

2.04 Participant Incident Management Policy and Procedure

Purpose

The purpose of this policy is to set out how Alacrity Health is to respond to any incident involving a participant, including:

- acts, omissions, events or circumstances that occur in connection with providing NDIS supports or services to a person with disability that have, or could have, caused harm to the person with disability,
- acts by a person with disability that occur in connection with providing NDIS supports or services to the person with disability and which have caused serious harm, or a risk of serious harm, to another person, and
- reportable incidents that have or are alleged to have occurred in connection with providing NDIS supports or services to a person with disability.

Near misses, which are events which had the potential to cause impact on a participant but did not, are also covered by this Policy and Procedure.

The aims of this policy and procedure are to:

- ensure timely and effective responses to support participant safety and wellbeing;
- support participants who have experienced physical or sexual abuse/assault or neglect;
- be accountable to participants for actions taken immediately and planned in response to their experience of abuse, assault, neglect or unexplained absence;
- ensure due diligence, duty of care and responsibilities to participants are met; and
- hold perpetrators of physical and sexual abuse/assault and neglect accountable for their actions.

Detail regarding the procedures set out in this Policy and Procedure can be found in the NDIS Quality and Safeguards Commission's Incident Management Systems Guide (<https://www.ndiscommission.gov.au/rules-and-standards/managing-and-reporting-incidents/incident-management>).

This Policy and Procedure should be read in conjunction with Alacrity Health's *Whistle Blower Policy and Procedure*, *Home Visiting Policy and Procedure*, *External Reporting Policy and Procedure* and *Risk Management Policy and Procedure*.

Who is covered by this policy?

This Policy and Procedure applies to all incidents that affect NDIS participants receiving service from Alacrity Health. It does not apply to incidents that affect staff members or members of the public that do not have an impact on a participant. Such incidents should be managed as per Alacrity Health's *Incident Management – Staff and Other Stakeholders – Policy and Procedure*.

Policy

Alacrity Health takes proactive steps to protect the safety and wellbeing of its participants.

Alacrity Health has a moral, ethical and legal responsibility to ensure that all participants are safe in its care. It will provide training, resources, information and guidance to support this.

Alacrity Health is committed to preventing threats to participant safety and wellbeing through:

- ensuring that the health, safety and wellbeing of participants using the service is protected at all times;
- fulfilling its duty of care obligations under the law by protecting participants from any reasonable, foreseeable risk of injury or harm;
- ensuring that all staff, contractors and volunteers providing service to participants act in the best interests of the participant and take all reasonable steps to ensure the participant's safety and wellbeing at all times;
- supporting the rights of all participants to feel safe, and be safe, at all times;
- developing and maintaining a culture in which participants feel valued, respected and cared for;
- encouraging active participation from participants, parents, guardians, families, significant others, advocates and other stakeholders, and ensuring that best practice is based on a partnership approach with shared responsibility for participants' health, safety, wellbeing and development;
- ensuring it is proactive in educating participants of their individual rights and responsibilities when accessing services from Alacrity Health; and
- ensuring it is proactive in assessing for and managing risks and hazards wherever possible.

Alacrity Health's Participant Incident Management System (IMS) focuses on the safety and wellbeing of people with disability and includes procedures for identifying, assessing, recording, managing, resolving and reporting incidents. Alacrity Health's IMS sets out the following requirements:

- all incidents must be recorded (not just NDIS Commission reportable incidents);
- all incidents are responded to appropriately; and
- steps are taken to prevent such incidents from happening again.

On commencement with our service, information is provided to participants on how incidents are managed in an accessible format via Alacrity Health's *Participant Welcome Pack* and *Service Agreement*. Participants are informed of the circumstances in which we are obliged to share information about them with the NDIS Commission, such as those involving reportable incidents.

Staff are trained in their responsibility for maintaining an awareness of potential risks during the course of their work, including how to identify and manage risks, staff incident management responsibilities and how to follow the incident and risk management procedures in practice. The management team ensures that all staff have the necessary skills in identifying, reporting, managing and resolving incidents and in preventing incidents from reoccurring.

Incidents are part of regular discussions within the service such as in staff meetings and supervision sessions to encourage a positive culture of reporting. If staff are unsure about the identification of an incident, they must escalate this to their supervisor for guidance. This is essential as some incidents must be reported to the NDIS Commission within the required reporting timeframes.

Procedure

Incident Identification

What is an incident?

The NDIS Quality and Safeguards Commission has defined three types of incidents that must be recorded and managed:

1. Acts, omissions, events or circumstances that occur in connection with providing NDIS supports or services to a person with disability and have, or could have, caused harm to the person with disability.
2. Acts by a person with disability that occur in connection with providing NDIS supports or services to the person with disability and which have caused serious harm, or a risk of serious harm, to another person.
3. Reportable incidents that have or are alleged to have occurred in connection with providing NDIS supports or services to a person with disability.

Harm includes:

- physical impacts such as physical injury, illness or disease,
- emotional impacts such as fear or poor self-esteem, and
- psychological impacts such as depression or impacts on a person's learning.

Serious harm may include substantial physical, emotional or psychological impact on the impacted person such as a serious injury, or serious emotional or psychological distress.

Allegations of incidents must be managed as incidents in Alacrity IMS. The subject of an allegation could be anyone, including a worker, a family member, another provider or a member of the general public.

The following must also be recorded as incidents in Alacrity Health's IMS:

Near misses – incidents that did not cause harm but had the potential to do so.

Accidents – events or situations that actually resulted in harm to an individual or damage to equipment or property.

Notifiable Incidents – an extremely serious incident arising out of service delivery that relates to any person – employee, participant, contractor or member of the public, and has mandatory reporting requirements under Work Health and Safety (WHS) legislation.

NDIS Reportable Incidents – incidents which are required to be reported to the NDIS Commission, that have (or are alleged to have) occurred in connection with providing support or services to a participant.

