

INCIDENT MANAGEMENT POLICY

1. Purpose

Carer Solutions Australia (**CSA**) understands that incident management is a necessary and important part of our organisation, and the safe and rights-based way that supports are delivered to our clients (**Partners**).

The purpose of this Policy is to ensure that incidents:

- Are dealt with in an effective, systematic and timely manner;
- Are handled in a manner that ensures the safety and wellbeing of those impacted by incidents;
- Are thoroughly investigated and learned from, so that, where possible, future incidents can be prevented or their impact minimised.

2. Scope

This Policy applies to all staff who interact with CSA's Partners. It applies to the handling of incidents, including reportable incidents, that occur in connection with the provision of supports and services.

2.1 What is an incident?

According to the NDIS Quality and Safeguards Commission (**NDIS Commission**):

An incident is defined as an act, omission, event or circumstance.

It may mean any of the following:

- *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 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 [defined in the next section] that have or are alleged to have occurred in connection with providing NDIS supports or services to a person with disability.*

In assessing whether an incident has occurred, it should be noted that:

- 'Harm' can include physical, emotional and psychological impacts; and
- The meaning of the phrase 'in connection with' includes incidents that may have occurred in the course of supports being provided, but also incidents that arose out of the provision or the withdrawal of supports. Moreover, 'in connection with' is used to cover situations where there is a link in any way, and does not require a causal relationship.

2.2 What is a reportable incident?

According to the NDIS Commission:

Reportable incidents are serious incidents or alleged incidents which result in harm to an NDIS participant and occur in connection with NDIS supports and services. Specific types of reportable incidents include:

- *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.*

Of particular note is that a reportable incident not only includes incidents that have occurred, but also allegations of the incidents described above.

3. Policy Statement

CSA is required to have in place an incident management system that manages all incidents, and ensures that reportable incidents are notified to the NDIS Commission and other external bodies.

CSA's incident management system, which includes this Policy and the enclosed procedures, aims to identify, respond, assess, report, investigate, and resolve incidents, to prevent and minimise the occurrence and impact of existing and future incidents.

Through the process of handling incidents, all actions must be thoroughly documented and records securely stored for future reference.

Over time, regular assessments will be undertaken to assess the suitability of the incident management system, including this Policy, to drive continuous improvement across the organisation.

All CSA staff are responsible for upholding and implementing this Policy.

4. Incident Management Procedures

4.1 Identification of Incidents

Incidents may be identified in a number of ways, including where:

- A person observes it;
- A person affected by the incident discloses the incident; or
- Another person passes on information that an incident has occurred.

Some incidents are simple to identify, such as those that are witnessed or where a disclosure is made. However, others are harder to identify, especially where they involve abuse, neglect or other types of reportable incidents. In such cases, there may be noticeable indicators of a potential incident. Appendix A (provided at the end of this Policy) provides a set of potential indicators and signs associated with particular types of incidents.

At times, a complaint may also be an incident; in such circumstances, the Feedback and Complaints Policy must also be read alongside this Policy.

As part of their work activities, CSA staff may identify signs of potential incidents, and will be supported to report incidents they identify or suspect have occurred.

4.2 Reporting an Incident

In addition to liaising with an existing point of contact at CSA, an incident can be reported to CSA by:

- Calling us on 1300 729 839;
- Emailing us at care@carersolutions.com.au;
- Writing to Carer Solutions Australia at Suite 8, 23-25 Gipps Street, Collingwood VIC 3066; or
- Filling out the 'Contact Us' form at www.carersolutions.com.au/contact

Incidents can be reported by a Partner, or by their guardian, nominee, advocate, or a member of the public. Those reporting incidents are welcome to have an advocate or someone to support them or act on their behalf in reporting an incident.

CSA also welcomes reports of suspected incidents, including reports of instances where there is uncertainty as to whether an occurrence is an incident or not.

If the person reporting the incident is doing so in a manner without immediate response (e.g. email, mail, 'Contact Us' form), they should provide return contact details, including a phone number. This will allow CSA to make timely contact with the person, which is critical when responding to incidents, especially those of a serious nature.

It should be noted that while CSA welcomes reports from a support worker or service provider about an incident, and will handle such a report in accordance with this Policy, those third parties may themselves have obligations to report incidents to bodies they are regulated by, and CSA does not fulfil these obligations on their behalf.

4.3 Responding to Ensure Immediate Safety and Wellbeing of Impacted Persons

Upon a CSA staff member becoming aware of an incident (**Incident First Contact**), they will assess whether actions need to be taken to ensure the immediate safety and wellbeing of people impacted and involved in the incident. This may include the person(s) with disability, workers, along with other people (such as where the incident involves an act by a person with disability).

