

2.06

PROCEDURE

Incident Management

Objective

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

Scope

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.

Non-major incidents will be recorded in the participant's personal file. Nonparticipant incidents are reported through management using the Accident, Injury, Near Miss and Hazard form, and recorded in staff/ volunteer file. The form is uploaded to the Supportability Accident and Incident Register. Action plans or Risk mitigation strategies are recorded on the Risk Register.

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

Incidents involving staff/volunteer injury require follow up and may need to be reported to Worksafe under the following circumstances: Death, Employees or persons requiring medical treatment by a Doctor (Fractures, administration of a drug or medical treatment) or immediate treatment as an inpatient in a hospital. This must occur within 24hrs.

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

- Death,
- Serious injury,
- Alleged abuse, neglect, or physical assault of a participant,
- Sexual exploitation/ unlawful sexual or physical contact
- Emergency or Unauthorised restrictive practices.

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

- Behaviour- including dangerous, disruptive, sexual, self-harm, property damage
- Illness
- Injury
- Medical condition (known) deterioration
- Physical assault- participant to participant
- Medication error- including incorrect, missed, refused by client, other

PROCEDURE:

WHO	WHAT
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<p>All Staff</p>	<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 if needed or contact an ambulance if it is an emergency • 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 fall 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 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 incident report completed. This will be filed on the staff file on supportability and appropriate follow up taken to manage incident. • 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 a medical emergency Burke and Beyond staff will call an ambulance and accompany the participant to the emergency department, if required. The 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>Serious injury – A reportable incident that includes but is not limited to: fractures; burns; deep cuts; extensive bruising, including large individual bruises, or a number of small bruises over the impacted person; head or brain injuries which might be indicated by concussion or loss of consciousness; and any other injury requiring hospitalisation.</p>
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<p>Coordinator/ Manager</p>	<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. • Ensure relevant follow up actions taken as outlined in the staff section, implement preventative actions and update report accordingly. • Consult with GMSD/ CEO regarding incident report completion. • As relevant file copy of incident in participant/ staff file. • 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 involved. • Assist with any follow up incident reviews and/or investigations. • Provide feedback to staff, participants involved and their support networks regarding outcomes and actions. • As agreed, with GMSD submit incident to senior delegate (GMSD) or support reporting through the NDIS Commission Portal.
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NDIS funded participant.

<p>Coordinator/Man ager</p>	<ul style="list-style-type: none"> • If an incident occurs, notify GMSD immediately or as soon as practicable following incident. • Support staff involved to manage the incident as outlined above. • As agreed, ensure an incident report completed outlining events, situation and follow up actions as directed by GMSD. • Regularly communicate and consult with GMSD.
<p>General Manager Service Delivery (GMSD).</p>	<ul style="list-style-type: none"> • Assume Co-ordinator/CEO's role if they are not available • Notify CEO of any serious injury/incident. • Review incident report, quality of information provided, ensure relevant follow up actions are taken and edit/ update as necessary. • Confirm NDIS participant and if NDIS: <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.

Incident Reporting- General

<p>General Manager Service Delivery (GMSD).</p> <p>CEO.</p>	<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. • Assess whether this incident comes under mandatory reporting requirements and respond accordingly, as relevant 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. • Assume GMSD's (General Manager Service Delivery) 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.
<p>Incident review/ Investigation</p>	<ul style="list-style-type: none"> • Incident investigations are following a reportable incident as outlined in scope section above. • This may include and/ or 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. • For further information, expected processes and templates for investigating and reviewing incidents refer to either "Client Incident Management System Operational update 1- 2019, dated 27/5/2019, or NDIS Quality & Safeguards Commission depending on the funding of the participant/ s involved. <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.

	<ul style="list-style-type: none"> • 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
Reportable incidents NDIS	<p>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:</p> <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 (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. <p>The internal process for reportable defined through this procedure still applies.</p>
Non-reportable incidents	<p>Non-reportable incidents are those of a less serious nature, which result in less serious impact to the participant. These types of incidents include:</p> <ul style="list-style-type: none"> • Behaviour- including: dangerous, disruptive, sexual, self-harm, property damage • Illness • Injury • Medical condition (known) deterioration • Physical assault- participant to participant • Medication error- including: incorrect, missed, refused by client, other <p>These incidents are reported in the participant's individual file is Supportability. Journal record- scroll to bottom- incident list- add new incident- select site- complete report.</p>
Analysis & Review	<p>GMSD, CEO, MQ&R</p> <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

ADMINISTRATION:

Continuous Improvement:	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 CEO.
External Reference Documents:	<p>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)</p>

	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	
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 Cry	2024
2	20/03/2024	Lisa Sawatzky	2027