

Incident Management Policy and Procedure

AKA: Incident Report Form Checklist

Instructions

This resource is a checklist which contains recommended elements of an effective policy and procedures that meets NDIS Commission Requirements. Use this checklist to review and manage any incidents or complaints. Use the Incident Report Form located via: <https://forgeclarity.com.au/documents> .

All reports need to be sent to Tegan Elza Banks the Director and Lead Therapist at Forge Clarity. The responsible party will then notify the relevant organisations such as the Emergency Services, Police, NDIS, ACA or with insurance companies and persons nominated by clients.

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Incident Management Policy Checklist

Defining Incidents and Incident Management

- ☐ You identify incidents that must be recorded and managed as events or incidents occur that have or could have caused harm to a person using your supports
- ☐ They include acts by a participant that happen in connection with providing supports that have caused serious harm, or a risk of serious harm to another person
- ☐ A near miss, which did not cause harm but had the potential to do so
- ☐ Identify a hazard as a situation that has the potential to harm a person (cause death, illness or injury) environment or damage property
- ☐ Harm including death, injury, illness (physical and psychological) or disease that may be suffered by a person as a consequence of exposure to a hazard
- ☐ An accident occurred. These are defined as events or situations that actually resulted in harm to an individual or damage to equipment or property. This policy includes accidents as incidents
- ☐ Risk is present. This is described as something that could potentially lead to an incident or accident
- ☐ A Notifiable Incident is 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 (see Incidents Resources). They include 'reportable incidents', required to be made to the NDIS Commission, that have (or are alleged to have) occurred in connection with providing support to a participant
- ☐ Identify incidents which must be reported to the NDIS Commission in relation to a participant, to include events that occurred in connection with providing supports to a participant and resulted in or could have resulted in harm to the person with disability, or arise from acts by a person with disability that cause or risk causing serious harm to another person.
- ☐ The NDIS Commission determine 'reportable incidents' as:
 - Death of a participant while in care of provider
 - Serious injury
 - Abuse or neglect of a participant
 - Unlawful sexual or physical contact with, or assault of, a participant by a worker or another NDIS participant
 - Sexual misconduct committed against, or in the presence of, a participant, including grooming of the participant for sexual activity
 - Unauthorised use of a restrictive practices.

Approach to Incident Management

- ☐ It is everyone's responsibility to ensure the safety and wellbeing of participants
- ☐ Fosters a culture of continuous improvement with a proactive approach to managing incidents. This culture is communicated through several documents that can be located here: <https://forgeclarity.com.au/documents>
- ☐ Rely on this risk management system to eliminate or minimise identified risks
- ☐ Inform participants about your incident management practices and how you provide support in a safe environment. At Forge Clarity we provide trauma-informed, safety planning for individuals going through suicidal ideation/planning etc.
- ☐ All staff are trained in the required procedures relating to incident management
- ☐ When an incident occurs you can refer to the relevant documents located via: <https://forgeclarity.com.au/documents> to promptly and appropriately identify and respond to emergencies, records, reports it (if required) and investigates (if required) the incident to ensure they are prevented from occurring in future
- ☐ Ensure records are kept to link to incident records to show accountability and transparency for decisions you make. Due to the Privacy Policy only the Director and Lead Therapist, Tegan Elza Banks, can access all the records. Registered volunteers only have access to Grief Support Group's that they individually sit in on. All NDIS clients are only served by Tegan Elza Banks.
- ☐ The process includes providing information to participants about how incidents that involved them have been managed.

Determine Lessons to be Learnt and Changes to be Made

- ☐ A record of the instance and monitoring incidents received. (e.g. you use the Incident Report form (<https://forgeclarity.com.au/documents>) to collect required information relating to the incident which assists to investigate and prompt further actions and an incident register to monitor incident management.
- ☐ The service reviews the operation of the incidents management system regularly to ensure it is delivering effective outcomes and to look for improvements in the process.

Incident Management Procedure Checklist

Help People Affected by an Incident

- ☐ After an incident occurs, you provide immediate support and assistance to participants affected by the incident as the highest priority, and re-establish a safe environment
- ☐ We help participants to communicate how they were affected by the incident and we work with them to establish how we can best ensure they will be supported moving forward. How this is best delivered, including facilitating access to advocates is deeply tailored and dependant on a variety of factor. As such the Director of Forge Clarity and Lead Therapist, Tegan Elza Banks, will go with each client step by step.

