MDHS Managing Incidents in Clinical Education Principles

v.1

Category: Clinical Education Strategy and Risk

Document Type: MDHS Managing Incidents in Clinical Education Principles

Document Status: Draft

Approved Date:

Audience: Staff, Students, Affiliate Clinical Education Staff, all engaged in clinical education in MDHS

Effective Date: 14.04.2023

Review due by: 14.04.2024

Document Approver: Associate Dean, Learning and Teaching Unit

Document Steward: Academic Director, Clinical Education Strategy and Risk

Supporting Process:

- Student Management and Support Processes
- MDHS Managing Incidents in Clinical Education Principles
- MDHS Student Fitness to Practice
- Sexual Misconduct Prevention and Response Policy

Document Contents:

1. Objectives…….. Pg. 2
2. Scope……..... Pg. 2
3. Authority…….. Pg. 3
4. Principles in Managing an Incident in Clinical Education…..…….... Pg. 3
5. Procedural Principles for a Traumatic Event Involving Students...…….. Pg. 4
6. What is an Incident?..... Pg. 6
7. Who is Responsible for Managing an Incident?..... Pg. 7
8. How to Report an Incident in Clinical Education? ……..... Pg. 11
9. Appendices……..…… Pg. 14

MDHS Managing Incidents in Clinical Education Principles

1. Objective

1.1. The objectives of this document are to:

(a) provide principles and processes for ensuring appropriate responses to support and ensure the safety of patients, students and staff involved in an incident that has occurred during clinical education in MDHS; and

(b) allocate responsibility for the management and coordination of responses to incidents.

2. Scope

2.1. This document applies to:

(a) incidents that have occurred during a MDHS clinical education related activity on or off campus, including off-shore, involving individuals or groups of enrolled local or international students;

(b) MDHS staff including those with designated responsibilities for implementing responses to support and protect patients, students and staff impacted by an incident; and;

(c) all affiliated staff involved in provision of clinical education.

2.2. This document does not apply to the management of routine student wellbeing concerns and non-traumatic events through regular operations such as counselling, and health and safety services.

2.3. This document works alongside several policy and framework documents including the Clinical Education Risk Management Framework, Reporting an Incident in Clinical Education Process Guide, Responding to Student Traumatic Event Policy (MPF1357), University Risk Management Policy (MPF1194), Child Safety Policy (MPF1337), Student Travel and Transport Policy (MPF1209), Health and Safety Policy (MPF1205), Student Conduct Policy (MPF1324), Student Fitness to Study Policy (MPF1349), Student Fitness to Practice Policy (MPF1345) and Privacy Policy (MPF1104).

3. Authority

3.1. This document is made with reference to the following:

(a) *Occupational Health and Safety Act 2004* (Vic)

(b) Higher Education Standards Framework (Threshold Standards) 2015 (section 2.3.5)

(c) *Education Services for Overseas Students Act 2000* (Cth)

(d) National Code of Practice for Providers of Education and Training to Overseas Students 2018

(e) *Charter of Human Rights and Responsibilities Act 2006* (Vic)

(f) *Child Wellbeing and Safety Act 2006* (Vic)

(g) Victorian Child Safety Standards.

4. Principles in managing an incident in clinical education

4.1. MDHS is committed to minimising the risk of injury or illness to all those associated with clinical education. It proactively manages risk and adopts a range of activities to minimise the intensity of incidents and their adverse impacts on students, patients and staff involved in clinical education.

4.2. MDHS is committed to providing students undertaking approved clinical education related activity with information about who to contact in an emergency and the information must aim to be age and culturally appropriate.

4.3. In response to an incident in MDHS we aim:

(a) to respond effectively and appropriately to the event/s with sensitivity and consideration of the age, culture, background of the student/s and, where possible, in consultation with their legal guardians, families, staff and key stakeholders

(b) to ensure that the safety and well-being of patients and all staff involved in clinical education is a priority

(c) to ensure the incident is reported to relevant MDHS staff members and through MDHS incident reporting systems

(c) to manage the incident confidentially

(d) to ensure that where the student is under 18 at the time of the incident, the student's parent or legal guardian is contacted

(e) to properly document the incident

(f) to manage the incident as quickly as possible; for a traumatic event action is required immediately (see below)

(g) to investigate, learn from the incident, inform processes, and follow up on resolutions

(h) to act in order to diminish the chance of the incident recurring.

