



# ADMINISTRATIVE POLICY

## YP Leisure Options Client Incident Management and Reportable Incidents

<b>Policy Number:</b>	PO174		
<b>Strategic Plan Objective</b>	Goal 5 – Responsible Governance		
<b>Policy Owner:</b>	Manager People Culture and Safety	<b>Record Number:</b>	20/24924 [v1]
<b>Responsible Officer:</b>	YP Leisure Options Coordinator	<b>Minute Reference:</b>	CMT: 15/04/2020
<b>Date Adopted:</b>	16/04/2020	<b>Next Review Date:</b>	16/04/2024

### 1. POLICY OBJECTIVES

Yorke Peninsula Council (Council) and YP Leisure Options (YPLO) aims to provide effective management of client incidents in accordance with our obligations under the National Disability Insurance Scheme (NDIS) Act 2013, its associated rules and practice standards.

This Policy should be read in conjunction with YPLO Behaviour Management Policy (PO136 – FM003) which provides internal strategies for designing and implementing developmental and behavioural support strategies for people with a disability.

### 2. SCOPE

This Policy and associated procedures contained herein provide workers with an effective, standardised system of reporting and managing client incidents. It will identify incident trends so that work practices can be reviewed to reduce the likelihood of incidents happening again.

This policy applies to clients who attend any services provided by YPLO. For all workers of YPLO, they will need to refer to Incident Reporting and Investigation Procedure (PR013) for all incidents that don't relate to a YPLO client incident.

### 3. DEFINITIONS

Please refer to Attachment 1.

### 4. POLICY STATEMENT

Council is committed to ensuring that incidents which occur in relation to YPLO's provision of services are managed consistently and effectively, and that workers have the skills to identify, manage, report and resolve incidents.

Council will ensure the Incident Management system covers all:

- 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; or
- Reportable Incidents that have or are alleged to have occurred in connection with providing funded supports or services to older persons or a person with a disability and have, or could have, caused harm to that person.

Council collects and reviews data on incidents in order to inform improvement activities and 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; and
- Reflective and adaptive, with an intent to prevent incidents.

This policy will:

- Provide means of quickly identifying unmet needs for extra support or training;
- Provide a picture of developing patterns of incidents, which may necessitate a change in work practices in order to better safeguard our clients and workers; and
- Provide a record of the incident in case later reference is needed.

## **5. Procedure**

### **5.1. 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 the YPLO Coordinator or YPLO Support Worker. Workers and clients will be protected against any adverse actions as a result of reporting or alleging that an incident has occurred.

### **5.2. 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.

When an incident occurs workers must (not an exhaustive list):

- Ensure the immediate safety of clients and other workers and render First Aid if required; and
- As a first respondent Call 000 if required (Police, Fire, Ambulance).

### 5.3. Notification procedures

YPLO has an obligation to report incidents to various agencies and persons based on the following priority system:

- **Workers must report all incidents** (minor or serious incidents) internally to the YPLO Coordinator or YPLO Support Worker as soon as is practicably possible and **no later than 2 hours** following the incident occurring;
- **Workers must complete** the YPLO Client Incident Notification Form SF399 within **24 hours of the incident occurring** and submitting it to the YPLO Coordinator and Manager People, Culture and Safety via email;
- If it is determined that the incident is serious, the YPLO Coordinator (or delegate) will **immediately notify** families, guardians and advocates of the client.
- If an incident is a **Reportable Incident (including allegations)**, the YPLO Coordinator or other Key Personnel will notify the relevant external body within the expected timeframe of the external body. For further details on reporting requirements with the NDIS Commissioner, refer to clause 6, 'Notifying the NDIS Quality and Safeguard Commission' below.

### 5.4. Supporting clients

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

- Reassurance if the client reported the incident;
- Trauma and counselling services where required;
- Changes to regular supports if necessary; and
- 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.

### 5.5. Assessment and investigation

Following the incident, the YPLO Coordinator will complete an initial assessment of the incident to determine the severity of an incident and to establish the need for, and scope of an investigation.

If an incident is minor, the YPLO Options Coordinator and relevant workers will investigate the incident and establish:

- The cause of an incident and any impact on the client;
- The effect of an incident;
- Any organisational processes that contributed to or did not function in preventing an incident; and
- Changes or corrective actions the organisation can make in order to prevent further incidents from occurring.

If an incident is considered serious, an internal investigation team will be formed with the following positions involved:

- YP Leisure Options Coordinator or YPLO Support Worker (depending on the incident);
- High Risk Advisor (Senior Safety Advisor as proxy); and
- Manager People Culture and Safety or HR Advisor.

All investigations must be undertaken within **4 days of occurrence** and will be conducted in accordance with principles of natural justice and procedural fairness. Please refer to **NDIS Commission's NDIS Procedural Fairness Guidelines** during the course of conducting any investigation into an incident.

