

INCIDENT MANAGEMENT POLICY AND PROCEDURE

Continuum Consulting Australia Pty. Ltd.

Table of Contents

Continuum Consulting Australia Pty. Ltd.	1
Key terms	3
The fundamentals underpinning our policy.....	5
Incidents covered in this policy and procedure	5
Definition of Reportable Incidents.....	5
Documentation and Procedures.....	6
Identification of incidents.....	9
Keeping records	11
Recording and storing information.....	11
Privacy and confidentiality.....	12
What information should be collected	12
Assessment of incidents	14
Notifying the NDIS Commission of Reportable Incidents	14
Investigations.....	15
The role of the investigator	15
Learning from incidents	16
NDIS INCIDENT FORM	17

Key terms

- *Act*

The National Disability Insurance Scheme Act 2013.

- *NDIS Commission*

The NDIS Quality and Safeguards Commission.

- *Impacted person*

A person with disability who has been affected by an incident that has occurred during the provision of NDIS supports and services.

- *Incident*

An incident is defined as an act, omission, event or circumstance.

It may mean any of the following:

- Acts, omissions, events or circumstances that occur in connection with providing NDIS supports or services to a person with disability and have, or could have, caused harm to the person with disability
- Acts by a person with disability that occur in connection with providing NDIS supports or services to the person with disability and which have caused serious harm, or a risk of serious harm, to another person
- Reportable incidents that have or are alleged to have occurred in connection with providing NDIS supports or services to a person with disability

- *Key personnel*

A member of the group of persons who is responsible for the executive decisions of the registered NDIS provider and any other person who has authority or responsibility for (or significant influence over) planning, directing or controlling the activities of the registered NDIS provider. See s 11A of the Act.

- *NDIS*

National Disability Insurance Scheme.

- *NDIS provider*

A person (other than the NDIA) who receives:

- funding under the arrangements set out in Chapter 2 of the Act; or
- NDIS amounts (other than as a participant); or
- a person or entity who provides supports or services to people with disability other than under the NDIS and who is prescribed by the NDIS rules as an NDIS provider. See s 9 of the Act.

- *NDIS (Incident Management and Reportable Incident) Rules 2018*

The Rules require registered NDIS providers to establish an incident management system that meets minimum requirements and that is appropriate for the size of a registered NDIS provider and the supports or services they provide. The rules also set out the obligations on registered NDIS providers to notify, investigate and respond to reportable incidents.

- *NDIS Practice Standards*

Consist of a core module and several supplementary modules that apply according to the types of supports and services NDIS providers deliver, and the corporate structure of the organisation. The NDIS Practice Standards are included in the NDIS (Provider Registration and Practice Standards) Rules and in the NDIS (Practice Standards – Worker Screening) Rules.

- *Person with disability*

A person with disability who is an NDIS participant and receives supports or services from an NDIS provider.

- *Registered NDIS provider*

Means a person or entity registered under s 73E of the Act to provide supports and services to people with disability.

- *Relevant Personnel*

- A member of the registered NDIS provider's key personnel.
- A supervisor or manager of the person
- The person specified in the incident management system as being responsible for reporting incidents that are reportable incidents to the NDIS Commission (Specified personnel).

- *Reportable incidents*

Reportable incidents are serious incidents or alleged incidents which result in harm to an NDIS participant and occur in connection with NDIS supports and services. Specific types of reportable incidents include:

- The death of a person with disability.
- Serious injury of a person with disability.
- Abuse or neglect of a person with disability.
- Unlawful sexual or physical contact with, or assault of, a person with disability (excluding, in the case of unlawful physical assault, contact with, and impact on, the person that is negligible).
- Sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity.
- The use of a restrictive practice in relation to a person with disability, other than where the use is in accordance with an authorisation (however described) of a State or Territory in relation to the person or a behaviour support plan for the person.

- *Specified personnel*

Person named in the incident management system of a registered NDIS provider as being responsible for taking all reasonable steps to ensure that reportable incidents that occur in connection with the provision of supports or services are notified to the NDIS Commission.

- *Subject of the allegation*

A worker, person with disability or any other person who has been accused of being involved with an incident that has occurred in connection with the provision of NDIS supports and services to a person with disability.