- ☐ Contact the appropriate emergency contact or family member/carer/guardian as soon as practicable. In order to access the relevant client information the Director will need to open client files and paperwork. 112 (International Emergency) 000 (Australian Emergency)
- ☐ We check with participants about how to resolve the issue, and what could have been done to prevent it occurring
- ☐ We keep the participant informed of progress on the incident
- ☐ We seek 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.

Responding to Incidents

Incident Identification, Recording and Reporting

- ☐ Staff need to record all relevant information about the incident and have to do so in a timely manner. This record needs to capture all factors contributing to the incident, immediate actions and identified /planned follow- up actions and any reports made externally e.g. police or NDIS Commission. (See an example in Incidents resources)
- ☐ The record of incidents includes a description of the incident, the impact on or harm caused to any person affected by the incident, and whether or not it is reportable
- ☐ All staff are required to be vigilant in reporting incidents when they occur so that appropriate support can be provided to those affected and the circumstances examined to reduce the likelihood of a similar event occurring again
- ☐ All staff contractors, students and volunteers have a responsibility to ensure details of any incident are recorded and reported via your established line of reporting.
- ☐ The line of incident reporting describes the following:
 - The police or emergency services should be notified as soon as possible
 - Required to notify the participant's nominated emergency contact and
 - Tegan Elza Banks the Director of Forge Clarity must be notified internally when an incident occurs.
- ☐ The Director is the designated person who collates and records all incidents reports, such as into an Incident register. This includes providing support to the affected person/s, the identification of whether the NDIS Commission requires the incident to be reported to them, or elsewhere.

Reportable Incidents (to the NDIS Commission)

- ☐ We refer to NDIS, Australian Counselling Association, Australian Legislation, Australia Acts and other relevant parties and precedents to determine what incidents must be reported to the NDIS Commission (see link Incidents resources) We use the NDIS Commission Portal 'My Reportable. Incidents' page to notify and manage all reportable incidents and we keep the Commission informed of any investigation or actions arising from the incident
- ☐ We have identified the roles of Authorised Reportable Incidents Notifier and Authorised Reportable Incidents Approver, who both have responsibilities for meeting our Commission reporting obligations. The Director is the person who is required by the Rules to be the person who reports incidents to the Commission (now known as the 'Specified Personnel')
- ☐ Our system ensures the required timeframes for reporting are followed:

- for reportable incidents other than unauthorised use of a restrictive practice: within 24 hours of our key personnel becoming aware of the incident
- for unauthorised use of a restrictive practice: within five days of our key personnel becoming aware of the incident
- unless the incident also involved other reportable aspects: 24 hours.

Responding to Incidents

- ☐ Our process is to:
 - Ensure that a response plan is developed when incidents occur
 - Identify when 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
 - Collect the data, information surrounding the incident
 - Look at possible causes
 - Determine through problem solving and critical assessment the causes of the incident
 - Take planned and tailored steps to address the cause of the incident in manner that suits the individual case
 - How was the decision reached and what is the rationale for the decision and action taken.

For instance, by consulting with the client, common practices, the NDIS and the ACA
- ☐ Ensure the plan to deal with incidents when they arise includes:
 - Any actions to be taken immediately after the incident to ensure the health, safety and wellbeing of the participant involved in the incident
 - Ensure the assessment and mitigation (reduction) of any immediate risks to other people, and
 - The record needs to detail where the incident occurred and whether further action must be taken. For instance whether Forge Clarity's Director needs to contact the insurance providers alongside ACA and NDIS recommendations.

Investigate

- ☐ Our process is in place to identify when a formal internal investigation of an incident is required, and the nature of the investigation. This includes to explore in more detail why an incident occurred and steps to prevent it reoccurring
- ☐ Identify factors that may initiate an investigation including when police are involved, (Note, an internal investigation should not commence until the police have completed their enquiries) a mandatory report is required (including reportable incident), a notifiable report or an incident which could lead to potential litigation. Internal investigation maybe used to establish the cause of a particular incident, its effect and any operational issues that may have contributed to the incident occurring
- ☐ You state the principles of person-centred practice and procedural fairness in the conduct of all investigations. The NDIS Commission have Guidelines on Procedural Fairness (see Incidents resources)
- ☐ Consider whether to either conduct a serious investigation either internally (with staff who have the skill and expertise) or out-source to an external investigator.

Take Corrective Action if Required

- ☐ Required corrective action will need to be taken in the following circumstances:
 - Where an incident may have been prevented (or the severity lessened) by some action (or inaction) by your service or a worker
 - Where there is an ongoing risk to participants, or
 - Where action by your service may prevent or minimise the risk of a future reoccurrence
- ☐ Corrective action may include further staff training, practice improvements, policy and procedure enhancement, changes to service delivery environments or changes to services provided
- ☐ At the conclusion of an incident resolution, we 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
 - Deciding no further action is required.