NDIS Reportable Incidents

Certain incidents must be reported to the NDIS Commission and are classified as ‘reportable incidents’. These incidents (including allegations) must be reported to the NDIS Commission when they occur in connection with the provision of NDIS supports or services that we provide, including:

- The **death** of a person with disability.
- **Serious injury** of a person with disability such as fractures, burns, deep cuts, extensive bruising, head or brain injuries, or other injury requiring hospitalisation.
- **Abuse or neglect** of a person with disability including physical, psychological, emotional, financial, systemic abuse or a pattern of abuse. Neglect could be grossly inadequate care, failure to access medical care, supervisory neglect, a reckless act, failure to act or failure to protect from abuse.
- **Unlawful sexual or physical contact** with, or **assault** of, a person with disability such as physical assault, sexual assault, indecent assault.
- **Sexual misconduct** committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity including unlawful sexual conduct, sexually explicit comments and overtly sexual behaviour, crossing professional boundaries (in a sexual manner), grooming for sexual activity.
- **Unauthorised restrictive practice**, that is not authorised as per state or territory requirements or not used according to a behaviour support plan registered with the Commission.

For more information about each category of reportable incidents, please refer to the NDIS Commission’s guidance material: <https://www.ndiscommission.gov.au/rules-and-standards/managing-and-reporting-incidents/incident-management>.

What does ‘in connection with’ mean?

The NDIS Commission states that the phrase ‘in connection with’ is intended to be broad and provides several examples of which incidents are ‘in connection with’ in its guidance material.

It covers incidents that:

- may have occurred during the course of supports or services being provided;
- arise out of the provision, alteration or withdrawal of supports or services; and/or
- may not have occurred during the provision of supports but are connected because it arose out of the provision of supports or services.

All reportable incidents must be reported to the NDIS Quality and Safeguards Commission within the required timeframe – which is 24 hours for all reportable incidents except for ‘the unauthorised use of a restrictive practice’ for which the required timeframe is within 5 business days.

For further information on external incident reporting responsibilities, please refer to Alacrity Health’s *External Reporting Policy and Procedure*.

Approach to Incident Management

Alacrity Health relies on the risk management system to eliminate or minimise identified risks wherever possible to prevent incidents from occurring. Alacrity Health’s approach to incident management is guided by the following principles:

- Occupational Health and Safety is the responsibility for all staff to identify risks and hazards, prevent incidents, and ensure the safety and wellbeing of participants wherever possible.
- Risks in service delivery must be proactively assessed to identify, eliminate or minimise the risk of harm and incidents to participants, staff and others.
- Participants should be informed about incident management practices and how supports will be delivered in a safe manner and environment.
- Staff are trained in the required procedures relating to incident management.
- Processes are in place to promptly identify, respond to, record, report and investigate (if required) incidents to ensure they are prevented from occurring in the future.
- Records of incidents are kept to show accountability and transparency for decisions made.
- Participants are provided support following an incident, including information about how incidents that involved them have been managed.
- Alacrity Health fosters a culture of continuous improvement with a proactive approach to managing incidents.

Prevention - Risk Assessment and Management

It is the responsibility of all persons associated with Alacrity Health to ensure the wellbeing of participants accessing our services. Alacrity Health focuses on preventing incidents by assessing for and mitigating risks and hazards wherever possible.

Intake Risk Assessment

When a referral or request for service is received, an *Intake Risk Assessment Form* is completed with the participant and/or their representative to assess for any potential risks or hazards that may present during service delivery, before services can go ahead. The risk/hazards that are assessed for include current and relevant historical information, as well as risks of the environment where supports are intended to be delivered. The risk assessment is reviewed by the relevant Team Leader, who will determine whether services

are safe to move forward, or if modifications or risk management strategies can be employed for services to proceed.

Depending on information identified in the risk assessment, further review or actions may be required, such as the development of a Risk Management Plan. A Risk Management Plan sets out the identified risks/hazards, the likelihood of occurrence, the associated impact/consequence of the risk occurring, and management strategies to mitigate the occurrence of the risks and to prevent incidents.

If no significant risks are identified, or if identified risks can be managed safely through a risk management plan, services can proceed. The risk assessment, intake form and any other relevant information are then provided to the prospective staff member who will be providing service to the participant, to ensure they are aware of any risks, hazards and any management strategies to support the participant safely.

At times, risks/hazards may present during service delivery that have not been identified in the risk assessment stage. It is therefore the responsibility of all staff to engage in active and continuous assessment, as not all risks/hazards can be predicted or identified ahead of time.

Staff must raise any unidentified risks/hazards to their immediate supervisor as soon as practicable. Additionally, any changes to participant’s details, needs or circumstances must be promptly communicated to their direct supervisor as soon as practicable. Any detail relating to these must also be documented in case notes.

Newly identified risks/hazards must be assessed in accordance with Alacrity Health’s *Risk Management Policy and Procedure* and will typically trigger the review of the existing risk assessment and a subsequent risk management plan, if required. This will be completed in collaboration by the relevant supervisor and staff member raising the issue, and any other relevant persons, such as the participant and/or their representative.

If a staff member is concerned about or unsure whether something is a risk/hazard, they must raise this with their supervisor. If a new risk or hazard is identified during a shift that threatens the immediate safety of a worker or another person, the worker must firstly take action to ensure the safety of themselves and others and contact their supervisor as soon as practicable.

Risk Rating Matrix

The below table represents the ‘Risk Rating and Management Matrix’. This matrix is a tool that is used during the ‘risk assessment’ stage to map the likelihood and impact of certain risks associated with supporting a particular person. To assess the severity of a risk or incident, refer to the different levels of the impact or consequences. These consequences are defined as:

- **Insignificant** – no injuries or harm suffered
- **Minor** – first aid treatment applied
- **Moderate** – medical treatment – potential long-term harm
- **Major** – permanent disability/illness suffered

- **Severe** – fatalities involved


Table 1: Risk Rating Matrix

Risk Rating and Management

Assigning a Risk Rating: Review the consequence table. Select a consequence category that aligns with the identified risk (worst-case scenario). Then, review the likelihood table – identify the likelihood that the identified risk would result in the potential consequence (according to worst-case scenario). Assign a likelihood rating. Plot the consequence rating and the likelihood rating on the risk matrix. The combined rating will be Low, Moderate, High or Extreme. This is the **Risk Rating**.

Risk Matrix

LIKELIHOOD	CONSEQUENCES				
	Insignificant <i>No injuries or harm suffered</i>	Minor <i>First Aid treatment applied</i>	Moderate <i>Medical treatment – potential long-term harm</i>	Major <i>Permanent disability/illness suffered</i>	Severe <i>Fatalities involved</i>
Rare <i>May occur in exceptional circumstances</i>	Low	Low	Low	Low	Moderate
Unlikely <i>Could occur occasionally</i>	Low	Low	Low	Moderate	High
Possible <i>Expected to occur occasionally</i>	Low	Low	Moderate	Moderate	High
Likely <i>Expected to occur regularly</i>	Low	Moderate	Moderate	High	Extreme
Almost Certain <i>Expected to occur frequently</i>	Moderate	Moderate	High	Extreme	Extreme

Impact – how serious is the risk? 

