

# NDIS Incident Management and Reporting



## Procedure

### Purpose

This procedure defines incidents including serious incidents and incidents which are reportable to the National Disability Insurance Scheme Quality and Safeguards Commission, Workplace Health and Safety Regulator and Statutory Child Safety Bodies (if the child or Young person is in receipt of NDIS funded supports). An incident is broadly defined as:

- Any event or circumstance that resulted, or could have resulted, in unintended and/or unnecessary harm to a person, or loss or damage to property.
- A near miss which did not cause harm but had the potential to do so.
- The use of an unauthorised restrictive practice.
- A medication error involving a preventable event that may cause or lead to inappropriate medication use or harm to a Client whilst receiving supports.
- Any event which deviates from standard policy or procedure, and
- Anything illegal (e.g., assault, sexual misconduct, fraud).
- Reportable incidents classified by the NDIS Quality and Safeguards Commission.
- Reportable Incidents allegations or conduct relating to Children and Young People

### Our Commitment

- We are committed to ensure the rights of children and people with disability are upheld and supported.
- We aim to provide a high standard of care and to ensure the safety and well-being of each Client using our services, our employees and members of our community.
- We will foster a culture of continuous improvement with a proactive approach to preventing incidents.
- If an incident occurs, we will promptly and appropriately respond to the incident in an equitable, objective and fair manner.
- We will record all incidents, report (if required) and investigate (if required).
- We will ensure the principles of procedural fairness are maintained by providing those affected an opportunity to give their side of the story and to comment on any adverse view
- We will maintain an incident management system to aid in recording, managing and resolving incidents.
- The incident management procedure is accessible to workers in Employment Hero.
- The incident management procedure is provided to Clients during onboarding and at any time by request.

### 1. Definitions

Term	Description
Accident/ Incident	An unplanned event that has caused or has the potential to cause injury (including near misses), ill health to people or damage to property and the environment.
Electronic file	The relevant Client Relationship Management software.
NDIS	National Disability Insurance Scheme.

Mandatory Reporting	Mandatory reporting is a legal requirement that certain individuals or agencies report observed or suspected abuse to government authorities. The abuse that must be reported may include neglect, or financial, physical, sexual, or other types of abuse. Mandatory reporting mainly relates to children but can also relate to adults in some situations.
WHS Notifiable Incident	An incident that by law must be reported to the WHS Regulator.
Client	A person with disability. If the person is an adult this includes their family, NDIS plan nominee, appointed guardian/administrator, and/or informal supports where consent has been provided. If the person is a child this includes their parent/s or guardian.
Partner	Delegate of the Director responsible for service provision and operations in their designated region.
Reportable Incident	An incident that by law must be reported to the NDIS Quality and Safeguards Commission.
Worker / Staff Member	A person who carries out work in any capacity for Sirv including contractors and sub-contractors and their employees, labour hire company employees, trainees, persons gaining work experience and volunteers.
Workplace	A place where work is carried out for Sirv and includes any place (including vehicles or vessels) where a worker goes, or is likely to be, while working.

## 2. Related Documents

[National Disability Insurance Scheme Act 2013 \(Cth\)](#)

[NDIS \(Code of Conduct\) Rules 2018 \(Cth\)](#)

[NDIS \(Incident Management and Reportable Incidents\) Rules 2018 \(Cth\)](#)

[National Disability Insurance Scheme \(Quality Indicators\) Guidelines 2018 \(Cth\)](#)

[Workplace Health and Safety policy](#)

[Preventing and Responding to Violence Abuse, Neglect, Exploitation and Discrimination Policy](#)

[Child Safety Incident Management Reporting and Complaints Procedure](#)

[Participant safeguarding policy | NDIS](#)

[Unauthorised use of restrictive practices questions and answers \(ndiscommission.gov.au\)](#)

## 3. Incident Classifications

Incident classifications outline the timeframes in which incidents must be managed and closed internally (NDIS Safeguard Commission Reportable Incident timeframes must still be followed) and when an incident must be escalated, and to whom.

Incident Classification	Incident Criteria	Time frame	Escalated to
Minor	Incidents that require no further action	Closed within 48 Hours.	Managed at Partner level
Medium	Incidents that require a corrective action or Management response. A Reportable Incident	Closed within 14 days	Notification to Manager Quality Risk and Compliance before RI is made
Major	Death of a Clients . Staff injury requiring emergency services. Serious Incidents or allegations that involve children or young people	Closed within 30 days.	Director notified immediately for Death of a Client  All other within 24 hours

## 4. Child and Young Person Incident

As a provider of Disability and Child Safety supports – Sirv is Mandatory Reporter in every State and Territory it operates in, regardless of program or funding.

