

INCIDENT MANAGEMENT POLICY AND PROCEDURE

1. Policy

Divergent Health will promote the health, safety, welfare and well-being of its clients and meet its professional and legal responsibilities by ensuring any incidents are appropriately:

- (a) identified and recorded;
- (b) assessed to determine corrective and harm minimisation strategies;
- (c) investigated where necessary;
- (d) followed up in a timely manner and to ensure satisfactory outcomes are achieved;
- (e) considered against legislative and funding body requirements and guidelines (including the NDIS Quality and Safeguards Commission: Incident Management Systems) and acted upon as required; and
- (f) shared where appropriate to assist with quality improvement.

2. Outcomes

- (a) Risks will be identified and managed to eliminate or minimise any adverse event.
- (b) The impact of any incident will be minimised.
- (c) Clients and other stakeholders will be satisfied with the outcome of the management of risks and incidents.
- (d) Involved workers are aware and accepting of the outcome of the management of risks and incidents.
- (e) There will be minimal reoccurrence of incidents.
- (f) Divergent Health's Director of Operations will be aware of risks and incidents and the actions taken to manage these events.

3. Definitions

- (a) **Accident:** event or situation that actually resulted in harm to an individual or damage to equipment.
- (b) **Incident:** event or situation that could have resulted in harm to an individual or to the business. This includes, but is not limited to:
 - (i) injury and/or near-miss to Participant;
 - (ii) injury and/or near-miss to workers;
 - (iii) acts by a person with disability that did or may have caused serious harm;
 - (iv) complaint or negative feedback about the service;
 - (v) actual or suspected abuse of Participant or others;
 - (vi) breach of privacy/other Participant rights such as through restrictive practice;

- (vii) less than expected therapeutic outcome;
 - (viii) damage to equipment/goods; and
 - (ix) breach of statutory obligations.
- (c) **Participant:** the party receiving the NDIS-funded services (i.e., the client).
- (d) **Risk:** something that could potentially lead to an incident or accident.

For the purpose of this policy, incidents and accidents will be referred to as “incident” for ease of reading.

4. Procedures

4.1. Identifying Incidents

While some incidents are obvious (eg a client fall) it is also important to understand that not all incidents may be so readily identified. Section 3.1 of the NDIS Commission Incident Management Systems: Detailed Guidance for Registered NDIS Providers June 2019 provides guidance to Divergent Health and its staff to consider potential indicators and signs associated with particular types of incidents. While it is acknowledged that this is not an exhaustive list, staff will be educated to assist them with better identifying incidents or potential incidents.

4.2. For all incidents

- (a) Director of Operations is to be notified of all incidents.
- (b) An Incident and Complaint Form is to be completed within 36 hours of the incident. The report must include all necessary factual details, immediate actions that have been taken, any identified follow-up actions, any reports made to other bodies.
- (c) The incident is recorded in Divergent Health's Incident and Accident Register by the Director of Operations. Access to the register and any completed forms must be limited to senior staff only.
- (d) Actions are to include as a minimum:
 - (i) providing support to the affected person/s;
 - (ii) consideration by the Director of Operations if the incident is reportable and if police/other agencies should be involved, and actions then taken as appropriate;
 - (iii) when, how and with whom follow-up will occur;
 - (iv) risk assessment of the incident, including seeking feedback from involved parties;
 - (v) evaluation at the conclusion of the incident to ensure involved parties are satisfied with the outcome; and
 - (vi) consideration of what people, process, or policy changes could be made to improve Divergent Health's systems (see Section 4.4 below).

4.3. Incident Investigations

- (a) If required, a formal incident investigation will be conducted to explore in more detail why an incident occurred and if any steps are required to prevent it occurring again. As a minimum, incidents requiring investigation include:
 - (i) any 'Notifiable' incident, as required by the NDIS;
 - (ii) any mandatory report made (see Section 5 below); and
 - (iii) any incident that could lead to potential litigation.
- (b) If police are involved in the incident, no internal investigation is to commence until the police investigations are complete.
- (c) The Governing body is to be informed as soon as practicable of any incident investigations and their outcomes.

4.4. Outcomes

Outcomes of formal or informal investigation could include:

- (a) further training of staff/others involved;
- (b) reviewing and enhancing policies and/or procedures;
- (c) changes to the environment/delivery mode for support services; or
- (d) Participant (and/or their family) and Divergent Health agree to accept the risks inherent in support delivery to achieve goals.

4.5. Follow-Up

- (a) Actions will be monitored by the Director of Operations and updates on progress will be added to the register until the incident is satisfactorily concluded.
- (b) The Governing body will review the management of all incidents.
- (c) Incident reports and all related documents are to be kept for 7 years.