When an Incident Occurs – Identification and Immediate Response

As defined earlier, incidents cover acts, omissions, events or circumstances that occur in connection with providing NDIS supports that have, or could have, caused harm to the person with disability, or those that have, or could have, caused serious harm or a risk of serious harm to another person, including near-misses. To determine whether something is a ‘near-miss’, staff should consider whether it had the potential to cause harm, and if so, report it to their supervisor (or relevant emergency contact) as an incident.

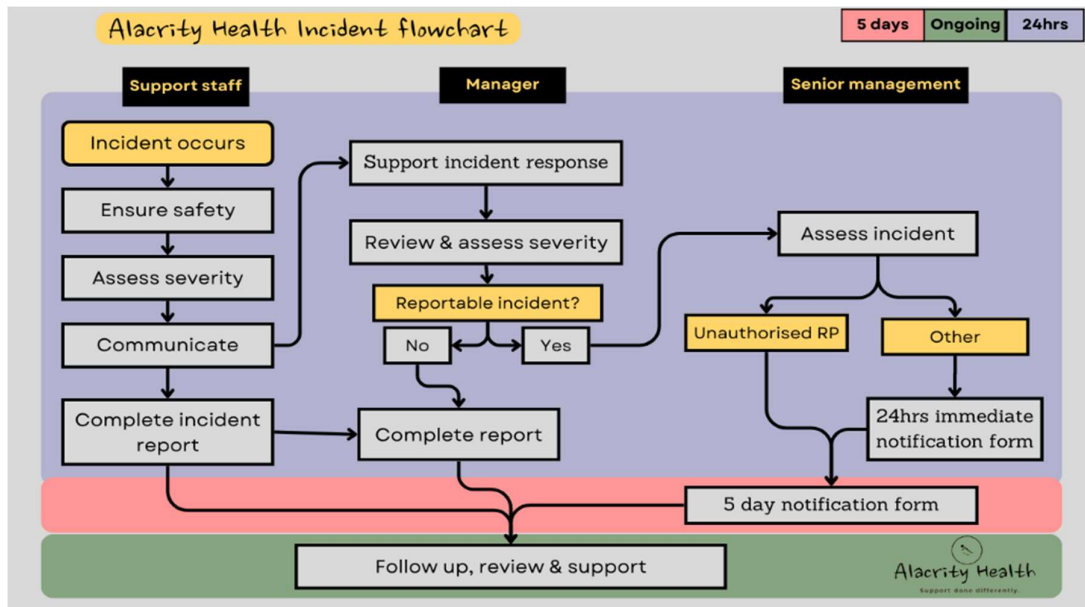
The staff member who witnessed the incident, or if there were no witnesses, the staff member to whom the incident was disclosed, must determine whether the incident occurred during, or in connection with, service delivery.

If the incident or allegation did not occur in connection to service delivery, it does not have to be reported through Alacrity Health’s Incident Management System. The event should be managed in the best interests of the participant using the professional judgement of staff in accordance with Alacrity Health’s policies and procedures.

Staff must be vigilant in reporting incidents when they occur so that the appropriate support can be provided to those affected and the circumstances examined to reduce the likelihood of a similar event occurring again.

The general process for incident identification, response and reporting is outlined in the below flow-chart.

Table 2: Incident Flowchart



Immediate response

1. Ensure immediate safety of all persons present. Assess the situation and check for danger. Remove yourself and the participant from danger if it is safe to do so. Ensure the participant's immediate safety needs are met.
2. If the participant requires immediate medical attention or an emergency response, an ambulance and/or emergency services must be called (call Emergency Services on **000**), or the participant conveyed to the nearest hospital emergency department.
3. After ensuring immediate safety and contacting emergency services (if applicable), contact your direct supervisor (or the allocated Emergency Contact if the incident occurs outside of business hours), to inform them of the incident and seek any required guidance.
4. Complete any remedial actions as advised by your supervisor.
5. If the participant has injuries that do not require immediate attention, support the person to see a doctor for assessment and treatment of any injuries, including psychological trauma.
6. Where the participant consents, or does not have the capacity to consent, contact the participant's emergency contact, next of kin or key support person.
7. Complete an *Incident Report Form* within 24 hours of the incident occurring/being made aware of the incident and send it to your direct supervisor or delegated senior staff member.
8. Provide ongoing support to all affected participants and staff, taking into consideration that their ongoing needs may change.

Responding to a NDIS Reportable Incident

Alacrity Health staff who suspect, are concerned about, become aware of, or witness a reportable incident must escalate it to their direct supervisor (or the relevant emergency contact if outside of normal business hours) as soon as practicable after taking action to ensure the immediate safety of themselves and others, so that the required external reporting notifications can be made within the required timeframe. The earlier the response to a reportable incident, the more likely the impact will be reduced on the person/s with disability, workers, the organisation and potential investigation.

Staff must take early steps to ensure the person with disability is provided with appropriate care and support immediately following and throughout an incident, and emergency services and/or Police should be contacted, if required, prior to reporting the incident to their supervisor. Staff should follow typical incident response and reporting processes and seek guidance from their supervisor or allocated emergency contact if unsure how to respond in a particular situation.

An internal incident report form must be filled out following the incident by the staff member who witnessed or was first made aware of the incident. The supervisor receiving the incident must escalate a reportable incident to the Service Manager as soon as practicable. In the event of suspected abuse or neglect, advice can be sought from the Abuse & Neglect Hotline.

Responding to a Disclosure

There may be times where a staff member will not witness an incident, but a participant will tell them about it ('make a disclosure'). In these situations, it is important to record and report this information as per incident management procedures and notify the relevant supervisor as soon as possible. The staff member should determine whether the incident occurred during or in connection with service delivery, including by another NDIS service provider. The relevant supervisor receiving notification of the incident will determine whether the incident needs to be reported to any external persons or bodies.

When responding to a disclosure, staff should:

- stay calm and listen carefully
- ask open questions if clarification of information is required
- write down any details using the participant's exact words
- assess for immediate safety or future safety concerns to the participant or others and take action to ensure immediate safety if necessary
- tell the participant that you will have to report the incident
- protect any evidence related to the incident
- report it to your direct supervisor and seek guidance as soon as practicable.

