

Incident Management (Resident/Care)

System	Health and Wellness
System owner	Health and Wellness Manager
Reference/s	<p><i>Aged Care Act 1997, Quality of Care Principles 2014 (Serious Incident Response Scheme)</i></p> <p><i>Aged Care Act 1997, Quality of Care Principles 2014 (Aged Care Quality Standards)</i></p> <p><i>The National Disability Insurance Scheme Act 2013 (Incident Management and Reportable Incidents Rules 2018).</i></p> <p><i>Coroner's Act 2009 NSW and Coroner's Act 2003 Qld. (Reportable deaths)</i></p> <p><i>Public Health Act 2005 Qld. (Schedule 1)</i></p>

Context

1. Incident management is an essential part of Benevolent Living's (Benevolent) organisational governance, in particular its care governance, work health and safety, and Risk Management Frameworks.
2. Effective Incident management is an integral aspect of ensuring the ongoing health, safety, well-being and quality of life for our residents, staff, volunteers and visitors.
3. This policy should be read in conjunction with the following policies:
 - [Mandatory Reporting Policy MA-24](#)
 - [Incident Management \(WHS\) Policy WHS-09](#)
 - [Complaint Management Policy MA-10](#)
 - [Care Risk Management Policy HW-12](#)
 - [Open Disclosure Policy MA-20](#)

Commitment

4. Benevolent is committed to protecting the health, safety and well-being of our residents, staff, volunteers and visitors while recognising that life is not risk free and that each resident has the right to live the life they choose (dignity of risk).
5. Benevolent is committed to being open and transparent regarding incidents ensuring that all incidents are recorded, reported and acted on in a timely manner.
6. Benevolent is also committed to analysing and investigating incidents with a view to informing continuous improvement opportunities.

Scope

7. This policy specifically relates to the management of incidents resulting from the provision of care and services to Benevolent Living's (Benevolent) residents.

Quality

8. This policy has been developed having regard to the following quality frameworks:
 - *The Aged Care Quality Standards (ACQSC)*
 - *Serious Incident Response Scheme – Guidelines for Residential Aged Care Providers, July 2022*
 - *Effective Incident Management Systems: Best Practice Guidance – Aged Care Quality and Safety Commission*
 - *The NDIS Practice Standards (NDIS QSC)*
 - *Reportable Incidents – Detailed Guidance for Registered NDIS Providers, June 2019 (NDIS QSC)*

Compliance

9. Benevolent recognises and will comply with its obligations under the following regulatory instruments:
 - *Aged Care Act 1997, Quality of Care Principles 2014 (Serious Incident Response Scheme)*
 - *Aged Care Act 1997, Quality of Care Principles 2014 (Aged Care Quality Standards)*
 - *The National Disability Insurance Scheme Act 2013 (Incident Management and Reportable Incidents Rules 2018).*
 - *Coroner's Act 2003 Qld. (Reportable deaths)*
 - *Public Health Act 2005 Qld. (Schedule 1)*

Accountability

10. The Board, through the Chief Executive Officer (CEO), has overall responsibility for ensuring the objectives of this policy are achieved.
11. The CEO is responsible for ensuring the organisations culture supports a no blame policy, and encourages openness, accountability, and continuous improvement.

Overview

12. Benevolent's Incident Management system has been developed to identify, report, investigate, and respond to all incidents (including near misses), that are known to have occurred, or are suspected to have occurred, that have (or could have) caused harm to another person.

13. An incident can occur by any act, omission, event, or circumstance arising during the course of Benevolent's operations including the provision of care and/or services to our residents.
14. Benevolent's Incident Management System:
 - Focuses on the health, safety, wellbeing, and quality of life of our residents, their visitors, our staff and volunteers, and anyone else impacted by the incident.
 - Provides a set of procedures (actions and responsibilities) in relation to identifying, reporting, investigating, and responding to an incident.
 - Encourages and values the open reporting of all incidents and near misses with a focus on learning and improvement.
 - Supports open communication (open disclosure) with a focus on physical and psychological health and wellbeing of those affected by the incident.
 - Provides for continuous improvement of the care and services provided by Benevolent.
15. Benevolent's Incident Management system will be reviewed in consultation with our residents (and/or their representatives), staff, management, and Board, and is available on the Benevolent website – www.benevolent.com.au

System Principles

16. Benevolent Incident management system is:

Person Centric – regardless of whether the person is a resident, staff member, volunteer or visitor, the response to an incident will be respectful of the individual and responsive to their needs and preferences and will support their health safety and wellbeing.