- *Trauma informed care*

The provision of care that acknowledges how trauma affects people's lives and their service needs. Awareness and sensitivity to the way in which people with disability may experience trauma differently.

- *Worker*

Includes employees, contractors and people otherwise engaged for example, on a volunteer basis, by an NDIS provider.

The fundamentals underpinning our policy

Our approach is underpinned by the *UN Convention on the Rights of Persons with Disabilities* and the *National Disability Insurance Scheme Act 2013* (the Act). We support the rights of people with disability to:

- Realise their potential for physical, social, emotional and intellectual development
- Participate in and contribute to community life, including socially and economically
- Exercise choice and pursue their goals including taking reasonable risks and pursuing any grievance
- Be included in making decisions about their life
- Live a life of dignity, free from abuse, neglect and exploitation
- Have the roles of families, carers, and other significant persons in their lives recognised and respected
- Have the roles of advocates in representing the interests of people with disability acknowledged and respected

Incidents covered in this policy and procedure

- Acts, omissions, events or circumstances that occur in connection with providing NDIS supports or services to a person with disability and have, or could have, caused harm to the person with disability
- Acts by a person with disability that occur in connection with providing NDIS supports or services to the person with disability and which have caused serious harm, or a risk of serious harm, to another person
- Reportable incidents that have or are alleged to have occurred in connection with providing NDIS supports or services to a person with disability
- In the premises of the registered NDIS provider (for example, the rooms where therapy services are provided)
- In the community where the registered NDIS provider is supporting the person with disability to access the community

Definition of Reportable Incidents

Reportable incidents must be notified. For an incident to become a reportable incident it must satisfy the following two requirements:

- The incident must be defined as a reportable incident in section 73Z(4) of the Act and section 16 of the NDIS (Incident Management and Reportable Incidents) Rules 2018
- The incident must have occurred or be alleged to have occurred in connection with the provision of supports or services you are providing

Subsection 73Z(4) of the NDIS Act states that reportable incident means:

- a. the death of a person with disability; or
- b. serious injury of a person with disability; or
- c. abuse or neglect of a person with disability; or
- d. unlawful sexual or physical contact with, or assault of, a person with disability; or

- e. sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity; or
- f. the use of a restrictive practice in relation to a person with disability, other than where the use is in accordance with an authorisation (however described) of a State or Territory in relation to the person.

This list must be read with section 16 of the Rules, which says that:

- unlawful physical contact with a person with disability is *not* a reportable incident *if* the contact with, and impact on, the person with disability is negligible,
- the use of a restrictive practice in relation to a person with disability where the use is not in accordance with an authorisation (however described) of a State or Territory is *not* a reportable incident *if* the use is in accordance with a behaviour support plan for the person and the State or Territory in which the practice is used does not have an authorisation process in relation to the use of the practice, and
- the use of a restrictive practice in relation to a person with disability where the use is in accordance with an authorisation (however described) of a State or Territory *is* a reportable incident *if* the use is not in accordance with a behaviour support plan for the person.

The definition of *reportable incident* captures not only **incidents** that have occurred, but also **allegations** of the incidents described above. It also **only includes incidents where the impacted person is a person with disability** – incidents that are recorded in an incident management system that relate to serious harm to workers or other people committed by a person with disability are not reportable. The only exception to this is where a person with disability is the impacted person of the incident.

Documentation and Procedures

Our documentation must communicate to all relevant parties about how the incident management system will operate, and outlines responsibility for particular actions and processes. This promotes transparency about how an incident will be managed and allows those involved in incident management to understand their roles and responsibilities throughout the process.

How incidents are identified, recorded and reported

- The incident is detailed in the incident reporting form.
- The form will detail how the incident was identified. Whether that is staff or client informed.
- All incidents are detailed on the incident reporting form.
- All incidents will be reported verbally as soon as possible and within 24 hours at the latest using the incident reporting form.

