the regular patterns of management and organisation have been re-established.
2) In the first 48 – 72 hours:
  a. Restore routines while taking into account the needs of staff and students.
  b. Provide additional assistance if required and when necessary, including assistance outlined in the *Student Support Policy*.
  c. If appropriate, provide a formal staff meeting with professional input.
3) In the first two weeks post-critical incident:
  a. Monitor progress of those hospitalised or injured.
  b. Stay alert for delayed reactions from staff and students.
  c. Provide relevant information to those who require it.
  d. Arrange professional counselling services for affected staff and students if needed.
4) Follow the review section of the procedure.

3.2.3   REVIEW
1) The Coordinator debriefs each relevant staff member within one week of the incident.
2) The Coordinator will consult with the WHS Committee to decide whether a formal review is necessary.
3) The WHS Committee may instigate a formal review of the management of the critical incident.
  a. This review should include feedback from those who have been involved in various aspects of the operation of this policy.
4) The final review of the handling of the critical incident, along with any actions to be taken, is presented to the EMG.
5) If the review identified any weaknesses in this policy, this policy will be amended as necessary and presented to the EMG for approval.

4   RELATED POLICY AND OTHER DOCUMENTATION
1) Higher Education Standards Framework (Threshold Standards) 2015.

2) National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2018.
3) Education Services for Overseas Students Act 2018.
4) E2.05 Safety and Security Policy and Procedure.
5) B3.01 Facilities and Resources Policy and Procedure.
6) B3.02 Records Management and Security Procedure.
7) Manual for Clinical Practice.
8) E2.17 IT Management Policy and Procedure.
9) E2.22 Sexual Assault and Sexual Harassment Policy and Procedure.
10) E2.24 Staff Misconduct Policy.
11) E2.08 Student Non-Academic Misconduct Policy.
12) Critical Incidents Register.
13) Australian Privacy Principles.
14) Privacy Act 1988.
15) Incident Report.
16) Work Health and Safety Act 2011.
17) Student Support Policy.
18) Notifiable Incident Report.

APPENDIX A

EMERGENCY CONTACTS

RESPONSIBLE OFFICER	CONTACT DETAILS

In all cases:

Damien Mathews WHS Manager	Mobile: 0475 773 012 Phone: 02 9212 1968
Kenny Liang WHS Officer	Mobile: 0433 311 567 Phone: 02 9212 1968

In cases of a critical incident in the SITCM Clinic:

Rosa Zhang Clinic Manager	Mobile: 0406 815 831 Phone: 02 9212 1968

In cases of a critical incident related to IT infrastructure:

Kenny Liang IT Officer	Mobile: 0433 311 567 Phone: 02 9212 1968

In cases of a critical incident related to sexual assault or sexual harassment:

Karen Soo SASH Taskforce Chair	Mobile: 0406 465 203 Phone: 02 9212 1968

EMERGENCY SERVICES

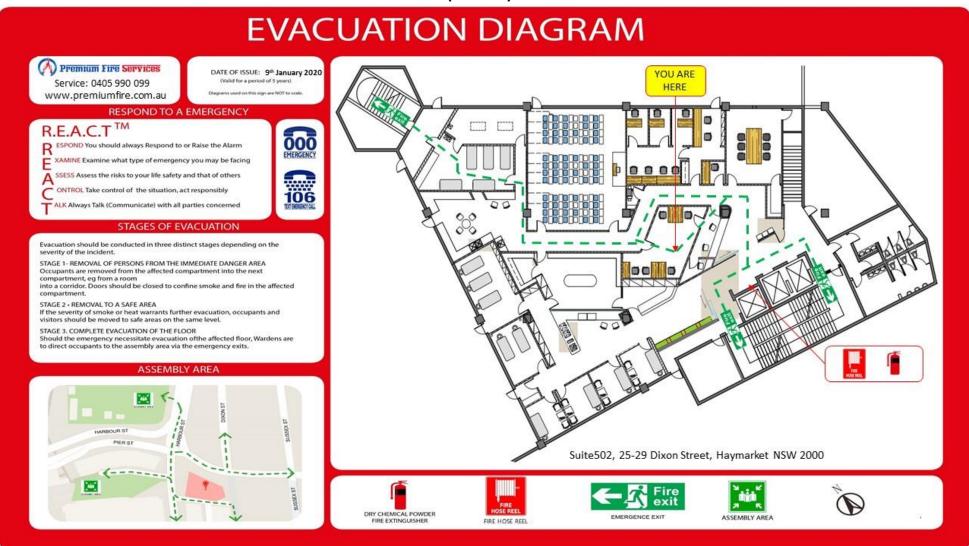| Service	Phone Number	Address
Police	000	
Fire Brigade	000	
Ambulance Service	000	
Local hospitals: 1. Sydney Hospital & Sydney Eye Hospital 2. Sussex Medical Centre	 02 9382 7111 02 9281 9133	 8 Macquarie St, Sydney Level 5, 401 Sussex St, Haymarket
State Emergency Service	132 500	
Nearest Police Station	02 9265 6499	City Centre Police Station, 192 Day St, Sydney
Plumber	0405383678	42 Riverside Rd, Chipping Norton, NSW 2170
Electrician	0418 610 749 02 9591 9131	22 Rodgers Ave, Kingsgrove, NSW 2208
Department of Home Affairs	13 18 81	
Lifeline Counselling Support	13 11 14	