The Incident Management Policy will be written in manner that is easy to understand and will be readily accessible to all residents and staff.

Outcomes Focused – incident management is focused on understanding what went wrong and what measures can be implemented in an effort to prevent a recurrence or to reduce and/or minimise harm if an incident does occur.

Focusing on identifying what occurred and not about placing blame on any group or individual encourages and supports open reporting of incidents, accountability, and continual improvement.

Open Disclosure / Accountable – as outlined in Benevolent's Open Disclosure policy, when things go wrong, we will have an open and honest conversation with the person (including providing an apology) about what occurred and what measures will be implemented in an effort to prevent recurrence or minimise harm if the incident does occur.

Continuous Improvement Focused – Benevolent’s Incident Management enables the organisation to identify trends and issues and identify ways in which we can improve the quality of the services we provide.

Incident Identification

17. An incident is any act, omission, event or circumstance that occurs during the provision of care or services to our residents (in or outside of the facility e.g.: lifestyle activity), or through the use of our facility (exhibitions, Café, etc.), and
 - o Has (or could have been expected to) caused harm to a resident;
 - o Is suspected (or alleged) to have (or could have been expected to) cause harm to a resident
 - o Incidents (including near misses) can be identified by a resident, staff member, volunteer, or a visitor, and can be reported to any staff member.
18. All staff will be trained on induction (and as part of the annual in-service training) on how to recognise and report an incident.

Incident Reporting

19. Incidents must be reported using the Resident Incident Form (General and Medication) in Telstra Health for any resident related incident or near miss.
20. Part 1 of the Resident Incident Form (General and Medication) is to be completed by the person/s who is made aware of the incident. A person can be made aware of an incident or suspected incident through either witnessing the incident or having the incident reported to them by another person.
21. Part 2 of the Resident Incident Form (General and Medication) must be completed by the Registered Nurse.
22. Timelines
 - Part 1 – Immediate or as soon as practically possible after being made aware of the incident.
 - Part 2 - Complete notifications and review form immediately and complete as soon as practically possible.

All parts of the Resident Incident Form (General and Medication) must be completed in its entirety within 7 days of the incident.

Incident Process

23. Support and Treatment

When an incident occurs, immediate action must be taken to ensure the health, safety and wellbeing of anyone involved in the incident.

Non-Clinicians should immediately report the incident to a Registered Nurse or Enrolled Nurse (when an RN is unavailable) who will assess the situation and determine what actions are required to support those impacted by the incident.

Registered Nurses will:

- assess the situation taking into account the level of harm or the impact on any person involved in the incident;
 - determine what actions and/or treatments are required to immediately treat and/or reduce the harm to the resident's health and safety.
 - Registered Nurses may need to contact the resident's general practitioner, GERI Team, or the Senior Medical Officer at the Rockhampton Base Hospital for guidance on best practice medical intervention, in consultation with the resident and/or their representative to ensure their wishes and preferences are followed.
 - Falls related incidents - RN's are to follow the post fall management protocol outlined in the [Mobility and Falls Prevention Policy HW-20](#).
 - Medication related incidents – RN's are to follow the Medication incident procedures outlined in the [Medication Management Policy HW-15](#).
 - Seek specific information from Medical Professionals about ongoing monitoring and ensure these are documented in Telstra Health.
 - Contact QAS if required.
 - Assess the level of psychological harm caused by the incident.
 - Engage with those who witnessed the incident to provide support and reassurance.
24. All incidents rated as Major or above must be escalated to the Health and Wellness Manager (or delegate) within appropriate timeframes.
25. **Ensure Safety**
- Where a piece of equipment is or could possibly be a contributing factor to the incident, remove the equipment and mark it out of order (tags in cleaning supply room) until the equipment can be checked or tested to ensure it safety.
26. **Notifications**
- It is important that as soon as practical after identification of the incident the following notifications are made:
- Where the resident has been involved in a near miss incident ensure that the resident is made aware of the incident following the guidelines outlined in the Open Disclosure section on the incident management form.
 - Notify the resident's authorised representative of the incident (NB - if the resident is cognitive this must be after receiving the resident's consent to notify) following the Open Disclosure section on the incident management form.