Note: The University may disclose personal information to a party outside the University (e.g. emergency services) where the University believes on reasonable grounds, that the disclosure is necessary to prevent or lessen a serious and imminent threat to the life or health of the individual concerned or another person/people or the disclosure is permitted by law or made in compliance with the Privacy Policy (MPF1104).

5. Procedural Principles for a Traumatic Event Involving Students

A **traumatic event,** or the threat of such (within or outside Australia, including online), may cause extreme stress, fear or injury for those directly involved or witnesses which is not limited just to clinical placements. Please refer to University Student Traumatic Event Policy (**MPF1357**). Such an event may include, but is not limited to:

- death, serious injury or any threat thereof
- death of a student
- Prolonged unexplained absence with no contact from student
- Concerning student absence for a significant curriculum event
- attempted suicide

- severe verbal or psychological aggression
- assault, including sexual assault, family/intimate partner violence
- drug or alcohol use leading to injury or death
- perpetrator of, involvement in or witnessing a criminal offence
- student arrested or detained by a law enforcing agency
- geopolitical conflict and unrest
- natural disaster
- major health concern including acute mental health incident

5.1 A traumatic event involving individual or groups of enrolled local or international students must be reported, at the earliest opportunity, to University Security.

5.2. University Security must coordinate immediate action and, at the earliest opportunity, inform the Academic Registrar of any student traumatic event reported to it.

5.3. The Academic Registrar, or delegate, will coordinate all immediate and post-event responses including where practicable, and not limited to:

(a) establishing contact with the student, to assess their wellbeing and safety requirements

(b) informing relevant stakeholders within the University of students who are impacted by a traumatic event;

(c) seek advice from relevant departments within the University, including faculties;

(d) offering practical and wellbeing support to students' next of kin or other impacted individuals, which may include directing them to a visa advisor, airport reception, temporary accommodation or interpreter services;

(e) liaising with stakeholders outside the University, where appropriate and permitted by privacy regulations, including emergency services and relevant government agencies, sponsors or scholarship providers, home institutions for study abroad and exchange students, funeral services/directors and health insurance providers.

6. What is an Incident?

For the purpose of this document, an incident is where a risk event has occurred that has impacted MDHS clinical education. An incident results in actual or potential harm or impact on the strategic objectives of clinical education due to an undesired event. Numerous categories of harm can be associated with an incident and include (but are not limited to) impacts on:

- Core Business – Operational
  - Natural disasters
  - Loss of practicing licences
  - Pandemics
  - Geopolitical conflict and unrest
- Reputation - Brand Image
  - Negative public & social media attention
- Sustainability
  - Loss of stakeholder relationships
  - Loss of placement agreements
- Workplace health and safety
  - Physical injury
  - Mental Health & Well-being
    - death, serious injury or any threat thereof
    - death of a student
    - prolonged unexplained absence with no contact from student
  - Physical and family violence
  - Sexual assault
  - Ongoing behavioral concerns and fitness to practice
  - Professional misconduct
  - Cultural safety
- Legal & Regulatory – Compliance & Obligatory Requirements
  - Breaches in compliance requirements
  - Policy adherence
    - student behaviour
    - fitness to practice
    - code of conduct)
  - Accreditation
- Financial – Cost Impacts
  - Compensation and/or damage repair costs

- Fines

Incidents that impact on any of these areas are possible in the context of clinical education. However, as clinical education brings together students, patients and staff affiliated with the university in addition to non-university staff that may be involved in a student's education, incidents may have negative, and on occasions, very significant consequences on workplace health and safety and affect members of the general public in a way that does not occur in non-clinical education settings.

6.1 Internal Reporting Requirements:

Hazards and Occupational Health & Safety

Where there is a hazard or workplace health and safety incident, it needs to be reported directly to ERMs as per the existing UoM process. The process for reporting a hazard is found here. If there is doubt as to the nature of the incident, then it can also be reported as a clinical education incident.

All incidents of this nature still need to be reported to the MDHS line manager via local escalation processes. If considered a clinical education incident, then it can also be reported via the CESAR Risk & Incident Reporting Form.

