

Incident Management

Objective

To outline the key steps, actions and responsibilities for effectively responding, reporting, communicating and reviewing incidents to promote safety, minimise re-occurrence and manage any associated risks at Burke and Beyond.

Scope

Incidents that must be recorded and managed are defined as events that have or could have caused harm to a person or, loss or damage to property.

Incidents include those incidents involving participants, staff, visitors and equipment failure where the safety of people is compromised. All Burke and Beyond staff and volunteers are expected to comply and adhere to the practices outlined in the process and report all incidents. The procedure outlined below covers both Burke and Beyond sites and services provided in the community.

Details

Reportable incidents involving participants are done through the NDIS Quality & Safeguards Commission and their website portal. Relevant timelines apply for both processes, refer below.

A participant **major** or **reportable** incident are incidents where the impact is on the participant/s. The criteria for this are:

- The death of a person with disability.
- Serious injury of a person with disability (including any injury requiring medical treatment)
- Alleged abuse, neglect or physical assault of a person with disability.
- Poor quality of care
- Unlawful sexual or physical contact with 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.
- Unauthorised or emergency use of a restrictive practice.

These must be immediately reported to the GMSD and MQR who will report to the CEO

A non-major incident is one where there is less impact to the participant, such as:

- Behaviour- including dangerous, disruptive, self-harm, property damage of a minor nature
- Illness
- Injury of a minor nature
- Medical condition (known) deterioration
- Medication error- including incorrect, missed, refused by client, other

These incidents must be reported as soon as practical to your line manager to assess if an external incident report is required.

All incidents are recorded in the participant's individual file. Supportability and Journal record- scroll to bottom- incident list- add new incident- select site- complete report.

Incidents involving workers are reported using the *Accident, Injury, Near Miss and Hazard form*, and is uploaded to the SupportAbility Accident and Incident Register.

Serious worker injuries or death need to be reported to WorkSafe immediately, and a completed incident notification form needs to be completed within 48 hours.

All events that have, or could have caused harm to a person or, loss or damage to property are responded to and reported following the below procedure.

At all-times relevant privacy and confidentiality of incidents must be respected and considered during incident review and escalation.

PROCEDURE:

WHO	WHAT	WITH
Incident Response		
All Staff	<ul style="list-style-type: none"> • Following occurrence of an incident, take immediate actions to contain situation and ensure safety for those involved. • Alert others and/or senior staff on site • Address first aid issues or call an ambulance if the injury is serious. • For falls or injuries, call the site Coordinator/Manager immediately, once everyone is safe. • Call the family/carer/residential service to let them know there has been an incident and the follow up you have completed. • If the incident is serious and the participant has sustained any injury, assess the injury, call for further assistance from Coordinator/Manager if needed to assist in the assessment. • Call an ambulance for any suspected serious injury ie: open wound, possible head injury, possible bone injury etc. • If the participant has no obvious injury, let the family/carer/residential service know that there is no identifiable serious injury, however monitoring and potential GP assessment would be recommended. It is the responsibility of the family/carer/residential staff, to provide GP follow up. • Prior to completing an incident report, contact GMSD to confirm correct requirement for and reporting procedures for incident reporting. • As directed/ supported by management, complete the appropriate participant incident report. Your manager will inform you of the correct one. • Staff and Volunteer incidents are to be reported to Coordinator/ Management and an Accident Injury, Hazard and Near Miss Form completed. This will be sent to the GMSD and Manager Quality and Risk, filed on the staff file, and uploaded to Supportability on the Accident and Incident Register, follow up actions monitored and recorded. • Burke and Beyond do not have oversight or access to personal medical information, it is in the participants best interest to be supported by a primary carer to access the medical practitioner in non-emergency situations. • In the event of an Injury requiring medical attention Burke and Beyond staff will call an ambulance and accompany the participant to the emergency department, if required. Staff will immediately contact the primary carer to alert them and request they meet at the hospital for hand over as soon as possible. • If in doubt, ensure the participant is assessed by an appropriate medical practitioner. As Burke and Beyond provides group-based support, we are unable to provide transport and support to an individual. It is the responsibility of the primary carer. 	<p><u>Participant</u></p> <p>Support Ability / Participant File / Journal Record/ Incident list</p> <p><u>Staff</u></p> <p>Accident Injury, Hazard and Near Miss Form</p>

