
NextPath Policy: Incident Management

Introduction

This policy and system defines all incidents including serious incidents and incidents which are reportable to the NDIS Quality and Safeguards Commission or Department of Communities and Justice, and includes how such incidents will be identified, reported and managed.

NextPath is committed to safeguarding the people we support at all times, however there are occasions when an incident may occur.

An incident is an event where:

- An accident occurs that hurts, nearly hurts or causes distress to someone and/or
- Someone hurts, nearly hurts or causes distress to another person

If an incident does happen, NextPath's overarching guidelines for incident management are:

Respond – we check everyone is okay and provide first aid if needed. We put in place support for all people involved.

Report – we write an incident report, and communicate with other people as required (e.g. parents/carers, police, NDIS Safeguard Commission, etc.)

Investigate – each incident report is reviewed by the manager. We look for why the incident happened and what we can do to prevent this from happening again.

Analyse – We act to address any problems from the incident and put in places changes to make it better or avoidable in the future.

Check – We review the changes are still working in preventing further incidents.

Communication and Support – we let our clients and families know what is happening, and provide options for additional supports and/or services if needed, as well as provide opportunities to ask questions.

The formal Incident Management System consists of the following steps:

1. Identification and Prevention of Incidents (Risk Management)
2. First Responder's Actions, Report of Incident and Response to Incident
3. Management of Incident, Assessment of Incident Management and Resolution (including reporting to relevant bodies Reportable Incidents)

4. Review and Improvement processes to ensure Corrective and Restorative measures completed

Applicability

When
<ul style="list-style-type: none"> applies to supports and services provided to all participants.
Who
<ul style="list-style-type: none"> applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers. As a registered NDIS provider, NextPath is responsible for preventing, responding to and managing incidents.

Related NextPath/Mater Dei Policies:

Abuse, Neglect, and Exploitation Identification and Initial Notification for Participants

Critical Incident (Emergency response)

Managing Challenging Behaviour

Discrimination Policy

Discrimination, Harassment and Bullying Statement

NextPath Staff Code of Conduct - Safety of Children and Vulnerable Adults

Reportable Abusive Conduct by Staff, Volunteers and Others

Risk Management

Related Items:

Related Regulations:

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

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

Related NextPath Processes:

Report Incident

Related NextPath Documents:

Child Protection – Mandatory Reporting Guide

Incident Report.

Our Commitment

- to include procedure for identifying, accessing, receiving, managing, resolving and reporting incidents.
- we are committed to ensure the rights of people with disability are upheld and supported
- to include procedures for identifying, assessing, recording, managing, resolving and reporting incidents
- we aim to provide a high standard of duty of care and to ensure the safety and well-being of each participant 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 views
- we will maintain an incident management system to aid in recording, managing and resolving incidents
- the incident management policy and process is accessible to workers via the Centro ASSIST web app and staff will be notified of the incident management system during their induction
- the incident management policy and process is provided to participants and stakeholders via email or hard copy during intake and orientation and at any time by request.

Organisational responsibilities when responding to incidents

When responding to an incident it is the organisation's responsibility to:

- immediately respond to an incident to ensure the safety and wellbeing of participants and others at risk
- report to police (if appropriate)
- contact relevant support services e.g. sexual assault support services (if appropriate)
- preserve evidence of the incident
- notifying relevant next of kin, family or guardian/supporter (as appropriate)
- plan and undertake actions to provide ongoing support to those affected by the incident
- document key actions undertaken in an internal incident report
- record incidents in an internal incident register.
- once initial steps for incident management have been taken, the organization will determine why the incident may have occurred, for example because a policy has not been adhered to or because the policy is insufficient
- where the issue is policy adherence there will be a discussion with the relevant staff member, in the spirit of reflection, ongoing learning and continuous improvement. Any points relevant to other staff (for example, clarification of the policy) will be shared at a team meeting.
- Where the issue is inadequacy or absence of a policy, changes to the policy or development of a new policy will occur, with staff updated at the next team meeting, unless there is a need for the information to be shared sooner.
- Following an incident, staff will review the individual's risk and support plan to make any changes, if necessary. If the incident occurred offsite, the risk assessment for the venue will be reviewed, and any changes made if necessary.