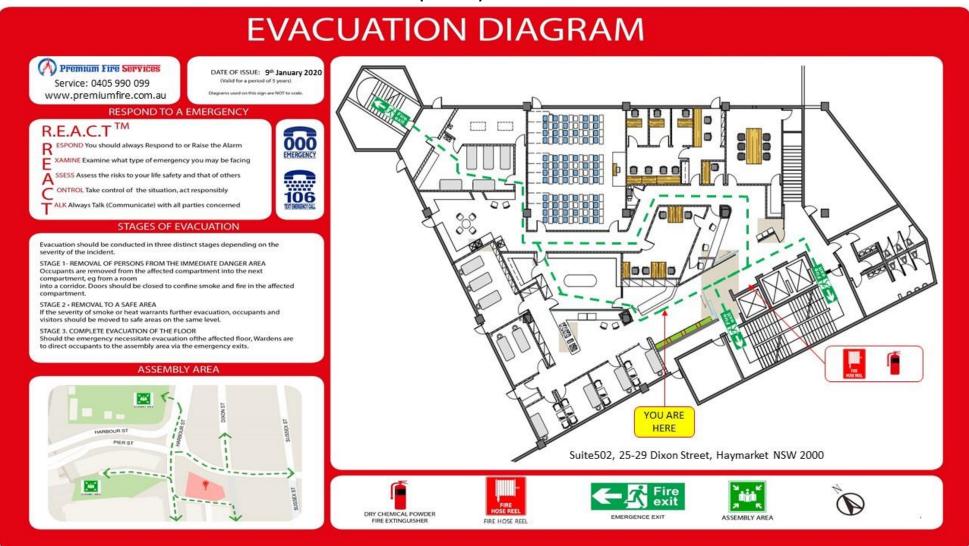## APPENDIX B: EVACUATION PLANS – SUITE 502 (LEVEL 5)

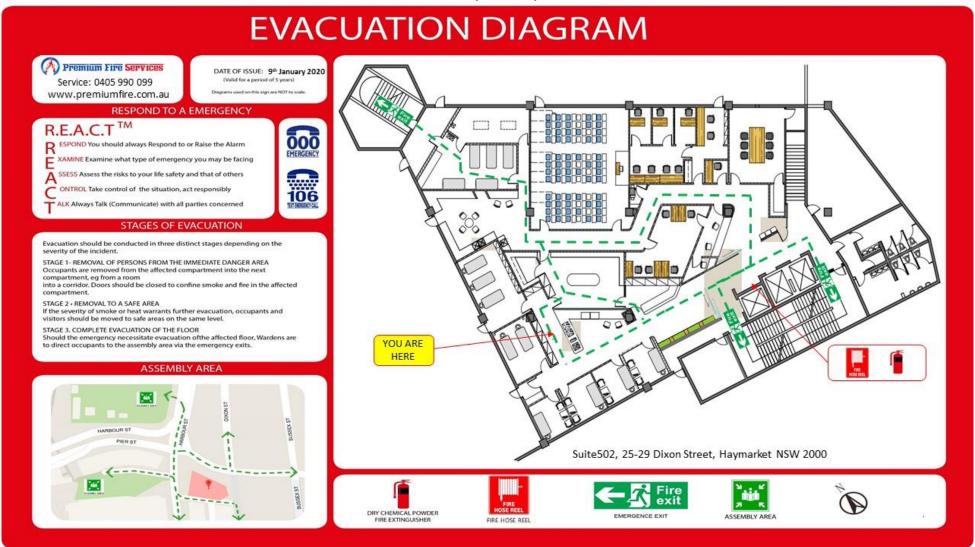## APPENDIX B: EVACUATION PLANS – ACADEMIC STAFF ROOM (LEVEL 5)

