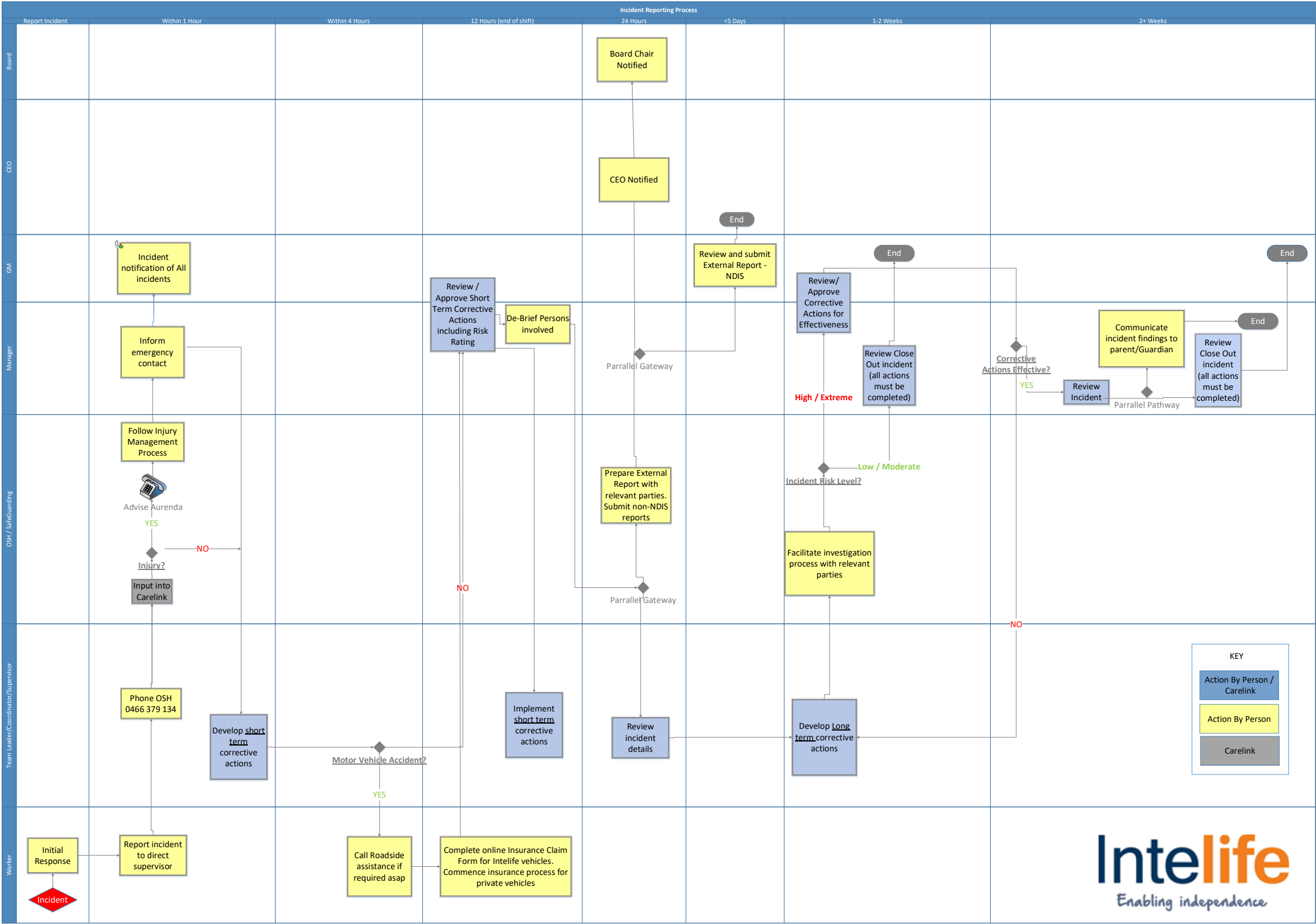


Incident Reporting, Recording & Investigation Procedure

Contents

1.0	Incident Reporting Flow Chart	2
2.0	Purpose.....	3
3.0	Scope	3
4.0	Definitions	3
5.0	Responsibilities (<i>Performance Standards</i>)	4
5.1	Executive Team	4
5.2	Management Team	4
5.3	Workers	4
6.0	Incident and Hazard Reporting process	4
6.1	Initial Incident Response	4
6.2	Incident Reporting Flow Chart (Refer to section 1.0)	5
6.2	Behaviours of Concern / Restrictive Practice (RP)	6
6.3	Internal Reporting	8
6.4	External Reporting.....	8
6.5	Hazard Reporting.....	9
7.0	Debrief.....	9
7.1	Informal Debrief	9
7.2	Formal Debrief.....	9
8.0	Corrective Actions	9
9.0	Review and Investigation	10
10.0	Analysis of Incidents	10
11.0	Records	10
12.0	Review	10
13.0	Related Documents/Legislation	10
	Appendix A – External Reporting	12

