

Procedure Reference OPOL-009	Incident Management Policy and Procedure
--	---

Applies to: Board, CEO, employees, volunteers, contractors and consultants	Version: 2
Specific responsibility: CEO, Managers	Date approved: 23 April 2021
	Next review date: 23 April 2024

Policy context:	
Standards or other external requirements	NDIS Quality and Safeguards Commission Standards
Legislation or other requirements	<i>National Disability Insurance Scheme Act 2013</i> <i>Disability Services Act 1986 (Cth)(QLD)</i> <i>Disability Services Act 2006 (QLD)</i> <i>Child Protection Act 1999 (QLD)</i> NDIS (Incident Management and Reportable Incidents) Rules 2018 <i>Work Health and Safety Act 2011</i> <i>Electrical Safety Act 2002</i>
Contractual obligations	All Employee Agreements All Service Agreements pursuant to NDIS services
Organisational context	Your Best Life Disability and Health Services Ltd includes: <ol style="list-style-type: none"> 1) Community Services including Children’s and Teens’ Therapy Services (CATTs), Mindcare Mental Health Services (MMHS), The Allied Health CoLab (TAHC), and WorkFit and Wellness 2) Your Choice Plan Management (YCPM) 3) LevelUp Independent Living (LUIL) 4) CFO and Corporate and Commercial Services (CCS)

1. Definitions

Term	Description
Incidents	<ul style="list-style-type: none"> • Incidents are acts, omissions, events or circumstances that occur or could occur during or in relation to the provision of supports, or the alteration or withdrawal of supports, that cause harm, either physically or emotionally, to a worker, client or other stakeholder. • Incidents also include acts, omissions, events or circumstances that have caused or could cause damage to property, the environment, material or cause public alarm.
Reportable incidents (relevant to NDIS)	<ul style="list-style-type: none"> • Reportable incidents refer to incidents / alleged incidents that occur in connection with providing supports and services to people with disability (that is, incidents involving clients with a disability). • The following incidents of severity must be reported to the NDIS Commission. This includes but is not limited to:

	<ul style="list-style-type: none"> ○ 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; ○ sexual misconduct, committed against, or in the presence of, a person with disability, including grooming of the person with disability for sexual activity; and ○ unauthorised use of restrictive practices in relation to a person with disability
Notifiable incidents (relevant to Qld Work Health & Safety)	<ul style="list-style-type: none"> ● Notifiable incidents refer to incidents (involving clients, workers and other stakeholders) that arise out of the conduct of a business or undertaking and results in death, serious injury or serious illness of a person or involves a dangerous incident. This includes: <ul style="list-style-type: none"> ○ death; ○ serious injury or serious illness; ○ dangerous incident; ○ serious electrical incident; and ○ dangerous electrical incident.
Reportable incidents (relevant to Child Safety)	<ul style="list-style-type: none"> ● Reportable incidents relevant to Child Safety refer to when you have a reasonable suspicion that a child (NDIS clients and non-NDIS clients) has suffered, is suffering, or is at unacceptable risk of suffering significant harm caused by physical or sexual abuse, and there is not a parent willing and able to protect the child from harm.
Workers	<ul style="list-style-type: none"> ● Workers are employees, volunteers, contractors and consultants employed or engaged by YBLDHS.

2. Policy

Your Best Life Disability and Health Service (YBLDHS) is committed to ensuring that incidents that occur in the workplace, as well as incidents that happen in relation to the provision of services to people with a disability, are managed consistently and effectively, and that workers can identify, manage, report and resolve incidents.

The organisation collects and reviews data on incidents to inform improvement activities.

YBLDHS regularly reviews its incident management system and processes to ensure that they are:

- appropriate to the size of the organisation and the classes of supports it provides;
- well documented;
- readily accessible to all workers engaged by the organisation; and
- reflective and adaptive, with an intent to prevent incidents.

3. Procedure

3.1 Induction and staff training

All workers must be familiar with the organisation's incident management system, understand the organisation's definition of a *Reportable Incident* and a *Notifiable Incident*, and understand the

procedures they must follow for reporting all incidents to the organisation and, where required, to an external body.

YBLDHS promotes a culture of open reporting and ensures that all workers understand that they are supported to report any incident or alleged incident, and that there will be no negative consequences for doing so.

