1. **Purpose**

The purpose of this procedure is to provide direction to NSW Health Pathology (NSWHP) services regarding the management of critical incidents.

This document describes the procedure for managing critical incidents to support NSWHP managers and staff in their incident response.

2. **Background**

NSWHP is required to have an effective critical incident management system for investigating and actioning recommendations for all critical incidents in line with NSWHP and/or NSW Government policies and protocols.

3. **Scope**

This procedure is mandatory and:

a) Applies to all critical incidents that occur within NSWHP services
b) Provides guidance on the definition of a critical incident and the key elements of the management response required
c) Applies to all staff
d) Describes roles and responsibilities of staff in critical incident management
e) Articulates mandated reporting requirements from legal and policy perspectives
f) Defines the timeframes required for notification, analysis and feedback of a critical incident
g) Identifies the state-level processes for aggregation, analysis, learning and action on critical incidents

There are three types of critical incidents. These include:

2. Corporate incident as per [NSW Health Incident Management Policy Directive PD2014_004](#) and
3. Emergency incident as per [New South Wales Health Functional Area Supporting Plan (NSW HEALTHPLAN) PD2014_012](#).

This procedure is to be read in conjunction with the related policies listed at Section 8 “Legal and Policy Framework” of this procedure.

4. **Definitions**

**Critical incident:** is defined by NSWHP as an incident that requires mandatory and prompt notification to NSWHP Executive and would include, but is not confined to, incidents such as:

a) All Severity Assessment Code (SAC) 1 and SAC 2 clinical and corporate incidents
b) “Reportable Incidents” as defined in [NSW Health Incident Management Policy Directive PD2014_004](#) listed at Appendix A
5. Procedure

When a critical incident occurs in a NSWHP service a series of actions must occur. Key steps in critical incident management include:

5.1. Identification

Identification can occur through a number of processes which may include:

a) **Internally**: direct observation, team discussion, multi-disciplinary team meetings, incident reporting, medical record reviews, complaints, audits (clinical or corporate)

b) **Externally**: Coroner’s reports, media reports, advice from regulatory bodies [Independent Commission Against Corruption (ICAC) or the NSW Ombudsman], legal claims, complaints [HealthCare Complaints Commission (HCCC)] and/or consultant audit engagements.

5.2. Immediate Action

Following identification of a critical incident, it may be necessary to take immediate action to mitigate the harmful consequences of a critical incident and prevent further harm. This may involve liaison with local or external agencies, for example, Local Health Districts, NSW Police, SafeWork NSW.

Support may be required from the NSWHP Corporate Executive (Executive Director Clinical Governance and Quality, Executive Director Strategy and Transformation, Executive Director People and Culture, Executive Director Scientific and Technical Strategy, Executive Director Strategic Communications, Executive Director Clinical Operations and/or Executive Director Clinical Services).

Appropriate debriefing and support must be made available to staff where relevant. Remind all staff they can access the Employee Assistance Program (EAP) to receive confidential and professional counselling to assist them during this time (NSW Health Employee Assistance Programs Policy Directive PD2016_045).

5.3. Notification

a) The notifier must verbally notify their manager immediately of the critical incident. The manager must immediately verbally notify the relevant Director, and Executive Director of the critical incident.

b) The relevant Director/Executive Director must ensure the relevant Critical Incident Lead (either the Executive Director Clinical Governance and Quality or the Executive Director Strategy and Transformation - refer to page 6 and 7) is immediately notified by direct telephone call or text. The notifier must confirm the Critical Incident Lead has received and read the message.
c) The relevant Critical Incident Lead coordinates the Critical Incident Huddle as outlined in the Critical Incident Huddle Flowchart NSWHP_F_028 within 6 hours of notification of the incident and:

i. Determines the membership based on the nature of the incident. Members must include the relevant Critical Incident Lead and the Executive Director Strategic Communication or nominee. Members may also include the CE, Executive Director Clinical Operations, Executive Director People and Culture, Director Corporate Governance, Director Quality and Patient Safety, other relevant Directors such as Operations Directors and operational staff.

ii. Chairs the meeting and provides secretariat support

iii. Ensures the Critical Incident (Clinical and Corporate) Checklist NSWHP_F_027 is:

- Completed and distributed to the Critical Incident Huddle members
- Actioned by the responsible officers and within the assigned timeframes
- Retained on the relevant NSW Health Pathology records management system.

d) Critical Incident Lead must immediately notify the Chief Executive (CE) that advice of a critical incident has been received

e) All incidents (except for MCCC matters or when a staff member’s personal rights require confidentiality) must be notified through the electronic NSW Health Incident Management System

f) Where required, the nominated Director/Executive Director prepares and submits a hard copy Reportable Incident Brief (RIB) within 6 hours of initial advice to the relevant Critical Incident Lead

g) The nominated Director/Executive Director must liaise with other health entities including their Clinical or Corporate Governance Units (CGU), where appropriate, to agree management responsibility for the critical incident including the preparation of a RIB, analysis, action and feedback processes. Refer to the NSW Health Incident Management Policy PD2014_004

h) The Critical Incident Lead reviews the RIB content, where applicable, and submits the RIB to the NSWHP Chief Executive (CE) within 12 hours of initial advice of the critical incident

i) Legislative requirements for notification to regulatory bodies and external agencies, for example, NSW Police Force, ICAC, NSW Ombudsman, SafeWork NSW must be met by NSWHP. Refer to Section 8 “Legal and Policy Framework” of this procedure

j) The CE, or CE delegate, must electronically submit the approved RIB to MoH, where applicable, by email within 24 hours of initial incident advice via email RIBs@doh.health.nsw.gov.au

k) Emergency incidents that require escalation to the State Pathology Controller should follow the notification/escalation process as outlined in the NSWHP Emergency Management Plan (NSW Health Pathology Supporting Plan to the NSW HEALTHPLAN).

Please refer to – the Critical Incident Management Process at Appendix B of this procedure.

5.4. Analysis

a) NSWHP staff are required to participate in the investigation of critical incidents

b) Directors and Executive Directors are required to provide investigation reports, for example, Root Cause Analysis investigation (RCA) to the relevant Critical Incident Lead for advice and review
c) CE endorsement is required before the release of the final investigation report to a third party including the NSW Ministry of Health (MoH).

5.5. **Action**

a) Directors are responsible for the implementation of recommendations from critical incident investigations

b) The Board Quality and Patient Safety Subcommittee is accountable for the monitoring of the implementation of recommendations from critical incidents.

5.6. **Feedback**

a) NSWHP staff will partner with LHD CGUs, where appropriate, in open disclosure processes with staff, patients and/or support person. Refer to [NSW Health Open Disclosure Policy Directive PD2014_028](http://intranet.pathology.health.nsw.gov.au/tools/resources/policies-and-procedures/policies) and [NSW Health Public Interest Disclosures Policy Directive PD2016_027](http://intranet.pathology.health.nsw.gov.au/tools/resources/policies-and-procedures/policies)

b) Feedback and support must be provided to staff involved in the incident and should occur as soon as possible

c) Feedback to the broader group of clinical providers and managers within the organisation should be considered. Internally this may be through Clinical Streams, quality meetings, finance and performance meetings and/or externally through grand rounds

d) The Board Quality and Patient Safety Subcommittee will provide reports on trended aggregated data, outcomes of incidents and related risks to relevant committees, for example, Strategic Leadership Team and Audit and Risk Management Committee

e) Feedback should include updates on recommendations, consultation processes and improvements achieved

f) This will also provide a level of accountability for implementation of the recommendations that arise from RCAs or other investigations

g) The critical incident management process is represented in the flowchart at Appendix B of this procedure.

6. **Release of Organisational Information**


NSW Health workers must not access, use, disclose or release any internal organisational documents/information obtained in the course of official duties, unless they are authorised to do so including when they cease to work in NSW Health.

Where appropriate consent has been obtained to release identifying health information about an incident, release should occur only with the approval of the CE or his/her delegate authorised to provide such information.