1.0 Incident Reporting Flow Chart



2.0 Purpose

In accordance with the National Disability Insurance Scheme (NDIS) (Incident Management and Reportable Incident) Rules 2018, all NDIS registered providers are required to implement and maintain a system to record and manage incidents that happen in connection with providing supports or services to people with disability.

The purpose of this procedure is to establish the requirements for the timely reporting, notification, recording and investigation of incidents, near misses, challenging behaviours, and hazards.

3.0 Scope

This procedure applies to all Intelife workers.

4.0 Definitions

Authorised Person – Chief Executive Officer (CEO), General Manager (GM), or Manager.

Behaviours of Concern - Behaviours of such intensity, frequency, or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit the use of, or result in, the person being denied access to ordinary community facilities.

DC – Department of Communities

EAP - Employee Assistance Program.

External Reporting – the requirement to report incidents to external parties based on defined criteria e.g., Quality and Safeguards Commission, WorkSafe. See Table 1 – External Reporting Table.

Hazard – Anything which has the potential to cause harm, ill health, injury or damage to plant or environment, where the hazard potential has not been realised.

Hazard Card – Hazard reporting tool used to report hazards to line managers.

Incident - Unplanned event, chain of events or challenging behaviour, which has or could have caused injury or illness, damage to assets, the environment or Organisation. This includes event/s where a restrictive practice has been conducted.

Injury Management Consultant – An organisation contracted by Intelife to provide advice on and manage work related injuries and workers compensation claims on Intelife's behalf.

Management Team – a group of individuals responsible for the effective management of an organisation, or part thereof. Usually consists of supervisors and above.

Minor Incident/Hazard – Any incident or hazard that is not deemed to be a Reportable Incident.

NDIS - National Disability Insurance Scheme.

NDIS Quality and Safeguards Commission (the Commission) – an independent agency established to improve the quality and safety of NDIS supports and services.

Near Miss (NM) - An incident that did not result in an injury or illness, damage to equipment or assets, the environment or third parties.

Occupational disease or illness - a disease or illness resulting from a person's employment.

Incident Reporting, Recording & Investigation Procedures

Potential Impact - the most severe realistic result that could have been expected to occur.

Restrictive Practice - defined as any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability.

Reportable Incident – an incident that happens, or is alleged to have happened, in connection with the provision of supports or services by registered NDIS providers.

5.0 Responsibilities (*Performance Standards*)

5.1 Executive Team

It is the responsibility of the Executive Team to ensure this procedure meets all current legislative and organisational requirements, but more specifically, the Executive Team have the following responsibilities:

- To understand and implement the procedure across all areas of responsibility; and
- To ensure that adequate resources are allocated for the education, training, induction, counselling, and other requirements as detailed in this procedure.

5.2 Management Team

It is the responsibility of the Management Team to ensure all workers understand and have the resources to execute this procedure, but more specially, the Management Team have the following responsibilities:

- To ensure that this procedure is applied fairly and consistently;
- To ensure that all individuals in their area of responsibility understand and comply with the requirements of this procedure;
- Appropriately respond to all incidents, including investigating incidents;
- Take prompt and appropriate action, in consultation with other relevant parties, to implement mitigation strategies to prevent further similar occurrences;
- Ensure follow-up is conducted with workers involved in incidents; and
- Ensure all incidents are closed out in the electronic incident management system.

5.3 Workers

Intelife workers have the responsibility to follow this procedure and contribute to its continuous improvement. Individual responsibilities relating to this procedure will be explained during a worker's induction. If a worker is unsure about any matter covered, they should seek assistance from their direct supervisor.

Each worker is responsible for ensuring all incidents, including near misses, are reported in accordance with this procedure.

6.0 Incident and Hazard Reporting process

6.1 Initial Incident Response

Step 1 - Seek first aid or medical attention as required (including through a call to 000 if required).