Fitness to Practice, Student Conduct and Professional Behaviour

All incidents that require reporting due to concerns raised about fitness to practice and student general misconduct should be done in accordance with the relevant policy:

Student Conduct Policy

Student Fitness to Practice

Sexual Misconduct Prevention and Response Policy

Fitness to practice concern: A concern that a student may potentially, or has, breached one or more of the fitness to practice rules.

Incidents of this nature rated medium or higher in consequence should also be reported to CESAR via the reporting link above.

7. Who is Responsible for Managing an Incident?

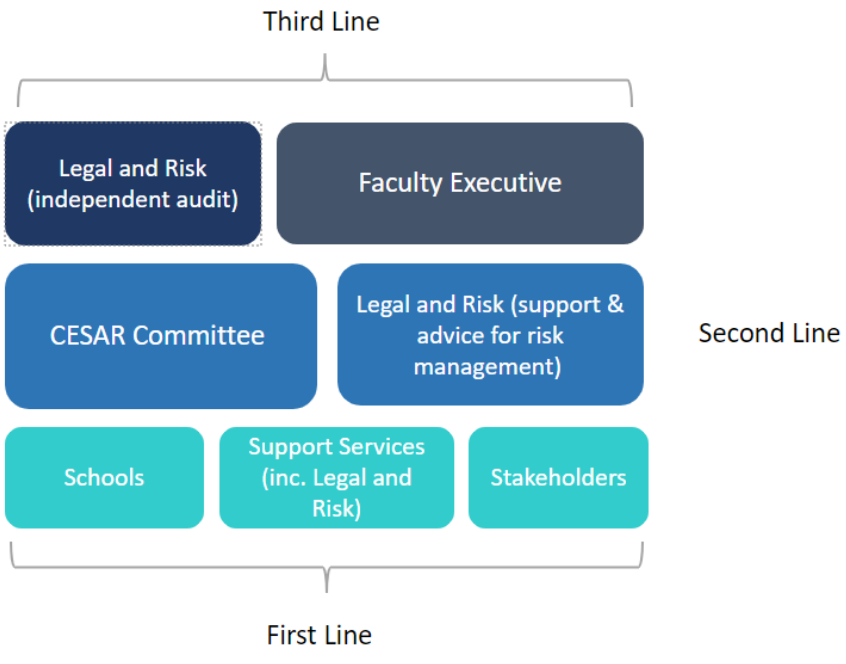
Incidents should be managed as quickly and as sensitively as possible. This is usually undertaken by a staff member who is first to become aware of the incident with involvement of their supervisor or line manager. In clinical education, management of incidents involves communicating and discussing incidents with our partners in the provision of clinical education (e.g. hospital, clinic or practice staff).

All incidents must be reported as per Section 8 of this document. High and very high consequence incidents should be reported immediately. Other incidents should be reported as soon as reasonably possible after being made aware of the incident, injury, or illness. Some incidents (all those considered medium, high or very high consequence to the University's objectives) require escalation so that appropriate supports can be identified (e.g. legal, WHS etc.). This requires clear and effective communication, appropriate reporting systems as well as a governance model for managing incidents.

Reporting lines for incidents in Clinical Education

Everyone involved in clinical education is accountable for reporting incidents. Traumatic incidents should follow the process described above and as described in University Student Traumatic Event Policy (MPF1357). Further responsibilities described in this document adhere to the Three Lines Model published by the Institute of Internal Auditors and the Clinical Education Risk Management Framework. This model follows guiding principles and focuses on the importance and contribution of incident management in an organisational structure.

MDHS Structure of Reporting Responsibilities in a three-line model:



MDHS Managing Incidents in Clinical Education Principles

1. First Line of Incident Management:

Stakeholders (Front Line Staff/Support), Schools, Support Services (such as occupational health and safety, legal),

Front-line stakeholders (who are generally the first point of contact for incidents) are responsible for:

- Owning, leading and directing actions in managing an incident.
- Maintaining a continuous dialogue with the second line (CESAR committee) and reporting on risks of medium, high and very high severity of impact.
- Ensuring compliance with legal, regulatory, and ethical expectations.

