



## Purpose

Focal Community Services (Focal) acknowledges the importance of a robust incident management system to ensure the safety of clients, employees and the community. Focal has implemented protocols and procedures for an effective, accountable and transparent framework to ensure incidents are reported, investigated, monitored and documented for best practice in service provision.

Focal will comply with the National Disability Insurance Scheme (NDIS) - Incident Management and Reportable Incidents Rules 2018 and state legislative requirements relating to mandatory reporting.

It is our objective to maintain an Incident Management System that covers incidents that consist of acts, omissions, events or circumstances that:

- occur in connection with the provision of supports or services
- has, or could have caused harm to a person including persons with a disability, child or young person

## Scope

This policy and procedure applies to all employees, volunteers and clients. For the purpose of this document, the term employee and/or Support Worker will refer to paid employees and volunteers.

## Statement

Focal recognises that the nature of delivering disability services and supports has an inherent risk of incidents.

Focal seeks to:

- minimise risk and prevent incidents through the development of appropriate client *Individual Support Plans*, employee training, workplace and client assessments and reviews
- ensure that there is appropriate management and reporting of an incident and that each incident is prioritised, managed and investigated appropriately, relevant to the situation and seriousness of the incident
- identify opportunities to improve client support quality and reduce risk of future incidents by ensuring that the Incident Management System is linked to the Quality and Risk Management Systems

Focal utilises the Client Management System (CMS) as the Incident Management System for the reporting of all incidents to appropriately capture all the required information to effectively manage incidents. All employees are required to report all incidents in the CMS.

Focal's Incident Management System has three (3) categories of incidents:

- Incidents - Minor internal management
- Reportable Incidents - Major and/or Reportable to NDIS Commission or other Regulatory Agencies
- Critical Events - Triggers the *Business Continuity Plan* into action

## Incident Definitions

<b>Incidents:</b>	<b>Minor Incident types include, but is not limited to the following:</b>		
	<ul style="list-style-type: none"> <li>• behaviour</li> <li>• physical aggression</li> <li>• seizure</li> <li>• medication / medical</li> <li>• injury</li> </ul>	<ul style="list-style-type: none"> <li>• property damage</li> <li>• missing client</li> <li>• suicidality</li> <li>• self-harm</li> </ul>	<ul style="list-style-type: none"> <li>• minor vehicle/work accidents</li> <li>• witness to event causing death or serious injury</li> <li>• use of an authorised Restrictive Practice</li> </ul>
<b>Reportable Incidents:</b>	<b>Major Incidents – may require third party reports (non-NDIS), include, but is not limited to the following:</b>		
	<ul style="list-style-type: none"> <li>• death</li> <li>• serious injury or illness including hospitalisation</li> <li>• electrical incident involving injury</li> <li>• criminal acts or behaviour</li> <li>• Assaults – physical, sexual or psychological</li> <li>• unlawful sexual contact or disclosure of abuse or neglect of a child</li> <li>• property damage</li> </ul>		
	<b>NDIS Reportable Incidents occurred in connection with NDIS service provision:</b>		
	<ul style="list-style-type: none"> <li>• death of a person with disability</li> <li>• abuse or neglect of a person with a disability</li> <li>• sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity</li> </ul>	<ul style="list-style-type: none"> <li>• serious injury of a person with disability</li> <li>• unlawful sexual or physical contact with, or assault of, a person with disability</li> <li>• the use of restrictive practice concerning a person with disability if the use is not following a required state or territory authorisation and/or not under a behaviour support plan</li> </ul>	

<b>Critical Event:</b>	<b>An incident that disrupts Focal's normal operational capability, including, but is not limited to the following:</b>	
	<ul style="list-style-type: none"> <li>• natural disaster</li> <li>• system failure</li> <li>• serious data breach</li> <li>• cyber attack</li> <li>• war</li> </ul>	<ul style="list-style-type: none"> <li>• Threat of harm e.g. bomb; member of public at worksite requiring lock out or lock down</li> <li>• Association to event or person that can cause reputational harm or significant media coverage</li> </ul>

## Procedure

### Identifying Incidents

All employees are trained in the Focal's incident management processes, including how to report an incident.