For more information, refer to www.ndiscommission.gov.au/sites/default/files/2022-02/poster-incident-response.pdf

Historical disclosures

When participants disclose incidents that occurred in the past, such incidents should generally be considered in the same way as any other participant incident – noting that the appropriate response may be different for an incident that occurred sometime in the past.

For these disclosures, it should be considered whether the incident occurred during service delivery, including by another service provider. If so, the incident should be reported as per normal incident reporting procedures.

Looking Out for Signs of Abuse

Some incidents will be simple to identify, as a worker may witness the incident, or a person with disability may make a disclosure that can be recorded. However, other incidents may be harder to identify, especially where the person involved is afraid to communicate or has limited communication.

In addition to incidents or allegations of incidents that are disclosed by an impacted person, or witnessed by someone, there are additional signs that may indicate someone is an impacted person. In line with the NDIS Quality and Safeguards Commission’s Guidance on Incident Management, the following table sets out the potential indicators and signs, where associated with a change in behaviour, may warrant further exploration to understand why the person is responding as they are. It is important to note that these are only examples and not an exhaustive list.

Table 2: Indicators of incidents – signs of abuse

Incident types	Behavioural indicators and physical signs
Physical abuse, unlawful physical contact or physical assault	<ul style="list-style-type: none"> • Inconsistent, vague, unexplained, or unlikely explanation for an injury. • Unexplained injuries – broken bones, fractures, sprains, bruises, burns, scalds, bite marks, scratches or welts. • Other bruising and marks that may suggest the shape of the object that caused it. • Avoiding or being fearful of a particular person or worker. • Being overly compliant with workers. • Frequent and overall drowsiness (associated with head injuries). • Out of character aggression.
Sexual contact, sexual assault or sexual misconduct	<ul style="list-style-type: none"> • Dropping hints that appear to be about abuse. • Bruises, pain, bleeding – including redness and swelling around breasts and genitals. • Torn, stained, or bloody underwear or bedding. • Repeating a word or sign, such as ‘bad’, ‘dirty’. • Presence of a sexually transmitted disease. • Pregnancy. • Sudden changes in behaviour or character, e.g.: depression, anxiety attacks.

	<ul style="list-style-type: none"> • Sleep disturbances, refusing to go to bed, and/or going to bed fully clothes. • Refusing to shower.
Psychological, emotional or verbal abuse	<ul style="list-style-type: none"> • Depression, withdrawal, crying or emotional behaviour. • Being secretive and trying to hide information and personal belongings. • Speech disorders. • Weight gain or loss. • Feelings of worthlessness about life and themselves; extremely low self-esteem, self-abuse, or self-destructive behaviour. • Extreme attention-seeking behaviour and other behavioural disorders. • Being overly compliant.
Neglect	<ul style="list-style-type: none"> • Inappropriate or inadequate shelter or accommodation, including unclean and unsanitary living conditions. • Weight loss. • Being very hungry/thirsty, or requesting, begging, scavenging, or stealing food. • Inadequate supply of fresh food. • Constant fatigue, listlessness or falling asleep. • Dropping hints that appear to be about neglect. • Extreme longing for company. • Poor hygiene or poor grooming – overgrown fingernails and toenails, unclear hair, unshaven, unbathed, wearing dirty or damaged clothing. • Inappropriate or inadequate clothing for the weather. • Unattended physical problems, dental, and/or medical needs. • Social isolation. • Loss of social and communication skills. • Removal of means of communication. • Displaying inappropriate or excessive self-comforting behaviours.
Financial abuse	<ul style="list-style-type: none"> • Sudden decrease in bank balances. • No financial records or incomplete records of payments and purchases. • Person controlling the finances does not have legal authority. • Sudden changes in banking practices. • Sudden changes in wills or other financial documents. • Unexplained disappearance of money or valuables. • Person does not have enough money to meet their budget. • Person is denied outings and activities due to lack of funds. • Borrowing, begging, stealing money or food.

If a staff member suspects a participant is a victim of abuse, they should report it to their supervisor as soon as practicable.

For further information about managing incidents and looking out for signs and potential indicators of abuse, please refer to www.ndiscommission.gov.au/sites/default/files/2022-02/detailed-guidance-expectations-workers-providing-services-incident.pdf

Other Reporting Requirements

Compulsory reporting to Police

A suspected crime must be reported to Victoria Police in the following circumstances:

- The participant is under 18 years of age;
- The participant has a cognitive impairment;
- There is evidence, aside from the participant's statements, of a crime having been committed;
- The participant has suffered serious harm;
- The participant's decision was made under duress; or
- The participant or other service users are still at risk of violence or abuse.

In all other cases, if the participant wishes to not report the matter to Victoria Police, and has capacity to make this decision, this wish should be respected.

Staff who are unsure of whether an incident should be reported to the Police should seek guidance from their supervisor.

External reporting responsibilities for historical disclosures

If the incident is an allegation of sexual or physical abuse, follow the above criteria when considering whether or not to report the incident to Victoria Police. If the historical allegation is an incident that is alleged to have occurred in connection to the delivery of NDIS services, it must be reported to the NDIS Commission.

Sexual offences

Under the *Crimes Act 1958* (Vic), any person aged over 18 years old must disclose to the police if they have a reasonable belief that:

- a sexual offence has been committed against a child under 16 years of age (section 327).

Child Protection

If the participant is under 18 years of age and is a client of Child Protection, Child Protection must also be immediately informed of the alleged incident.

Staff who are mandatory reporters under the *Children Youth and Families Act 2005* (VIC) must also make a report to Child Protection as soon as practicable after forming a belief, on reasonable grounds, that a participant under 18:

- is in need of protection from significant harm because of emotional, physical or sexual abuse, neglect, exposure to domestic violence or exploitation; and has parents/guardians who are unwilling or unable to protect them.

Staff who are not mandatory reporters must raise their concerns with their supervisor, and their supervisor will assess whether a report to Child Protection is required.