Reporting incidents

NextPath Assessment and Therapy and NextPath Continuous Learning incidents are to be reported using [NextPath Incident Report](#).

Refer to the Child Protection -Mandatory Reporting to DCJ (formally FACs) and NDIS Reportable Incidents.

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

- the death of a participant (within 24 hours)
- the serious injury of a participant (within 24 hours)
- abuse or neglect of a participant (within 24 hours)
- unlawful sexual or physical contact with, or assault of, a participant (within 24 hours)
- sexual misconduct committed against, or in the presence of, a participant, including grooming for sexual activity (within 24 hours)
- unauthorised use of a restrictive practice in relation to a participant (within 5 business days)
- A final report may also be required within 60 business days of submitting 5 day report (NDIS will notify if needed)

Other incidents may require reporting to other agencies, for example:

- data breach or breach of personal information ([OAIC](#))
- injury or death of a worker while on duty (local state or territory [WHS authority](#)).
- concerns for a person with a disability's welfare, safety, possible exploitation (ADAC)

Any Incidents involving crimes such as assault, theft and fraud must be reported to **Police**.

Responsibilities of key management personnel

- ensuring employees have the necessary skills to manage incidents
- recording serious incidents
- managing escalated incidents and serious incidents
- reporting serious incidents to the NDIS Quality and Safeguards Commission and providing any follow up reports or any new and significant information
- responding to any media inquiries
- investigating incidents or arranging an external investigator to investigate
- reviewing incidents and instigating improvements

-
- mandatory reporting to authority (as appropriate)

Responsibilities of workers

- immediately responding to and supporting the impacted person
- resolving minor incidents
- recording and recording all incidents
- escalating incidents they can't resolve to key management personnel
- escalating serious incidents to key management personnel.
- notify key personnel (Program Manager or Director) of reportable incidents as soon as possible

Steps of the Incident Management System:

1. Identification and Prevention of Incidents (Risk Management)
2. First Responder's Actions, Report of Incident and Response to Incident
3. Management of Incident, Assessment of Incident Management and Resolution (including reporting to relevant bodies Reportable Incidents)
4. Review and Improvement processes to ensure Corrective and Restorative measures completed

Step 1: Identification and Prevention (Risk Management)

Refer to Risk Management Policy

Identification of Risks, their management, corrections and minimisation is an ongoing process. Risks identified in the Incident Reporting Process should be addressed by NextPath management in a timely manner.

Types of Incidents a worker/staff member should report using the NextPath Incident Report Form:

- Mandatory Reporting for Child Protection (Refer to Mandatory Reporting Policy) or NDIS Reportable Incidents (see additional information in section later in this policy)
- Incidents of Harm to a participant/client, or any other person harmed by a participant/client. The Incident Report Form is also used for minor incidents such as trips, falls, slips where injury or potential injury has occurred e.g. a client in an Assessment

&Therapy session or on a Community Learning Experience for Continuous Learning participants.

- Incidents of Behaviour which may be a risk to a participant/client or any other person. The Incident Form is also used where a participant has unacceptable physical contact or verbally abuses another participant at Continuous Learning
- Damage to property or equipment during an incident which may pose a risk to a participant/client or staff member.