2. Second Line of Incident Management:

CESAR Committee

Provides guidance, support, monitoring and challenges related to the management of an incident, including:

- The development, implementation, and continuous improvement of incident management processes.
- Investigation of incidents and sharing of learnings throughout MDHS
- Incident analysis and reports on the adequacy and effectiveness of risk management (including internal controls) when incidents have occurred.
- Integration of clinical education incidents for university reporting

3. Third Line of Incident Management:

Faculty Executive (including Learning & Teaching, and Relevant Sub Committees)

The committees are involved and/or consulted in risk management across the Faculty. They will:

- Delegate responsibility and provide resources to management in the First line for achieving the objectives of clinical education in response to learnings from clinical incidents

Internal Audit

MDHS Managing Incidents in Clinical Education Principles

The internal audit function provides independent and objective assurance on the following:

- Effectiveness and efficiency of organisational governance practices, business processes and internal controls in relation to the type of incidents that have occurred; and
- Adherence to relevant policies, procedures, legislations and regulations

MDHS Clinical Education Risk Management Roles and Responsibilities (RACI) for Incidents Through this Responsibility, Accountability, Consult and Inform (RACI) Chart, responsibilities are outlined for each stage in managing risk within MDHS. Determining the level of a risk to take appropriate action is completed by making a risk assessment through the risk matrix provided in this framework.

	Stakeholders		Department					School / Faculty			Committees				UoM
Activity	Students	Placement Providers	LTU Staff	Placement Officers & Coordinators	Program & Academic Team Leads	Academic Staff	HoD & Department Deans	Managers LTU	School Manager	Head of School	SPAG	CESAR	L&T committee	FEC	Legal & Risk
Incident Identification	R	R	R	R	R	R	R	R	R	A	R	R	C	C	C
Incident Reporting	R	R	R	R	R	R	R	R	R	A	R	R	C	C	C
Incident Assignment/Delegation - Medium					R	I	I	C	A	I		I	I	I	
Incident Assignment/Delegation - High & Very High					I		I	C	R	A		C	C	I	I
Incident Investigation and Diagnosis - Med			R*	R*	C	R*	C	I	A	C		C / I			C
Incident Investigation and Diagnosis - High & Very High					C		R	C	R	A		C / I	C	I/C	C
Incident Escalation - Medium			R*	R*	C	R*	C	C	A			I			
Incident Escalation - High & Very High					C		R*	R*	C	A		C	C	I/C	I
Incident Review and Closure - Medium			R*	R*	I	R*	I	I	A	C		I			
Incident Review and Closure - High & Very High					I		R	I	R	A		I	I	I/C	I
Investigation of incidents and sharing of learnings throughout MDHS			I	I	C	I	C	R	R	R	I	A	I	I	C
Integration of clinical education incidents for university reporting			I	I	C	I	C	R	R	R	I	A	I	I	C
Analysis and reports on the quality of risk management (including internal controls) when incidents have occurred					I		I	R	R	R		A			C
Development, implementation, and continuous improvement of incident management processes			I	I	C	I	C	R	R	R	C	A	C	I	C

** Where connected to the incident. May include all or one responsible parties*

RACI -

Responsible	Usually delegated by the accountable party and responsible for the operational management of the incident
Accountable	Usually someone with signature authority or decision-making power. Responsible for the consequences should the risk eventuate
Consulted	Feedback and input should be solicited. These are usually Subject Matter Experts (SME) on the topic and should be consulted before decisions are made
Informed	Needs to be kept in the loop on the incident but not required for making decisions

8. How to Report an Incident in Clinical Education?

Any incident deemed to be of low, medium, high or very high consequence should be reported. Where the incident is more serious in nature and presents a medium, high or very high consequence, the reporting process must be implemented immediately. Where there is uncertainty regarding the severity of the incident it is preferable to report it to both senior staff and CESAR.

Reporting an Incident:

What information needs to be collected?

- Time
- Date
- Location
- Summary of Events
- Involved parties

What information needs to be reported?

- Collected information (as above)
- Level of consequence (as per the Incident Description Matrix in Appendix 1)
- Recommendations to resolve the incident
- Recommendations to mitigate the incident reoccurring

When do the various steps need to be completed?

High and very high consequence incidents should be reported immediately. Other incidents should be reported within a reasonable timeframe after being made aware of the incident, injury or illness

Who does the report go to?

For all incidents it is essential to notify our partners and external stakeholders where the incident occurred at their premises, or they have staff directly involved.