VDWC

Under the *Disability Service Safeguards Act 2018 (Vic)*, disability workers and disability employers in Victoria are required to notify the Victorian Disability Worker Commission (VDWC) if they form a reasonable belief that a disability worker has engaged in any of the following “notifiable conduct:

- practiced as a disability worker while intoxicated by alcohol or drugs;
- engaged in sexual misconduct while practicing as a disability worker;
- placed, or may place, the public at risk of harm because the disability worker has an impairment that detrimentally affects, or is likely to detrimentally affect, the disability worker’s capacity to practice as a disability worker; or
- placed, or is placing, the public at risk of harm because the disability worker practiced or is practicing as a disability worker in a manner that constitutes a significant departure from accepted professional standards.

Alacrity Health staff who have concerns about or form a reasonable belief about the conduct of another disability worker should seek guidance from their supervisor.

SIL Housing Considerations

Disability workers employed in Supported Independent Living (SIL) houses or other residential care settings have additional reporting obligations, and must:

- report any reasonable belief of physical or sexual abuse of child residents to Child Protection authorities;
- disclose any reasonable belief of sexual abuse against adult residents to Victoria Police;
- disclose any reasonable belief that a sexual offence has occurred against an intellectually disabled adult they support to Victoria Police, as soon as practicable; and
- Report any incidents of abuse, neglect or violence against NDIS participants to the NDIS Quality and Safeguards Commission.

For further guidance on reporting acts to Victoria Police, Child Protection, VDWC and the NDIS Quality and Safeguards Commission, refer to Alacrity Health’s *External Reporting Policy and Procedure*.

Key Considerations in General Incident Response

Incidents involving criminal acts - if the incident involves an alleged criminal act, determine whether to contact Victoria Police. If a staff member is unsure, they should immediately seek guidance from their supervisor. Staff must preserve any physical or documentary evidence that may be critical to an investigation by Victoria Police or Alacrity Health.

Preserving evidence – staff must preserve any physical or documentary evidence that may be critical to an investigation by Victoria Police or Alacrity Health. This may require discussions with Victoria Police. Where multiple participants witnessed the incident, participants should

be separated where possible, to minimise the risk that their evidence may be compromised before being interviewed.

Incidents involving sexual assault - where the incident involves an alleged sexual assault, the participant should be offered support to contact a Centre Against Sexual Assault (CASA) or a support service of their choice. In the case of alleged sexual abuse, to preserve any forensic evidence, the participant should not be showered, bathed or offered food/drink until after Victoria Police have been contacted and provide further investigation. Staff must not photograph or otherwise record details of the injuries suffered unless instructed otherwise by Victoria Police.

When a staff member is the subject of an allegation - where a staff member is accused or suspected of harming the client, any medical practitioner called must be independent to Alacrity Health. The staff member in question must be removed from contact with all participants pending an investigation.

When a participant is alleged to have harmed another participant - If another participant is accused or suspected of harming the participant, where possible, they must be removed from contact with other participants pending an investigation.

Involving other service providers - Consider notifying other service providers known to be working with that participant, if appropriate.

Reportable Incidents by Another Provider - Alacrity Health is only required to notify the NDIS Commission of reportable incidents that occur in connection with the service we are providing. If a registered NDIS provider (such as a support coordinator or allied health professional) witnesses an incident or conduct, by another registered NDIS provider, that is reportable, this should be raised by that NDIS provider as a concern to the NDIS Commission. For example:

1. Someone witnesses or becomes aware of an incident that is not in the connection with the services they themselves are providing;
2. And, they believe the registered NDIS provider linked to the incident hasn't notified the NDIS Commission.
3. They should contact the NDIS Commission who will follow up with the relevant registered NDIS provider.

Completing Incident Reports

Participant Incidents must be reported through the completion of an *Incident Report Form* which can be completed electronically on the Client Management System, or by completing a word or PDF version and sending it directly to the relevant supervisor receiving the incident. Incident reports must be completed within 24 hours of the incident occurring or being made aware of the incident. The Incident Report must be completed by the staff member who first witnessed, was told of, or was made aware of the incident.

All staff, contractors, students and volunteers have a responsibility to ensure details of any incident are recorded and reported via the established line of reporting.

Where a participant discloses an incident that occurred in the past, it should be reported in the same way as any other participant incident.

The incident report contains a series of questions that must be answered accurately. Staff must complete the report fully and to the best of their knowledge to ensure all required information is captured. It is critical that incident reports are accurate, comprehensive, clear, factual and use objective language. Staff can seek guidance and advice on completing incident reports by contacting their supervisor.

Some information that is captured in the incident report includes:

- reporter's details and program/service being delivered;
- incident details, including where and when it occurred, what kind of incident it was, whether there were any witnesses;
- details of people who were involved/affected by the incident, including the affected participant;
- description of the incident, with details including what led to the incident occurring and what was done immediately after to make the situation safe;
- incident notifications, or who was contacted about the incident, such as emergency services, your supervisor, or any other persons.

The incident report should then be sent to the staff member's direct supervisor or delegated senior staff member. Once the incident report is received, the supervisor will review whether any follow-up actions are required, complete an assessment of the incident, and determine whether an investigation or any external reporting is required.

Incident Assessment and Response Plans

When an incident occurs, the supervisor/senior staff member receiving the incident must ensure that a response plan is developed ('action plan to prevent recurrence'), identify when a corrective action should be taken in response to an incident and identify when an investigation is required.

The response process includes the following factors:

- description of the incident;
- collection of data/information surrounding the incident;
- possible causes of the incident;
- determine through problem solving the cause of the incident;
- take steps to address the cause of the incident; and
- record how a decision was reached and the rationale for the decision and action taken.

When incidents arise, the senior staff member receiving the notification of the incident must support the reporting staff member to create a response plan to determine:

- any actions to be taken immediately after the incident to ensure the health, safety and wellbeing of the participant involved in the incident,

- the assessment and mitigation (reduction) of any immediate risks to other people with disability that could be impacted by the incident, and
- where the incident is or may be a reportable incident, further action that must be taken.

Incident Follow-Up

The manager/supervisor who receives an incident report must review it and complete the required follow up section.

In determining the category of the incident, the focus must be on the impact (level of harm) to the participant (see risk matrix above). While the most senior staff member present is responsible for completing the initial Participant Incident Report, the Management Team is responsible for using their professional judgement to confirm the appropriate categorisation for the incident. All incident reports should be forwarded to the Director to review and assess whether an incident is a 'reportable incident'.

Incident reports and any other supporting information must also be attached to the individual participant's file to support management and follow up of the incident.

