A safety check is undertaken for all corporate Harm Score 1 incidents by a Chief Executive (CE) appointed team. This template is to guide and record immediate steps of post incident management and to address the needs of workers, patients or visitors involved.

The **NSW Health safety check report** is to be submitted to the CE within 72 hours of incident notification and saved in the ims+ incident management system. The report is confidential.

An action log (last page) can be used but does not need CE submission. The log is confidential.

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| --- | --- | --- | --- |
| **Health Agency** |  | **Facility/Department/**  **Location/Service** |  |
| **Incident number** |  | **Incident Notification attached** |  |
| **Incident Date** |  | **Notification Date** |  |
| **Date of safety check meeting** |  | **Time of meeting** |  |
| **Names / positions of safety check team members** |  | | |

The safety check team to immediately advise the CE in writing if they are of the opinion that the incident indicates there is a risk of serious or imminent harm to workers, patients or visitors, or there is continuing critical risk due to loss of service.

| **Steps** | **Considerations** | | **Response** |
| --- | --- | --- | --- |
| **1. Description of Incident** | Who was involved in the incident? | | Tick all that apply:  Worker  x  Visitor  Patient  *If yes, see NSW Health Incident Management Policy Directive for Preliminary Risk Assessment (PRA) requirements to determine if a PRA is also required)* |
| Has immediate care been provided to the person/s involved? | | Yes  No |
| What initial treatment/care was provided? | | Specify: |
| Has the incident been recorded in ims+? | | Yes  No *(If no, record the incident in ims+. Incidents are to be notified on the same day or as soon as practicable)* |
| Summary of the known facts  Specify: | | |
| Confirm the Harm Score:  Harm Score Rating: | | 1 – Death of worker or visitor or complete loss of service  2 – Major harm to worker or visitor or major loss or disruption  3 – Minor harm to worker or visitor or minor loss or disruption  4 – No harm or near miss |
| Is a RIB (Reportable Incident Brief) required? | | Yes  No |
| Name/ position of person completing the RIB (If applicable) | |  |
| **2. Immediate risks identified and managed** | Is any person/ property at further risk of serious or imminent harm/ loss/ damage?  If yes, action taken to prevent serious or imminent harm/ loss/ damage | | Yes  No  Specify:  Send written advice to Chief Executive immediately  Date: |
| Assess risks and hazards. Are there any risk/s or hazard/s that require immediate action?  Refer to pages 11 and 12 of [SafeWork NSW Code of Practice: How to Manage Work Health and Safety Risks](https://www.safework.nsw.gov.au/__data/assets/pdf_file/0012/50070/How-to-manage-work-health-and-safety-risks-COP.pdf). | | Yes  No |
| Actions taken to eliminate/ control risk/s or hazard/s  e.g. area secured/ damaged equipment tagged out | | Yes  No |
| * **Note: Notifiable Incidents & Incident Scene Preservation** Certain incidents involving a death, serious injury or illness and/ or dangerous incident require immediate notification to SafeWork NSW via phone: 131 050  Incident scenes associated with notifiable incidents must be preserved and not disturbed other than for limited exceptions (refer s39 WHS Act 2011 below); so far as is reasonably practicable until an inspector arrives at the site or any earlier time that an inspector directs   **Work Health and Safety Act 2011:** [s35 What is a Notifiable Incident](http://classic.austlii.edu.au/au/legis/nsw/consol_act/whasa2011218/s35.html)  [s36 What is a Serious Injury or Illness](http://classic.austlii.edu.au/au/legis/nsw/consol_act/whasa2011218/s36.html)  [s37 What is a Dangerous Incident](http://classic.austlii.edu.au/au/legis/nsw/consol_act/whasa2011218/s37.html) [s38 Duty to Notify of Notifiable Incidents](http://classic.austlii.edu.au/au/legis/nsw/consol_act/whasa2011218/s38.html)  [s39 Duty to Preserve Incident Sites](http://classic.austlii.edu.au/au/legis/nsw/consol_act/whasa2011218/s39.html) **Further Information on Incident Notifications:** [Safe Work Australia: Incident Notification Information Sheet](https://www.safeworkaustralia.gov.au/system/files/documents/1702/incident-notification-fact-sheet-2015.pdf) | | |
| **3. Workers/ patients / visitors treatment and ongoing care** | Have the immediate needs of person/s involved been addressed?  e.g. First aid treatment, further treatment/support. | | Yes  No  Specify: |
| Has the family or next of kin (NOK) been notified? (as applicable) | | Yes  No |
| If a worker death was involved, has a health agency representative been assigned as the dedicated family contact (DFC)? | | Yes  Name/Position:  No |
| If a patient was involved, has the patient’s health care team been notified of the incident? | | Tick all that apply:  Clinical team or team caring for patient when incident occurred e.g. Nurse Unit Manager  Nursing home  General Practitioner  Others – specify: |
| **4. Apology / Open disclosure** | If incident involved a death, was an apology made to the family?  **Clinician disclosure** is required within 24 hours | | Yes  No |
| Is a follow-up apology by a senior health agency representative needed?  Consider nature of incident. | | Yes, escalate to senior representative.  No  Name: Position: |
| Is a **formal open disclosure** team required? | | Yes  No |
| **5. Workers** | Has the workers wellbeing been considered?  e.g. Employee Assistance Program (EAP) offered, de-brief, workers compensation | | Yes  No |
| Have workers been informed of the next steps in the incident review process? | | Yes  No |
| Will feedback be given to workers after the review is completed? | | Yes  No  If yes, how will this be provided? |
| Are there concerns about the conduct of any worker directly or indirectly involved in the incident? | | Yes  No  If yes, specify intended action (note confidentiality): |
| **6. Type of review** | Is a formal review required by a review team? | | Specify Methodology for formal review: |
| **Review team membership**  Consider site level workers, subject matter experts, independent experts. | | Names/ positions and contact details for review team: |
| **7. External notifications** | Is this a state-wide risk requiring escalation? | | Yes  No |
| **Media** | Is there potential for media interest?  Contact details for involved parties available? | Yes.  Communications business partner notified:  No |
| **MoH** | Should MoH advice / assistance be obtained? | e.g. Legal Branch  Yes  No |
|  | Is notification to another organisation/s required? | Tick all that apply:  SafeWork NSW   Treasury Manager Fund (TMF)  NSW Police  Therapeutic Goods Administration (TGA)  NSW Food Authority  NSW Police  Other – specify: |
| **8. Other** | Other comments (if any) | |  |
| For corporate incidents with possible state-wide implications, potential to become a matter of public interest, potential loss of public confidence, or contentious issues, the Chief Executive or delegate must immediately contact the Ministry of Health. | | | |
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**Confidential safety check action log**

| **Steps** | **Outstanding initial actions** | **Person Responsible** | **Due** |
| --- | --- | --- | --- |
| **1. Description of Incident**  **RIB (if applicable)** |  |  |  |
| **2. Immediate risks** |  |  |  |
| **3. Treatment and ongoing care**  **Worker (if applicable)**  **Visitor (if applicable)**  **Patient (if applicable)** |  |  |  |
| **4. Apology/open disclosure** |  |  |  |
| **5. Worker (if applicable)** |  |  |  |
| **6. Planned formal review (methodology)** |  |  |  |
| **7. External notifications** |  |  |  |
| **8. Other** |  |  |  |