- Notify the resident's General Practitioner (GP) if the incident is classified Moderate or above and whenever there is clinical concern. It is considered best practice to advise the GP of all resident falls.
- Facilitating access to advocates such as OPAN (the Older Persons Advocacy Network) or an external support service such as Lutheran Services or access to our Pastoral Care Coordinator.
- Provide assistance to access emotional and psychological support for witnesses if required.

** Remember to document the time of notifications in Telstra Health and on the Incident Form.

27. Reportable Incidents

The Health and Wellness Manager (or delegate) must be notified of any incident rated major or above (see Incident Risk Rating) regardless of the persons affected.

Where the incident is risk rated Major – notification is required within 3 hours.

Where the incident is rated Extreme the Health and Wellness Manager (or delegate) must be notified within 1 hour. The HWM will then notify the CEO and the Operations Manager.

Where reporting to an external authority is required or suspected (see below), the HWM is to be notified. Reportable incidents (including SIRS) are outlined below.

28. *Aged Care Legislation Amendment (Serious Incident Response Scheme And Other Measures) Act 2021*

There are 8 reportable incidents:

- **Unreasonable use of force on a resident.**

This includes conduct ranging from a deliberate and violent physical attack, to use of unwarranted physical force. Examples include captures conduct such as shoving, pushing, hitting, punching, kicking or rough handling of a resident. The use of force can be unreasonable regardless of whether it causes injury or visible harm and/or discomfort such as bruising. It will still be a reportable incident even where the resident does not require medical treatment.

- **Unlawful sexual contact or inappropriate sexual conduct** - (NB all incidents of unlawful or inappropriate sexual conduct are automatically categorised as a Priority 1).

If the contact or conduct that is inflicted by a staff member, or a person who provides care or services on behalf of Benevolent (like a volunteer) who is providing care and services at the time of the incident (e.g. while volunteering):

- any conduct or contact of a sexual nature inflicted on the resident, including but not limited to sexual assault, an act of indecency or sharing of an intimate image of the resident; and/or
- any touching of the resident's genital area, anal area or breast in circumstances where this is not necessary to provide care or services to the resident.
 - any non-consensual contact or conduct of a sexual nature, including but not limited to sexual assault, an act of indecency or sharing of an intimate image of the resident by anyone.
 - engaging in conduct relating to the resident with the intention of making it easier to procure the resident to engage in sexual contact or conduct by anyone.

▪ **Psychological or emotional abuse**

This includes psychological or emotional abuse of a resident. This includes conduct that has caused, or that could reasonably have caused the resident psychological or emotional distress, including actions such as:

- taunting, bullying, harassment or intimidation;
 - threats of maltreatment;
 - humiliation;
 - unreasonable refusal to interact with the resident or acknowledge the resident's presence
 - unreasonable restriction of the resident's ability to engage socially or interact with people
 - repetitive conduct or contact which does not constitute unreasonable use of force but the repetition of which has caused, or could reasonably have caused, the resident psychological or emotional distress.
- **Unexpected death of a resident** (NB Automatically classified as a Priority 1). This includes death in circumstances where:
- reasonable steps were not taken by the provider to prevent the death;
 - the death is the result of care or services provided by the provider or a failure by the provider to provide care and services.

These include a requirement to notify any death where Benevolent, including staff and health professionals engaged by Benevolent:

- did not take appropriate steps to prevent or mitigate an incident which resulted in the death of a resident

- did not take appropriate action to assess and treat a resident following an incident and the resident died as a result of injuries related to the incident
 - was (or reasonably should have been) aware of a resident's condition and did not take timely and adequate steps to assess and treat the resident
 - made clinical mistake(s) resulting in death
 - did not deliver care and services in line with a residents' assessed care needs or provided clinical care and services that were poorly managed or not in line with best practice, resulting in death.
- **Stealing from, or financial coercion of a resident by staff.**
This includes that stealing from, or financial coercion of, a consumer by a staff member includes:
- stealing from a resident by a staff member;
 - conduct by a staff member of Benevolent that:
 - is coercive or deceptive in relation to the consumer's financial affairs.
 - unreasonably controls the financial affairs of the consumer.
- **Neglect of a Resident**
This includes:
- a breach of the duty of care owed by the provider, or a staff member of the provider, to the resident
 - a gross breach of professional standards by a staff member in providing care or services to the consumer.
- **Inappropriate use of restrictive practices**
The use of a restrictive practice in relation to the resident other than under the circumstances outlined in Benevolent's Restrictive Practice Policy HW-18, or that is contrary to the Quality of Care Principles 2014.
- **Unexplained absences** (NB – Automatically categorised as a Priority 1).
This is when a resident is absent from the service for a period of greater than 30 minutes, and
- the absence is unexplained (i.e. the resident is missing from the service and you are unaware of any reason for their absence), and
 - there are reasonable grounds for reporting the absence to the police (whether or not the absence has been reported to the Police).