Actions to take may include, but are not limited to:

- Isolating the impacted persons and all others from the immediate source of risk, and rendering First Aid if required;
- Call 000 if required (e.g. cases of serious injury requiring medical treatment, crime, fire, significant health and safety risk, physical abuse, sexual abuse, ongoing danger, etc.);
- In most cases (always with children), arrange for the removal of the impacted persons from the environment, or if not feasible, arrange for removal of the risk. In such circumstances, CSA will not tamper/alter evidence of a probable offence;

Where actions are deemed to be required, or where an incident is deemed or suspected to be a reportable incident, the Incident First Contact will coordinate these actions with key personnel of CSA, including the Manager of Compliance and the CEO. Where appropriate, a Partner's relationship manager should also be involved.

Where a Partner is impacted or otherwise involved in an incident, CSA will notify the Partner's emergency contacts of the incident, including (if applicable) their guardian or nominee, with the exception being if one of the aforementioned contacts is alleged to have been involved in causing or contributing to the incident.

4.4 Receiving an Incident Report

The recording of incident reports should be done by the Incident First Contact, in conjunction with the:

- Incident First Contact's manager;
- Manager of Compliance; and
- In the case of reportable incidents, the CEO.

When reports of an incident are received, the Incident First Contact will record all details of the incident into CSA's customer relationship management system, including:

- Names and contact details of persons impacted and involved in the incident, including the details of the person reporting the incident;

- Details of the incident or allegation, including time, date and place at which the incident occurred, description of the incident and the impact on or harm caused and to whom;
- Whether the incident is a reportable incident (this may require the Incident First Contact ask the person reporting the incident questions to clarify the matter);
- The initial response undertaken by CSA, including actions taken to support or assist persons impacted by the incident;
- Any initial assessment or investigation of the incident; and
- The details of the person recording the incident into the customer relationship management system.

All incidents must be recorded as soon as practicable into the customer relationship management system.

4.5 Mandatory Reporting of Reportable Incidents to Regulatory Bodies

All incidents must be managed according to the relevant regulatory body’s expectations, which includes mandatory reporting in the case of specific incidents.

For reportable incidents (as defined above):

All reportable incidents (except unauthorised use of a restrictive practice)	Unauthorised use of a restrictive practice
Within 24 hours of being made aware, the incident must be reported to the NDIS Commission, using their “Reportable Incidents – 24-hour report” form.	Within 5 days of being made aware, the incident must be reported to the NDIS Commission, using their “Reportable Incidents – 5-day report” form.
Within 5 days of being made aware, the incident must be reported to the NDIS Commission, using their “Reportable Incidents – 5-day report” form.	

Incidents must be reported to the relevant regulatory body by either the CEO or by the Manager of Compliance in conjunction with the CEO, via the relevant regulatory body’s reporting process. In the case of the NDIS Commission, reportable incidents should be reported using approved forms on the NDIS Commission portal. Information to be provided as part of the reportable incident report may include, but is not limited to:

- Details of the incident or allegation;
- The initial response undertaken to ensure the immediate safety and wellbeing of persons impacted by the incident;
- Any initial investigations undertaken and/or any corrective/restorative actions delivered before the notification of the reportable incident.

CSA may subsequently be instructed by regulatory bodies to provide additional information or additional reporting at a later date.

Both before and after these mandatory reporting events, investigations are to continue occurring, as detailed in the next section.

4.6 Investigating the Incident

All incidents, whether reportable or not, must be assessed and investigated.

This includes assessing:

- What the root cause(s) of the incident was;
- Any operational issues that may have contributed to the incident occurring;
- The initial steps taken to ensure the safety and wellbeing of impacted persons;
- What, if any, regulatory action needs to be taken to prevent similar accidents occurring in the future or, if they do occur, minimise the impact of incidents should they occur;
- How well the incident was managed and resolved; and
- Whether other persons/bodies need to be notified of or involved in the incident.

Investigations and the outcomes of an investigation will be proportionate to the harm caused to the impacted persons, and any risk of future harm. Investigations will be facilitated at a minimum by the Incident First Contact, their Line Manager, and the Manager of Compliance. Where an incident is a reportable incident, it may also involve the CEO. Additional parties may be involved depending on the incident and the investigation required. The only exception to having the persons listed above being involved in the investigation is if they have been involved in the incident, in which case their involvement in the investigatory process should be limited, in order to maintain independence and avoid conflict of interest.

