

KGHP Incident Report Policy

Staff, volunteers and affiliates working outside of their home countries due to employment or association with King's Global Health Partnerships may have reduced access to services and support structures ordinarily available in their home countries. King's Duty of Care includes providing access to essential services and support through a combination of insurance cover and access to existing King's services.

Incident reports are an indispensable tool with which to ensure the flow of information from Country teams to King's, adding to organizational memory and learning, and ensuring King's are able to fulfill their duty of care to their team members. Minor incidents and near misses are essential to report as they provide information with which King's can adapt risk assessments and internal processes to better support Partnership teams. Reporting minor incidents can also provide King's with advance warning and time to prepare should an incident that does not seem like a problem at the time evolve into a more urgent situation.

If an incident occurs involving a KGHP staff member, volunteer or affiliate, or presents a risk to a KGHP staff, member, volunteer or affiliate it is the responsibility of the management team of each Partnership to ensure the completion and submission of incident reports by their teams, adhering to the timelines laid out in the table below.

Minor Incidents	Major incidents
Report to be submitted by: Operations Director (for KSLP)	Report to be submitted by: Country Director
Complete incident report within 72 hours	Notify Partnerships director within 24 hours Complete incident report within 48 hours
Send report to: Partnerships Director, Operations Officer	Send report to: Centre Director, Partnerships Director, School Manager, Operations Officer
Minor incidents can include but are not limited to: <ul style="list-style-type: none"> • Non-violent thefts on King's property • Non- life threatening hospitalization or expenses incurred for diagnostic tests due to illness or injury • Breaches of the code of conduct by staff or volunteers • Road traffic accidents involving police or claims from other parties. 	Major incidents can include but are not limited to: <ul style="list-style-type: none"> • Life-threatening illness or injury including medical evacuation • Large scale or armed burglaries • Major political instability affecting area in which King's work is taking place • Safeguarding incidents • Breaches of the code of conduct by staff or volunteers

In the event of a major incident please refer to the following Incident Checklist to navigate through the situation.

1. Remain calm and ensure all staff and volunteers are safe.
2. Immediately notify the Country Director/Partnership Lead of the situation.
3. The Country Director/Partnership Lead should call for assistance from local authorities if necessary.
4. The Country Director/Partnership Lead must notify the Partnerships Director within 24 hours.
5. An incident report must also be filled out and be submitted to the Partnerships Director (laura.hucks@kcl.ac.uk), the Operations Officer (josceline.cluff@kcl.ac.uk), KCL Health and Safety Director (anthony.scott@kcl.ac.uk) and to the School Manager (roscoe.hastings@kcl.ac.uk) within 48 hours.

If the incident is life threatening, notify the Partnerships Director immediately.

KGHP Incident Report Form

Partnership:	King's Sierra Leone Partnership		
Type of Incident: PLACE IN EMAIL SUBJECT LINE	<input type="checkbox"/> Accident/Injury <input type="checkbox"/> Medical/Illness <input type="checkbox"/> Theft/Burglary <input type="checkbox"/> Physical Altercation <input type="checkbox"/> Verbal Confrontation <input type="checkbox"/> Property Damage <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Security <input type="checkbox"/> Other: _____		
Report Filed By:		Position:	
Email:		Phone:	
Secondary KGHP Contact:		Position:	
Email:		Phone:	
Date of Incident:		Time of Incident:	Approx. 1pm
Location of Incident:			

Persons Involved:				
Full Name	Age	Sex	Role/Position	Phone Number/Email

Insurance Information: Medical	
RSA Claim #: (If applicable)	

Insurance Information: Vehicle Accident					
KGHP Hired or Owned and Driver's Name	Make:	Model:	Year:	License #	Vehicle Insurance:
1. <input type="checkbox"/> Hired <input type="checkbox"/> Owned RA # _____					
2. <input type="checkbox"/> Hired <input type="checkbox"/> Owned RA # _____					
Non KGHP Vehicle Driver's Name	Make:	Model:	Year:	License #	Vehicle Insurance:
1.					
2.					

Action Taken:
<input type="checkbox"/> First Aid - Administered by: _____ <input type="checkbox"/> Sent to physician/ hospital - Name of Physician and/or Hospital: _____ _____

<input type="checkbox"/> Sent home <input type="checkbox"/> Police Contacted <input type="checkbox"/> Disciplinary Action (Explain Below) <input type="checkbox"/> No Action/Other (Explain reasoning): _____
--

Detailed Description/Timeline of Incident: Explain what happened and include all relevant details. For medical incidents, confidentiality to be maintained where appropriate.

Disciplinary Action (Only Country Director may answer this question): Do you recommend restricting this individual from working with KGHP in the future? If so, why?

Parties Notified (within 48 hours of incident occurring):

roscoe.hastings@kcl.ac.uk
 laura.hucks@kcl.ac.uk
 Josceline.cluff@kcl.ac.uk

Feedback from others/police/doctors/etc.

Actions Recommended and Conclusion:

I certify that this is an accurate account of the events described in this report.

Signature of Report Author: _____ Date: _____

Signature of Persons Involved: _____ Date: _____