

INCIDENT MANAGEMENT POLICY

1. Purpose

The purpose of this policy is to ensure that all incidents are appropriately managed and reported in a prompt and fair manner.

The Australian Childhood Trauma Group (ACTG) aims to:

- Ensure the rights of children and young people are upheld.
- Ensure the safety and wellbeing of each client that accesses our services.
- Have a clear process for the management and reporting of incidents that involve or may impact our clients during service delivery.
- Maintain an incident management system to record and manage all incidents.
- Ensure client's have access to the ACTG's Incident Management Policy.

2. Scope

This policy defines incidents including serious incidents and incidents which are reportable to the NDIS Quality and Safeguards Commission. An incident is defined as:

- 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
- 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
- Reportable incidents that have or are alleged to have occurred in connection with providing NDIS supports or services to a person with disability.

Reportable incidents are serious incidents that must be reported to the NDIS Quality and Safeguards Commission and include incidents or alleged incidents which result in harm to a NDIS client and occur in connection with NDIS supports and services.

Specific types of reportable incidents include:

- 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.
- The use of a restrictive practice in relation to a person with disability, other than where the use is in accordance with an authorisation (however described) of a State or Territory in relation to the person or a behaviour support plan for the person.

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

- data breach or breach of personal information (OAIC)
- injury or death of an employee while on duty (local state or territory WHS authority). Any incident involving crimes such as assault, theft and fraud must be reported to police.

3. Responsibilities of key personnel

CEO	<ul style="list-style-type: none"> • Overall oversight of monitoring and responding to incidents. • Complete an assessment and record outcome of assessment for all incidents. • Where required, conduct an investigation of the incident.
Executive Leadership Team	<ul style="list-style-type: none"> • Responsible for reviewing incidents to identify patterns or issues that may require review of policies and procedures.
Corporate Lead	<ul style="list-style-type: none"> • Ensuring ACTG Incident Report forms have been completed and submitted. • Reporting and submitting serious incidents via the NDIS Commission Portal. • Logging incidents and outcomes on the ACTG's Incident Register.
ACTG Employees	<ul style="list-style-type: none"> • Implementing this policy and procedure. • Notifying of any incidents. • Ensuring incident report forms are completed.

4. Procedure

This procedure provides the steps to follow to investigate an incident that involves a client. All incidents reportable to the NDIS Quality and Safeguards Commission must be investigated.

Incidents that must be recorded and managed include:

- any incident where a client is harmed or could have been harmed while being supported
- any breach of privacy and confidentiality of an individual's personal information which has the potential to expose them to harm
- any incident where another person (e.g. an employee, member of the public, or another client being supported) is harmed or could have been harmed by a client while being supported
- any serious incident that occurred, or alleged to have occurred, while a client is being supported.

A serious reportable incident is any incident that involves:

- the death of a client while being supported
- a serious injury of an employee while on duty, or a client while being supported abuse or neglect of a participant while being supported

- unlawful sexual or physical contact with, or assault of, a client while being supported, or an employee while on duty
- sexual misconduct committed against, or in the presence of, a client while being supported, including grooming of the person for sexual activity
- unauthorised use of a restrictive practice in relation to a client
- any discrimination, bullying or harassment of a participant while being supported, or an employee while on duty
- a data breach or breach of privacy and confidentiality which poses a serious risk to the individuals affected as a result of the breach.

5. Responding to an incident

When an incident occurs ACTG employees must:

- Ensure the immediate safety of clients and other employees.
- Provide First Aid if required.
- Call 000 if required (Police, Fire, Ambulance).
- Provide the client with appropriate support, and immediately notify any families, carers or guardians.
- Immediately notify the CEO, Clinical Lead or Corporate Lead of the incident.
- Complete an ACTG Incident Report Form [ACTG Incident Report Form v01.docx](#)

6. Reporting to the NDIS Commission

Registered NDIS providers **must** report to the **NDIS Commission** serious incidents (including allegations) arising in the context of NDIS supports or services, including:

- the death of a NDIS client;
- serious injury of a NDIS client;
- abuse or neglect of a NDIS client;
- unlawful sexual or physical contact with, or assault of, a NDIS client;
- sexual misconduct committed against, or in the presence of, a NDIS client, including grooming of the NDIS client for sexual activity;
- the unauthorised use of a restrictive practice in relation to a NDIS client.

7. Timeframes for reporting to the NDIS Commission and reports

Most reportable incidents must be submitted via the NDIS Commission Portal **within 24 hours** of a provider's key personnel being made aware of it, with a more detailed report about the incident and actions taken in response to it to be submitted via the NDIS Commission Portal within 5 business days.

The unauthorised use of restrictive practice must be notified to the NDIS Commission within 5 business days of a provider's key personnel being made aware of it. **If there is harm to a participant, it must be reported within 24 hours.**

A **final report** may also be required within **60 business days** of submitting the 5 day report.

The NDIS Commission will advise providers whether a final report is required.

In all cases, the following must be assessed:

- the impact on the NDIS client;
- whether the incident could have been prevented;

- how the incident was managed;
- what, if any, changes are required to prevent further similar events occurring.

Further guidance on responding to reportable incidents is contained in the [NDIS Quality and Safeguards Commission – Reportable Incidents – Detailed Guidance for Registered NDIS Providers](#).

8. Reportable Conduct

Victoria

The Victorian Reportable Conduct Scheme requires organisations in scope to report allegations of child abuse and neglect by their workers and volunteers to the Commission for Children and Young People.