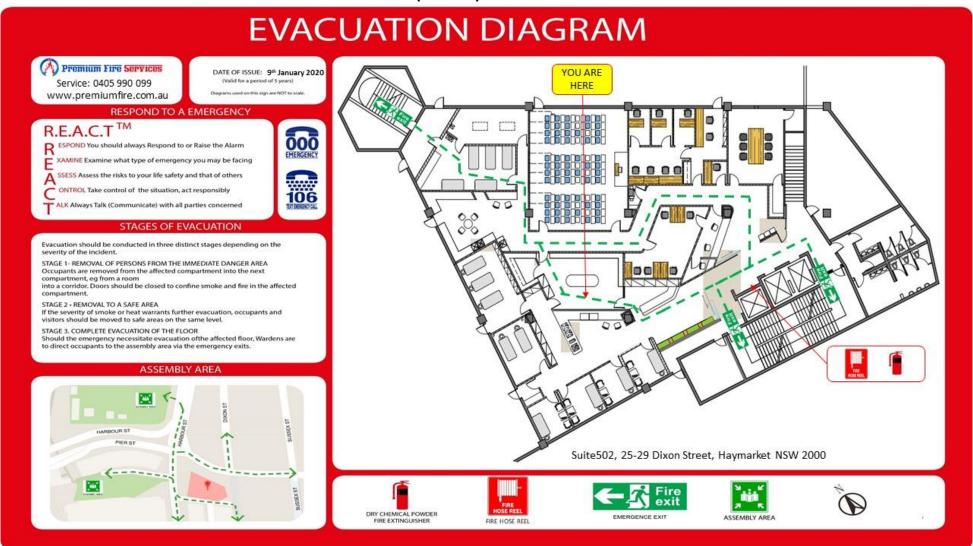## APPENDIX B: EVACUATION PLANS – ADMINISTRATION OFFICE (LEVEL 5)

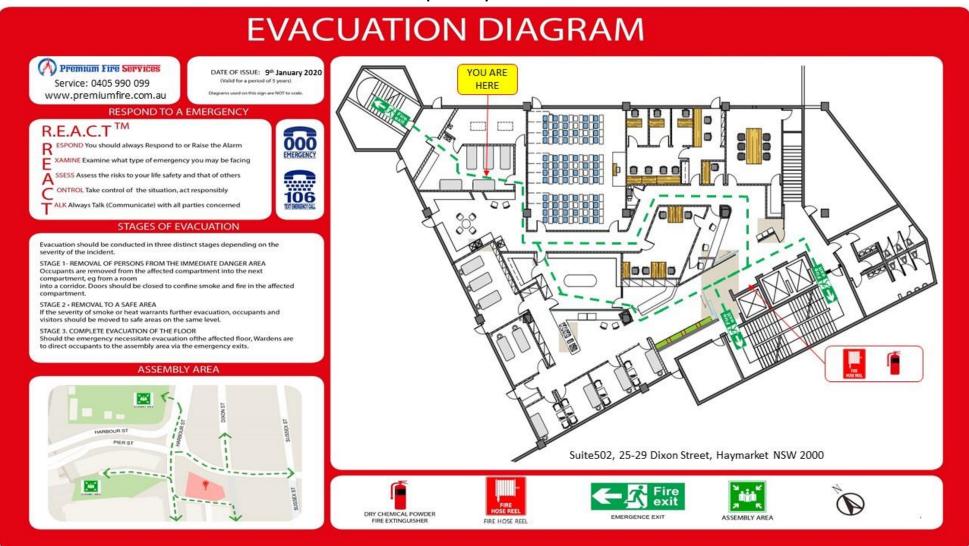## APPENDIX B: EVACUATION PLANS –CLINIC WAITING AREA (LEVEL 5)