4.6. When a Participant incident occurs

- (a) Respond to immediate needs and re-establish a safe environment. Make sure Participant, workers and any others present are safe.
- (b) If required, call emergency services to assist, seek medical attention, commence first aid.
- (c) Contact the appropriate emergency contact or 'significant other' (e.g., parent, spouse, son or guardian) as soon as practicable.
- (d) Determine what support Participant and/or their family require and how this can be best delivered. This is to include asking them if they want the support of an advocate.
- (e) Consult with Participant and/or their family on how to satisfactorily resolve the issue and what could have been done to prevent it occurring.
- (f) Keep Participant informed of progress on the incident.

- (g) If Participant is involved and receives funding from a government body (e.g. NDIS, Medicare or DVA), the Director of Operations will review the requirements and complete the required reporting, as required by the NDIS.
- (h) If the incident could lead to any potential litigation, Divergent Health's professional liability insurer must be informed.

5. Mandatory reporting of suspected incidents of risk of harm to a participant/client

5.1. Policy

Divergent Health will promote the health, safety, welfare and well-being of its participants and meet its professional and legal responsibilities by ensuring any suspected abuse is appropriately assessed and considered against set guidelines and reported as required.

5.2. Outcome

- (a) Divergent Health fulfils its statutory obligations under the relevant New South Wales legislation.
- (b) Divergent Health will feel assured participants identified as "at risk" will receive assistance through the authorities responsible.
- (c) Divergent Health staff will feel supported by management through the mandatory reporting process. Divergent Health

5.3. Procedures

- (a) For all suspected incidents of risk of harm the following steps are to be taken. Any specific requirements for children, adults or aged clients are listed below these, as are the documentation requirements.
- (b) Staff member who suspects a person (child, adult or aged person) may be at significant risk of harm is to determine if a report may have been made by other members of the support team (e.g. their Case Manager or NDIS Support Coordinator). If written evidence of the report having been made is provided, there is no further requirement for a report to be made. If no report has been made the following steps are to be followed:
 - (i) Allied Health Professional (AHP) is to make observations regarding the participant to collect as much information as possible about the situation - if safe to do so.
 - (ii) Record information in the participant notes.
 - (iii) As soon as practicably possible, but within at least 24 hours
 - (A) review the situation against the appropriate legislation/guides (as per the Participant Categories below).
 - (B) complete Divergent Health's Incident and Complaint Form. Where possible, this is to include additional details.

- (iv) The AHP is to assess the situation using the appropriate guidance material (as per the Participant Categories below) and/or seeking assistance from the relevant authority or New South Wales Police.
- (v) If a decision is made that mandatory reporting is required, the Director of Operations must be contacted. They will assist with the reporting process.
- (vi) If after reference to the relevant guide/policy the matter is considered urgent it will be reported to the appropriate service by the required method.
- (vii) If the risk is considered non-imminent, an online report will be completed.
- (viii) Divergent Health will assist with any investigation or action undertaken by the department or other authorised bodies as a result of the report.
- (ix) Divergent Health will monitor progress and add actions to the completed incident form until the matter is resolved or closed. Reporting and monitoring shall be as per the Incidents and Complaints management system.

Divergent Health has identified the following Participant Categories where various requirements will need to be met.

5.4. Participant Category: Participants being funded by NDIS

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:

- (a) The death of a person with disability.
- (b) Serious injury of a person with disability.
- (c) Abuse or neglect of a person with disability.
- (d) 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).
- (e) Sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity.
- (f) 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.

5.5. Participant Category: All children aged from birth to 18 years regardless of funding source

Specific requirements for children:

- (a) If there are concerns the child's health or life is at imminent risk, contact the police by calling 000.

In other situations the following steps are to be taken:

- (a) Assess the situation using the NSW Online Mandatory Reporter Guide.
- (b) If the matter is considered urgent (using the Mandatory Reporting Guide) submit a report by phone to the Child Protection Helpline on 132 111.
- (c) If the risk is considered non-imminent an electronic report is to be completed using the eReporting System.

5.6. Participant Category: Disability clients aged 16 to 65 not being funded under NDIS

For non-government funded clients with a disability aged 16-65, advice is to be sought from:

- (a) the National Disability Abuse and Neglect Hotline;
- (b) the New South Wales Police Force; and
- (c) the New South Wales Ombudsman.

Assistance for the participant to access an advocate as required can also be by referral to appropriate service such as Disability Advocacy NSW.

5.7. Participant Category: Older clients aged 65 and over

Specific requirements for clients aged over 65:

- (a) If you witness, are told about or suspect elder abuse is occurring, seek advice from either
 - (i) The national 1800 ELDERHelp (1800 353 374) line (freecall). They provide information on how you or the person involved can get help, support and get referrals.
 - (ii) The identified situation will be assessed using the Aged Care Quality Standards.

5.8. Workers

If a worker is harmed Divergent Health will need to report to New South Wales SafeWork.

6. Training Workers on Incident Management

All staff will receive initial and refresher training on Incident Management, including mandatory reporting.