To whom incidents must be reported

- If an employee is notifying an incident, in the first instance they are to advise their line manager verbally of the incident and subsequently submit an incident reporting form.
- In an emergency situation, the employee should call emergency services if the incident involves injury or there is threat to safety.
 - Ensure the impacted person is safe from harm
 - Contact Police if there is a risk of immediate harm which requires their assistance
 - Contact the ambulance if someone is injured

- Notify key personnel, and the NDIS Commission if required
- The manager or Director will notify guardians, family or carers about incidents verbally, either in person or on the phone if necessary.
- All incidents must be advised to the Director within 24 hours of the incident.
- The Director is responsible for reporting incidents that are reportable incidents to the NDIS Commission.

How registered NDIS providers will support, assist and involve a person with disability affected by an incident to ensure their health, safety and wellbeing

- When an incident occurs, the organisation will provide support and assistance to a person affected to ensure the person's health, safety and wellbeing. This will be achieved by asking the person for feedback, asking family or carers for feedback. The impacted person will be asked to participate in assessments, investigations and any corrective actions relevant to the incident.
- The organisation will make referrals as required to support and assist the person affected by an incident to ensure their health, safety and wellbeing.
- Feedback received will be considered in the revision of the incident reporting system to ensure proper support is being provided to ensure health, safety and wellbeing.

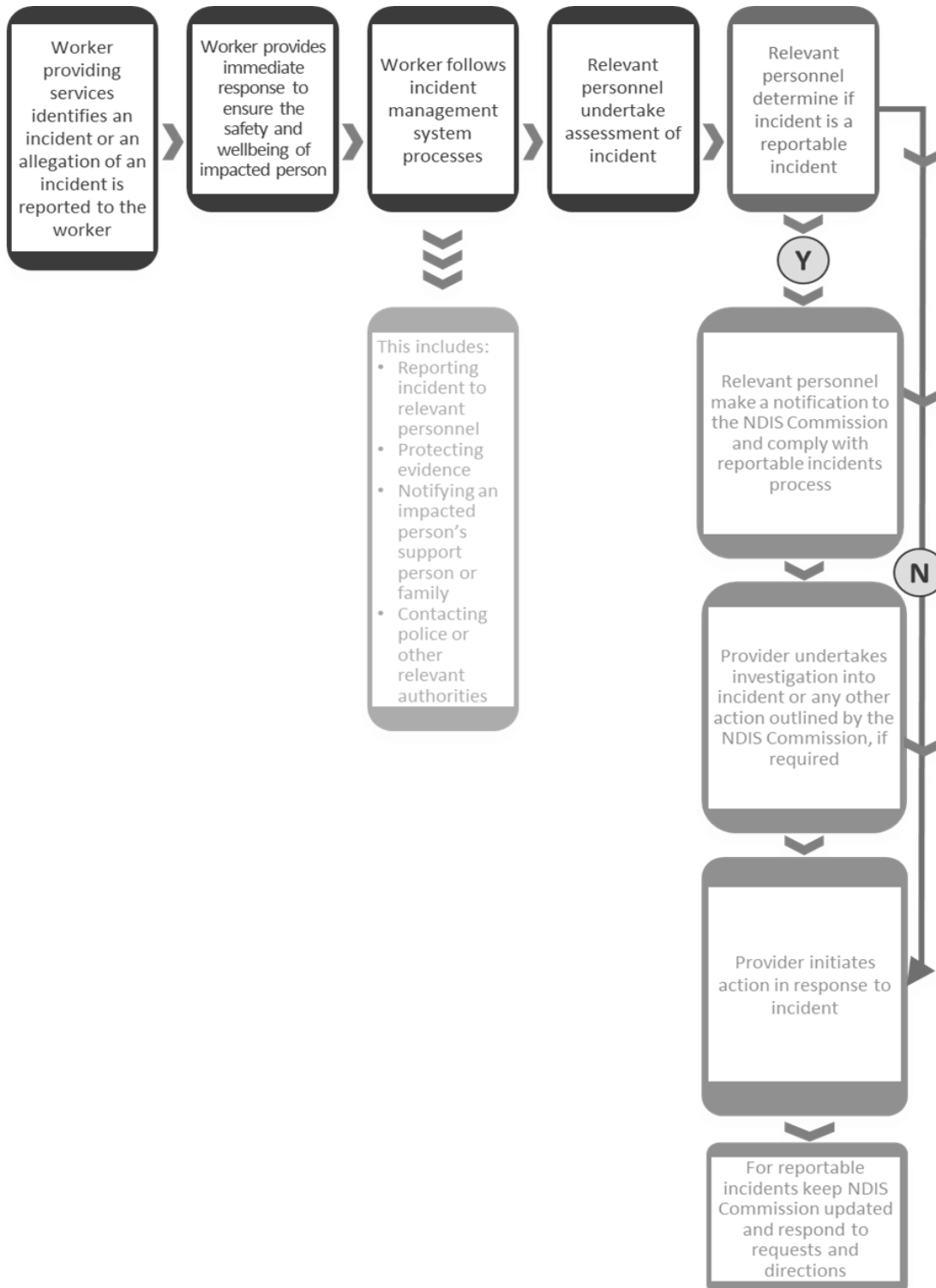
When an assessment or investigation into an incident is required