Low: Report to line manager. Follow local internal processes for managing incident

Medium: Report to line manager, department/team manager, head of department (who will notify head of school) as soon as reasonably practical.

High: Report to line manager, department manager, head of department (who will notify head of school) immediately. Follow internal processes. Heads of School may delegate or take direct involvement in the remediation actions.

Very High: Report to line manager, department manager, head of department and head of school immediately, head of school to inform Dean (or delegate) within 24 hours.

Each department should have a local escalation process in place outlining who will be responsible for reporting an incident following the reporting information outlined in this document.

Reporting an incident to CESAR:

In addition to notifying the relevant staff members within departments and/or schools and any external stakeholders, more serious incidents, those of medium, high and very high consequence, should be reported to the CESAR committee.

An online form for reporting of medium, high and very high consequence incidents is available HERE.

What happens to the report to CESAR committee?

1. CESAR assesses the incident and identifies if it as an eventuation of a known risk recorded in the Risk Register
2. CESAR investigates why controls in place to mitigate such a risk were not effective
3. CESAR investigates if new controls, or changes to existing controls, are required following investigation of the incident
4. CESAR communicates with those accountable for controls
5. If new risks are identified through investigation of the incident, CESAR adds these to the risk register and undertakes, analysis and instigates risk treatments
6. CESAR reports on all incidents 6 monthly to Audit in the third line

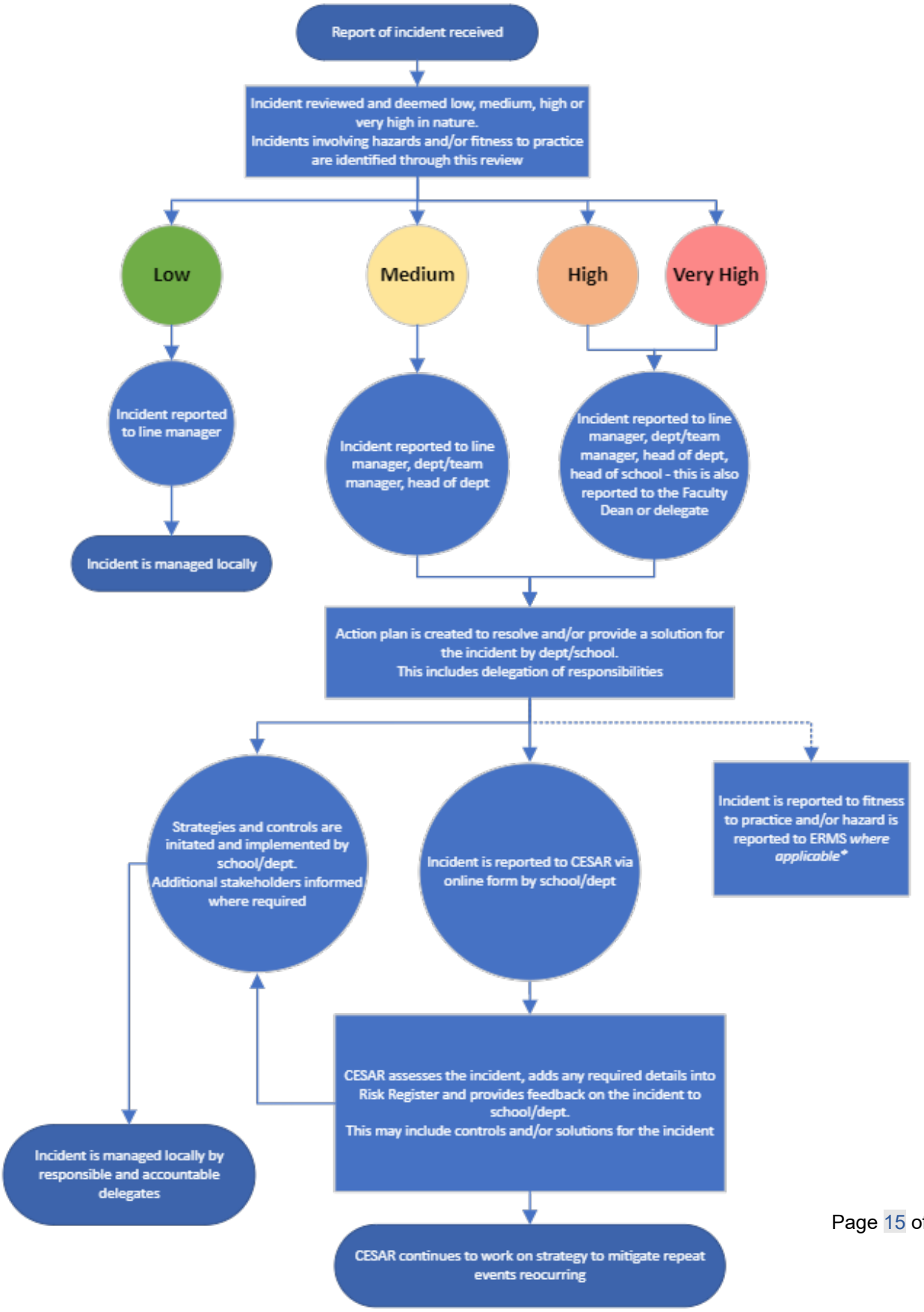
MDHS Managing Incidents in Clinical Education Principles