3.2 Incident identification

If a worker observes an incident, or a client or member of the public notifies a worker about an incident that does or could cause permanent or temporary detriment to a client, worker or other stakeholder, then the worker must report the incident to their manager. An Incident Report Form must be completed immediately or, if not practicable immediately, within 24 hours of the Incident.

Workers and clients will be protected against any adverse actions as a result of reporting or alleging that an incident has occurred.

3.3 Notification procedures

Workers must report incidents to various agencies and persons based on the following priority system:

- for serious incidents, workers must first contact emergency services such as the police and ambulance service;
- workers must report all incidents internally to their manager immediately, who will inform the CEO; If the manager is not immediately accessible, the incident will be reported to the CEO immediately.
- if it is determined that the incident is serious, the CEO is responsible for notifying families, guardians and advocates of the client as soon as possible.
- if an incident is a *Reportable Incident* or a *Notifiable Incident*, the CEO will notify the relevant external body within the expected timeframe of the external body.

3.4 Notification of Reportable Incidents to NDIS Commission

The following incidents involving clients with a disability are regarded as *Reportable Incidents* and must be reported to the NDIS Commission by the CEO, even though YBLDHS has recorded and responded within its own incident management system:

- 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;
- sexual misconduct, committed against, or in the presence of, a person with disability, including grooming of the person with disability for sexual activity; and
- unauthorised use of restrictive practices in relation to a person with disability

When notifying the NDIS Commission of a reportable incident, YBLDHS must follow the set processes and provide the required information as set out on the 'My Reportable Incidents' page. For more

information on notification, [read here](#).

3.5 Immediate response

Where possible, an incident will first be addressed by the organisation's personnel who are responsible and qualified to effectively manage the incident as it takes place.

First responders understand that they must contact emergency services immediately (police and ambulance) if the situation warrants.

3.6 Supporting clients

Throughout the incident management process, from initial response through to review, clients will be supported by the organisation through means of:

- reassurance if the client reported the incident
- trauma and counselling services where required
- changes to regular supports if necessary
- clear, ongoing communication regarding the progress and outcomes of the investigation.

Clients will be involved in the management and resolution of the incident where appropriate.

3.7 Assessment and investigation

YBLDHS is responsible for creating an initial assessment of any incident, to determine the severity of an incident and to establish the need for, and scope of, an investigation.

If an incident is a *Reportable Incident*, an internal investigation will take place. All investigations will be undertaken and conducted in accordance with principles of natural justice and procedural fairness.

Incidents involving criminal allegations will be reported to law enforcement, who will receive full support of the organisation in their investigations.

Whenever an investigation into an incident is conducted, it should establish:

- the cause of an incident;
- the effect of an incident;
- any organisational processes that contributed to or did not function in preventing an incident;
- changes the organisation can make in order to prevent further incidents from occurring.

Information related to incident investigations, including records of phone conversations, emails, documents and, where possible, records of face-to-face interviews will be recorded and kept in strict confidence.

3.8 Incident resolution

Based on YBLDHS's assessment, the organisation may undertake remedial action proportionate to the severity of the incident, including but not limited to:

- providing an apology
- rectifying any errors or mistakes for the client
- disciplinary action

- financial compensation.

The organisation will inform and involve clients, family and advocates in the process of incident management and resolution.

A preliminary report will be provided to the CEO on the same day as the event took place. That report may be verbal if there is insufficient time to draft a written report.

A written report will be provided to the CEO within 48 hours.

The organisation will attempt to resolve all incidents within five working days.

3.9 NDIS Commission's power to take regulatory action

If a reportable incident raises a serious compliance issue, the NDIS Commission has powers to take regulatory action.

Action might include requiring the provider to undertake specified remedial action, carry out an internal investigation about the incident, or engage an independent expert to investigate and report on the incident.

The NDIS Commission can also conduct its own investigation and take appropriate enforcement action such as issuing a compliance notice or asking a court to impose a civil penalty.

3.10 Notifiable Incidents (relevant to WHS Queensland)

An incident is notifiable to WHS Queensland if it arises out of the conduct of a business or undertaking and results in death, serious injury or serious illness of a person (workers, clients and other stakeholders) or involves a dangerous incident.