- All incidents are assessed by the management team, considering the views of the impacted person, in relation to the following:
 - Whether the incident could have been prevented
 - How well the incident was managed and resolved
 - What, if any, regulatory action needs to be undertaken to prevent further similar incidents from occurring.
 - What, if any, regulatory action needs to be undertaken to minimise the impact of an incident.
 - Whether other persons or bodies need to be notified of the incident.
- In some circumstances it may also be necessary to conduct an investigation to establish the cause of a particular incident, its effect and any operational issues that may have contributed to the incident occurring.
- Management will determine when an investigation is necessary and the nature of the investigation. In some cases, if police are involved in the investigation, an internal investigation could be delayed until the police investigation is complete so as not to interfere with that process.
- The organisational induction processes will ensure that workers involved in conducting and responding to incidents receive appropriate training. Induction will also ensure workers are aware of the process when incidents occur so that procedural fairness is ensured.

When corrective action should be taken

- The organisation will take corrective action when:
 - Where an incident may have been prevented (or the severity lessened) by some action (or inaction) by the organisation or worker.
 - Where there is an ongoing risk to people with disability.

- Where action by the organisation may prevent or minimise the risk of a reoccurrence.
- Corrective actions include:
 - Re-training or further training of workers.
 - Practice improvements including developing or enhancing policies and procedures.
 - Changes to the environment in which supports or services are provided.
 - Changes to the way in which supports or services are provided.



Identification of incidents

Incidents may be identified in a number of ways, including where a worker or another person observes the incident, a person with disability makes a disclosure about the incident, or another party informs you that the incident occurred.

In addition to incidents or allegations of incidents that are disclosed by an impacted person, or witnessed by someone, there are also additional signs that may indicate someone is an impacted person. These are indicators of potential incidents, especially where they involve abuse, neglect, sexual misconduct, or unauthorised use of restrictive practices.

Error! Reference source not found. sets out the potential indicators and signs associated with particular types of incidents. It is important to note that these are only examples and not an exhaustive list.

Incident types & their behavioural indicators and physical signs

Physical abuse, unlawful physical contact, or physical assault

- Inconsistent, vague, unexpected or unlikely explanation for the injury.
- Unexplained injuries – broken bones, fractures, sprains, bruises, burns, scalds, bite marks, scratches, or welts.
- Other bruising and marks that may suggest the shape of the object that caused it.
- Avoiding or being fearful of a particular person or worker.
- Being overly compliant with workers.
- Frequent and overall drowsiness (associated with head injuries).
- Out of character aggression.

Sexual contact, sexual assault, or sexual misconduct

- Dropping hints that appear to be about abuse.
- Bruises, pain, bleeding – including redness and swelling around breasts and genitals.
- Torn, stained, or bloody underwear or bedding.
- Repeating a word or sign, such as 'bad', 'dirty'.
- Presence of a sexually transmitted disease.
- Pregnancy.
- Sudden changes in behaviour or character, e.g.: depression, anxiety attacks (crying, sweating, trembling, withdrawal, agitations, anger, violence, absconding, sexually expressive behaviour, seeking comfort and security).
- Sleep disturbances, refusing to go to bed, and/or going to bed fully clothed.
- Refusing to shower.

Psychological, emotional, or verbal abuse

- Depression, withdrawal, crying or emotional behaviour
- Being secretive, and trying to hide information and personal belongings.
- Speech disorders.
- Weight gain or loss.
- Feelings of worthlessness about life and themselves; extremely low self-esteem, self-abuse, or self-destructive behaviour.