At the finalisation of the incident management, the senior staff member completing the follow-up of the incident will assess the following and record it on the incident report:

- name and role of person reviewing incident;
- whether the incident could have been prevented;
- how well the incident was resolved and managed;
- whether any additional remedial action is to be undertaken to prevent further similar incidents from occurring, or minimise their impact;
- whether further investigations are required/findings of any investigations;
- action plan to prevent recurrence;
- details of any follow-up contact with the affected participant;
- whether any further reporting is required to other persons or bodies.

In this process, the views of impacted participant/s and staff should be sought, and any feedback at the conclusion of each incident response on the effectiveness of the management of every event in order to improve how incidents are managed.

Corrective Action

Corrective action aims to address identified systemic issues and drive improvements in the quality of the supports you deliver. It also enables you to improve your incident management system, prevent incidents from reoccurring, and minimise their impact when they do occur.

Corrective action should be taken in the following circumstances:

- where an incident may have been prevented (or the severity lessened) by some action (or inaction) by the organisation or a worker,

- where there is an ongoing risk to participants, or
- Where taking action may prevent or minimise the risk of reoccurrence.

Corrective actions may include:

- changes to services or how supports are delivered,
- changes to the environment where supports or services are provided,
- practice improvements involving developing or enhancing policies and procedures, or
- worker training.

At the conclusion of an incident resolution, the supervisor/senior staff member completing the incident follow up should determine what further action should take place. This could include:

- providing ongoing support to impacted participants and/or ensuring the ongoing wellbeing and safety of impacted people with disability;
- identifying and implementing improvements;
- notifying the NDIS Commission and or other bodies, as appropriate;
- undertaking further investigations;
- identifying and taking corrective action to prevent a reoccurrence of an incident; or
- deciding no further action is required.

Once the required follow-up is completed, the incident report must be sent to the relevant Service Manager who will log the incident into the 'Incident Register'. The incident register is a record of all incidents that have occurred during/in connection with service delivery, and is used to keep record of, track and identify any trends in incidents, risks or hazards, to prevent recurrence of incidents.

Providing Support to Persons Affected by an Incident

After an immediate response to an incident has occurred, ongoing support should be provided to promote and assist a participant's recovery from the incident, and to ensure a participant's ongoing wellbeing and safety.

Appropriate ongoing support actions may include:

- contacting a participant's emergency contact, guardian, family member or other key person as soon as possible;
- offering/facilitating access to an advocate;
- offering/providing additional supports to meet the participant's needs;
- collaborating with the participant's other providers and support networks to coordinate and increase support if required;
- checking with the participant about how to resolve the issue, and what could have been done to prevent the incident occurring;
- keeping the participant informed about the progress of an incident;

- seeking feedback on how well the incident response was managed and what, if any, corrective action needs to be undertaken to prevent further incidents or minimise any impact;
- taking steps to assure the participant’s safety and wellbeing in the future;
- making modifications in the way services are provided, or to the participant’s support plan, including updating any support documentation;
- developing an ongoing risk management strategy where deemed appropriate; or
- providing support and debriefing for staff and participant witnesses.

Staff should plan for the provision of ongoing support to all affected participants, as their ongoing needs may change. Key ongoing actions in response to an incident should be documented on participants’ files.

Ongoing support should also be provided to any staff affected. This is the responsibility of Director and leadership team.

Participants have a right to complain about Alacrity Health’s services and they and their key support person/advocate should be alerted to Alacrity Health’s *Feedback, Compliments and Complaints Policy and Procedure* and external complaints bodies.

Different Types of Investigations

There are many types of incidents that occur in disability settings which may warrant a formal investigation, including but not limited to:

- Reportable incidents
- Criminal allegations
- Staff misconduct, including poor treatment of participants or other staff
- Injuries to staff, participants, visitors or contractors.

The first step in responding to any type of incident is to ensure the safety of all parties involved in the incident and manage any immediate risks. Many serious incidents will require external reporting, such as to the NDIS Commission, Police, Child Protection, SafeWork, or the Coroner.

An internal investigation may be used to establish the cause of a particular incident, its effect and any operational issues that may have contributed to the incident occurring. Any internal investigations must be conducted around the principles of person-centred practice and procedural fairness.

Alacrity Health will consider whether to either conduct a serious investigation internally (with staff who have the skill and expertise) or out-source to an external investigator, on a case-by-case basis.

Generally, if an incident is reported to police or SafeWork, an internal investigation must be put on hold until clearance is received from those agencies to proceed with an internal

investigation. You can confirm your specific obligations with the relevant regulator before proceeding with an investigation.

The purpose of an investigation is to identify, gather and analyse evidence in order to establish facts and inform next steps or further action. There are several different types of investigations that may apply to Alacrity Health as a disability service provider including those outlined below:

Criminal investigation

This type of investigation would only be conducted by police in response to a criminal matter. Any internal investigations should be put on hold until clearance is obtained from police to conduct an internal investigation.

Disciplinary investigation

This type of investigation would occur in the event of an incident or disclosure related to the conduct of a staff member. Alacrity Health's Code of Conduct, policies and procedures would form a strong part of a disciplinary investigation.

Fact finding investigation

This type of investigation may be conducted when an incident does not require a disciplinary or criminal investigation but is still necessary to establish the facts. This type of investigation may be suitable for incidents involving a significant injury.

Organisational investigation

This type of investigation considers what happened from an organisational perspective that allowed the incident to occur, and policies, procedures, systems and practices would form an important part of this investigation.

If it is determined that an incident needs to be investigated, the key factors must be considered:

Who conducts the investigation – should be conducted by someone in the organisation who is independent and objective. If the organisation does not have an independent/impartial person, or if the organisation does not have the expertise or skills to conduct a thorough investigation relating to a complex or significant incident/disclosure, an external investigation should be considered.

Confidentiality – steps must be taken to ensure that confidentiality is maintained by all parties throughout the process.

Single point of contact – someone should be identified as the single point of contact for the investigation. This may be the investigator or someone else in the organisation, but it is important to consider minimising the number of people involved in an investigation.

Fairness – procedural fairness should be afforded to all parties, meaning all sides have the opportunity to present their views and/or evidence. In disciplinary matters, the subject of allegation should be given the allegations or issues in advance and should have a right to reply to all evidence gathered in the investigation.

Supports – relevant support should be offered and/or provided to all parties involved in the investigation, whether they are NDIS participants, families or advocated, witnesses or subjects of allegation. This includes the opportunity to have a support person at an interview and may also involve additional supports such as counselling.