### Reporting Incidents

All Focal employees are required to record an Incident Report in the CMS as soon as practicable, prior to the end of their shift at the latest, for any incident that has occurred whilst performing their duties. Major and/or Reportable incidents or Critical Events must be reported immediately to the Employee Assist or Client Connect teams during business hours, and the On-Call team after hours to action immediate reporting to the Chief Executive Officer (CEO). Refer to the *Incident Response Table* for guidelines and further information.

Refer to the *'How to submit an Incident Report'* guide available on the [Akuety Help Desk](#). Depending on the type of incident that you are reporting, employees may be required to lodge more than one (1) incident report. Please refer to the following examples:

- Client behaviour that results in an employee injury
- Client behaviour that results in property damage
- Multiple clients impacted by one incident

Contact the Employee Assist team if you require further assistance. The Quality and Compliance team will receive a notification when the incident has been submitted.

The CEO is responsible for reporting critical events and/or major incidents to the Board as appropriate, as soon as practical.

### Incident Review and Analysis

The Quality and Compliance team will review every incident reported. The analysis and investigation of each incident will vary based on the seriousness of the incident.

During this process the Quality and Compliance team will establish if:

- the matter reported meets the criteria of an incident
- further information is required
- the incident has been recorded under the correct incident category
- the incident is Reportable to the NDIS Commission or other regulatory government departments
- the CEO has been notified in the case of a major incident or critical event
- there are other people involved
- if any injuries were sustained
- if further investigation is required
- if further training is required

### Allocating the Supervisor in the CMS

The Quality and Compliance team will assign the incident to the appropriate supervisor in the CMS to investigate the incident and follow the CMS process to update the CMS with the required information:

- determine the cause and circumstances leading up to the incident
- ascertain if the incident was an operational issue
- the outcome of the incident
- consider the affected person's perspective, including:
  - was the incident preventable
  - how the incident was managed
  - determining any remedial action required to minimise future impacts and prevent a recurrence
- identify why the incident occurred
- ascertain if current strategies or processes require review and/or improvement
- request the development of new strategies, procedures or employee training, if required

The supervisor will determine if the incident can be closed or requires escalation to a manager.

### Allocating the Manager in the CMS

The supervisor will assign the incident to the appropriate manager in the CMS to further investigate the incident and follow the CMS process to update the incident register with the required information:

- determine if the supervisor has provided sufficient information
- review the incident to ensure the details are complete and satisfactory
- review the risk management and any new risk assessments that may need to be undertaken
- review the actions taken
- determine if corrective actions have been implemented
- identify if the incident has been resolved, and close the incident or provide further actions required until the incident can be closed

As part of our continuous improvement process, the information gained from an incident is used to amend or implement new practices. The manager is required to update the *Continuous Improvement Plan Register* with any corrective actions implemented or required and monitor and update the *Continuous Improvement Plan Register* until finalised.

### Reportable Incidents

The Quality and Compliance team is responsible for reporting all reportable incidents within prescribed timeframes.

The Quality and Compliance team will link in with all relevant employees, supervisors and managers to ensure that accurate details and facts of the incident are captured and reported and will ensure the CEO is informed.

As a registered provider, Focal is required to report serious incidents to the NDIS Quality and Safeguards Commission (including allegations) arising from Focal's service provision.

When a reportable incident occurs or is alleged in connection with Focal NDIS supports or services, Focal must notify the NDIS Commission within the required timeframes set out in the table below. The timeframes are calculated from when the Quality and Compliance team became aware that the incident occurred or was alleged to have occurred.

Reportable Incident	Required Timeframe
Death of a person with disability	24 hours
Serious injury of a person with disability	24 hours
Abuse or neglect of a person with disability	24 hours
Unlawful sexual or physical contact with, or assault of, a person with disability	24 hours
Sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity	24 hours
The use of restrictive practice concerning a person with disability if the use is not following a required state or territory authorisation and/or not under a behaviour support plan.	Five business days

Within 5 days of submitting the 24-hour report on the NDIS Commission portal the Quality and Compliance team are required to update the report with an assessment of the incident, which involves:

- assessing the incident's impact on the NDIS client
- analysing and identifying if the incident could have been prevented
- reviewing the management of the incident
- determining what, if any, changes are required to prevent further similar events from occurring
- recording all incidents and responsive actions taken

The Quality and Compliance team will link in with the relevant supervisors and managers to provide the required information.