Incidents involving criminal allegations will be reported to law enforcement, who will receive full support of the organisation in their investigations. YPLOs incident investigation process should not commence until the SAPOL have completed their inquiries.

Information related to incident investigations, including records of phone conversations, emails, documents and, where possible, records of face to face interviews will be recorded or noted.

In all serious incident cases, the investigation team will need to assess:

- The cause of an incident;
- The effect of an incident and impact on the client participant;
- Any organisational processes that contributed to or did not function in preventing an incident;
- Whether the incident could have been prevented;
- Any previous Behaviour management issues that have been reported on the Client files;
- How the incident was managed;
- What, if any, corrective actions that are required to prevent further similar events occurring.
- Ongoing support to impacted people with disability and/or ensuring the ongoing wellbeing and safety of impacted people with disability is provided if appropriate;
- Notifying the NDIS Commissioner and/or other bodies or agencies, if appropriate;
- Undertaking external investigations if appropriate; or

The outcomes of any investigation will be recorded on the YPLO Client Incident Investigation Report form SF400.

## **5.6. Incident resolution**

Based on the YPLO Coordinator's assessment, the organisation may undertake remedial action proportionate to the severity of the incident.

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

### **5.7. Incident Management Register**

Council will keep an accurate register of all client incidents that occur in relation to the provision of YPLO services. Each entry in the R102 YPLO Client Incident Management Register will contain:

- A description of the incident and impact on or harm caused to, any person with a disability;
- 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 investigation assessment;
- Actions taken in regard to the incident; and
- The name, position and contact details of person making the record of the incident.

### **5.8. SUPPORT TO CLIENTS**

If a client is injured while receiving services from us, workers must ensure that the client receives medical attention which is appropriate to the severity of the injury

In the event of a serious incident e.g. an occurrence of assault, counselling should be offered to all those affected.

The Practice Manager will invite clients to be involved in the management of the resolution of the incident and this will be recorded in the Practice Manager's report: post-incident review section on the Incident Report template.

## **6. NOTIFYING THE NDIS QUALITY AND SAFEGUARD COMMISSION**

### **6.1. Incident notification to the NDIS Commission**

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

- 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;
- sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person with disability for sexual activity; or
- the unauthorised use of a restrictive practice in relation to a person with disability.

## 6.2. Timeframes and reports

Most reportable incidents must be notified to the NDIS Commission **within 24 hours** of a YPLO key personnel being made aware of the serious incident, with a more detailed report about the incident and actions taken in response to it to be provided within 5 business days.

Reportable incidents relating to CHSP funded service users must be notified to the relevant authority representing these clients.

The unauthorised use of restrictive practice must be notified to the NDIS Commission within 5 business days of YPLO 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 five-day report. The NDIS Commission will advise providers whether a final report is required.

The Commission must be notified using the following forms:

1. Reportable incident – immediate notification: Reportable Incident – Immediate Notification
2. Reportable incident – 5-day notification: Reportable Incident – 5-day notification form

Once a form is completed, email it directly to the NDIS Commission at: [reportableincidents@ndiscommission.gov.au](mailto:reportableincidents@ndiscommission.gov.au).

Further guidance on responding to reportable incidents is contained in the NDIS Commission's Reportable incidents guidance for providers document: [NDIS Commission Reportable Incidents Guidance for Providers](#).

## 7. RESPONSIBILITIES

All workers of YPLO are responsible for implementing this procedure and reporting and responding to client incidents that occur during the provision of services.

The YPLO Coordinator is responsible for monitoring and responding to incidents, undertaking mandatory reporting requirements, coordinating and participating in investigation processes.

The Manager People, Culture and Safety is responsible for ensuring that incident reports are completed and logged on the R102 YPLO Client Incident Management Register by the People, Culture and Safety Support Officer and participating in investigation processes as required.

YPLO Support Workers, High Risk Advisor, Senior Safety Advisor or HR Advisor are responsible for participating in client incident investigation processes as required.

The YPLO Working Party are responsible for reviewing incidents to identify patterns or issues that may require a review of policies and/or change in work processes and practices.

## 8. REVIEW

This policy will be reviewed every four (4) years, in consultation with workers and/or their representatives. The policy will also be reviewed as deemed necessary in consideration to any changes to legislation, relevant standards, codes and guidelines, audit findings,

any corrective actions/controls arising from risk assessment and/or hazard/incident reports and stakeholder feedback.

**9. RECORDS**

Records shall be managed in line with Council's Record Management Procedure (PR063).

**10. TRAINING**

Training will be provided to workers to ensure that they are aware of their role and responsibilities under this Policy during induction.