A workplace or electrical safety incident regarding workers, clients or other stakeholders that falls into one of the below listed categories is required to be notified to the Office of Industrial Relations Queensland under the *Work Health and Safety Act 2011*, the *Safety in Recreational Water Activities Act 2011*, or the *Electrical Safety Act 2002*.

WHS Queensland will investigate the cause of the incident and how similar incidents can be prevented in future.

a) Death

b) Serious injury or serious illness

An injury or illness requiring the person to have:

- immediate treatment as an in-patient in a hospital
- immediate treatment for:
 - the amputation of any part of his or her body
 - a serious head injury
 - a serious eye injury
 - a serious burn
 - the separation of his or her skin from an underlying tissue (such as degloving or scalping)

- a spinal injury
- the loss of a bodily function
- serious lacerations
- medical treatment (treatment by a registered medical practitioner, paramedic or registered nurse practitioner) within 48 hours of exposure to a substance.

Any infection to which the carrying out of work is a significant contributing factor, including any infection that is reliably attributable to carrying out work:

- with micro-organisms
- that involves providing treatment or care to a person
- that involves contact with human blood or body substances
- that involves handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste products.

The following occupational zoonoses contracted in the course of work involving the handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste products:

- Q fever
- Anthrax
- Leptospirosis
- Brucellosis
- Hendra virus
- Avian influenza
- Psittacosis

c) Dangerous incident

A dangerous incident is an incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person's health or safety emanating from an immediate or imminent exposure to:

- an uncontrolled escape, spillage or leakage of a substance
- an uncontrolled implosion, explosion or fire
- an uncontrolled escape of gas or steam
- an uncontrolled escape of a pressurised substance
- electric shock that is not a serious electrical incident or a dangerous electrical event
- the fall or release from a height of any plant, substance or thing
- the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the regulations
- the collapse or partial collapse of a structure
- the collapse or failure of an excavation or of any shoring supporting an excavation
- the inrush of water, mud or gas in workings, in an underground excavation or tunnel
- the interruption of the main system of ventilation in an underground excavation or tunnel.

d) Serious electrical incident

- An electrical incident in which a person has been killed.
- Dangerous electrical event
- An electrical event in which the person didn't die.

Use the [online notification form](#) to notify WHS Queensland or the Electrical Safety Office of an incident.

For more information on notification, [read here](#).

Management must ensure, so far as is reasonably practicable, that the site of the incident is not disturbed, unless it is for a prescribed reason, until the inspector arrives at the site.

Records of such workplace incidents must be maintained for at least 5 to 7 years.

3.11 Reportable Incidents (relevant to Child Safety)

An incident is reportable to Child Safety if you have formed a reasonable suspicion that a child (NDIS clients and non-NDIS clients) has suffered, is suffering, or is at unacceptable risk of suffering significant harm caused by physical or sexual abuse, and there is not a parent willing and able to protect the child from harm.

Contact Child Safety

Brisbane: 1300 682 254

Child Safety After Hours Service Centre: 1800 177 135 or 3235 9999

If you are concerned about a child, but you do not believe your concern meets the threshold for reporting to Child Safety, refer the child's family to Family and Child Connect. The family must give consent to be referred for help. Call 13FAMILY or 13 32 64.

Use the online [Child Protection Guide](#) to help you decide whether to report to Child Safety or refer to Family and Child Connect.

You can also discuss concerns with your work colleagues.

3.12 Incident Register and review

The organisation keeps an accurate register of [all incidents](#) that occur in relation to the provision of services.

The organisation will review this information every year to understand trends, address systemic issues and inform improvement activities.

Records will be kept for a minimum of seven years.

4. Documentation

Documents related to this policy	
Related policies	Risk Management Policy and Procedure Work Health and Safety Policy and Procedure Compliance Policy and Procedure Upholding the Rights of Clients Policy and Procedure Client Safety and Wellbeing Policy and Procedure Preventing and Responding to Abuse and Neglect Policy and Procedure
Forms, record keeping or other organisational documents	Workplace Health and Safety Queensland online Incident Notification Form Critical Incident Register Incident Report Form
Reviewing and approving this policy	
Frequency	Person responsible
Every 3 years	CEO

Policy review and version tracking			
Review	Date Approved	Approved by	Next Review Due
1	16 October 2019	CEO	16 October 2022
2	23 April 2021	CEO	23 April 2024
3	23 April 2024	CEO	23 April 2025