DHCR HSE Incident Reporting Policy

Policy and Procedure

Department: HSE

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Policy and Procedure – HSE INCIDENT REPORTING POLICY AND PROCEDURE

INTRODUCTION

This guidance has been prepared by DHCR HSE, and provides a clear policy on Incident Reporting.

In order to learn lessons from adverse events, incidents and near misses DHCC aims to ensure the reporting of any event which has potential for unintended or unexpected physical or psychological injury, disease, disability or death of a patient, staff member of visitor.

When things do go wrong it is now widely accepted that the response should not be one of blame and retribution, but one of learning, with an overarching aim to minimise risk.

1- Purpose:

1.1	Engaging in pro-active risk management activity, in addition to the process of reactive incident management, will enable the early identification of many things that can go wrong as part of a systematic approach to risk assessment.

2- Scope of application:

2.1	To define the classification of incidents and establish a common approach for reporting any accident / incident for meeting the following objectives: 2.1.1 Ensure all critical incidents are investigated. 2.1.2 Identify the root causes of all incidents and develop the necessary corrective or preventive actions and measures to prevent recurrence. 2.1.3 Provide data for statistical measurement of DHCC HSE performance and the development of HSE programs

3- Applicable To:

3.1	This policy applies to all, healthcare facilities, staff, patients, visitors, contractors and others attending DHCC. The policy is applicable to all property (buildings owned or occupied) and

	premises including residential accommodation, and businesses), internal or external within the DHCC campus.

4- Policy:

4.1	**Responsibility** 4.1.1 Every Business Partner and their staff including all contractors staff should adhere strict adherence to this DHCR Incident Reporting Policy 4.1.2 All new staff shall be oriented on the Incident Reporting Policy as part of general staff orientation program 4.1.3 It should be understood that the onus on all operating / working in DHCC to demonstrate compliance with the DHCC Regulatory Division Incident reporting policy 4.1.4 Completion of an Incident Report Form, does not constitute an admission of liability of any kind by any person.
4.2	**Why Report an Event?** 4.2.1 It is a DHCC wide quality initiative, which will enhance the safety of our patients, employees and visitors 4.2.2 Incident reports are analysed to determine whether there are any trends that represent potential problems in the delivery of care 4.2.3 Incident reports call attention to situations that may require corrective action. They help identify trends and patterns of unsafe practices 4.2.4 Aid a staff member's ability to recall an event or an occurrence particularly when the occasion for recall may not arise for many years
4.3	**What to report** The following information must be reported regarding an 'Event' to DHCR HSE, regardless of severity or nature: 4.3.1Exact Location (example: Room Number, Unit Number, Name of Company, Floor, Building) 4.3.2 Date & time (exact time)

	4.3.3 Names of personnel involved (full name and contact of all who witnessed / involved) 4.3.4 Full details of the Person in Charge (Name / Mobile / Email) 4.3.5 Description of the Event 4.3.6 Initial actions taken to avoid recurrence 4.3.7 Nature of injuries or suspected injuries 4.3.8 Details of property damage 4.3.9 All areas of the Incident form to be completed 4.3.10 Only factual and objective details should be recorded – not opinions 4.3.11 Writing should be legible and using a black permanent ink pen or typed if in electronic format 4.3.12 Signatures on the form are to be written legibly

PROCEDURE SEQUENCE	
5.1	**Reporting Process** 5.1.1 An Incident Report Form, should be used for all types of incidents, near misses, concerns etc, *see DHCR HSE Incident Report Form in appendix.* 5.1.2 However, BP / Investor / Property Manager / Facility Manager may submit their own internal Incident Form to DHCR. 5.1.3 All incidents will be treated with the appropriate degree of sensitivity and confidentiality. 5.1.4 Any 'Event' should be reported to the Internal Senior Manager within the unit for internal directional guidance. 5.1.5 In addition, for DHCC owned building any events should be directly reported to Security, whereby assistance is required. 5.1.6 All 'Events' regardless of the severity or nature MUST be reported to DHCR HSE Department, no later than 48hours, post event.

	5.1.7 An Adverse Event and / or Sentinel Event must be reported to DHCR HSE within 24hours post occurrence. 5.1.8 In the absence of completing DHCC Incident Report Form an event, can be communicated, by any medium possible, to avoid delay and ensure communication to the DHCR HSE Regulator. Following initial communication, an incident report can then be filed.
5.2	**How to Investigate an Event** Below Steps 1 – 5 provide an outline of what you need to look for 5.2.1 Step One: Gathering detailed information: how, what, why, where, who, activities, differences / unusual occurrences; proper procedures and protocols being followed; risk known and understood; were processes / systems in place sufficient to prevent occurrences; training and competencies sufficient?; what other conditions might have affected the issue 5.2.2 Step Two: Analysis of information: sequence of events which should be charted, underlying and root causes to be identified: human failing, process breakdown/ inadequacy; job factors, plant, equipment and organizational factors. 5.2.3 Step Three: Identifying suitable risk control measures: recommendations, timeliness of implementation, priorities, similar risk / adverse events occurred before / elsewhere? These are seen as opportunities for the corrective and preventive actions (CAPA) to be put into place 5.2.4 Step Four: Action Plan and Implementation: SMART measures; which and how and when risk control measures to be implemented and followed up; submission of all paperwork, and approval for action plan signed off with delegated responsibility for follow-up and closure. 5.2.4 Step Five: Close-out of the incident involves all relevant stakeholders being informed as to the outcomes of all processes that an incident may have included.
5.3	**How to assess the severity of an event** **Event Risk Rating:**