Coordinator/ Manager	<ul style="list-style-type: none"> • Check for injuries if applicable, assess the need for medical attention and organise as needed. Ensure participant/staff are safe and comfortable. • Notify GMSD immediately or as soon as practicable following incident. • Support staff involved to manage the incident as outlined above. • Ensure an incident report completed outlining events, situation and follow up actions. • Ensure relevant follow up actions taken, implement preventative actions and update report accordingly. • Consult with GMSD/ CEO regarding incident report completion. • Ensure families, carers and/or relevant circles of support of participant are aware of incident and follow up. • Liaise with family/carer/residential staff, to ensure clear follow up and any medical attention required is arranged. • Arrange and organise any incident de-briefing and support for participant, staff and/or family impacted by the incident. • Assist with any follow up incident reviews and/or investigations. • Provide feedback to staff, participants involved and their support networks regarding outcomes and actions. • Ensure the GMSD has all the information required to lodge the incident to the NDIS Commission Portal. • In consultation with relevant parties complete an Incident Review 	Incident Review Form
General Manager Service Delivery (GMSD)	<ul style="list-style-type: none"> • Assume Co-ordinator/CEO's role if they are not available • Immediately notify CEO of: <ul style="list-style-type: none"> ○ any serious incident, or allegation that <u>may</u> meet the criteria for major or reportable incidents. ○ Any incidents that have a community concern or may attract media attention. • Review incident report, quality of information provided, ensure relevant follow up actions are taken and edit/ update as necessary. • For NDIS funded participant: <ul style="list-style-type: none"> ○ Consult reportable incidents guide. ○ If, reportable, notify NDIS Commission within 24 hours (5 days in the case of unauthorised or emergency restrictive practice) ○ Provide a more detailed report about incident and actions taken within five working days. • If an unauthorised or emergency restrictive practice has occurred, notify NDIS Commission within five days of key Burke and Beyond staff being made aware of incident. • The NDIS Commission will advise if a final report required within 60 working days of submitting the reported submitted within five- days of incident. • Maintain a register of participant incidents and those reported to relevant Departments. • Review all reports monthly to identify trends and assess the effectiveness of actions, 	

Incident Follow Up

General Manager Service Delivery (GMSD)	<ul style="list-style-type: none"> • Coordinate/ provide any de-briefing/counselling with participants, staff, families and other stakeholders who may be affected. • Ensure all incidents are recorded on SupportAbility • Review all incidents, ensure preventative or corrective actions implemented and documented using an Action Plan and, recorded on the risk register as required. 	Incident/ Complaint Investigation Report
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	<ul style="list-style-type: none"> Assess whether this incident comes under mandatory reporting requirements and act as the reportable incident notifier, consult/discuss with CEO. If a restrictive practice, attend to relevant restrictive practices reporting as per participant funding arrangements. Where applicable, take to LG meetings for discussion/follow up. 	
CEO	<ul style="list-style-type: none"> Assume GMSD's role if they are not available. Notify Work-Safe of staff, volunteers or participants' incidents and injuries as per WorkSafe guidelines. Upon receiving notification of Major or Reportable incident: <ul style="list-style-type: none"> Review incident, severity and possible implications/risks Communicate with relevant key stakeholders and Board Consult and develop any relevant immediate action plans Upon receiving full incident details and any follow up incident investigations/reviews, in consultation, develop any follow up preventative actions/activities. 	
Major Incident review/ Investigation	<ul style="list-style-type: none"> Incident investigations occur following a reportable incident as outlined in scope section above. This may require criminal allegations and follow up. An investigation applies to highly complex incidents involving and impacting participant/s, where potential system and process issues underpin the incident, with multiple causes, potential contributing factors suspected and therefore warranting a thorough and more detailed analysis. <p>General Manager Service Delivery</p> <ul style="list-style-type: none"> If a major impact incident, screen whether incident involves reported incident criteria and as relevant initiate follow up review, investigation and/ or RCA Discuss with Executive Management and determine who internally or externally to conduct investigation. <p>Appointed Investigation Manager</p> <ul style="list-style-type: none"> Determine type of investigation, whether internal, external or joint investigation. Develop and communicate investigation plan and outcome report with Executive and as relevant external government departments Ensure outcome actions recorded in participant file by GMSD or Coordinator/ Manager Feedback the results of the investigation to the participant 	Incident/ Complaint Investigation Report
Analysis & Review GMSD, CEO, MQ&R	<ul style="list-style-type: none"> Review incidents, incident data and any follow up reviews and investigations for potential system issues and opportunities for improvement- escalate as required. Where incidents are escalated, investigated and control actions developed ensure all relevant improvements tracked and monitored. Monitor, track and report on incident information Maintain, update and review Incident Register and Risk Register 	Risk Register Incident Register

Implementation and Review

This policy is available on SupportAbility and publicly available on the website, all new staff will be directed to read this policy as part of their induction. The information in this policy made accessible to participants via the client handbook, weekly meetings and on the website.

This Policy will be reviewed every three years and following significant incidents if they occur. Improvements to this document can be made by completing a suggestion and improvement form, attaching any suggested amendments and forwarding to your manager and/or the Manager Quality and Safety for review.

ADMINISTRATION:

External Reference Documents:	NDIS (Incident Management and Reportable Incidents) Rules 2018 NDIS Practice Standards and Quality Indicators 2021 Privacy Act 1988 (Commonwealth) Disability Services Inclusion Act 2023 (Commonwealth) Work Health and Safety Act 2011 (Commonwealth) NDIS Quality and Safeguards incident reporting and complaints system (2019) Child Safe Standards	
Internal reference documents:	Health & Well Being policy Freedom from Violence Abuse, Neglect, Exploitation and Discrimination Policy and Procedure Restrictive Practices Policy Risk Register Risk Management Policy and Framework Non-participant Accident Injury and near miss Form Incident Review Form Incident Complaint and Investigation Report	
Reviewing and approving this policy		
Frequency	Person responsible	Approval
Every 3 years	General Manager Service Delivery	CEO

Indexing:

Policy review and version tracking			
Review	Date Approved	Approved by	Next Review Due
1	9/06/2021	Bruno Cyr	2024
2	20/03/2024	Lisa Sawatzky	2027