Any report or notification involving a Child or Young Person is to be treated as a major incident within Sirv's Incident Management and Reporting Classification.

**3.1** If the Child or Young Person involved in the incident is a client of a Department of Justice NSW or Substituted Specialised Residential Care Program in NSW – You must refer to the Child Safety Incident and Management Reporting and Complaints Procedure. This is to ensure Child Safety Reporting Obligations for children under the care of the NSW Office of the Children Guardian are met. This task must be undertaken by a Partner and cannot be delegated.

[Reporting Obligations and Processes | Office of the Children's Guardian \(nsw.gov.au\)](https://www.nsw.gov.au/child-safety/reporting-obligations-and-processes)

**3.2** If the Child or Young Person is not connected with a Statutory Child Safety Entity, – proceed using the *Sirv Incident and Investigation Report*. Any allegations of harm or misconduct must also be reported to the relevant Child Safety Centre in your region immediately or as soon as possible.

State	Department	Contact
Victoria	Department of Families, Fairness and Housing - Child Protection	Phone: 132 111
Queensland	Department of Child Safety, Youth and Women - Child Safety Services	Phone: 1800 811 810 (24/7)
NSW	Department of Communities and Justice - Child Protection Helpline	Phone: 132 111
Western Australia	Department of Communities - Child Protection and Family Support	Phone: 13 12 78 (24/7)

**3.3** The General Manager - Business Services and Quality, Risk & Compliance Manager must be included in all external communication with Statutory Agencies such as the Office of Childrens Guardian or Child Safety Departments.

## 5. Support Worker Incident Reporting Protocols

For incidents (including near misses) related to a staff member, Client, or reported by a Client; the staff member/s involved directly or witness to the incident will:

- Take immediate action to ensure the people involved are safe, calm and/or receiving appropriate assistance.
- If emergency services are required call 000 before contacting on call or Manager.
- Refer to and follow any documented emergency procedure for the Client (if available).
- Report the incident immediately to their manager, or on call if the incident is after hours
- As soon as it is safe to do so complete the Incident Report in Nightingale and contact their Manager when it has been submitted. **This step is mandatory to ensure Managers are aware of the Incident Report.**

## 6. Managing the Incident

### 6.1 For incidents related to the Client - the Partner or their Delegate will:

- Contact the Client's family or emergency contact (where consent has been obtained) as soon as it is safe to do so and inform them of the incident and the steps taken or steps to be taken to address it.
- Contact the Client as soon as practical but no later than 24 hours and provide support and assistance (including providing information about access to advocates) to ensure their health, safety and wellbeing.
- Advise the Client how they will be involved in the management and resolution of the incident.
- Notify the leadership team as per Section 4 Incident Classifications

- Follow up and debrief with the staff member to identify any additional support needs or areas for improvement within one business day or when reasonably practical.
- Follow up and fully investigate the incident to determine whether the incident is a reportable incident (see below 'Reportable incidents') and complete the Incident and Investigation Report. The investigation must commence no later than 24 hours of being notified of the incident.
- Liaise with the Manager Quality Risk and Compliance if corrective action is required; and
- Manage documentation as per Section 7. Documentation.

## 6.2 For incidents related to an employee the Partner or their Delegate will:

- Follow up and fully investigate the incident and complete the Incident and Investigation Report. The investigation must commence no later than 24 hours of being notified of the incident.
- Follow the investigation timelines for minor medium or major incidents.
- Follow up and with the staff member to identify any additional support needs or areas for improvement, between 24-48 hours or when reasonably practical.
- Liaise with the Leadership Team if the employee has been injured and/or disciplinary action is required; and
- Record the Incident in the Incident Report Register

## 7. Documentation

For all incidents Partners or their Delegate will:

- Be responsible for collating all investigation documents and saving them in the relevant HR file and Client CRM.
- Identify any continuous improvement actions and recording them
- Stay informed about and involved, if necessary, with critical or ongoing incidents and the management of risks arising from these incidents; and
- Ensure information is gathered for the reporting of a reportable incident to the NDIS safeguard Commission within the 24 hour and 5 day follow up requirement; and
- Ensuring all relevant documentation for safeguarding the client and managing the Incident is made available to appropriate stakeholders.

## 8. NDIS Reportable Incidents

Incidents that must be reported to the [NDIS Quality and Safeguards Commission](#) include any incident that involves:

- The death of a Client
- The serious injury of a Client
- Abuse or neglect of a Client
- Unlawful sexual or physical contact with, or assault of, a Client
- Sexual misconduct committed against, or in the presence of a Client, including grooming for sexual activity.
- Unauthorised use of a Restrictive Practice in relation to a Client

## 9. NDIS Reportable Incident Procedure

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Partners are responsible for assessing all incidents and determining if they meet the threshold for a Reportable Incident to the NDIS Safeguard Commission.