All workers must be aware of YPLO Client Incident Management framework system, understand the definition of a Reportable Incident, and understand the procedures they must follow for reporting all incidents to the YPLO Coordinator and an external body (if a requirement of your role).

YPLO 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.

**11. RELATED COUNCIL POLICIES AND DOCUMENTS**

PO136 – FM003 YPLO Behaviour Management Policy

PR013 Incident Reporting and Investigation Procedure

R102 YPLO Client Incident Management Register

SF399 YPLO Client Incident Notification Form

SF400 YPLO Client Investigation Form

SF405 YPLO A B C Recording Chart – Behaviour Management Form

**12. REFERENCES AND LEGISLATION**

Aged Care Quality Standards

Charter of Aged Care Rights

National Disability Insurance Scheme Act 2013

<https://www.ndis.gov.au/about-us/governance/legislation>

National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018

<https://www.legislation.gov.au/Details/F2018L00633>

NDIS Practice Standards

<https://www.ndiscommission.gov.au/providers/ndis-practice-standards>

Incident Management and Reportable Incidents (NDIS Providers) Responsibilities

<https://www.ndiscommission.gov.au/providers/incident-management-and-reportable-incidents>

Work Health and Safety Act 2012 (SA)

**13. COUNCIL DELEGATION**

<b>Details of Delegation:</b>	Chief Executive Officer
<b>Delegate:</b>	Nil

**14. VERSION HISTORY**

<b>Archived Policy Name</b>	<b>Policy Number</b>	<b>Date Adopted</b>	<b>Last Reviewed</b>
New Policy	PO174	16/04/2020	-

## Attachment 1 - Definitions

Clients	Are community members who participate in YPLO support services who are eligible for relevant funding. This could include a disable member accessing NDIS funding or an older person accessing funding through Aged Care.
Incident	Is an 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 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.
Key Personnel	Each of the following is one of the key personnel of a person or entity: a) a member of the group of persons who is responsible for the executive decisions of the person or entity; b) any other person who has authority or responsibility for (or significant influence over) planning, directing or controlling the activities of the person or entity.
Medical Attention	Emergency treatment that is given to an injured or sick person in response to an incident or accident.
Minor Incident	Any incident that threatens the health, safety and/or wellbeing of a client or where a client contributes to a situation that threatens the health, safety and/or wellbeing of others. These include but are not limited to: <ul style="list-style-type: none"> <li>• Client behaviours of concern resulting in minimal impact on themselves or others;</li> <li>• Verbal Abuse; or</li> <li>• Minor injury or property damage.</li> </ul>
Reportable Incident	Incidents, or alleged incidents, of severity that must be reported to an external agency. This includes but is not limited to: <ul style="list-style-type: none"> <li>• The death of a client;</li> <li>• Serious injury;</li> <li>• Abuse or neglect;</li> <li>• Sexual misconduct; or</li> <li>• Unauthorised restrictive practices.</li> </ul>
Restrictive Practices	Is a regulated restrictive practice if it is or involves any of the following: c) Seclusion, which is the sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted; d) Chemical restraint, which is the use of medication or chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition; e) Mechanical restraint, which is the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes; f) Physical restraint, which is the use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing their guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person; or

	g) Environmental restraint, which restricts a person's free access to all parts of their environment including items or activities.
Serious Incident	<p>Any incident that has the potential to, or results in, a serious outcome for any client or where a client contributes to potential or actual serious outcomes to others.</p> <p>These include but are not limited to:</p> <ul style="list-style-type: none"><li>• Death;</li><li>• Abuse and neglect including concern for a person's welfare and suspected abuse;</li><li>• Serious physical injury;</li><li>• Serious illness;</li><li>• Attempted suicide of a care seeker;</li><li>• Dysphagia incidents – including choking and aspiration;</li><li>• Near miss incident that could have resulted in a serious outcome;</li><li>• Any incident where emergency services are called;</li><li>• Client recorded as a missing person;</li><li>• Client behaviours of concern that had the potential to, or resulted in, a serious outcome for another person; or</li><li>• Medication errors such as the wrong/missed dose or incorrect medication being taken by care seekers.</li></ul>
Support	<p>Supports are funded by the relevant programme:</p> <ul style="list-style-type: none"><li>• NDIS participants, they access daily personal activities, transport to enable participation in community, social, economic and daily life activities;</li><li>• Older persons, services are provided under the Commonwealth Home Support Programme (CHSP) Aged Care.</li></ul>
Worker	Employees, contractors and volunteers employed or engaged by YPLO.
YPLO Client Incident Management Framework	<p>Includes the system of managing Incidents and Reportable Incidents including:</p> <ul style="list-style-type: none"><li>• Policy;</li><li>• Incident and Reportable Incident Register;</li><li>• Notification and Investigation Forms; and</li><li>• Client Records Management of Incident and Reportable Incidents.</li></ul>