Investigations should always take place with the views of the impacted persons being included. Where an impacted person is a person with disability, it may be suitable to involve their support network to gain perspective and ideas as well. The impacted persons will also be kept informed throughout the investigation.

Where Police are involved, CSA's internal investigations should not interfere with Police inquiries/investigations.

Once an investigation has concluded, the outcomes of the investigation will also be discussed with the impacted persons. Where the incident has been reported to external bodies (such as the NDIS Commission), CSA may be required to disclose the outcomes of the investigation (including feedback from the impact persons) to those bodies.

4.7 Corrective and Restorative Actions

As part of the outcome of the investigation, corrective actions may be taken to improve internal processes and systems and prevent incidents from occurring, and minimise their impact should they occur. The actions taken will be proportionate to the severity of the incident and the ability to reduce the risks. Actions taken may aim to either eliminate, avoid, reduce or isolate risks.

Examples of corrective actions may include, but are not limited to:

- Re-training or further training for CSA employees;
- Development or enhancement of policies and procedures;
- Changes to how supports or services are provided;
- Changes to the environment in which supports or services are provided;
- Disciplinary action for the worker(s) involved in the incident, including ongoing performance reviews, imposing a probationary period, or termination of employment; and
- Distribution of information surrounding the investigation to a Partner, so that they may, at their own volition, liaise with their support workers for further action.

In certain circumstances, an investigation may result in CSA determining that no further action is necessary.

The implementation of corrective actions will be delegated through to the relevant areas of the organisation, overseen by the Manager of Compliance and the Leadership Team.

Where it is deemed appropriate, CSA may also offer or facilitate measures to support an impact person's recovery from the incident.

5. Record Keeping

CSA will keep comprehensive records about:

- The details of the incident, including the nature of the incident, parties involved in the incident (including witnesses), and any initial activities undertaken to ensure safety and wellbeing;
- Details on whether there was a notification provided to an external body, such as the NDIS Commission or the Police;
- Details of the assessment/investigation undertaken, including details on how the investigation was conducted, details of interviews conducted (including those with impacted persons, CSA staff, and external parties), and any findings/decisions made;
- Information on the risks identified relating to the incident, and arrangements for managing those risks; and
- Any corrective or restorative actions taken.

Records will be kept for 7 years from the date the record was made. For child-related incidents, the records will be retained until the child/children-related incident attain the age(s) of 25 years old.

6. Continuous Improvement

CSA will ensure that information relating to incidents is recorded systematically so that information can easily be retrieved for reporting and analysis. Reports will be conducted regularly to:

- Capture the number, nature and outcome of incidents;

- Audit the handling of incidents, particularly those of a serious and impactful nature;
- Identify and address systemic risk and failure issues, or incident trends;
- Distil feedback from impact persons, their support network, and CSA employees on the effectiveness of the Incident Management System;
- Monitor findings that come from an external review of CSA's systems (e.g. incident reporting and complaint handling); and
- Amongst the Leadership Team, review the above information and assess whether there are actions that can be taken to further reduce the likelihood and impact of future incidents, and implement them across the relevant areas of the organisation and/or add them to CSA's risk register, under the oversight of the Manager of Compliance.

7. Policy Review

This Incident Management Policy will be reviewed regularly by the Manager of Compliance. For any further information about this Policy, please contact the Manager of Compliance on:

Manager of Compliance

compliance@carersolutions.com.au

1300 729 839

Last Reviewed:	15/10/2020	Approved by:	CEO
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Annexure A Identification of incidents

Incidents may not always be apparent, but there may be signs of a potential incident. The following table from the NDIS Quality and Safeguards Commission sets out some potential indicators and signs associated with particular types of incidents. It is important to note that these are only examples and is not an exhaustive list.

INCIDENT TYPES	BEHAVIOUR INDICATORS AND PHYSICAL SIGNS
Physical abuse, unlawful physical contact or physical assault	<ul style="list-style-type: none"> • Inconsistent, vague, unexpected or unlikely explanation of 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 and redness. • 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 (crying, sweating, trembling, withdrawal, agitations, anger, violence, absconding, sexually expressive behaviour, seeking comfort and security). • Sleep disturbances, refusing to go to bed, and/or going to bed fully clothed. • 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. • Felling of worthlessness about life and themselves, extremely low self-esteem, self-abuse, or self-destructive behaviour. • Extreme attention-seeking behaviour and other behavioural disorders (e.g. disruptiveness, aggressiveness, bullying).

