



**DD's Compassionate
Support Pty Ltd.**

NDIS

Incident Management Procedure

Policy area	Governance
Document type	Procedure
Applicable to	DD's Compassionate Support Pty Ltd
Version	V01.001
Date approved	01.07.2024
Approved by	DIRECTOR
Review date	30.06.2026
Policy Sponsor	DIRECTOR
Related policies	Incident Management Policy Medication Management Policy Mealtime Management Policy Client Feedback and Complaints Management Policy Client Health and Wellbeing Policy Continuous Improvement and Quality Management Policy Safeguarding Against Violence, Abuse, Neglect, Exploitation and Discrimination Policy Emergency and Disaster Management Policy Client Living Alone and Receiving Personal Care from Sole Worker Policy Transition of Care Between Different Environments Policy Duty of Care Policy Client Advocacy Policy Consent Policy Diversity Policy Support Planning Policy Service Access and Exit Policy Service Delivery Policy Privacy Policy Information Management Policy Work Health and Safety Policy Human Resources Management Policy Waste Management Policy
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct NDIS (Incident Management and Reportable Incidents) Rules 2018 UN Convention on the Rights of Persons with Disabilities UN Convention on the Rights of the Child Aged Care Act 1997 Aged Care Quality and Safety Standards

	Aged Care Code of Conduct Privacy Act 1988
--	---

PURPOSE

The purpose of this procedure is to explain how our organisation manages incidents.

SCOPE

This procedure applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Incident	An act, omission, event or circumstance connected with providing support or services to a client, which has, or may have caused harm to the client. It includes 'near misses' that are potentially harmful and it includes complications, accidents and side effects.
Incident Management System	An incident management system comprises the policies, procedures and processes that support the identification, management, resolution and documenting of incidents and near misses that occurred, or are suspected/alleged to have occurred, or could potentially occur during the course of delivering care and services to clients.
Reportable Incident	A 'subset' of 'incidents' with mandatory reporting requirements to a regulator. Refer to Reportable Incident Management Procedure.

CONTEXT

Our organisation is committed to maintaining an effective incident management system to ensure the health, safety and wellbeing of clients and workers.

PROCEDURES

Following are the key steps in the incident management process. Refer to Schedule 1 at the end of this document for a graphical representation of the process steps.

1. Identify Incident

- 1.1 Identify that an incident or near miss with potential to cause harm to the client has occurred.
- 1.2 Take action(s) to ensure the immediate health and safety needs of the client. This may include contacting one or more of the following:
 - emergency services (ring Triple Zero);
 - the client's GP (in business hours and when not urgent);

- over-the-phone pharmacy/medical advice (out of business hours). For example, 13 HEALTH or 1300 MH CALL);
- client's family/alternate decision-maker/advocate; and/or
- line manager or other internal responsible officer.

1.3 Notify manager and complete an Incident Report with details of the incident.

2. Investigation

- 2.1 Determine if the incident constitutes a reportable incident with mandatory reporting requirements. If it does, follow the Reportable Incident Management Procedure.
- 2.2 Review the details of the incident, including the people involved, location, circumstances and outcome (injury, sickness, death, 'near miss').
- 2.3 Complete an Incident Investigation Form with information on primary and underlying causes of the incident, immediate actions required, recommended preventative actions.
- 2.4 Update Continuous Improvement Register with opportunities for improvement.
- 2.5 Leave any other specific investigation for the relevant authorities (Police, WHS, NDIS Commission, Aged Care Quality and Safety Commission).

3. Client Support

- 3.1 Ensure the client feels safe, supported and respected.
- 3.2 Ensure the client is aware of their right to engage an advocate and support them to do this if requested.
- 3.3 Review the client's health status and provide any assistance required.
- 3.4 Assess the environment to ensure client safety and to prevent recurrence.
- 3.5 Communicate with the client and/or family/alternate decision-maker/advocate throughout the process and keep them up to date with actions and outcomes.

4. Analyse Incident

- 4.1 Establish the cause(s) and effect(s) of the incident and any operational issues that may have contributed and the nature of the investigation.
- 4.2 Encourage feedback from the client and/or their family/alternate decision-maker/advocate in identifying ways to reduce or prevent the incident from recurring.

5. Corrective Actions and Continuous Improvement

- 5.1 Develop a corrective action plan and discuss with relevant stakeholders.

- 5.2 Complete corrective actions as required within identified completion dates. This may include revising policies, procedures, forms, checklists, adjusting worker rosters, developing worker training, increasing supervision etc).
- 5.3 Document details of the incident, action(s) and outcomes in the Incident Register and the Continuous Improvement Register.
- 5.4 Update other documentation as required (support plan, behaviour support plan, complex health plan, comprehensive health assessment).
- 5.5 Communicate changes and outcomes to relevant personnel.
- 5.6 Conduct internal audits to check integrity of process and completion of corrective actions.

SUPPORTING DOCUMENTS

Related procedures and forms include:

- Safeguarding Against Violence, Abuse, Neglect, Exploitation and Discrimination Procedure
- Reportable Incident Procedure
- Support Planning Procedure
- Service Access and Exit Procedure
- Service Delivery Procedure
- Client Advocacy Procedure
- Infection Management Procedure
- Medication Management Procedure
- Mealtime Management Procedure
- Client Feedback and Complaints Management Procedure
- Client Living Alone and Receiving Personal Care from a Sole Worker Procedure
- Transition of Care Between Different Environments Procedure
- Complaint and Feedback Form
- Anonymous Complaint and Feedback Form
- Complaints Process Checklist
- Complaint Register
- Continuous Improvement Procedure
- Continuous Improvement Plan Register
- Service Agreement
- Incident Investigation Form — Final Report
- Incident Report
- Incident Register

- Risk Assessment Form
- Risk Management Plan Register

RESPONSIBILITIES

The Director is responsible for:

- maintaining this procedure and associated documents;
- ensuring the procedure is effectively implemented across the service;
- monitoring workers compliance with the requirements of this procedure; and
- ensuring training and information is provided to workers to carry out this procedure.

All workers are responsible for complying with the requirements of this procedure.

COMPLIANCE

Deliberate breaches of this procedure will be dealt with under our misconduct provisions, as stated in the Code of Conduct.

Schedule 1: Incident Management Process

