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| --- | --- | --- | --- | --- | --- | --- |
| **DSS Critical Incident Reporting Form**  Submit in word format within 24 hours of the incident to [**quality@msd.govt.nz**](mailto:quality@msd.govt.nz) | | | | | Disability Support Services | |
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| **Provider details (To contact if we need more information)** | | | | | | |
| Organisation | | |  | HealthCERT | | |
| *Enter full organisation name* | | |  | Does the service have five or more registered beds? | |  |
| Contact person |  | Contact phone |  | Contact email | | |
| *Enter your name* |  | *Enter your phone number* |  | *Enter your email* | | |
| Contact person’s title/role | | |  | NASC/EGL/FCS | | |
| *Enter your role* | | |  | *Select NASC* | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Incident details (To identify the disabled persons directly involved, location and classification of the incident)** | | | | | | | | | | | | | | | | | | | | | |
| NHI of the disabled person/s | | | Disabled Person’s Name | | | | | | | | | Date of Birth | | | |  | | Incident date | | | |
| *NHI* | | | *Enter person’s name* | | | | | | | | | *Select a date* | | | |  | | *Select a date* | | | |
| *NHI* | | | *Enter person’s name* | | | | | | | | | *Select a date* | | | |  | |  | | | |
| Incident location | | | | | | | | |  |  | | | | | | | | | Location type | | |
| *Enter address or place name where incident occurred* | | | | | | | | | | | | | | | |  | | *Choose a location type* | | | |
| Primary (highest risk) incident category | | |  | Other incident category (optional) | | | | | | | | |  | Incident severity | | | | | | | |
| *Choose a primary category* | | |  | *Choose a secondary category* | | | | | | | | |  | *Choose a severity rating* | | | | | | | |
|  | | | | | | | |
| Summary of event | | | | | | | |  | Actions to ensure immediate safety and prevent recurrence | | | | | | | | | | | | |
| *Enter event summary* | | | | | | | |  | *Enter actions taken to ensure immediate safety and prevent recurrence* | | | | | | | | | | | | |
| Disabled people’s perspective (provided with their consent) | | | | | | | |  | Factors that may have contributed to the event | | | | | | | | | | | | |
| *Enter any disabled people’s perspective sought on the incident* | | | | | | | |  | *Enter any insights* | | | | | | | | | | | | |
| Select those at risk because of the event | | | | | | | | | | | | | | | | | | | | | |
| Disabled person |  | Family | | | |  | | | Property | | | | | |  | | Public | | |  | |
| Staff |  | Other: | | | *Enter details of other risk* | | | | | | | | | | | | | | | | |
| Organisations or people notified | | | | | | | | | | | | | | | | | | | | | |
| Police |  | Peer worker or advocate | | | | |  | | Safeguarding organisation | | | | | |  | | | WorkSafe | | |  |
| FCS |  | Next of kin | | | | |  | | Other | | *Enter details of other organisations notified* | | | | | | | | | | |

**Instructions on how to fill out the critical incident reporting form:**

What to report:

1. **Complete one form per critical incident**.
2. Only report incidents that meet the Disability Support Services (DSS) criteria for critical, as per the guidance table on the DSS website. Only severe, life-threatening or major harm incidents are to be reported to DSS.
3. Do not report individual non-critical incidents. If there are patterns, clusters and escalations of moderate incidents that are likely to escalate into causing serious harm, the provider should also report the cluster of incidents to DSS in one critical incident form.
4. Providers who are legally or contractually required to comply with Ngā Paerewa Health and Disability Safety Standards must also report provisional SAC 1 and SAC 2 to Te Tāhū Hauora Health Quality and Safety Commission within 30 working days. Refer to the Te Tāhū Hauora disability SAC guidance for details.
5. For incidents involving a person receiving services under the Intellectual Disability (Compulsory Care and Rehabilitation) Act (ID(CC&R) Act) please also notify the Forensic Coordination Service (FCS) and send this form to [idccr@health.govt.nz](mailto:idccr@health.govt.nz).
6. Please fill in and **submit this form in a WORD document** as the text boxes can expand if required. **Do not send this form in PDF format.**

Provider details section

1. Please fill in all the requested information in the boxes. Check boxes appropriately as required.
2. HealthCert: If the service is certified by HealthCert under Ngā Paerewa, tick this box. This will include all hospital services and residential services with five or more beds.

Incident details section

1. Include the details and National Health Index number (NHI) of the key disabled person / people directly involved in the critical incident. If there are more than two people directly involved provide the additional names in the summary of event box. If you are unsure of the NHI, please refer to the person’s personal plan.
2. Do not provide details of people not involved or affected by the incident.
3. Incident location: For example, the home address, on the street, in the car. Do not provide an actual address if it was not the person’s home.
4. Incident category: Select from the dropdown list of incident categories. If you are unsure of the categories, please refer to the definitions of the categories as provided on the DSS website.
   1. Primary (highest risk) incident category: select the incident type that resulted in the most significant harm to the person.
   2. Other incident category (optional): If the event involved multiple incident types, choose the incident type that caused the second greatest harm to the person.
5. Incident severity – choose either severe harm, major harm, or cluster of non-critical incidents likely to escalate to major harm.
6. Summary of the event: Provide as many details as possible for before, during and after the event.
7. Actions taken to ensure safety and prevent recurrence:
   1. Immediate: Describe what actions were taken to ensure the immediate safety of the people involved in the incident, what support was provided to the people involved, referrals to or actions by other organisations (e.g. Police, health or mental health services, counselling, safeguarding support or behaviour support).
   2. Prevent recurrence: Describe what actions were taken or are planned to learn from the incident and prevent future incidents.
8. Factors that may have contributed to the event: These factors should inform actions to prevent recurrence. Consider factors such as: health, medication, unexplained pain, personal, environment, staff practice, relationships, not following support plans or behaviour plans etc.
9. Please include any disabled person’s perspective about the incident to inform the insights and actions.
10. Agencies notified: Tick or enter all the relevant organisations notified as a result of the incident. For example:
    1. Peer worker for disabled people: The People for Us peer visiting service for disabled people.
    2. Safeguarding organisations include: DAPAR (Disability Abuse Prevention and Response), family violence organisations, sexual violence organisations.

**Why are we collecting this information?**

DSS collects and reviews information about the critical incidents of disabled people receiving DSS contracted services to check that providers are delivering safe and quality supports, and to help support continuous improvement and better outcomes for disabled people. The information you provide will be used to help us do that.

The information that is reported to DSS on this form will be collected, stored, and used in accordance with the requirements of the Privacy Act and other relevant Acts of Law.

We aim to continually improve our data collection and forms. If you have any suggestions to improve this form, please provide your feedback to **quality@msd.govt.nz.**