## 9.1 If the Partner has determined that the incident is a NDIS reportable incident, they will within 24 hours:

- Inform the Manager Quality Risk and Compliance.
- Login to the NDIS Commission Portal ('Portal') as an 'Authorised Reportable Incidents Notifier'; complete the report and upload the necessary information.
- Notify the Manager Quality Risk and Compliance who will be the Incident Approver.
- Review the Clients Risk Assessment and amend as necessary.
- Collate all information and documentation as per section 7. Documentation and provide to the manager Quality Risk and Compliance ( QRC).
- The Manager QRC will be responsible for submitting the 5-day report.

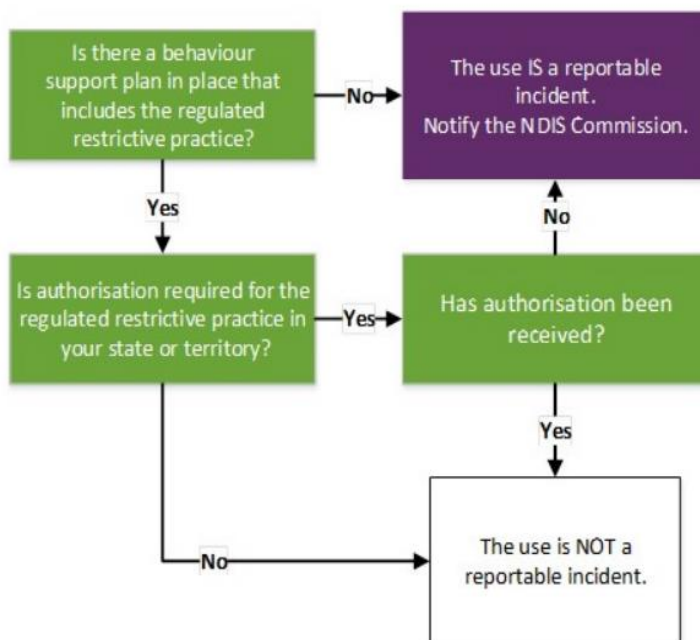
## 9.2 If the Partner has determined that an unauthorised Restrictive Practice has been used

### What is an unauthorised restrictive practice?

Section 73Z(4) of the NDIS Act and section 16(3) of the [National Disability Insurance Scheme \(Incident Management and Reportable Incidents\) Rules 2018](#) (Incident Management and Reportable Incidents Rules) defines a reportable incident as when a restrictive practice is used:

- without authorisation by the relevant state or territory (however described), or
- not in accordance with a behaviour support plan.

Figure 1: Flow chart outlining how a reportable incident is defined



- Obtain any further information from the staff member who reported the incident and advise the Manager Quality Risk and Compliance.

- Login to the Portal as the 'Authorised Reportable Incidents Notifier' and select unauthorised use of a Restrictive Practice within 5 business days of being made aware of usage.

- Advise the Manager of Quality Risk and Compliance when this has been completed so the Incident Register can be updated.

## 10. WHS Notifiable Incidents

Refer to the Workplace Health and Safety Policy and Procedure

## 11. Data Breaches

Data breaches or a breach of personal information is reported to the Office of Australian Information Commissioner ([OAIC](#)) via an online reporting form.

When you notify the OIC you must provide:

- Your organisation or agency's name and contact details.
- A description of the data breach
- The kinds of information involved.
- Recommendations about the steps individuals should take in response to the data breach.

## 12. Death of a Client

### 12.1 External Reporting

Registered NDIS providers have specific reporting obligations regarding the deaths of people with a disability, depending on the circumstances and nature of death. To ensure the correct actions are taken, refer to the instructions under the Coroners Act specific to the State or Territory of operations.

### 12.2 Internal Reporting

Within 24 hours of the death of a Client Partners will notify the Sirv Director in writing with the following information:

- Client initials
- Supports and Services provided to the Client.
- Client Date of Birth | Client age at time of death
- Cause of Death and any circumstances of concern
- Any reporting already undertaken.
- Supports provided to staff.
- Further actions to be taken.

## 13. Reviewing Incidents

The Leadership Team is responsible for reviewing Sirv's incident data to identify any recurrent trends that might allow preventative strategies to be developed.

## 14. Continuous Improvement Register

All improvements, recommendations and findings identified during an Incident Investigation must be included in the Continuous Improvement Register for monitoring and review. QRC Manager

## 15. Record Keeping

Records of incidents must be kept for a minimum of 7 years from the date of the incident.

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