7. **Roles and Responsibilities**

The roles and responsibilities required of NSWHP officers are outlined below:

7.1. **Director/Executive Directors**

a) Implementing local procedures that support staff and encourage an environment where critical incident notification and active management of critical incidents is fostered, without a culture of blame, in accordance with the [NSW Health Incident Management Policy PD2014_004](http://intranet.pathology.health.nsw.gov.au/tools/resources/policies-and-procedures/policies)
b) Ensuring appropriate resources are available for effective critical incident management and related activities (including open disclosure, investigative processes and implementing recommendations from critical incident investigations)

c) Liaising with other health entities or public sector agencies following notification of critical incident to confirm management responsibility, open disclosure process, SAC rating, preparation of RIB and investigative process as detailed in the NSW Health Incident Management Policy PD2014_004

d) Ensuring critical incidents are managed in accordance with the NSW Health Incident Management Policy PD2014_004 and the following internal critical incident notification and management processes for NSWHP:

i. Ensuring that verbal notification of critical incidents occurs immediately to the relevant Critical Incident Lead

ii. Submitting the completed RIB to the relevant Critical Incident Lead within 6 hours of a “Reportable” critical incident being notified

iii. Providing advice on clinical and corporate critical incidents through the Critical Incident Huddle Process as required

iv. Preparing advice about critical incidents that is accurate, timely and in plain English to support effective communication to various audiences, especially if notifications are required to external stakeholders

v. Ensuring appropriate staff are allocated and supported to participate in the investigation of critical incidents as required

vi. Taking local action to ensure appropriate incident management and preventing recurrence of a critical incident situation

vii. Conducting an operational debrief as soon as appropriate after a critical incident

viii. Ensuring critical incident investigation reports are completed within agreed timeframes

ix. Reporting on progress of implementation of recommendations from critical incident investigations to Executive Director Clinical Operations and/or the Executive Director Clinical Services

x. Contributing to statewide improvements as required following a critical incident

xi. Ensuring that there is timely notification to NSWHP Manager, Audit and Risk of all critical incidents that have the potential to become Treasury Managed Fund (TMF) claims.

7.2. Critical Incident Leads

7.2.1. Clinical Critical Incident Lead: Executive Director, Clinical Governance and Quality

a) Coordinating Critical Incident Huddles for clinical incidents, per section 5.3 of this procedure

b) Providing oversight of the quality of clinical critical incident investigation processes and outcomes

c) Ensuring that verbal notification of clinical critical incidents occurs immediately to the CE, accompanied by a completed Critical Incident (Clinical and Corporate) Checklist [insert hyperlink]

d) Ensuring RIBs are submitted for CE approval within agreed timeframes

e) Ensuring RIBs are submitted to MoH within agreed timeframes
Procedure

Critical Incident

This document is controlled only if the latest version is downloaded from the NSW Health Pathology Policy Library.

f) Supporting Directors/Executive Directors to undertake internal clinical critical incident investigations

g) Reviewing and endorsing clinical critical incident investigation reports and recommendations

h) Reviewing and providing the senior-level endorsement of NSWHP information/advice, for submission to the NSWHP CE and/or external stakeholders (e.g. MoH, Minister’s office, LHDs and other customers, media outlets, other relevant bodies).

i) Providing advice (internally and externally) in response to specific queries about clinical critical incident management and in response to analysis of critical incidents

j) Ensuring clinical critical incident investigation reports and recommendations are submitted to the CE for endorsement before release to the MoH or other bodies

k) Providing advice on investigations and conduct/impairment/performance issues with individual clinicians

l) Liaising with partnering health entities Clinical Governance Unit Directors and public sector agencies as required

m) Ensuring that there is notification to TMF of all clinical critical incidents that have the potential to become public liability claims, within agreed timeframes

n) Contributing to the development of statewide policies and strategies in response to clinical critical incidents

o) Ensuring internal reporting of clinical critical incident matters to the Strategic Leadership Team meeting and Audit and Risk Management Committee

p) Supporting Directors/Executive Directors with operational debriefing following critical incidents as required

q) Liaising with external bodies including Health Care Complaints Commission, Royal College of Pathologists of Australasia (RCPA), The New South Wales Board of the Medical Board of Australia, Nurses and Midwives Board New South Wales

r) Overseeing emergency management response and recovery for NSWHP as the State Pathology Controller as outlined in the NSWHP Emergency Management Plan (NSWHP Supporting Plan to the NSW HEALTHPLAN).