Investigations involving incidents that occurred during service delivery will be managed in line with Alacrity Health’s *Human Resources Policy and Procedure*.

External Reporting Processes

Process for Reporting Reportable Incidents to the NDIS Quality and Safeguards Commission

In addition to being reported within Alacrity Health’s internal incident management system, reportable incidents must be reported to the NDIS Quality and Safeguards Commission.

Notifying the NDIS Quality and Safeguards Commission of a reportable incident must be done so using the NDIS Commission Portal, and reporters must follow the set processes and provide the required information as set out in the ‘My Reportable Incidents’ page on the NDIS Commission Portal. Providers can access the Reportable Incident form and information via the ‘My Reportable Incidents’ tile. All reportable incidents must be reported within the required timeframe, which is 24 hours for all reportable incidents except for ‘the unauthorised use of a restrictive practice’ for which the required timeframe is within 5 business days.

Alacrity Health has a nominated ‘Authorised Reportable Incidents Notifier’ and a nominated ‘Authorised Reportable Incidents Approver’. The authorised ‘Approver’ has the ability to submit new Reportable Incidents and view previous Reportable Incidents submitted by their organisation. The authorised ‘Notifier’ has the ability to create new Reportable Incident notifications to be saved as a draft for review and submission by the authorised ‘Approver’. The authorised ‘Notifier’ will need to inform the authorised ‘Approver’ that the incident is awaiting their review and submission. The authorised ‘Notifier’ can also view past Reportable Incidents they have created through the page.

Authorised notifier name: Amy Richardson
Email: amy.richardson@alacrityhealth.com.au
Phone number: 0481 810 201

Authorised approver name: Hayden Heatherington
Email: hayden.heatherington@alacrityhealth.com.au
Phone number: 0481 810 696

The NDIS Quality and Safeguards Commission will review the incident report to ensure the safety and wellbeing of the participant involved. The Commission may contact Alacrity Health to follow up on the incident if there are concerns about the safety of participants or the management of the incident.

The Commission may also request staff to provide further information and details regarding prior incidents to further understand the context and any contributing factors of the incident in question.

Other External Reporting Processes

The Director (or delegate) must:

- notify the Victorian Disability Worker Commission (VDWC) if a reasonable belief is formed that a disability worker has engaged in any of the above notifiable conduct;
- ensure that Alacrity Health has systems in place to:
 - prevent reportable conduct from being committed by a staff or volunteers within the course of their employment;
 - enable any person to notify them of a reportable allegation;
 - investigate and respond to a reportable allegation against a staff member or volunteer from Alacrity Health;
- respond to a reportable allegation made against an Alacrity Health staff member or volunteer by ensuring that the allegation was appropriately investigated;
- report allegations which may involve criminal conduct to the Police;
- notify the Police and Child Protection if a reasonable belief is formed that a child has suffered, or is at risk of suffering significant harm or sexual abuse.

Further information on external reporting requirements can be found in Alacrity Health's *External Reporting Policy and Procedure*.

Record Keeping

Alacrity Health is committed to keeping accurate and documented incident records to show accountability and transparency for the decisions we make. Alacrity Health systematically records and monitors all incidents received; the incident report form collects the required information relating to an incident and assists the staff member to investigate and prompt whether further actions are required, and incidents are then logged into the Incident Register to monitor incident management.

All incident reports, once completed, must be saved to the participant's profile and stored securely. Details of all incidents must be recorded in the 'Incident Register' and assigned a log number by the relevant service manager. All information, including evidence of incidents and actions taken in response to incidents, are securely stored and the access to these documents is managed.

The Incident Register is a record of all incident data, including details of the management, outcome or conclusion of each incident, and tracks the progress of incident responses. The register is updated accordingly when there is an update to the incident.

Records of incidents are kept for seven years from the date the incident report/document is created. These include:

- A description of the incident, including the impact on, or harm caused to any person with disability affected by the incident
- Whether an incident is a reportable incident
- The time, date and place at which the incident occurred or if unknown, when the incident was first identified
- Names and contact details of those involved including any witnesses
- Details of the assessment
- Action taken including support provided to the affected person
- Details of any investigations and outcomes
- Name and contact details of the person documenting the incident

Continuous Improvement

Alacrity Health reviews the operation of the incident management system regularly to ensure it is delivering effective outcomes and to look for any improvements in the process. Alacrity Health's management team will review incidents on a quarterly basis to identify any trends, patterns or common incidents and the circumstances surrounding these. If required in order to prevent further incidents, Alacrity Health adjusts services and works with the participant and their support networks to mitigate risks of further incidents in service delivery, with safety as the top priority. When improvement tasks are identified, these are entered into the *Continuous Improvement Register* by the relevant Service Manager, where progress of such initiatives are tracked.

Information from incidents are used to improve service and avoid future incidents, and the Alacrity Health's *Participant Incident Management Policy and Procedure* is reviewed on an annual basis to ensure information learnt from incident management is contributing to continuous quality improvement.

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Management Team. This process will include a review and evaluation of current practices and service delivery types and locations; the *Incident Register*; policies and procedures; the *Complaints and Grievances Register*; and will incorporate staff, client and other stakeholder's feedback.

Alacrity Health's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified.

Alacrity Health's service delivery and satisfaction surveys will assess:

- client and other stakeholder awareness of their rights and the extent to which they feel able and supported to exercise them;
- client and other stakeholder satisfaction with Alacrity Health's complaints processes; and

- the extent to which clients feel safe and protected in their dealings with Alacrity Health.

Relevant documents

Organisational documents relevant to this Policy and Procedure

- Home Visiting Policy and Procedure
- External Reporting Policy and Procedure
- Incident Management – Staff and Other Stakeholders – Policy and Procedure
- Whistle Blower Policy and Procedure
- Risk Management Policy and Procedure
- Human Resources Policy and Procedure
- Incident Report Form
- Incident Register
- Continuous Improvement Register
- Case Noting Guidelines
- Participant Welcome Pack
- Privacy Policy
- Service Agreement
- Consent Form
- Intake Risk Assessment Form

Legislation, regulations and standards relevant to this Policy and Procedure

- NDIS Commission – Incident Management Guidelines
- NDIS Code of Conduct
- NDIS Practice Standards and Quality Indicators
- NDIS (Incident Management and Reportable Incident) Rules 2018
- Disability Service Safeguards Act (2018)
- Children Youth and Families Act 2005 (VIC)
- Crimes Act 1958 (VIC)

Definitions

Risk – something that could potentially lead to an incident/accident.

