

The purpose of these guidelines is for Northern Territory General Practice Education (NTGPE) to provide and promote the highest standard of support and most beneficial placement experiences for all program participants. Your safety and wellbeing are very important to us and it is therefore vital that NTPGE be informed of any 'critical incidents' or 'near misses' you experience whilst on placement.

### What is a critical incident?

A *critical incident* is generally considered to be an event outside the normal range of experience of the people involved that is likely to cause physical and/or emotional distress to a degree sufficient to threaten or overcome their usual coping resources. There is a wide spectrum of events that may be classed as critical incidents in the rural and remote context such as medical emergencies, serious injuries and trauma, verbal or physical threats and workplace unrest. It is important to remember that it is normal to react emotionally to a critical incident. This may involve recurrent thoughts about the event, feeling uneasy or anxious, mood changes, and restlessness, feeling tired and disturbed sleep.

### What is a near miss?

A *near miss* is an unplanned event that did not result in injury, illness or damage – but had the potential to do so. It is also often defined as a 'close call' or an 'accident that almost happened'. Whilst there has been no injury or damage in this situation it is still vitally important to report a *near miss* so that corrective action can be taken.

### Critical incident or near miss examples

Please find below a list of events that require reporting to NTGPE.

#### *Threats to personal safety:*

- a critical event surrounding your travel to or from any destination (e.g. vehicle accident);
- concern that you may have contracted an illness (e.g. needle stick injury; TB exposure);
- an unexpected death (whether or not the patient was in your care);
- personal or witnessed assault, threat or insult (by any person to any person – you, others, animals);
- concern about community unrest or violence;
- being witness to a medical or cultural event that has caused you grief or shock (e.g. children as victims; payback as a form of punishment);
- concern you have made a mistake, medically, culturally or otherwise;
- unlawful entry or attempt of unlawful entry to your accommodation.

#### *Threats to emotional wellbeing (as well as above threats):*

- emergency or illness within your own family that requires your attention;
- you are the victim of a crime (not named above – e.g. theft, etc);
- requested to do something unreasonable or against your will (e.g. treat a patient who doesn't want to be treated);
- pressured to work beyond your capacity or outside the guidelines for your placement (e.g. additional hours, working beyond your skill/knowledge level);
- concerns about any intimidating action/behaviour from any person (e.g. workplace bullying; community blame; rumours);
- stress caused by politics in the workplace or community (e.g. volatile working relationships amongst staff).



### Reporting a critical incident or near miss

Critical incidents are significant and to ensure acknowledgment, follow-up and support occur appropriately they must be reported in a timely manner.

NTGPE therefore requests that any critical incident or near miss be reported to NTGPE as soon as practicable.

### Contact details

In the first instance, please report to your relevant program manager during business hours:

**GP Registrars:** Silvia Bretta (08) 8946 7369 or Rachel Clymo (08) 846 6748

**John Flynn Placements:** Sue Irvin 0407 541 945


If you require NTGPE support out of business hours, please phone (08) 8946 7079. You will then be directed to an on-call member of the Executive Team who will assist you. Otherwise you can contact **Christine Heatherington-Tait**, Executive Manager Education and Support 0408 892 329.

### Critical Incident Report Form

Please complete **Section A** of the FOREDU018 Critical Incident Form for Program Participants (Attachment A) and return to your program manager.

### Attachments

Attachment A - FOREDU018 Critical Incident Form for Program Participants

	21/08/2018
<b>Stephen Pincus, CEO</b>	<b>Date</b>

<b>Date Adopted: 28/10/2015</b>
<b>TRIM: 15/14291</b>

The primary purpose of this form is to allow incidents to be reported, managed and subsequently acted on in an appropriate manner to improve the safety and wellbeing of program participants. Incidents may relate to the personal, emotional or physical wellbeing of program participants.

Program participants who are in an employee/employer relationship with a third party (clinic/hospital) are reminded that they may need to also advise their employer, and complete an employer provided form or workers compensation form, if a workers compensation claim is contemplated.

Please complete Part A and send to the program manager for completion of Part B.

## Part A To be completed by the program participant:

Personal details of program participant (please complete and tick the appropriate boxes):	
Name:	_____ Date: _____
Date of birth:	_____ Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Program:	Australian General Practice Training Program <input type="checkbox"/> John Flynn Placement Program <input type="checkbox"/>
Training post:	_____
Training location:	_____
Placement dates:	_____
Name of supervisor:	_____

Details of the incident:		
A <b>critical incident</b> is considered to be an event outside the normal range of experience which is likely to cause physical and/or emotional distress to a degree sufficient to threaten your usual coping resources.		
A <b>near miss</b> is an unplanned event that did not result in injury, illness or damage – but had the potential to do so		
Please specify type of incident:		
<input type="checkbox"/> Critical incident	<input type="checkbox"/> Near miss	
Please specify if the incident affected your:		
<input type="checkbox"/> Personal safety	<input type="checkbox"/> Emotional wellbeing	<input type="checkbox"/> Physical wellbeing (please specify)
Date of the incident:	_____	
What is the incident:	_____	
Further details/who is involved:	_____	
Reported to (NTGPE staff):	_____	
Location of incident:	_____	
Did you inform your supervisor?	_____	
Witnesses (if known):	_____	
What factors led to this incident?	_____	
How was the incident handled?	_____	
Recommended actions:	_____	



Please provide a brief summary of the incident (including specifics about what, who, where, when & how)

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Part B: To be completed by the appropriate NTGPE staff member (e.g. program manager):**

What immediate action is planned or was taken to resolve the incident?



**Incident discussed with:**

Training Post       GP/Placement Supervisor       NTGPE DoT/DoE       University/Clinical School   
Other  (please specify):

**What long term action is required to prevent recurrence?**

**Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Part C To be completed by the NTGPE Director of Training (DoT) / Director of Education (DoE)**

**Comments**

**Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_