7.2.2. Corporate Critical Incident Lead: Executive Director, Strategy and Transformation

a) Coordinating Critical Incident Huddles for corporate incidents, per section 5.3 of this procedure

b) Providing appropriate oversight of the quality of corporate critical incident investigation processes and outcomes

c) Ensuring that verbal notification of corporate critical incidents occurs immediately to the CE, accompanied by a completed Critical Incident (Clinical and Corporate) Checklist [insert hyperlink]

d) Ensuring RIBs are submitted for CE approval within agreed timeframes

e) Ensuring RIBs are submitted to MoH within agreed timeframes

f) Supporting the Directors/Executive Directors to undertake internal corporate critical incident investigations

g) Reviewing corporate critical incident investigation reports and recommendations
Procedure
Critical Incident
NSWH_PR_021

h) Reviewing and providing the senior-level endorsement of NSWHP information/advice which needs to be submitted to the NSWHP CE and/or external stakeholders eg MoH, Minister’s office, LHDs and other customers, media outlets, other relevant bodies

i) Ensuring corporate critical incident investigation reports and recommendations are submitted to the CE for endorsement before release to the MoH or other bodies

j) Providing advice (internally and externally) in response to specific queries about corporate critical incident management, and in response to analysis of critical incidents

k) Ensuring internal reporting of corporate critical incident matters to the Strategic Leadership Team meeting and Audit and Risk Management Committee

l) Supporting Directors/Executive Directors with operational debriefing following corporate critical incidents, as required

m) Overseeing reporting of all critical incidents to Audit and Risk Management Committee

n) Liaising with and reporting to partnering health entities, external bodies and public sector agencies, including NSW Police, ICAC and NSW Ombudsman, as required

o) Ensuring that there is timely notification to TMF of all critical incidents that have the potential to become public liability claims (clinical and corporate), within agreed timeframes.

7.3. Supporting Portfolio Directors

7.3.1. Executive Director, People and Culture

a) Providing advice on clinical and corporate critical incidents through the Critical Incident Huddle Process as required

b) Providing appropriate oversight of the quality of employee related investigation processes and outcomes

c) Providing advice, internally and externally, in response to specific queries about employee related critical incident management and in response to analysis of employee related critical incidents

d) Reviewing and providing senior-level endorsement of NSWHP information/advice for submission to the NSWHP CE and/or external stakeholders, for example, MoH, Minister’s office, LHDs and other customers, media outlets and other relevant bodies including for:
   i. Employment related child allegations, charges and convictions
   ii. Employee related criminal allegations, charges and convictions and
   iii. Employment related legal matters of significance.

e) Providing industrial advice and guidance for MCCC related matters

f) Ensuring timely notification to TMF of all employee related critical incidents that have the potential to become claims for example workers compensation and Work Health Safety critical incidents through the Work Health and Safety Manager

g) Ensuring internal reporting of employee related critical incident matters to the Strategic Leadership Team meeting and Audit and Risk Management Committee

h) Liaising with and reporting to external bodies as required, including unions and Safe Work NSW.
7.3.2. Executive Director, Strategic Communications

a) Providing advice on clinical and corporate critical incidents through the Critical Incident Huddle Process as required

b) Supporting the Director/Executive Director in determining the most appropriate strategic communication processes and tools required, for example, Briefs to MoH Strategic Relations Branch, Parliament Notes, media release/statements

c) Coordinating any media relations activities as required.

7.4. Chief Executive

a) Ensuring NSWHP has an effective critical incident management system in place for investigating and actioning recommendations for all critical incidents in line with NSWHP and/or NSW Government policies and protocols.