Note - any electric shock, knock to the head or chest shall require assessment by a medical practitioner.

Incident Reporting, Recording & Investigation Procedures

Step 2 - Ensure the area is safe before entering. For example, ensure all energy sources have been isolated to prevent further injury or damage.

Step 3 - Provide assistance - ONLY administer first aid to an injured person(s) if you hold a valid First Aid Certificate / if you feel safe to do so / if the vicinity is safe to apply first aid.

Where applicable, assistance should be provided in accordance with the below procedures for injury management:

- [OSH 401 Disease Minimisation and Hygiene Control Procedure](#);
- [OSH 605 Injury and Rehabilitation Management Procedure](#); and
- [OSH 815 Needle Stick and Injury Prevention Procedure](#).

Step 4 - Report incident to your direct supervisor (within 1 hour of the incident occurring).

Step 5 - Supervisor to call OSH on 0466 379 134 (within 1 hour of the incident occurring).

Step 6 – Call roadside assistance if required. Note – insurance shall only be claimed if damage amount is greater than excess amount.

6.2 Incident Reporting Flow Chart (Refer to section 1.0)

The Incident Reporting flow chart provides a simplistic link from the incident occurring to when it is closed in the electronic incident management system. Further information from the flow chart includes:

- All incidents are reported to the relevant managers and GM on a weekly basis by the HSE team for review and close-out.
- Road-side assistance is to be called at the earliest possible time to ensure any vehicle requiring attention can be attended to and any deficiencies rectified to ensure continuity of service provision.
- The incident risk rating is determined by the HSE team upon initial uploading of the incident into the electronic incident management system. This rating is to be reviewed by the management team and amended if required based on the information gathered during the course of the incident.
- Both short and long term corrective actions are to be reviewed by both the relevant manager and GM (for high and extreme risks) prior to being approved for implementation.
- External reporting to non NDIS agencies (WorkSafe etc.) will be completed and submitted by the HSE team. NDIS reporting will be prepared by the HSE team and relevant parties and approved by the relevant GM. All external reporting will be reported through the CEO to the Board.
- Feedback will be provided to all relevant parties on the outcomes of any incident investigations, and/or changes to Intelife operating procedures implemented due to an incident.
- The relevant Manager or GM (for high and extreme risks) will approve the closure of all High and Extreme incidents in the electronic incident management system. The relevant manager will close all other incidents.
- Incidents that have occurred during the provision of commercial contracts will be reported to the commercial client in accordance with contract reporting requirements.

6.2 Behaviours of Concern / Restrictive Practice (RP)

When a behaviour of concern and/or a restrictive practice has occurred, the behaviour/restrictive practice reporting, reviewing and feedback process (Diagram A) shall be followed. The incident shall be reported as per 1.0 Incident Reporting flowchart.