Reportable incidents are managed under the Serious Incident Response Scheme (SIRS) and are categorised as Priority 1 or Priority 2 depending on the degree of harm or injury that has resulted:

- **Priority 1** (to be reported to the commission within 24 hours) that caused, or could reasonably have been expected to have caused, a resident physical or psychological injury or discomfort that requires medical or psychological treatment to resolve, or
 - where there are reasonable grounds to report the incident to police, or
 - that is a consumer's unexpected death or a consumer's unexplained absence from the service.
- **Priority 2** (to be reported to the commission within 30 days) reportable incidents are those that result in no or low-level harm to the resident.

The Commissions SIRS Decision Making Tool has been added to all desktops within the facility, or can be accessed by following the link below:

<https://www.agedcarequality.gov.au/sirs/decision-support-tool>

The Health and Wellness Manager (or delegate) is responsible for lodging SIRS reports.

For further information on SIRS and reportable incident definitions refer to Serious Incident Response Scheme – Guidelines for residential aged care providers on the Aged Care Quality and Safety Commission website.

<https://www.agedcarequality.gov.au/sites/default/files/media/SIRS-guidelines-for-residential-aged-care-providers.pdf>

Incidents of the type listed above are reported to the Aged Care Quality and Safety Commission (the Commission) by following the procedure set out in Appendices 1 and 2.

The only circumstance where a reportable incident is not required to be reported is where a written exemption from the Aged Care Quality and Safety Commission under s95D of the Commission Rules (such an exemption may be sought where the incident relates to delusional thinking for a resident with diagnosed dementia). Such an exemption will only be provided for subsequent reports, an initial report is always required. Applications for an exemption are made to sirsqueries@agedcarequality.gov.au by the Health and Wellness Manager.

SIRS reportable incidents must also be reported to the police if they involve criminal activity and to the NDIS Commission where they meet the criteria for a reportable incident under the National Disability Insurance Scheme Act 2013 (see below).

29. NDIS

→ [The National Disability Insurance Scheme Act 2013 Cth.](#)

Under the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules, 2018, the following must be reported if they occur to a NDIS Participant (whether in a residential aged care service or in the community):

- Death of a person with a disability.
- Serious injury to a person with a disability.
- Abuse or neglect of a person with a disability.
- Unlawful sexual or physical contact with, or assault of, a person with a disability.
- Sexual misconduct, committed against, or in the presence of a participant (including grooming the person for sexual activity).
- Restrictive practices contrary to State/Territory authorisation or the NDIS participant's behaviour support plan.

For further information and definitions of each of the above refer to Reportable Incidents

- Detailed Guidance for Registered NDIS providers, June 2019 on the NDIS Commission website.

Incidents of the type listed above are reported to the NDIS Commission by following the procedure set out at Appendix 3.

NDIS reportable incidents must also be reported to the police where they involve criminal activity/suspicious death and to the Aged Care Quality and Safety Commission where they meet the criteria for a serious incident under the Serious Incident Reporting Scheme.

30. Coroner

Under the Coroners Act 2003, resident deaths occurring in any program that are violent, unnatural, suspicious must be reported – the reporting procedure is set out in the Policy HW - Resident Death.

→ [Coroners Act 2009 NSW and Coroners Act 2003 Qld.](#)

31. Public Health Act

Under the Public Health Act 2005 Qld, certain infections, illnesses, conditions, and outbreaks must be reported – the reporting procedure is set out in the Infection Prevention and Control Policy.

→ [Public Health Act 2005 Qld.](#)

Incident Risk Rating

32. All Incidents (including near misses) must be categorised by seriousness based on the resulting harm, illness or injury to ensure timely reporting, investigation and action.