8. Legal and Policy Framework

8.1. Related Policy Document Suite

a) NSW Health Complaint or Concern about a Clinician - Principles for Action Policy Directive PD2006_007
b) NSW Health Employee Assistance Programs PD2016_045
c) NSW Health Incident Management Policy Directive PD2014_004
e) NSW Health Pathology Emergency Management Plan NSWHP_CG_005
f) NSW Health Pathology Guide to Government Relations
g) NSW Health Pathology Media Relations Guidelines NSWHP_PG_001
h) NSW Health Pathology Reportable Incident Brief (RIB)
i) NSW Health Pathology Critical Incident (Clinical and Corporate) Checklist
j) NSW Health Public Communications Procedures PD2017_012
k) NSW Health Public Interest Disclosure Policy Directive PD2016_027
l) NSW Health Risk Management – Enterprise-Wide Policy and Framework PD2015_043
m) NSW Health Services Functional Area Supporting Plan (NSW HEALTHPLAN) PD2014_012
n) NSW Health Significant Legal Matters and Management of Legal Services Policy Directive PD2017_003
o) Critical Incident (Clinical and Corporate) Checklist NSWHP_F_027
p) Critical Incident Huddle Flowchart NSWHP_F_028
8.2. Related Legislation

a) Health Administration Act 1982
b) Health Administration Regulation 2015
c) Health Care Complaints Act 1993 (NSW)
d) Health Records and Information Privacy Act 2002
e) Health Records and Information Privacy Regulation 2012
f) Health Services Act 1997
g) Privacy and Personal Information Protection Act 1998
h) Private Health Facilities Act 2007
i) Private Health Facilities Regulation 2010
j) State Emergency and Rescue Management Act 1989 (NSW)
k) Work Health and Safety Act 2011

9. Review

This procedure will be reviewed by 30 June 2019.

10. Risk

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<tr>
<th>Risk Statement</th>
<th>The ability to recognise a critical incident enables our staff to respond in a timely manner and reduce harm to our organisation, patients, staff, visitors, contractors or assets.</th>
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<tbody>
<tr>
<td>Risk Category</td>
<td>Leadership and Management</td>
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11. Further Information

For further information, please contact:

<table>
<thead>
<tr>
<th>Policy Contact Officers</th>
<th>Position: Executive Director, Strategy and Transformation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Vanessa Janissen</td>
<td>Name: <a href="mailto:Vanessa.Janissen@health.nsw.gov.au">Vanessa.Janissen@health.nsw.gov.au</a></td>
</tr>
<tr>
<td>Telephone: 02 4920 4039</td>
<td>Email: <a href="mailto:Vanessa.Janissen@health.nsw.gov.au">Vanessa.Janissen@health.nsw.gov.au</a></td>
</tr>
<tr>
<td>Email: Meredith.Caelli</td>
<td>Position: Manager Audit and Risk</td>
</tr>
<tr>
<td>Name: Meredith Caelli</td>
<td>Telephone: 02 4920 4091</td>
</tr>
<tr>
<td>Telephone: 02 4920 4091</td>
<td>Email: <a href="mailto:Meredith.Caelli@health.nsw.gov.au">Meredith.Caelli@health.nsw.gov.au</a></td>
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## 12. Version History

The approval and amendment history for this document must be listed in the following table.

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<th>Approved By</th>
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<td>Executive Leadership Team</td>
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<td>Chair, Transformation Governance Committee</td>
<td>21/05/19</td>
<td>Senior Policy Officer</td>
<td>Medium</td>
<td>Updated to incorporate the huddle process</td>
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Appendix A: Reportable Incidents

A Reportable Incident Brief (RIB) is designed for the reporting of specific health care incidents to the MoH as defined in the NSW Health Incident Management Policy PD2014_004. The RIB process is used for reporting relevant clinical and corporate incidents.

Clinical incidents: A clinical incident is any unplanned event which causes, or has the potential to cause, harm to a patient.

Corporate incidents: Corporate incidents occurring in the health care setting are those involving staff, visitor, contractors, property, security and hazards.