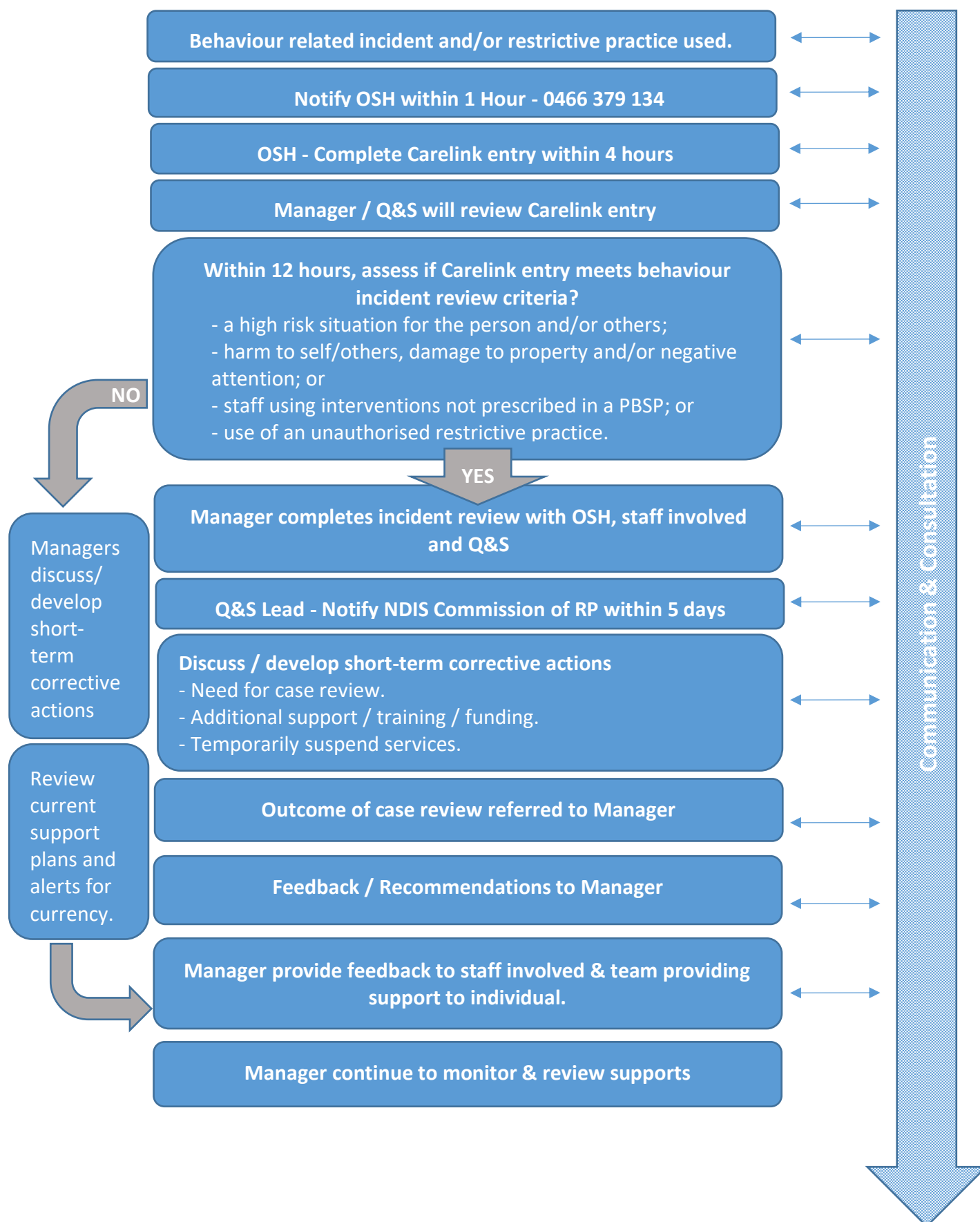
The below criteria being met will result in a Behavioural Incident Review:

- a high-risk situation for the person and/or others;
- harm to self/others, damage to property and/or negative attention;
- staff using interventions not prescribed in a Behaviour Support Plan (BSP); and/or
- staff were required to use an unauthorised RP.

When using Restrictive Practices, Intelife have a requirement to:

- Ensure staff are appropriately trained in the use of authorised RP's;
- Report monthly on the use of authorised RP's to the Commission; and
- Report the use of unauthorised RP through the reportable Incident process within 5 business days to the Commission.

Diagram A - Behaviour/restrictive practice reporting, reviewing and feedback.



6.3 Internal Reporting

All incidents shall be reported as per 1.0 Incident Reporting Flowchart.

All incidents must be recorded in Carelink and reported to your supervisor.

All injuries must be reported to Intelife Injury Management Consultants (Aurenda) via phone (08 6389 8989) or email (Intelife@aurenda.com).

For Commercial Services, incidents shall also be reported to clients as per contractual requirements.

Copies of all correspondence and documentation regarding incidents is to be sent to osh@inteliflife.org.

6.4 External Reporting

External reporting includes mandatory reporting of Serious Incident Report's (SIR), Notifiable Incidents, Reportable injury/illness (WorkSafe) or Reportable Incidents to external organisations or authorities.

Refer to 1.0 Incident Reporting Flowchart for external reporting process and Appendix A for requirements and timeframes.

Any mandatory external reporting must be completed by the CEO or delegate.

All correspondence should include CEO, relevant General Manager and osh@inteliflife.org.

6.4.1 NDIS Quality and Safeguards Commission

Appendix A provides details regarding the types of incidents that must be reported for participants/SE's receiving funding through NDIS and the timeframe for reporting.

For incidents requiring reporting within 24 hours the following details need to be included:

- Incident description (category, description of incident, circumstances);
- Incident notification (times, dates, worker details);
- Incident location;
- Person with disability details;
- Subjects of allegations (if any);
- Immediate action taken; and
- Risk assessment details.