Step 2: First Responder's Actions, Reporting of Incident and Response to the Incident

1. An Incident Occurs - Worker/staff member providing services identifies an incident OR an allegation of an incident is reported to the worker/staff member.
2. Incident of HARM - First Responder's Actions (worker/staff member) should be in relation to the client/participant's physical support and safety. Immediate action may be required to secure the site and isolate the participant if injured or harmed to enable emergency support from other staff, easy access for Emergency services if required. The Worker providing services identifies the nature/severity of the incident. The Worker provides immediate response to ensure safety and wellbeing of all the impacted person/s, including consideration whether a client's parents or participant's supporters should be contacted urgently. Where unclear, this should be discerned via discussion with Manager or Director.
3. If Behaviour of a client/participant presents a risk then the worker/staff member contacts another staff member, Program Manager or Director for additional support
4. Worker/staff member completes the Incident Reporting Form, on the same day that the incident occurs. (Incident reports are kept for 7 years in accordance with NDIS requirements)
5. Worker/staff member enters incident time and date into a participant/client's Echidna personal file notes.
6. Any minor issues e.g. sickness, fever, headache, upset, minor distress or anxiety, withdrawal from activities, or any small behavioural changes/concerns must be recorded into a participant/client's Echidna personal file notes. These minor issues/concerns may be indicators of a bigger concern and should be referred to the Goal Facilitator or if in therapy to the Senior Therapist or Program Manager for Assessment & Therapy.

Step 3: Management of Incident, Assessment of Incident Management and Resolution (including reporting to relevant bodies Reportable Incidents)

Worker advises NextPath Program Manager or Director of incident having occurred or allegation of incident occurring

NextPath Program Manager or Director completes assessment of the incident, including whether the incident is a Reportable Incident.

If the incident is not Reportable then:

Whether further follow up support is needed for the individual/s involved. This includes people with a disability and whether they need further support or an independent advocate; and workers who might be impacted by the incident.

How the person with a disability will be involved in any further management or resolution of the incident (e.g. provide further information, comment on corrective actions, provided with final outcome or report)

Whether the cause of the incident is clear, or whether an investigation is needed. Details of investigation if so, and outcome.

Whether the incident was preventable

If preventable, what preventative actions should be taken to prevent similar incidents occurring

Follow up actions/corrective actions needed

Whether the incident was well managed and resolved or whether it raises opportunities for improvement

If the incident is Reportable, the Program Manager or Director ensure any actions required by NDIS are taken, and reports back to Commission with any new and significant information obtained

Whether the incident needs to be reported to any other bodies eg police, DCJ, ADAC, NSW Ombudsman.

If the incident is NDIS reportable, the Program Manager or Director must report to the Commission via the "My reportable incidents" portal <https://www.ndiscommission.gov.au/providers/ndis-commission-portal>, within the required timeframe

Step 4: Review and Improvement processes to ensure Corrective and Restorative measures completed

Program Managers review the Incident records regularly

They complete the Incident Management Review Form and take any corrective and/or restorative measures necessary. Identification of additional Risks and their Management will be addressed in a timely manner.

Additional staff training, policy and procedural adjustments may also be required.

Completed and resolved Incident Reports and their accompanying Incident Management Review forms are scanned and added to individual participant/'s Echidna files.

Incident Report Registers and Incident Management Review Registers are secured and maintained by NextPath on the L Drive.

NDIS Reportable Incident Process

This process provides guidelines for reporting to the NDIS in the event of a reportable incident.

1. Reportable incident?

Serious incidents that involve the following must be reported to the NDIS commissioner within 24 hours:

- the death of a participant while being supported
- serious injury of a participant while being supported
- abuse or neglect of a participant while being supported
- unlawful sexual or physical contact with, or assault of, a participant while being supported
- sexual misconduct committed against, or in the presence of, a participant while being supported, including grooming of the person for sexual activity
- the unauthorised use of a restrictive practice relating to a participant.

Any other type of serious incident, not listed above, e.g. Severe trauma, severe psychological or emotional harm must be reported to the NDIS commissioner within five business days.

2. Notify the NDIS Commission

The immediate notification form must be submitted via the [NDIS Commission Portal](#) within 24 hours of key personnel becoming aware of a reportable incident or allegation.

An exception to this rule is notifying the NDIS Commission of the use of a restrictive practice that is:

- unauthorised, or
- not in accordance with a behaviour support plan.