- Extreme attention-seeking behaviour and other behavioural disorders (e.g.: disruptiveness, aggressiveness, bullying).
- Being overly compliant.

Domestic violence

- Depression, withdrawal, crying or violence.
- Feelings of worthlessness about life and themselves; extremely low self-esteem, self-abuse, or self-destructive behaviour.
- Extreme attention-seeking behaviour and other behavioural disorders (e.g.: disruptiveness, aggressiveness, bullying).
- Being overly compliant.

Neglect

- Inappropriate or inadequate shelter or accommodation, including unclean and unsanitary living conditions.
- Weight loss.
- Requesting, begging, scavenging, or stealing food.
- Being very hungry or thirsty.
- Inadequate supply of fresh food.
- Constant fatigue, listlessness or falling asleep.
- Dropping hints that appear to be about neglect.
- Extreme longing for company.
- Poor hygiene or poor grooming – overgrown fingernails and toenails, unclean hair, unshaven, unbathed, wearing dirty or damaged clothing.
- Inappropriate or inadequate clothing for the weather.
- Unattended physical problems, dental, and/or medical needs.
- Social isolation.
- Loss of social and communication skills.
- Removal of means of communication.
- Displaying inappropriate or excessive self-comforting behaviours.

Financial abuse

- Sudden decrease in bank balances.
- No financial records or incomplete records of payments and purchases.
- Person controlling the finances does not have legal authority.
- Sudden changes in banking practices.
- Sudden changes in wills or other financial documents.
- Unexplained disappearance of money or valuables.
- Person does not have enough money to meet their budget.
- Person is denied outings and activities due to lack of funds.
- Borrowing, begging, stealing money or food.

Keeping records

Records must be kept of incidents so that the organisation can improve accountability, promote transparent decision-making and ensure best practice.

The records will be stored appropriately, acted on, underpin our assessment and inform our practice improvement.

Recordkeeping is enacted in the following way:

- Information and records relating to investigations of an allegation are stored in a safe and secure place.
- All reports are acted on, including the development of risk management plans and maintaining a register of outcomes.
- Review and reflection on each incident response to determine effectiveness or ineffectiveness and to change or alter future responses.
- Risk management plans are recorded in a risk register for actioning and reviewing.

Recording and storing information

Incident reporting forms will be recorded on the form and then stored digitally in a secure folder in the organisations online system. The Director is responsible for collecting information regarding the circumstances of an incident from the person filling out the form. Workers delivering services have a key role in responding to incident disclosures made by people with disability, reporting incidents to relevant personnel and protecting evidence.

Records should not be removed from the organisation e.g. records should not be taken to a worker's home.

The information must be kept for a minimum of 7 years from the date the record is made.

In addition:

- Records relating to the worker who is the subject of the allegation should be kept on a file that is separate to their personnel file, to ensure no privacy or confidentiality requirements are breached
- Information, relating to the assessment, or investigation if one is conducted, that is pertinent to supporting a person with disability (including where they are the impacted person, or the subject of the allegation) or management of the worker, could be copied to their respective personnel or participant files for future reference
- All files relating to a specific incident should be kept together to ensure all information relating to a reportable incident is readily accessible
- Access to records should be limited to appropriate workers who have a business purpose for doing so e.g. accessing information that is directly related to the provision of person with disability care

Correspondence relating to the assessment, or potential investigation, of an incident should also be documented and retained. This includes:

- For correspondence between the organisation, the person with disability or their family:
 - All correspondence following any incident should be retained
 - Any statements made by the impacted person to deny or correct remarks, statements or claims should be recorded
 - Date all statements and enter the dates mailed or delivered to the person with disability.