1. Clinical Incidents
   a) Death of a patient unrelated to the natural course of illness
   b) Suspected suicide of a person (including a patient or community patient) who has received care or treatment for a mental illness from the relevant Health Services organisation where the death occurs within 7 days of the person’s last contact with the organisation or where there are reasonable clinical grounds to suspect a connection between the death and the care or treatment provided by the organisation
   c) Suspected homicide committed by a person who has received care or treatment for mental illness from the relevant Health Services organisation within six months of the person’s last contact with the organisation or where there are reasonable clinical grounds to suspect a connection between the death and the care or treatment provided by the organisation
   d) Unexpected intra-partum stillbirth
   e) Procedures involving the wrong patient / body part regardless of the outcome (SAC1-SAC4) or
   f) The Sentinel Events, those being:
      i. Procedures involving the wrong patient or body part resulting in death or major permanent loss of function
      ii. Suspected suicide of a patient in an inpatient unit
      iii. Retained instruments or other material after surgery requiring reoperation or further surgical procedure
      iv. Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs
      v. Intravascular gas embolism resulting in death or neurological damage
      vi. Haemolytic blood transfusion reaction resulting from ABO (blood group) Incompatibility
      vii. Maternal death or serious morbidity associated with labour or delivery
      viii. Infant discharged to wrong family.

1.1 “Major Clinical Consequences”

An incident with “major clinical consequences” is one which involves a patient:

a) Suffering a major permanent loss of function (sensory, motor, physiologic or psychological) unrelated to the natural course of the illness and differing from the expected outcome of patient management
b) Suffering significant disfigurement as a result of the incident
c) At significant risk due to being absent against medical advice/absconding
d) Subjected to threatened or actual physical or verbal assault requiring external or police intervention.

1.2 Probability of Recurrence

a) Frequent expectation that the incident will recur immediately or within weeks or months
b) Likely probability incident will recur more than once within 12 months
c) Possible possibility incident may recur at some time every 1 to 2 years
d) Unlikely possibility incident may recur at some time in 2 to 5 years.
When Health Services are reporting incidents involving patient on patient or patient on staff assaults resulting in injury or death of a patient or staff member and there are reasonable clinical grounds to suspect a connection between the assault/death and care provided by the organisation, these are to be reported as a clinical RIB.

2. Corporate Incidents

a) Unexplained death of a staff member
b) Suspected suicide or attempted suicides by a staff member where the staff member was not a client of mental Health Services
c) Fire, bomb or other threatening activities in the health facility
d) Critical equipment breakdown or failure
e) Serious threats affecting the facility’s operation
f) Complete loss of service i.e. power or water failure
g) Criminal activity in or related to the workplace
h) Non-accreditation of service provider
i) Violence or threats of assaults on patients, staff or other persons in the Health Service. This includes incidents involving:
   i. Assaults on, and or abuse of, patients (including children) and other vulnerable patients by staff or other persons and incidents involving abuse of staff by patients or other persons
   ii. Staff members assaulting other staff members
   iii. Other relevant matters such as Public Interest Disclosures, ICAC matters
   iv. Incidents for which reporting is mandated (see below).


There are matters that require mandatory notification via a RIB to the MoH regardless of the SAC. These include, but are not limited to:

a. Deaths or other incidents reportable to the Mental Health and Drug & Alcohol Office
b. When methadone or buprenorphine is associated with or potentially associated with a child’s presentation or admission to hospital
c. Deaths in custody
d. Significant legal action initiated by or against a Health Service. Refer to NSW Health Significant Legal Matters and Management of Legal Services Policy Directive PD2017_003 for further information concerning the notification of significant legal matters
e. Industrial disputes, particularly where an interruption may be marked
f. The commencement of a SafeWork NSW prosecution
g. All incidents that involve the incorrect patient, procedure or site
h. Radiation incidents reportable to the Radiation Advisory Council (RAC) under the Radiation Control Act (2003)
i. Other matters either raising issues likely to have a major impact on the Health Service or have statewide implications such as assault or violence against a patient/client by an employee
j. Child related allegations, charges and convictions against staff which are notifiable to the Child Protection Helpline or Child Wellbeing Unit (where appropriate), NSW Police and/or Ombudsman and require investigation by the Health Service. These allegations may be work or non-work related
k. Criminal charges against a staff member related to the workplace or that are outside of work but impact on the workplace in terms of risks, for example, sexual assault, criminal charges
l. Accreditation agency notification to a health service of the detection of one or more significant risks to patient harm.
Appendix B – NSWHP Critical Incident Management Process

** NSWHP will work closely in supporting the Critical Incident Investigation Team. This may include supporting another health entity (eg LHD, Ambulance Service NSW) or public sector agency (NSW Police) in a critical incident investigation through participation as a team member or through the provision of technical or scientific advice and assistance.