Hazard – situations that have the potential to harm a person (cause death, illness or injury), environment or damage property.

Abuse (in the context of this policy) – physical, sexual, financial or emotional/psychological abuse or neglect. It can also include exposure to domestic/family violence.

Child abuse - An act or omission by an adult that endangers or impairs a child’s physical and/or emotional health and development. Child abuse can be a single incident but often takes place over time. Abuse, neglect and maltreatment are generic terms used to describe situations in which a child may need protection.

Emotional/psychological abuse - Involves continuing behaviour by adults towards other adults or children, which erodes social competence or self-esteem over time. It occurs when a person engages in inappropriate behaviours, such as rejecting, ignoring, threatening or verbally abusing a person (including a child), or allowing others to do so.

Physical abuse - When a person suffers or is likely to suffer significant harm from an injury inflicted by another person/parent/guardian, caregiver or other adult. The injury may be inflicted intentionally or be the consequence of physical punishment or the physically aggressive treatment of a person (including a child). Physical injury and significant harm to a person/child can also result from neglect by a parent/guardian, caregiver or other adult. The injury may take the form of bruises, cuts, burns or fractures, poisoning, internal injuries, shaking injuries or strangulation.

Sexual abuse - When a person uses power or authority over another person (including a child), or inducements such as money or special attention, to involve the other person (or child) in sexual activity. It includes a wide range of sexual behaviour from inappropriate touching/fondling of another person/child or exposing a child to pornography, to having sex with a child or with a non-consenting adult.

Child or Young Person - In Victoria, under the *Children, Youth and Families Act 2005* a child or young person is a person under 18 years of age.

Child FIRST - A Victorian community-based intake and referral service linked with Family Services which ensures that vulnerable children, young people and their families are effectively linked to relevant services, including Child Protection (www.cyf.vic.gov.au/family-services/child-first).

Child Protection - The term used to describe the whole-of-community approach to the prevention of harm to children. It includes strategic action for early intervention, for the protection of those considered most vulnerable and for responses to all forms of abuse.

Child Protection Service (also referred to as Child Protection) - The statutory child protection service provided by the Victorian Department of Human Services, to protect children and young people at risk of abuse and neglect. This service also works closely with Family Services (including Child FIRST) to support the assessment and engagement of vulnerable children and families in community-based services (www.cyf.vic.gov.au/child-protection-family-services/home).

Client Incident – see ‘Incident’.

Incident Management System (CIMS) - outlines the approach and key actions to manage a client incident as per Victorian Department of Health and Human Services requirements.

Client Incident Register - a register owned, managed and maintained by each Victorian service provider which captures all the required information regarding client incidents.

Client Incident Report – a report of a client incident.

Disclosure (in the context of this policy) – A statement that a child or person makes to another person that describes or reveals abuse.

Discrimination – Treating a person less favourably than others in similar circumstances because of a personal attribute that has no relevance to the situation.

During Service Delivery - an incident that has occurred ‘during service delivery’ is an incident that occurs during any of the following circumstances:

- provision of an in-scope service as per Appendix C of the Department of Health and Human Services’ Client Incident Management Guide; and/or
- as a result of, or related to, a deficiency or a potential failure in service provision (for example, through hazards, neglect or inadequacy).

Duty of care - A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury. In the context of this policy, duty of care refers to the responsibility Alacrity Health has to provide its clients with an adequate level of care and protection against foreseeable harm and injury.

Impact – the level of harm to a client as a result of an incident. In instances of Dangerous Action incidents, this includes the level of risk of harm as a result of an incident.

Incident – also ‘**Client Incident**’ - An event or circumstance that occurs during service delivery, which results in harm or has the potential to harm a client. This includes major impact incidents and non-major impact incidents.

Major Impact Incident – *major impact incidents include:*

- the unanticipated death of a client;
- severe physical, emotional or psychological injury or suffering which is likely to cause ongoing trauma; and
- a pattern of incidents related to one client which, when taken together, meet the level of harm to a client defined above. This may be the case even if each individual incident is assessed as a non-major impact incident.

Certain incidents (listed in Appendix A of the Department of Health and Human Services’ Client Incident Management Guide) must always be reported as major impact incidents – for example, allegations of physical or sexual abuse or suicides.

Non-major Impact Incident – non-major impact incidents include:

- incidents that cause physical, emotional or psychological injury or suffering, without resulting in a major impact as defined above;
- impacts to a client which do not require significant changes to care requirements, other than short-term interventions. For example, first aid, observation, talking interventions or short-term medical treatment;
- incidents that involve a client but result in minimal harm; and

- incidents that do not otherwise meet the criteria for ‘major impact’ as defined above.

Incident Investigation - a formal process of collecting information to ascertain the facts relating to an incident, which may inform any subsequent criminal, civil penalty, civil, disciplinary or administrative sanctions. Investigations may be carried out by service providers, the Department of Health and Human Services or external investigators. In the context of this policy, an incident investigation is an investigation into an allegation of abuse, poor quality of care or unexplained injury of a client, undertaken or commissioned by Alacrity Health.

Incident Review – analysis of a client incident to identify what happened, determine whether an incident was managed appropriately, and to identify the causes of the incident and subsequent learnings to apply to reduce the risk of future harm. Such reviews may be carried out by service providers, the Department of Health and Human Services or external reviewers.

Key Support Person – a person independent to the service being provided; may include a parent or family member, a significant other, a guardian appointed by the Victorian Civil and Administrative Tribunal or an advocate.

Mandatory reporting - The legal obligation of certain professionals and community members to report when they believe, on reasonable grounds, that a child is in need of protection from harm. A broad range of professional groups are identified in the *Child, Youth and Families Act 2005* as ‘mandatory reporters’. Section 182 of the Act lists those who are mandated to report.

Neglect - The failure to provide a vulnerable person with the basic necessities of life, such as food, clothing, shelter, medical attention or supervision, to the extent that the person’s health and development is, or is likely to be, significantly harmed.

Negligence - Doing or failing to do something that a reasonable person would, or would not do in a certain situation, and which causes another person damage, injury or loss as a result.

Sexual harassment - any form of unwanted, unwelcome or uninvited sexual behaviour that is offensive, humiliating or embarrassing.