9. Appendices

Appendix 1. Incident Descriptions

Ratings >	Insignificant/Minor	Moderate	Major	Severe
Core Business	Operational impact with low level of disruption or cost.	Adverse impact on the delivery of a few key operational elements with minimal impact on the University or sustainability of the established programs	Significant adverse impact on the achievement of operational objectives and affects a few major University strategic priorities. Established programs are less sustainable	Inability to execute the operational requirements and has a substantial, widespread, and/ or sustained impact on the delivery of the University strategy. Established programs are not sustainable Natural disasters Pandemics Geopolitical conflict and unrest
Reputation & Sustainability of Clinical Education	Temporary issue resolved with routine management	Significant damage to our relationships with one or more stakeholders and /or minimal impact on UoM's brand	Damage to a relationship with one or more key stakeholders lasting more than 12 months and/or has a material impact on UoM's brand Noticeable negative social and public media attention Loss of placement providers	Enduring and significant damage to UoM's brand, affecting social license to operate and relationships with multiple key stakeholder groups Widespread negative media public attention Loss of multiple placement providers
Physical Safety	Injuries involving minor first aid or medical treatment	Injuries requiring further treatment or medical treatment	Injuries requiring short-term hospitalisation	Any fatalities and/ or serious permanent injuries Sexual assault Family violence Child abuse Serious permanent injuries
Mental Health and Well Being	Minor impact on stakeholders where some guidance and support are required Providing temporary support Referrals to assistanmce programs (example: EAP)	A stakeholder requires ongoing treatment to support or monitoring the impact on their mental health and well-being There is a loss in time and/or productivity Student engagement and educational experience has been impacted Negative impacts and threats on Cultural Safety Harassment & Bullying Threats to psychological safety Threats of physical harm	More than one stakeholder requires ongoing treatment to support or monitoring the impact on their mental health and well-being Significant loss of time or productivity Prolonged and unusual absence from a student, especially where there is a milestone event (i.e exam) Prolonged signs of poor mental health or self-harm Threats to cultural safety (FtP committee/misconduct referral) Threats of physical harm (FtP committee/misconduct referral)	Multiple stakeholders require ongoing treatment to support or monitor the impact on their mental health and well-being Stakeholders are unable to continue working with MDHS permanently Death of a student
Legal and Regulatory	Minor non-compliance/ breach Litigation with a no financial cost	Non-compliance/ breach involving investigation, warning, and low-level penalty Policy breaches Fitness to Practice – notification to FtP officer Scope of practice	Significant or multiple non-compliances breaches which may result in financial costs Compensation or damage repair costs Fitness to Practice – referral to committee	Serious non-compliances/ breaches Fines and penalties The loss of license or prohibition to operate Highly complex and protracted litigation Recommendations for termination of any stakeholder UoM accreditation impacts
Rating	**Low**	**Medium**	**High**	**Very High**

Appendix 2 – Reporting process



MDHS Managing Incidents in Clinical Education Principles

VERSION HISTORY

Version	Approved By	Approval Date	Effective Date	Sections Modified
0.1 Draft	AD CESAR	N/A	N/A	N/A
1.0	AD CESAR	14.04.2023	14.04.2023	Review of draft complete