There are five types of reportable conduct listed in the *Child Wellbeing and Safety Act 2005*.

- sexual offences (against, with or in the presence of, a child)
- sexual misconduct (against, with or in the presence of, a child)
- physical violence (against, with or in the presence of, a child)
- behaviour that causes significant emotional or psychological harm
- significant neglect.

The head of an organisation is the person responsible for an organisation's compliance with the Reportable Conduct Scheme.

The head of an organisation must report any allegation of reportable conduct to the Commission for Children and Young People within 3 business days of becoming aware of the allegation.

Within 30 days the head of an organisation must provide detailed information about the allegations and their proposed response.

Further information is also available on the Commission for Children and Young People's website at www.ccyv.vic.gov.au

Australian Capital Territory

The ACTG complies with the Reportable Conduct Scheme that commenced in the Australian Capital Territory (ACT) from 1 July 2017.

Organisations must report allegations or convictions that occurred after 1 July 2017 to the ACT Ombudsman.

Organisations covered by the scheme need to report allegations, offences or convictions relating to child abuse or child related misconduct by an employee to the Ombudsman. It does not matter whether or not the employee engaged in the conduct in the course of employment or whether a child consents to the conduct. Reportable conduct includes:

- sexual offences and convictions where a child is a victim or is present

- offences against the person, including physical offences and convictions, where a child is a victim or is present
- conviction, or finding of guilt, under a territory law or a state or Commonwealth law, involving reportable conduct
- inappropriate discipline or offences relating to protecting of children from harm in accordance with the provisions of the Education and Care Service National Law
- ill-treatment of a child (including emotional abuse, hostile use of force/physical contact, neglect and restrictive intervention)
- psychological harm
- misconduct of a sexual nature.
- Reportable conduct includes allegations, offences and convictions relating to any of the above.

Organisations must:

- Notify the ACT Ombudsman within **30 days** of becoming aware of the allegation by completing the section [17G notification form](#)
- Provide details of the allegation.
- Provide details of the allegation or conviction.
- Provide the organisation's intended response, including an investigation plan and risk assessment.
- Report to appropriate organisations. These may include ACT Policing, Child Youth Protection Services and Access Canberra (Working with Vulnerable People).

Further information is available on the ACT Ombudsman's website:

<https://www.ombudsman.act.gov.au/improving-the-act/reportable-conduct>

9. Reporting to the Australian Information Commissioner

Under the Notifiable Data Breach (NDB) scheme an organisation must notify affected individuals and the OAIC about an eligible data breach. An eligible data breach occurs when:

- there is unauthorised access to or unauthorised disclosure of personal information, or a loss of personal information, that an organisation or agency holds
- this is likely to result in serious harm to one or more individuals, and
- the organisation or agency hasn't been able to prevent the likely risk of serious harm with remedial action

An organisation that suspects an eligible data breach may have occurred must quickly assess the incident to determine if it is likely to result in serious harm to any individual.

The notification to individuals must include recommendations about the steps they should take in response to the data breach.

10. Investigation and Assessment of Incidents

Following the incident, the CEO will complete an assessment with regard to the following issues:

- 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 to minimise their impact; and
- whether other persons or bodies need to be notified of the incident.

The CEO and Executive Leadership Team will also consider the outcome of the assessment to determine what further action should be taken, which could include:

- providing ongoing support to impacted clients and/or ensuring the ongoing wellbeing and safety of clients;
- identifying and implementing practice improvement measures;
- notifying the NDIS Commissioner and/or other bodies or agencies, if appropriate;
- undertaking further investigation;
- identifying and taking corrective action to prevent a reoccurrence of incidents; or
- deciding no further action is necessary.

The outcome of the assessment will be recorded on the **ACTG's Incident Management Register**.

11. Process for initiating and conducting investigations

In some circumstances it may be necessary to conduct a more formal investigation to establish the cause of a particular incident, its effect and any operational issues that may have contributed to the incident occurring.

Process for conducting internal and external investigations:

- All incidents will undergo an internal investigation by the CEO.
- The approach, process undertaken, findings and recommendations of the internal investigation will be documented in a way that is proportionate to the severity of the incident.
- If police are involved, an internal investigation should not commence until the police have completed their inquiries.
- Any incidents involving assault, sexual assault and/or hospitalisation of a client will require an external investigation to be conducted by an appropriately qualified investigator. Refer to the NDIS Commission's [NDIS Procedural Fairness Guidelines](#) during the course of conducting any investigation into an incident.

12. Support to clients

If a client is injured while receiving services from ACTG, employees must ensure that they receive medical attention appropriate to the severity of the injury.

In the event of a serious incident e.g. assault, employees should offer counselling to affected clients.

The CEO will invite clients to be involved in the management of the resolution of the incident and this will be recorded in the CEO's report.

13. Minimum record keeping requirements

Under the NDIS Incident Management requirements, for each incident, registered NDIS providers must record, at a minimum, the following details:

- a description of the incident, including the impact on, or harm caused to, any person with disability;
- whether the incident is a reportable incident;
- if known, the time, date and place at which the incident occurred or if not known, the time, date and place at which the incident was first identified;
- the names and contact details of the persons involved in the incident and any witnesses to it;
- the actions taken in response to the incident, including action taken to support or assist a person with disability impacted by an incident;
- if an investigation is undertaken by the provider in relation to the incident – the details and outcomes of the investigation; and
- the name, position and contact details of the person making the record of the incident.

All records must be kept for 7 years from the date the record is made.

Document Management

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Revision History

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NDIS Incident Management Chart