A follow up report is then due within 5 days including:

- Details of the incident;
- Impacted person and support people;
- Subject/s of allegation (if any allegation has been made);
- Witnesses;
- Immediate action taken;
- Incident assessment (when not a death or unauthorised restrictive practice);

- Death details (if a death has occurred); and
- Unauthorised use of a restrictive practice (if a restrictive practice is used).

Providing this information allows for further strategies to be implemented if required.

6.4.2 Department of Communities

Appendix A provides details regarding what types of incidents are required to be reported for participants/SE's who are not receiving funding through NDIS but are receiving funding through the Department of Communities.

Reporting is done through the Department of Communities Disability Services portal.

6.5 Hazard Reporting

Hazard Identification Cards shall be used to report any hazard identified by Intelife workers. All identified hazards should be actioned by the person who has identified the hazard. If they cannot rectify the hazard, then it is to be escalated as per chain of command.

Hazard Identification Cards are to be submitted via MS Teams, or hard copy Hazard Card. It is the responsibility of the relevant Manager to implement a system to ensure all hazards are rectified and no longer pose a risk.

7.0 Debrief

7.1 Informal Debrief

The informal debrief is held between the staff member and their direct supervisor. The discussion will include checking that the staff member is okay, analysing the incident for lessons learned and discussing any actions that can be taken to prevent recurrence. The staff member will also be encouraged to debrief using the EAP.

7.2 Formal Debrief

The formal debrief process is used for incidents which have a potential risk rating of HIGH or EXTREME. All serious incidents, and any incident that results in injury or could have resulted in an injury and/or psychological trauma to a staff member, will require a formal debrief.

The formal debrief will be facilitated by the relevant Manager who will then, through the relevant GM, and engage external resources if required.

8.0 Corrective Actions

When an incident occurs, short-term corrective actions shall be implemented to reduce the incident reoccurring until long term actions can be implemented.

Managers are responsible for the implementation of all corrective actions and controls necessary to prevent recurrence in their areas of responsibility. Corrective actions will require periodical monitoring for their effectiveness.

The OSH team will review corrective actions for effectiveness with the aim to minimise both consequence and probability. Any corrective actions implemented should be assessed against the hierarchy of control model.

OSH will maintain a log of corrective actions for all incidents which will be communicated to those responsible for actioning. Managers are responsible for ensuring all corrective actions and incidents are completed and closed out for their areas of responsibility.

Incident Reporting, Recording & Investigation Procedures

9.0 Review and Investigation

Review and Investigation will be conducted when an incident risk level is High, Extreme or when deemed a requirement by the Management/OSH team.

The incident shall not be closed out until the:

- investigation process has been completed and captured in Carelink;
- all corrective actions have been implemented and closed out in Carelink; and
- a review has been completed on the effectiveness of the controls to eliminate or minimise reoccurrence.

The completion of the '5 Why's' analysis should be completed for all incidents with the potential risk rating of Medium or above with all outcomes recorded in Carelink.

The Management team will communicate to all relevant staff on lessons learned and preventative measures implemented to minimise recurrence.

10.0 Analysis of Incidents

A review of incident trends will be held on a monthly basis by the executive team. The purpose of the review will be to identify any root causes or areas of improvement. The review will be minuted, and improvement actions assigned.

11.0 Records

An electronic copy of all incident reports is to be maintained. The OSH team is responsible for ensuring all incident documentation is saved to the incident folder.

Records of any incidents involving Restrictive Practices, must be kept for seven (7) years.

The Managers are responsible for ensuring all information relating to the incident is forwarded to osh@intelife.org

12.0 Review

This procedure shall be reviewed bi-annually. Additional reviews may be conducted when legislative or business changes occur, or review has been requested as part of continuous improvement.

13.0 Related Documents/Legislation

- [OSH 505 Carelink Incident Report Form Manual](#)
- Serious Incident Reporting (Refer to Program Contract)
- [Serious Incident Report Guidelines Final \(NDIS\)](#)
- [Occupational Safety and Health Act 1984](#)
- [Occupational Safety and Health Regulations 1996](#)
- [OSH 605 Injury and Rehabilitation Management Procedure](#)
- [OSH 401 Disease Minimisation and Hygiene Control procedure](#)
- [DSS 305 Safeguarding Policy](#)
- [DSS 306 Safeguarding People with Disability Procedures & Guiding Principles](#)
- [SS 603 Reduction and Elimination of Restrictive Practices Policy](#)
- [SS 604 Reduction and Elimination of Restrictive Practices Guidelines](#)