In these instances, the provider must notify the NDIS Commission within five business days of being made aware of the incident. Unless it resulted in harm to the participant, in which case it must be reported within 24 hours.

[A] Decision point: What level of reporting is required? (Reportable incident, as well as restrictive practice resulting in injury [3], Unauthorised restrictive practice [4])

3. (Reportable incident [A]) Complete immediate notification form

Complete NDIS Commission: [Immediate notification form \(24 hours\)](#).

The immediate notification form includes a number of sections and questions, concerning:

- details of the reportable incident
- actions taken in response to the incident, and
- individuals involved in the incident.

4. (Unauthorised restrictive practice [A]) Complete 5 day notification form

Complete NDIS Commission: [5 day notification form](#).

The 5 day form must be submitted via the 'My Reportable Incidents' portal within 5 business days of key personnel becoming aware of a reportable incident. This provides additional information and actions taken by the NDIS registered provider.

[B] Decision point: Did the NDIS Commission acknowledge the receipt of form? (No [Jump to *Report incident internally* process, Yes [5])

5. (Acknowledge receipt [B]) Receipt was acknowledged

The NDIS Commission will acknowledge receipt of the forms and will commence oversight.

6. Provide additional information to the NDIS Commission

(If required) the NDIS Commission may request additional information.

7. Carry out additional action

If the 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.

8. Final report

The NDIS Commission will instruct the provider to undertake an investigation and/or complete a Final Report (60 day) as deemed appropriate for the incident. The NDIS Commission will provide this form to you via email.

The providers must assess:

- the impact on the NDIS participant
- whether the incident could have been prevented
- how the incident was managed and resolved
- what, if any, changes will prevent similar events occurring
- whether other persons or bodies need to be notified.

9. Take remedial measures

Where appropriate, the NDIS Commission may require a provider to take remedial measures. The NDIS Commission may work with the provider to implement these measures and monitor progress. Remedial measures may include (but are not limited to):

- additional staff training and development
- improved services to support NDIS participants
- updating policies and procedures.
- Where corrective actions are identified, these should also be noted and summarised in a "quality improvement plan" as per the Continuous Improvement policy.

Program managers will review the data collected on the Incident Report Spreadsheet regularly and ensure follow up to completion of all incidents entered.

Assessment of Records must ensure recording of:

- impact on the NDIS participant
- whether the incident occurred could have been prevented
- how the incident was resolved
- whether other bodies, persons need to be notified
- if appropriate dates and details of notifications to other bodies
- what, if any, changes are required to prevent further similar incidents occurring

Record keeping

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

Mater Dei Organisation's Additional Requirements for Incidents of Mandatory Reporting

All Programs which form part of the Mater Dei Organisation are required to complete an additional reporting and storage of files in relation to any Critical Incidents ie any incident that is reported through the CEO/Principal, Child Protection Mandatory Reporting Incident, NDIS Reportable Incident, Police or another Agency. This applies to NextPath Assessment & Therapy and NextPath Continuous Learning.

1. If an incident is identified as Reportable then the Program Manager/Director must notify the CEO/Principal.
2. An discrete critical incident number will be issued and assigned to the Incident. Date of notification will be recorded on the Register and essential initial information collected.
3. The Program Manager/Director will supply details such as the name of the child/client/participant who is the subject of the report, type and date of the incident and names of any staff members involved, the Agency contacted, any other relevant details for the consideration of the CEO/Principal.
4. The Program Manager/Director will then complete any process with the outside agency and follow the Incident Management System to its completion and resolution.
5. Once the Incident has been resolved a hard printed copy of all documentation relevant to the Incident must be supplied to the CEO/Principal's PA for the CEO/Principal's review/consideration and eventual secure archiving.

6. A Finish Date from the Register will be supplied to the Program Manager/Director to add to the file records at NextPath.

Policy History:

Version: 3.0

Publication Date: 8th June 2022

Contact: CEO/Principal, Programs Manager(s), HR Manager

Review date: 29th August 2022