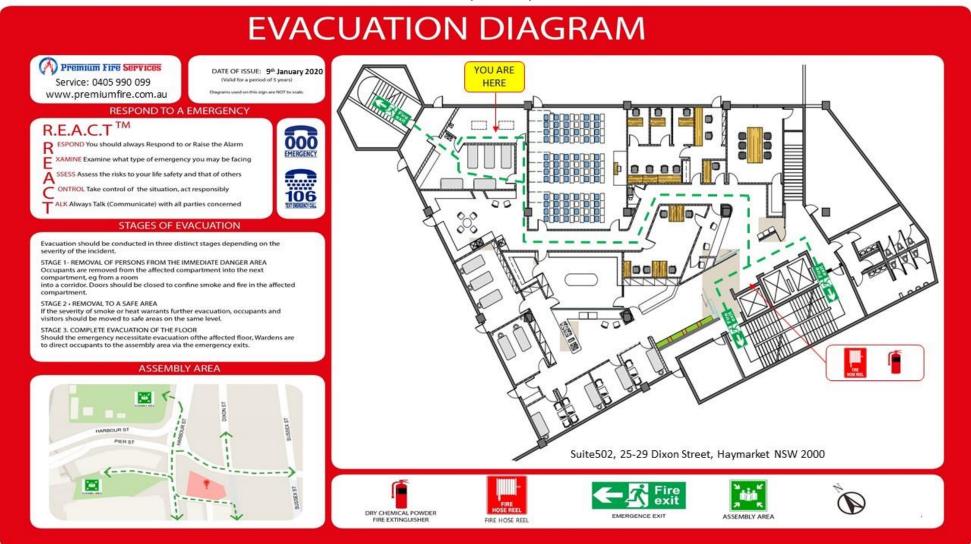## APPENDIX B: EVACUATION PLANS – CLINIC CONSULTATION AREA (LEVEL 5)