- **Minor Incidents** are incidents that result in no injury or a minor injury that requires no treatment or requires minor first aid (e.g.: application of a band aid, removal of a splinter, ice pack, etc.); or a minor knock that does not result in first aid treatment.
- **Moderate Incidents** are incidents that result in short term illness, injury or other harm that requires medical review, on-site, at a medical practice or at a hospital casualty department where the person is not admitted. Examples include burns requiring onsite first aid treatment, resident fall resulting in no obvious injury which does not involve equipment failure or staff negligence, or where a resident suffers no injury or a minor injury such as a small skin tear, laceration, trauma or bruising as a result of an incident or fall.
- **Major Incidents** are incidents that result in longer term illness, injury or other harm that requires hospital treatment or medical treatment such as fractures, head injuries, severe lacerations, an incident that has the potential for serious harm as a result of possible equipment failure or possible staff negligence, an incident that cause serious physical or psychological (though not life threatening) injury, an incident that has occurred as a result of physical, sexual or psychological behaviour towards another person..
- **Critical Incidents** are those that:
 - Result in serious and/or long-term illness, injury or harm and/or require treatment in hospital e.g. a fall that results in a fracture that requires surgery.
 - Involve actual, suspected or alleged elder abuse (physical, psychological, emotional, sexual or financial).
 - Involve lapse in duty of care, care not being provided as required (accidentally or purposely).
 - Incidents involving suicide, attempted suicide or voluntary assisted death.
 - Infection or infestation outbreaks.
 - Incidents likely to attract media attention.
 - Incidents involving regulatory non-compliance of any kind.
 - All reportable incidents.

A health event such as collapse, infection or clinical deterioration that results in hospitalisation or even death does not in itself, constitute a critical incident. To be classed

as a critical incident, there must be an incident that has resulted in the hospitalisation or death. For example, a fall, assault, traumatic injury.

Investigation Process

33. Once any immediate risk of further harm has been addressed and first aid treatment applied, all incidents must be investigated.
34. The purpose of the Incident Investigation is to determine the following:
 - What happened?
 - What is the root cause of the incident?
 - What are the contributing factors?
 - Was the incident preventable or could the impact have been lessened?
 - What is the likelihood of the incident happening again?
 - What opportunities for continual improvement or remedial action exist (this may include a change to current practices, review of the organisation policies, change of Care Plan, etc.).
 - Are there any learnings from the incident that can be shared to improve the quality of care or services we provide.
35. Incidents will be investigated by the Registered Nurse on duty at the time the incident was reported.
36. Incidents that are risk rated Critical will be investigated by the Health and Wellness Manager. Third Party Legal and/or Clinical Advice may also be sought.
37. Investigations will be conducted through using any or all of the following:
 - Interviews with the person impacted by the incident (this includes noting the individuals name and contact details with consent if not a staff member).
 - Interviews with witnesses to the incidents (this includes noting the individuals name and contact details with consent if not a staff member).
 - Review of any CCTV footage (where available).
 - Review of progress notes and associated documentation.
 - Discussions with other people on site or on shift at the time of the incident.
 - Review of Benevolent Living policies and procedures.
 - Observations and review of the incident site.
 - Review of prior incidents and/or complaints (trending) – has this incident the same or a similar root cause as previous incidents? Have those involved in the incident, been involved in similar incidents in the past?

Remember it is important to keep those impacted by the incident updated throughout the investigation process. Remember to document all discussions.

Documentation created and received as part of the investigation process must be kept as supporting evidence for the investigation findings.