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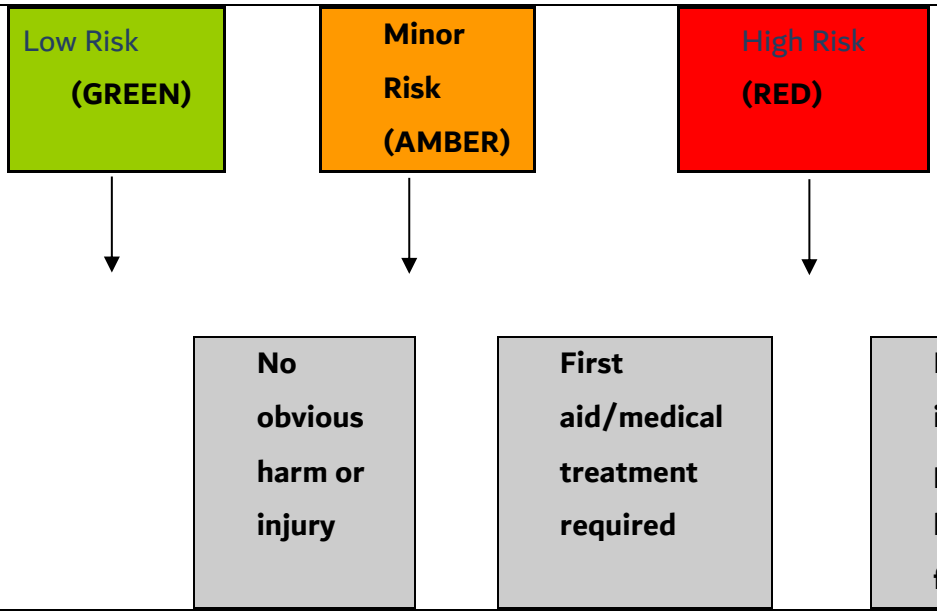

5.4	**Securing the Scene** In all events, every effort shall be made to make the site safe and protect the injured person as a first priority. Securing the site is the next step which ensure that: 5.4.1 There is no further immediate threat to personnel, environment or property. 5.4.2 All pertinent details can be recorded for investigation purposes. 5.4.3 Evidence is preserved
5.5	**DHCR HSE Receiving any Event** 5.5.1 Upon receiving the Event, DHCR HSE staff will evaluate what has happened 5.5.2 Direct communication will be made acknowledging receipt 5.5.3 Review of the severity and analysis of the corrective action taken locally
5.6	**Corrective and Preventive Action** Following an event in the affected business unit, the Business Manager must ensure that corrective action is taken to eliminate recurrences.
5.7	**Audit** All BP must retain Incident Reports, which should be available for inspection by DHCR HSE Inspection Team.
5.8	**Enforcement** It is the responsibility of the Business Partners to ensure compliance with the DHCR Incident Poli

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6-Appendix

7-Communication: (Check all that apply)

☑	Announcement
☐	Awareness
☑	Training
	Other specify

8-Definitions:

Accident:	An accident is an unplanned event resulting in death, or resulting in an injury such as a severe sprain or strain (for example, manual handling injuries), a laceration, a broken bone, concussion or unconsciousness
Adverse Event:	An adverse event is defined as an unexpected, undesirable, or potentially dangerous occurrence
Dangerous Occurrence:	*(Below is not an exhaustive list)* dangerous occurrence' means an occurrence arising from work activities in a place of work that causes or results in – (a) the collapse, failure, explosion, bursting, electrical short circuit discharge or overload, or malfunction of any work equipment, (b) the collapse or partial collapse of any structure under construction or in use as a place of work, (c) the uncontrolled or accidental release, the escape of any chemical, fume, gas or the ignition of any substance, (d) a fire involving any substance, or (e) any unintentional ignition or explosion of explosives, as may be prescribed.
Event:	Anything that constitutes an Incident, Unsafe Act, Near Miss and Dangerous Occurrences
First Aid:	Incident that resulted in injury and treated by a first aider on site or no treatment required and the injured is generally able to return to the normal duties afterwards

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Incident:	Any event that could have or did lead to unexpected or unintended harm, loss or damage to a patient, staff, visitor, third party, hospital property or premises
Lost Time Injury:	A Lost Time Injury occurs when an employee cannot return to work for more than 3 days due to an injury or illness.
Near Miss:	An incident, which could have but did not result in harm, loss or damage to a patient, staff, visitor, third party, hospital property or premises.
Property Damage:	Property Damage incidents do not affect the HSE performance statistics but do provide a means of early identification of potential problem areas
Sentinel Event:	A sentinel event is defined as, but not limited to: An unexpected occurrence involving: unanticipated death; or Major permanent loss of function or major injury; or serious psychological injury

9-References :

9.1	DHA Health Care Standards – April 2012
9.2	Joint Commission International Accreditation Standards for Hospitals, 5th ed, 201
9.3	Local Order 11 of 2013 Concerning Public Health & Community Safety in the Emirate of Dubai

Revision History

S No:	Summary	Amend Type*	Page	Issue No.	Issue Date
1.					
2.					
3.					
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* Amend Type: New- Add – Modify – Cancel