- If there has been a reply from the person with disability or their representative, attach to the record and date
- If there is no reply or response from the person with disability, this should also be recorded
- For correspondence from the subject of the allegation following the incident:
 - All correspondence should be retained
 - Any statements made by the subject of the allegation to deny or correct remarks, statements or claims made by the impacted person should be recorded
 - Date all statements
- For records of correspondence between the organisation, the person with disability or advocates
 - Meetings between the organisation and person with disability should be recorded with the date, items discussed and names of those present
 - Paper and electronic correspondence should be dated and copies filed
 - Oral discussion notes, including telephone discussions (date, time, people involved) should be dated and filed

Privacy and confidentiality

The organisation adheres to the privacy and confidentiality of information, particularly where it relates to people with disability receiving NDIS supports and services. This includes ensuring that personal and sensitive information, including incident reports, are securely stored and when transmitted (either within their organisation, to other parties such as Police, or in the case of reportable incidents, to the NDIS Commission), so that privacy and confidentiality is maintained.

What information should be collected

A range of information about each incident that occurs is collected, including any Reportable Incidents and is identified below.

Details of the incident or allegation

- Description of the incident
- The impact on, or harm caused to, any person with disability
- Note as to whether the incident is reportable, if known
- The time, date and place at which the incident occurred or if not known, the time, date and place at which the incident was first identified
- The names and contact details of the persons involved in the incident and any witnesses to it
- The name and contact details of the person making the record of the incident or alleged incident

Initial response

- The organisations initial response to the person making the allegation, the impacted person and the worker who is the subject of the allegation. This must include actions taken to support or assist persons with disability affected by the incident

Reporting to other bodies

- The need to notify the Police about a suspected criminal offence or a child protection agency if the incident relates to a child or young person, and the outcome of any reports made

Assessment and Investigation

- Details of the assessment undertaken for each incident or allegation in accordance with minimum requirements
- Where and investigation is undertaken, the details for how the investigation was conducted, as well as the outcomes of the investigation. This could include the following information:
 - A plan detailing how an investigation into the allegation is to be conducted
 - Details of all interviews conducted as part of the investigation, including details of the questions and responses
 - Any decisions made, both during and at the conclusion of the investigation, including their rationale, the position and name of the person making the decision and the date the decision was made

Risk

- The initial risk assessment following identification of the incident or receipt of the allegation, including identified risks, arrangements for managing those risks, and decisions made about the worker and the action taken in relation to the person with disability person with disability or worker (e.g. change in duties, support or counselling)

Consultation

- Any consultations undertaken with the impacted person. This might include the following information:
 - Note the details of the discussions – questions, advice and outcome
 - Note the name of the person making the contact
 - Note the date of the correspondence
- Other personal contact, discussions or emails with others about the matter, including witnesses and other parties. In these cases, the system should note the details of corresponding individual's position and organisation and where appropriate, the reason for the contact

Statistical and other information

- Collection of statistical and other information that will allow review issues raised by occurrence of incidents, identify and address systemic issues, and report information relating to complaints to the Commissioner, if requested to do so

Follow up actions

- Record whether persons with disability affected by the incident have been provided with any reports or findings regarding the incident
- Record changes to services provided
- Establishment or review of policy and/or procedures
- Training of the organisation's personnel

Assessment of incidents

When it is identified or disclosed that an allegation or incident has occurred, and steps have been taken to ensure the safety of people with disability, an assessment to determine will be undertaken:

- Why the incident occurred
- Whether the incident could have been prevented
- How well the incident was managed and resolved
- What, if any, regulatory action needs to be undertaken to prevent further similar incidents from occurring, or to minimise their impact
- Whether other persons or bodies need to be notified of the incident

A post-incident assessment is a requirement and must be undertaken for all incidents, including for reportable incidents. The detailed assessment that includes the cause of the incident, its effect on the person with disability and any operational issues that may have contributed to its occurrence must also be stored in your incident management system.

If these factors cannot be established, further investigation may be required for any incident.

Notifying the NDIS Commission of Reportable Incidents

If a worker of the organisation becomes aware of a possible reportable incident that has occurred, or is alleged to have occurred, in connection with the provision of supports or services by the organisation, they have a duty to notify one of the following as soon as possible:

- A member of the organisation's personnel
- A supervisor or manager or Director

If an incident is deemed to be a reportable incident, it must be notified to the NDIS Commission by the Director using the approved forms that are available on the NDIS Commission Portal within the set timeframes.

All reportable incidents, except for the unauthorised use of a restrictive practice, must be notified to the NDIS Commission within 24 hours of you becoming aware of the incident. Any unauthorised use of restrictive practices must be notified within 5 days.