The NDIS Commission may request a Final Report, this is to be actioned by the Quality and Compliance team, if requested.

### Closing Incidents

The Quality and Compliance team will continue to review open incidents and collaborate with the relevant supervisor or manager to ensure that the incident is resolved in a timely fashion.

Where an incident involves a client, Focal will inform the client or their support network of the incident outcome/s, either via email or verbally, dependent on the client, the situation and the nature of the incident. Collaborative practice will ensure the client and their support network are involved in the incident's management and resolution.

## Employee Training

Focal recognises the importance of prevention to ensure the safety of our clients and employees. Our induction and orientation process includes training in risk and safety practices, including manual handling, infection control, mandatory reporting, safe environments, and risk and hazard reduction.

All employees are required to undertake the NDIS Worker Orientation training module.

## Documentation

All reportable incident reports and registers must be maintained for a period of seven (7) years.

## Supplementary Information - Reportable Deaths (Coroner) - Queensland

Not all deaths are reported to coroners; further information about types of reportable deaths is below:

- health care related death
- death in care:
  - had a disability and either resided in certain types of supported accommodation or was receiving high-level support in a supported living arrangement other than in their own home (living alone or with family) or an aged care facility in one or more of the following classes of supports as a client under the National Disability Insurance Scheme (NDIS)
  - high-intensity daily personal activities:
    - assistance with daily life tasks in a group or shared living arrangement
    - specialist positive behaviour support that involves the use of restrictive practice
    - specialist disability accommodation

## Death of a Client

The death of a person with a disability is reportable to the coroner only if it is a 'reportable death' under the Coroners Act 2003, which means the circumstances of the death must meet one or more of the following specific criteria:

- the person's identity is not known
- the death is violent or unnatural or occurred in suspicious circumstances
- the death is healthcare-related
- the probable cause of death is not known, and a cause of death certificate cannot be issued
- the death occurred in care
- the death occurred in custody or during a police operation

In practice, deaths of people with a disability are most commonly reported because they died:

- from an "unnatural" cause, for example, traumatic injury, airway obstruction by a foreign object, drug use, drowning, suicide or homicide
- from complications of historical trauma, for example, the complication of tetraplegia arising from serious injuries sustained in a motor vehicle accident many years ago
- as the unexpected result of a health care intervention or failure to provide health care, for example, inadequate aspiration risk or pressure area management or delayed medical treatment
- from an unknown cause
- while 'in care'

## Reporting

As a NDIS service provider, Focal will report a death in care (disability) to the Coroners Court of Queensland by email to [state.coroner@justice.qld.gov.au](mailto:state.coroner@justice.qld.gov.au)

Focal has a higher obligation to report deaths because they provide services to vulnerable members of society.

If the person who died had a disability and lived in supported accommodation and/or was receiving high level support as a National Disability Insurance Scheme (NDIS) participant in a supported living arrangement, the Focal must report the death even if the person died elsewhere (e.g., hospital) and someone else may have reported it.

The subject line must state Notification of Death of NDIS client. The notification should identify:

- the deceased person
- date of death
- location of death

Focal will always cooperate with all government bodies. All details will be recorded in the Incident Management System.

The CEO will be responsible for the reporting to the Coroners Court of Queensland and will ensure that employees complete any documentation required by the Coroners Court of Queensland and ensure the completeness and accuracy of the information provided.

The CEO will be the point of contact for all discussions with the family and relevant stakeholders, all conversations will be documented for future use.

#### Related Documents

- Individual Support Plan
- Working with Children Policy and Procedure
- Continuous Improvement Plan Register
- Risk Management Framework
- Risk Assessment Form
- Incident Response Table
- Business Continuity Plan

#### References

- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- Privacy Act 1988 (Commonwealth)
- Disability Services Act 1986 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- Coroners Act 2003 (QLD)
- Akuety Help Desk

#### Document History

Date:	Version:	Details:
18/04/2024	2.0	Reviewed and updated by CEO and Compliance with new format and additional detail to align with current process and incorporate policy and procedure into one document
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