Keep Records

- ☐ We ensure that our system records and tracks evidence of incidents and actions taken in response to these incidents
- ☐ We make sure all information relating to incidents is securely stored and access is managed - At Forge Clarity this means that only the Director Tegan Elza Banks, who is also the Lead Therapist, is the only individual to have access to clients personal information. Volunteers only take notes and refer to clients under the numbered code they are provided before the session. Additionally, all group members can see the nominated Zoom name people choose to share. Check the Privacy Policy and Group Guidelines located via <https://forgeclarity.com.au/documents> In cases where the Director is required by law or NDIS requirements they will have to forward the relevant information to the organisation that requires it.
- ☐ The Incident Register stores all incidents and details of their management and outcome or conclusion of each incident. Only the Director of Forge Clarity has access to this document. They can provide it upon request by the NDIS or other relevant party, for instance the Police.
- ☐ We ensure our records are maintained and related evidence about incidents is kept secure. To review the policies for this check our Privacy Policy located via <https://forgeclarity.com.au/documents>
- ☐ We make effective use of information, training, intercommunication and technologies to keep track the progress of incident responses
- ☐ Records of incidents are kept for seven years from the date the incident report is created.

Reporting to Other Agencies

- ☐ Our reporting systems and policies include examining whether an incident is also required to be reported to other external agencies e.g. police, child safety authorities. We have a policy of contacting both the ACA and NDIS to ensure that all relevant agencies have been considered and or contacted.

Lessons Learnt

- ☐ At the finalisation of our incident management, the procedure assesses the following:
 - Whether the incident could have been prevented
 - How well the incident was managed and resolved
 - What if any, remedial action needs to be undertaken to prevent further similar incidents from occurring, or minimise their impact, and
 - Whether other persons or bodies need to be notified.
- ☐ The views of the participant/s impacted by the incident, staff, and any feedback are all gathered. At the conclusion of each incident a response on the effectiveness of the management during each event is reflected on in order to improve how incidents are managed
- ☐ Use information that comes from all the incidents we manage to improve our service and avoid future incidents
- ☐ We cross-reference incidents that are also the subject of a complaint, and/or work health and safety investigations
- ☐ We have a system of ongoing review of this and other documents to ensure information that we learn from incident management is contributing to continuous quality improvement.

Letting Participants Know

- ☐ On commencement with our service, we provide information to participants on how incidents will be managed in an accessible format (e.g. the NDIS Service Agreement located via: <https://forgeclarity.com.au/documents>). See how we manage incidents for participants in Incidents Resources and other relevant documents located on that website provided above.
- ☐ We identify to participants, in our service agreement, the circumstances in which we are obliged to share information about participants with the NDIS Commission, such as those involving reportable incidents.

Trained Staff

- ☐ All staff are trained in their responsibility for maintaining an awareness of potential risks in their area of responsibility and are encouraged to support others in it maintaining as well
- ☐ Staff training occurs in relation to how to identify and manage risks, staff incident management responsibilities and how to follow in practice the incident and risk management procedures.
- ☐ We ensure all staff have the necessary skills in identifying, reporting, managing and resolving incidents and in preventing incidents from reoccurring
- ☐ Staff are encouraged to speak up if they are unsure about identification of an incident or if they have any recommendations to avoid potential risks

- ☐ Incidents are part of regular discussion within the service such as in staff meetings, to encourage a positive culture of reporting.

Allocating Responsibility

- ☐ Our incidents management system acknowledges all staff are also responsible for reporting any potential or actual risk
- ☐ All staff and volunteers are responsible for participating in some format. All that are associated to the incident are required to file a report with the Director who will then begin recording and contacting the appropriate parties. If applicable the internal investigations and undertaking remedial(corrective) action related to incidents will begin. The internal investigation and final implementation of recommended adjustments or improvements to systems and processes is only final once the relevant third party reports have been submitted. For instance a Police report or NDIS report.
- ☐ Tegan Elza Banks is the Reportable Incident Authorised Notifier within Forge Clarity. They are familiar with the NDIS Commission's Portal functionality on Managing our Reportable Incidents.
- ☐ We amend all staff roles and position descriptions as required to reflect NDIS Commission required practices in relation to their role with incident management
- ☐ Ensures staff responsibilities to incident management are included in their job description and monitored during routine performance reviews
- ☐ We also have an anonymous feedback option (located: <https://forgeclarity.com.au/documents>) to encourage Whistle Blower Protection Policy (see example in Incident resources).