Investigation Findings

38. The outcome of an incident investigation must be recorded on the incident form and associated documentation stored with the form (for residents the related documentation should be scanned into Telstra Health).
39. Those involved in the incident must be notified of the outcome of the investigation. This notification will include details of all remedial actions that will be taken to prevent a recurrence of the incident or, where this is not possible, lessen the impact of the incident.
40. Where the incident is related to a resident, the Open Disclosure section of the form must be completed and outline the discussions held with the resident (and/or with their authorised representative).
41. Where the incident relates to a visitor, an Open Disclosure form (MA-20-01) must be completed to document the discussions completed as part of the incident investigation process.
42. Below outlines some of the specific measures that should be considered as part of the findings.
 - **Continuous Improvement Opportunities / Remedial Actions** must be documented on a Quality Improvement Log and provided to the Quality Risk and Compliance Officer. Continuous Improvement opportunities would include findings relating to a review of existing policies, procedures and process, recommended change to the type of equipment being used, etc.
 - **Professional Misconduct** – where the investigation has identified professional or serious misconduct by an employee the matters should be referred to the Operations Manager for performance management action. Referral to the Australian Health Practitioners Regulation Authority (AHPRA) will be considered where an investigation finds professional misconduct or elder abuse by a registered health practitioner. This decision will be at the sole discretion of the HWM in consultation with the CEO.
 - **Staff Training Opportunities** – where the investigation identified that staff require further training relating to a particular policy or process this should be escalated to the appropriate department manager.
 - **Care Plan** – where a change is required to a care plan this change should be actioned immediately.
 - **Behaviour Support Plan** – this may include a recommendation for specialist referral/ intervention where the incident was a result of a resident's behavior of concern that was not effectively managed using the existing documented strategies.

Incident Analysis

43. Each member of the Senior Leadership Team reports incidents relating to their specific areas of responsibility. These reports are provided to the CEO monthly as part of the Key Performance Indicators, and are results are discussed at the Management Meeting.
44. Incident Analysis reports are also provided to the Board on a quarterly basis.
45. Incident Analysis is used to identify:
 - Trends or patterns relating to the cause of incidents;
 - Systemic Issues;
 - Repeated incidents particularly those relating to high prevalence high risk incidents;
 - Inform the staff professional development;
 - Effectiveness of current systems to manage, reduce or minimise the possibility of further incidents.
 - Opportunities for Continuous Improvement (these are communicated to staff through a variety of mediums including Staff Memo, House and Department Meeting, Staff Training and emails).

Records Management

46. Incident reports must be retained for seven years. Destruction of incident records must be approved by the Chief Executive Officer.

Privacy

47. Privacy and confidentiality of incident data and information must be protected in accordance with Benevolent 's Privacy Policy MA-08 Information Privacy, the Privacy Act 1988 (Cth) and the Australian Privacy Principles.
48. Resident/care incident records including incident reports, letters, e-mails, file notes, interview records, photos, etc must be stored securely and only be accessible to those who have a need to know about the information as part of the incident management process.

Incident Management Training

49. Benevolent recognises the vital importance of effective training, communication, and support for workers to understand their role and obligations in the incident management process.
50. Incident management training will be provided to all staff upon commencement as a routine part of the induction process and updated through the annual in-service training program or following any change to the Incident Management Process.

Roles and Responsibilities

51. The Health and Wellness Manager is responsible for ensuring this policy is implemented and operational.

52. All staff are responsible for complying with this policy as relevant to their role.

Quality Improvement

53. Benevolent values feedback from stakeholders and is committed to systems and process improvement. Feedback and suggestions about the Policy should be recorded on a Quality Improvement Log.

→ [BEN Form MA-02-03 Quality Improvement Log](#)

Associated Documents

[Appendix 1 SIRS Mandatory Reporting \(Priority 1 Reports\)](#)

[Appendix 2 SIRS Mandatory Reporting \(Priority 2 Reports\)](#)

[Appendix 3 NDIS Mandatory Reports](#)

[Appendix 4 Flowchart Do I Have to Make a SIRS Report](#)

[Appendix 6 SIRS Reportable Incidents Workflow 1](#)

[Appendix 7 Missing Resident or Suspected Missing Resident](#)

Version History

The following tables summarises changes and improvements made to this policy over time and the rationale for any changes and improvements.

Date	Description
1 July 2020	Policy first implemented.
1 December 2020	Policy revised to align with obligations under the National Disability Insurance Scheme Act 2013.
1 April 2021	Policy revised to align with obligations under the Serious Incident Response Scheme (SIRS)
30 November 2021	Policy revised to reflect current practices and reporting obligations. Separate from Incident Management Policy WHS-09. Change title from HR Manager to People, Learning and Culture Manager.
18 August 2022	Policy review and update with reference to the ACQSC Best Practice Guide – provide more detailed information in relation to SIRS, incident identification and investigation processes
23 June 2023	Correction of typographical & grammar errors.

Policy Authorisation

Name	Helen Cleary
Designation	Health and Wellness Manager
Date	23/06/2023

Signature	
-----------	--