

Incident Management and Procedures Policy

SBH Disability Services is committed to ensuring that incidents which occur in relation to the provision of services are managed consistently and effectively, and that workers can identify, manage, report, and resolve incidents.

The organisation collects and reviews data on incidents in order to inform improvement activities.

SBH Disability Services regularly reviews its incident management system and processes to ensure that they are:

- Appropriate to the size of the organisation and the classes of supports it provides
- Well documented
- Readily accessible to all workers employed or engaged by the organisation
- Reflective and adaptive, with an intent to prevent incidents

RESPONSIBILITIES AND DELEGATIONS

This policy applies to: All staff

Specific responsibilities: All staff: identify and report on critical incidents

CEO: receive incidence reports and initiate investigation

Board: receive reports from CEO and modify organisational strategy accordingly

Policy approval: Board

DEFINITIONS

Incidents: are acts, omissions, events or circumstances that occur or could occur during or in relation to the provision of supports, or the alteration or withdrawal of supports, that cause harm, either physically or emotionally, to a worker, client, or other stakeholder. Incidents also include acts, omissions, events, or circumstances that have caused or could cause damage to property, the environment, material or cause public alarm.

Reportable Incidents: refer to incidents, or alleged incidents, of severity that must be reported to an external agency.

This includes but is not limited to:

- The death of a client
- Serious injury
- Abuse or neglect
- Sexual misconduct
- Unauthorised restrictive practices

Workers are staff, contractors and volunteers employed or engaged by SBH Disability Services.

PROCEDURES

Induction and staff training

All workers must be familiar with the organisation's incident management system, understand the organisation's definition of a Reportable Incident, and understand the procedures they must follow for reporting all incidents to the organisation and an external body (if required).

SBH Disability Services promotes a culture of open reporting and ensures that all workers understand that they are supported to report any incident or alleged incident, and that there will be no negative consequences for doing so.

Incident identification

If a worker observes an incident, or a client or member of the public notifies a worker about an incident that does or could cause permanent or temporary detriment to a client, worker or other stakeholder, then the worker must report the incident to their immediate supervisor.

Workers and clients will be protected against any adverse actions as a result of reporting or alleging that an incident has occurred.

Immediate response

Where possible, an incident will first be addressed by the organisation's personnel responsible and qualified to effectively manage the incident as it takes place. First respondents understand that they must contact emergency services if the situation warrants.

Notification procedures

Staff must report incidents to various agencies and persons based on the following priority system:

- For serious incidents workers must first contact emergency services
- Workers must report all incidents internally to their immediate supervisor
- If it is determined that the incident is serious the CEO is responsible for notifying families, guardians and advocates of the client.
- If an incident is a Reportable Incident, the CEO will notify the relevant external body within the expected timeframe of the external body.

Supporting clients

Throughout the incident management process, from initial response through to review, clients will be supported by the organisation through means of:

- Reassurance if the client reported the incident;
- Trauma and counselling services where required;
- Changes to regular supports if necessary;
- Clear, ongoing communication regarding the progress and outcomes of the investigation.

Clients will be involved in the management and resolution of the incident where appropriate.

Assessment and investigation

The reporter's immediate supervisor in concert with the CEO are responsible for creating an initial assessment of any incident, to determine the severity of an incident and to establish the need for, and scope of, an investigation. If an incident is a Reportable Incident, an internal investigation will take place. All investigations will be undertaken and conducted in accordance with principles of natural justice and procedural fairness.

Incidents involving criminal allegations will be reported to law enforcement, who will receive full support of the organisation in their investigations.

Whenever an investigation into an incident is conducted, it should establish:

- The cause of an incident
- The effect of an incident
- Any organisational processes that contributed to or did not function in preventing an incident
- Changes the organisation can make in order to prevent further incidents from occurring

Information related to incident investigations, including records of phone conversations, emails, documents and, where possible, records of face to face interviews will be recorded and kept in strict confidence.

Incident resolution

Based on the CEO's assessment, the organisation may undertake remedial action proportionate to the severity of the incident, including but not limited to:

- Providing an apology
- Disciplinary action
- Financial compensation

The organisation will inform and involve clients, family and advocates in the process of incident management and resolution.

Incident register and review

The organisation keeps an accurate register of all incidents that occur in relation to the provision of services. Each entry in the register contains:

- A description of the incident
- A determination of whether or not the incident is a Reportable Incident
- Where possible, time, date and location
- Names of all the people involved, including witnesses
- Details of the incident assessment
- Actions taken in regard to the incident

The organisation will review this information every quarter to understand trends, address systemic issues and inform improvement activities.

Record Keeping

Records will be kept for a minimum of seven years.

DOCUMENT AND RECORD KEEPING**Related Policies (with Document Identifier & Embedded Link):**

- CS-1.3 [Confidentiality Policy](#)
- CS-1.6 [Duty of Care Policy](#)
- CS-1.7 [Providing Client Advocacy and Support Policy](#)
- CS-1.14 [Responding to Abuse Policy – Adults](#)
- CS-1.14 [Responding to Abuse Policy – Children](#)
- CS-1.18 [Client Rights policy](#)
- GO-1.4 [Risk Management Policy](#)
- GO-1.10 [Privacy Policy](#)
- GO-1.11 [Critical Incidents Policy](#)
- HR-1.11 [Staff development and training policy](#)
- WHS-1.3 [Emergency Procedures Policy](#)
- WHS-1.7 [Hazards Policy](#)
- WHS-1.12 [Workplace Health and Safety Policy](#)

Forms or Other Organisational Documents

- GO-3.2 [Client Service Charter](#)
- GO-5.1 [Incident register](#)
- GO-5.2 [Incident report form](#)
- GO-5.3 [Incident investigation Form](#)
- IST-2.1 [Data Breach Incident Reporting](#)

Legislation

- Associations Incorporation Act 1981 (Qld)
- National Disability Insurance Scheme Act 2013
- National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018

Contractual Obligations

- NDIA ILC Grants

Status as an NDIS Provider

Standards

NDIS Commission Standards