

Categories	
<b>Frequent</b>	Is expected to occur again either immediately or within a short period of time (likely to occur most weeks or months)
<b>Likely</b>	Will probably occur in most circumstances (several times a year)
<b>Possible</b>	Possibly will recur – might occur at some time (may happen every 1 to 2 years)
<b>Unlikely</b>	Possibly will recur – could occur at some time in 2 to 5 years
<b>Rare</b>	Unlikely to recur – may occur only in exceptional circumstances (may happen every 5 to 30 years)

<b>1</b>	<b>Extreme</b> risk – immediate action required – Reportable Incident Brief (RIB) for all SAC 1 incidents must be forwarded to the MoH within 24 hours. A Privileged Root Cause Analysis (RCA) investigation must be undertaken for all Clinical SAC 1 incidents with a report being submitted to the MoH.
<b>2</b>	<b>High</b> risk – need to notify senior management. Detailed investigation required. Ongoing monitoring of trended aggregated incident data may also identify and prioritise issues requiring a practice improvement project.
<b>3</b>	<b>Medium</b> risk – management responsibility must be specified – Aggregate data then undertake a practice improvement project. <b>Exception</b> – all financial losses must be reported to senior management.
<b>4</b>	<b>Low</b> risks – manage by routine procedures – Aggregate data then undertake a practice improvement project.
NB – An incident that rates a SAC 2, 3 or 4 should only be reported to the MoH if there is the potential for media interest or requires direct notification under existing MoH legislative reporting requirements or NSW MoH Policy Directive.	

**STEP 3 SAC Matrix**

		CONSEQUENCE				
		Serious	Major	Moderate	Minor	Minimum
LIKELIHOOD	Frequent	1	1	2	3	3
	Likely	1	1	2	3	4
	Possible	1	2	2	3	4
	Unlikely	1	2	3	4	4
	Rare	2	3	3	4	4

Every incident assessed against the Severity Assessment Code Matrix should be scored separately for both their actual and potential consequence or outcome