Investigations

The purpose of an investigation is to establish the causes of a particular incident, its effect on the impacted person, and any operational issues that may have contributed to the incident occurring.

An investigation may be the most appropriate response for the following examples of incidents, however this list is not exhaustive:

- The cause of the incident is unknown, or could have been one of a number of factors or a combination of factors
- The nature and the impact of the incident was significant, and requires investigation to support the safety and wellbeing of people with disability
- The incident may involve an allegation against a worker, and an investigation is required to determine what actions are required to manage the potential risk associated with the subject of allegation

An investigation will include the following phases, or steps:

- Establishing the cause of the incident
- Determining its impact
- Identifying operational issues that may have contributed to its occurrence

The role of the investigator

It is important for the appointed investigator to be impartial and objective, and maintain independence throughout the investigation.

The investigator will have appropriate decision-making authority and overall responsibility for coordinating and directing the investigation.

The investigator must be appropriately trained and have the experience required for conducting incident investigations. The investigator is responsible for overseeing the investigation process, and gathering the relevant evidence and facts to ensure that there is an in-depth understanding of the incident. The investigator may recommend seeking internal or external experts to advice on matters relating to the investigation.

The appointed investigator is objective and impartial to the incident and investigation. To maintain independence, the investigator should have had no involvement in the incident and could be:

- Someone from a different part of the organisation
- Someone from another registered NDIS provider
- An external party with the skills and experience to conduct the investigation

To ensure that investigations are fair, it is very important for the organisation to manage any actual or perceived conflict of interest in relation to the incident investigation.

A conflict of interest refers to a situation where the personal or professional interests of an investigator could influence the performance of their official duties or responsibilities in the investigation.

A conflict of interest can be actual or perceived. An actual conflict of interest relates to any personal, professional or financial interest that may compromise the investigator's objectivity and impartiality. A perceived conflict of interest occurs where it could reasonably be perceived, or appears, that a competing interest could influence the investigator's decisions.

Learning from incidents

The incident management system provides a tool that can be learnt from, as it assists to identify patterns of behaviour or systemic issues that can be continuously improved in providing support to people with disability. Corrective action should be taken in response to an incident and the nature of such action. For example, it is expected that corrective action is taken in the following circumstances:

- Where an incident may have been prevented (or the severity lessened) by some action (or inaction) by the organisation or your workers
- Where there is an ongoing risk to people with disability
- Where action by the organisation may prevent or minimise the risk of a reoccurrence

The outcome of assessments and investigations determine what action should be taken in order to continually improve service quality and delivery of supports. Examples of what this action may include are as follows:

- Corrective actions aimed at reducing the likelihood of the same type of incident occurring in the future may include:
 1. Training and education of workers
 2. Modification of the environment
 3. Development or amendment of a policy or procedure
 4. Changes in the way in which support or services are provided
 5. Other practice improvements
 6. Disciplinary action for the worker involved in the incident including ongoing performance reviews, imposing a probationary period, or termination of employment
- Restorative actions that aim to repair the relationship with the person with disability may include:
 1. Providing ongoing support to the person with disability impacted by the incident
 2. Giving an apology to the person with disability involved in the incident

In addition, an assessment or investigation may result in determining that no further action is necessary.

Following an incident and any assessment or investigation that may take place, the findings and recommendations should inform the mitigation of risks that could result in the same type of incident occurring again, and the management any new risks that may emerge during the investigation. It is good practice to document and consider all relevant risks that may arise in the course of delivering supports and services to NDIS people with disability, and how these can be mitigated. As such, good risk management should be considered as being aimed at improving the overall quality of the supports and services delivered to NDIS people with disability, and preventing the likelihood of incidents occurring.

Follow up and next actions:

Date	Details	Staff member

Was support provided throughout the reporting process?	Yes / No / Declined
Detail of support offered:	
Was the person supported to access another service?	Yes / No / Declined/ Not Necessary
Name of alternative Provider:	Date of referral:

Signed by person reporting incident

Signed by staff member

Does the incident need to be referred to the NDIS Commission?	Yes / No
Date of referral:	
Details of follow up from the Commission:	
Follow up and actions from Commission:	