- [R 101 Risk Management Framework](#)
- [NDIS \(Incident Management and Reportable Incident\) Rule 2018](#)
- [NDIS \(Restrictive Practices and Behaviour Support\) Rules 2018](#)

Appendix A – External Reporting

External Reporting Table	Incident Type	Authority/ Commission	Reportable timeframe
Reportable Incident Reportable incidents, as per RI criteria below, shall be reported via the NDIS Commission Portal for those receiving NDIS funding. <ul style="list-style-type: none"> 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; and The use of a restrictive practice in relation to a person with disability where the use is not in accordance with an authorisation (however described) of a State or Territory in relation to the person, or if it is used according to that authorisation but not in accordance with a behaviour support plan for the person with disability. 		NDIS Quality & Safeguarding Commission	Within 24 hours Unauthorised use of Restrictive Practices must be reported with 5 days.
Reportable Serious Incident Report Any incident involving a participant who is funded by DC and meeting the below Serious Incident criteria must be reported within 7 days to DC, via the login portal: <ol style="list-style-type: none"> the death of a person with a disability; serious physical injury or psychological harm suffered by a person with disability; abuse including physical, emotional, sexual, psychological, financial and neglect of a person with disability; the person is judged as posing a serious risk to the health, safety, or welfare of themselves or others; exploitation or unauthorised restrictive practices used with a person with disability; and an assault on staff or a visitor to the service by a person with disability. <p>Where the matter involves a child under the age of 18 years refer to DC Serious Incident Reporting Guidelines. http://www.disability.wa.gov.au/Global/Publications/For%20disability%20service%20providers/Contracts/SIR%20guidelines%20final.pdf</p>		Department of Communities- Disability Services (DC)	7 Days
Reportable injury/illness - Work related deaths and categories of injuries and diseases listed below, must be reported to WorkSafe either online or by phoning 1800 678 198. Types of injuries that must be reported are: <ul style="list-style-type: none"> a fracture of the skull, spine or pelvis; a fracture of any bone in the arm (other than in the wrists or hand) or in the leg (other than a bone in the ankle or foot); an amputation of an arm, a hand, finger, finger joint, leg, foot, toe, or toe joint; the loss of sight of an eye; and any injury other than the above which, in the opinion of a medical practitioner, is likely to prevent the worker from being able to work within 10 days of the day on which the injury occurred. Types of diseases that must be reported are: <ul style="list-style-type: none"> infectious diseases: tuberculosis, viral hepatitis, legionnaires' disease and HIV, where these diseases are contracted during work involving exposure to human blood products, body secretions, excretions or other material which may be a source of infection; and occupational zoonosis: Q fever, anthrax, leptospirosis, and brucellosis, where these diseases are contracted during work involving the handling of, or contact with, animals, animal hides, skins, wool, hair, carcasses, or animal waste products. 		WorkSafe	24 hours
Electrical shocks, accidents, and fatalities The Electricity (Licensing) Regulations 1991 require that all electric shocks and accidents (including electrical fatalities), irrespective of their seriousness, must be reported to: <ul style="list-style-type: none"> the employer (if relevant); and the relevant network operator (supply authority). If the person making the report cannot identify the network operator, the fact must be reported to EnergySafety. When the incident is reported to the employer, the employer is also required to report the occurrence to the relevant network operator (or EnergySafety if the network operator cannot be identified).		Department of Commerce (EnergySafety)	24 hours

<p>To contact the relevant network operator:</p> <ul style="list-style-type: none">• Western Power: 13 13 51• Horizon Power: 13 23 51 <p>Note: All electrical fatalities must also be reported to EnergySafety. (https://www.commerce.wa.gov.au/energysafety/report-electrical-accident-or-shock)</p>		
<p>Government of Western Australia Department of Health Reportable Incident – Any incident related to issuing of medication shall be reviewed and reported against the WADH Clinical Incident Management Policy.</p> <p>The policy can be located at: https://ww2.health.wa.gov.au/-/media/Files/Corporate/Policy-Frameworks/Clinical-Governance-Safety-and-Quality/Policy/Clinical-Incident-Management-Policy-2019/Clinical-Incident-Management-Policy-2019.pdf</p>	<p>Government of Western Australia Department of Health</p>	<p>24 hours</p>