	<ul style="list-style-type: none"> • Being overly compliant.
Domestic violence	<ul style="list-style-type: none"> • Depression, withdrawal, crying or violence. • Feeling of worthlessness about life and themselves, extremely low self-esteem, self-abuse, or self-destructive behaviour. • Extreme attention-seeking behaviour and other behavioural disorders (e.g. disruptiveness, aggressiveness, bullying). • Being overly compliant.
Neglect	<ul style="list-style-type: none"> • Inappropriate or inadequate shelter or accommodation, including unclean and unsanitary living conditions. • Weight loss. • Requesting, begging, scavenging, or stealing food. • Being very hungry or thirsty. • 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, unclean 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.

Partner-Related Incident Report (paper version)

This is a paper-based form to record incidents in line with the Incident Management Policy.

Note to user: this should only be a temporary location on which to document an incident. As soon as practicable, the details on this document should be transferred into a formal incident report in CSA's customer relationship management system.

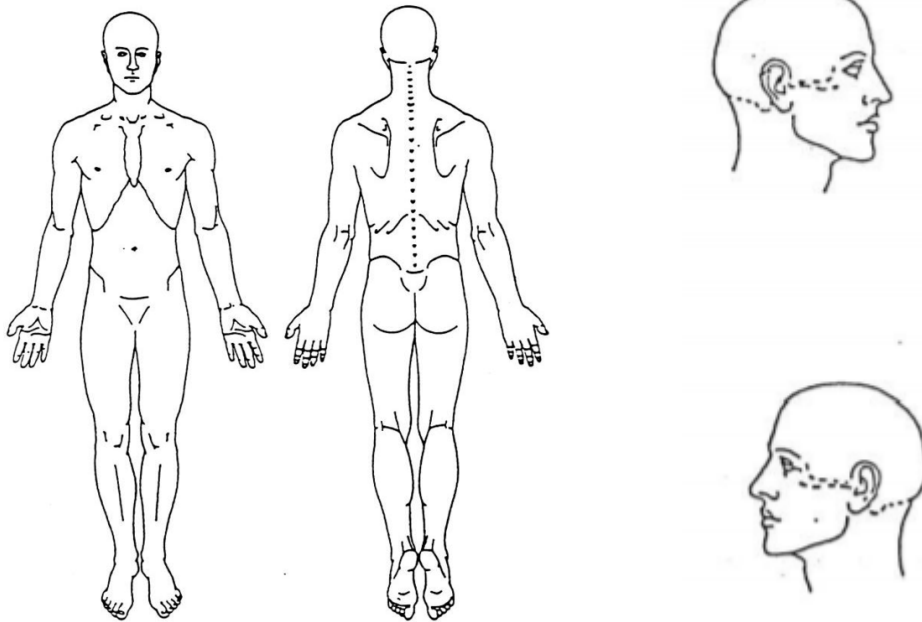
Name of CSA staff receiving Incident Report:			
NAME OF PARTNER (OR PERSON WITH DISABILITY) AFFECTED BY INCIDENT			
Title:	Surname:	Given name(s):	
Address:		Phone:	
Date of Birth:		Email:	
Next of Kin	Surname:	Given name:	
INCIDENT (select applicable)			
Acts, omissions, events occurring in connection with providing supports:		Have or could have caused harm:	
Acts by a person with disability:		Have caused serious harm or risk of harm to another person:	
INCIDENT DETAILS			
Date of incident:		Time of incident:	
Date of incident being reported:		Time of incident being reported:	
Location:			
<p>Describe the incident <i>Provide details of what happened, include tasks/equipment/tools/people involved, operational issues. Include the impact on or harm caused to any person(s) with disability affected by the incident, including actions to support or assist persons, to ensure their health, safety and wellbeing.</i></p>			

Injury – Nature of Injury

Provide details on the nature of the injury

Location of injury

Describe the location, and/or circle on the diagram



Was patient transferred to doctor/hospital (circle as required):
(if yes, give details)

Yes No

Immediate actions take to make the situation safe:

Witness Name:

Witness Phone:

Witness Email:

Is incident a reportable incident (circle as required): **Yes** **No**
If yes, the incident must be reported to the Manager of Compliance and CEO as a reportable incident for steps to activate mandatory reporting

Definition of Reportable Incident (according to the NDIS Commission):

Reportable incidents are serious incidents or alleged incidents which result in harm to an NDIS participant and occur in connection with NDIS supports and services. Specific types of reportable incidents include:

- *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.*

DETAILS OF INITIAL INVESTIGATION

REMAINING STEPS OF INCIDENT MANAGEMENT PROCESS TO BE ACTIONED BY MANAGEMENT. DETAILS MUST BE TRANSFERRED INTO CRM BY THIS POINT.