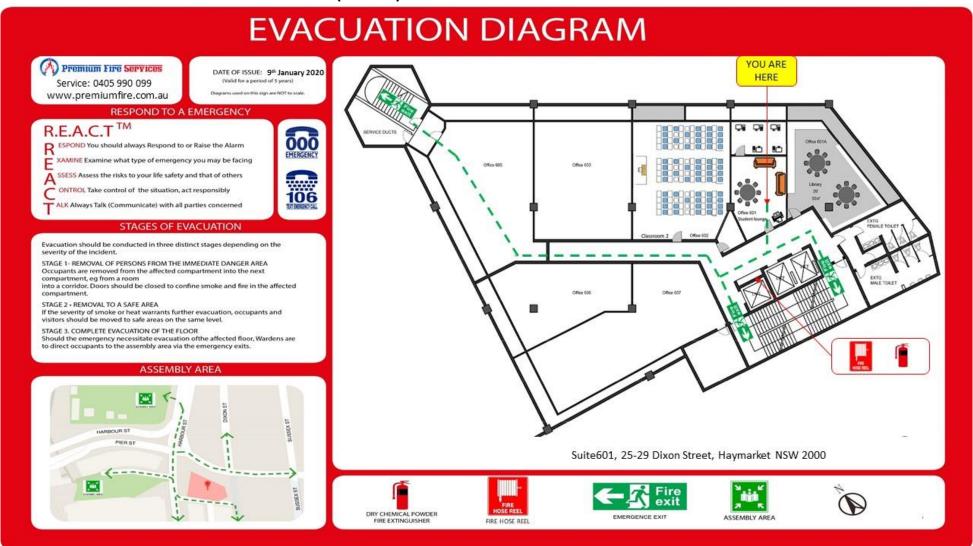## APPENDIX B: EVACUATION PLANS – HERBAL DISPENSARY (LEVEL 5)
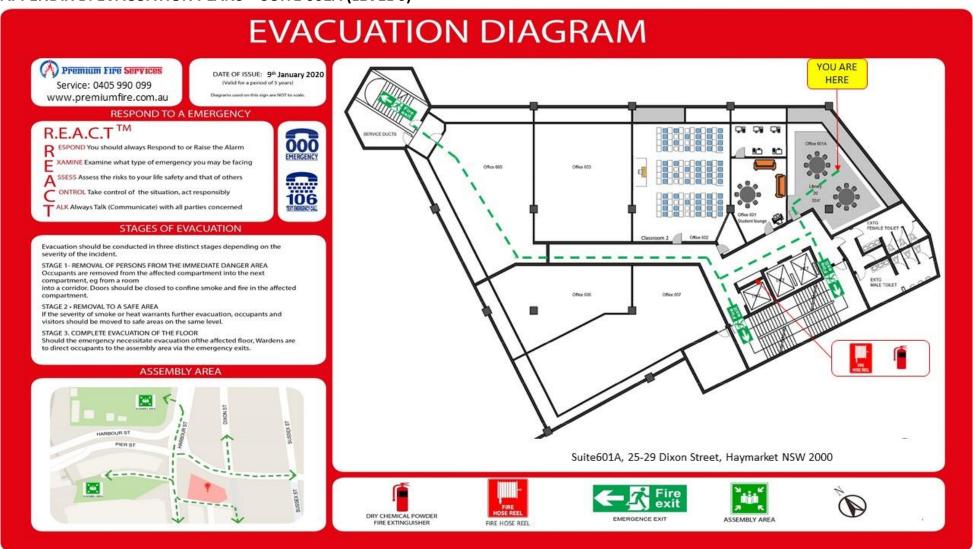
APPENDIX B: EVACUATION PLANS – ACUPUNCTURE ROOM (LEVEL 5)

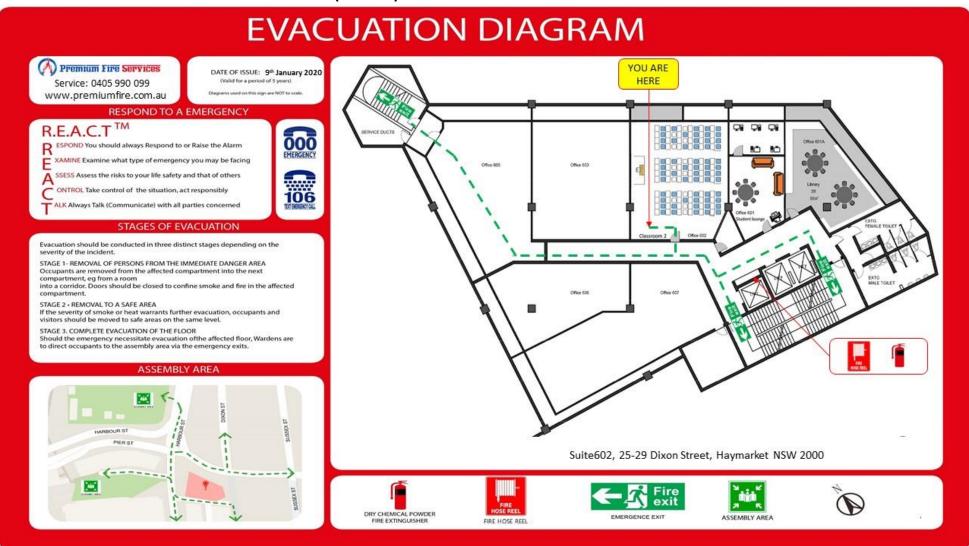## APPENDIX B: EVACUATION PLANS – HERBAL PROCESSING ROOM (LEVEL 5)

APPENDIX B: EVACUATION PLANS – SUITE 601 (LEVEL 6)

APPENDIX B: EVACUATION PLANS – SUITE 601A (LEVEL 6)

APPENDIX B: EVACUATION PLANS – SUITE 602 (LEVEL 6)

APPENDIX B: EVACUATION PLANS – SUITE 710 (LEVEL 7)