Incident Management Policy

Policy area	Governance
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Applicable to	Beyondlimits Care & Support Services
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Related policies	Risk Management Policy Medication Management Policy Mealtime Management and Dysphagia Policy Emergency and Disaster Management Policy Client Feedback and Complaints Management Policy Client Health and Wellbeing Policy Covid-19 Response Policy Continuous Improvement and Quality Management Policy Safeguarding Against Violence, Abuse, Neglect, Exploitation and Discrimination Policy Client Living Alone and Receiving Personal Care from Sole Worker Policy Transition of Care Between Different Environments Policy Food Safety Management Policy Manual Handling Policy Duty of Care Policy Client Advocacy Policy Consent Policy Diversity Policy Support Planning Policy Service Access and Exit Policy Service Delivery Policy Privacy Policy Work Health and Safety Policy Human Resources Management Policy Waste Management Policy
Authority	NDIS Act 2013 NDIS Practice Standards and Quality Indicators NDIS Code of Conduct NDIS (Incident Management and Reportable Incidents) Rules 2018 UN Convention on the Rights of Persons with Disabilities UN Convention on the Rights of the Child Aged Care Act 1997 Aged Care Quality and Safety Standards Aged Care Code of Conduct Privacy Act 1988

PURPOSE

The purpose of this policy is to explain our organisation's commitment and approach to incident management.

Refer to the Reportable Incidents Procedure for detail on reportable incidents.

SCOPE

This policy applies to all our workers (employees, contractors and volunteers).

DEFINITIONS

Term	Definition
Incident	An act, omission, event or circumstance connected with providing support or services to a client, which has, or may have caused harm to the client. It includes 'near misses' that are potentially harmful and it includes complications, accidents and side effects.
Incident Management System	An incident management system comprises the policies, procedures, forms, templates and processes that support the identification, management, resolution and documenting of incidents and near misses that are known, suspected or alleged to have occurred during the course of providing support or services to clients.
Open Disclosure	The practice of acknowledging the incident, expressing regret to the person impacted that standards or expectations have not been met, finding out what happened, how and why and seeking to learn from the experience and make improvements. **Note:** Expressing regret does not mean an admission of guilt.
Reportable Incident	A 'subset' of overall incidents. These are incidents which have mandatory reporting requirements to regulatory bodies such as the NDIS Commission, Aged Care Quality and Safety Commission and the Police. See the Reportable Incident Procedure for details.

CONTEXT

Our organisation recognises that an effective incident management system is an important part of ensuring the health, safety and wellbeing of clients. We are committed to implementing and maintaining an incident management system that:

- is proportionate to the size and scale of our organisation and the scope and complexity of supports provided;
- prioritises safe and quality care and support to clients;
- identifies, assesses, analyses, manages, monitors and documents risks clearly, consistently and accurately;
- upholds clients' human rights — including their right to privacy, confidentiality, dignity and respect;
- promotes clients' right to choice, control and self-determination;
- encourages and supports client independence and capacity-building, where possible;
- provides cultural and language-accessible modes and methods for clients to report incidents;
- fosters a collaborative and resolution-based culture of open disclosure in relation to incidents; and
- identifies incident-related trends, issues and areas for improvement.

POLICY STATEMENT

1. Fostering a Safety Culture

- We will maintain processes to provide person-centred, safe and quality care and support to clients.
- We will make sure clients are aware of their right to report an incident and support them to do this if requested or required.
- We will ensure the client feels culturally safe and seek their input on creating safeguards that best meet their cultural and communication needs and preferences.

2. Risk Management

- We will maintain processes to ensure accountabilities, delegations of authority and incident reporting lines are clearly identified, documented and communicated across the organisation.
- We will conduct client risk assessments at intake, during reviews and during support provision.

3. Response Actions

- We will take required action(s) to address immediate client risks, issues or concerns.
- We will comply with both internal and external incident reporting requirements in the required timeframes and formats.
- We will contact the client's family/support network to provide additional support to the client, if requested.
- We will acknowledge the incident verbally and/or in writing to the client and explain the response actions that are being/will be taken.

4. Communication and Collaboration

- We will communicate and collaborate with the client and other relevant stakeholders throughout the incident process.
- We will conduct all discussions with the client and/or family/alternate decision-maker/advocate with sensitivity, courtesy and respect.
- We will encourage the involvement of the client and/or their family/alternate decision-maker/advocate in identifying ways to reduce or prevent incidents from occurring and/or recurring.

5. Continuous Improvement and Quality Management

- We will seek to learn from incidents and near misses and continually improve our service delivery processes.

- We will review and analyse incident data to identify systemic issues and take follow up action(s) as required (e.g. changes to policy and procedures, worker rostering, supervision and training, technology and communications).
- We will report outcomes of incident investigations to both the client and other stakeholders (including relevant workers) and ensure this is documented in our quality management system as part of the continuous improvement process.

6. Reviewing and Monitoring Processes

- We will conduct audits to review and monitor our incident management process and make any required adjustments.
- We will maintain an Incident Register and a Continuous Improvement Register with details, actions and outcomes of incidents and suggested improvements.

7. Information and Record-keeping

- We will ensure information and records are accurate and up to date.
- We will ensure the client has provided us with all required written consents.
- We will store the information securely to ensure privacy, dignity and confidentiality and make sure it is accessible to the client and only other stakeholders authorised to access it.

8. Worker Training and Supervision

- We will maintain a skilled and trained workforce, which has the skills and knowledge to report and escalate incidents and near misses in required timeframes and formats.
- We will maintain processes to adequately monitor and supervise workers.

SUPPORTING DOCUMENTS

Related procedures and forms include:
- Incident Management Procedure
- Reportable Incident Management Procedure
- Risk Management Procedure
- Safeguarding Against Violence, Abuse, Neglect, Exploitation and Discrimination Procedure
- Client Living Alone and Receiving Personal Care from a Sole Worker Procedure
- Transition of Care Between Different Environments Procedure
- Support Planning Procedure
- Service Delivery Procedure
- Service Access and Exit Procedure
- Client Advocacy Procedure

- Client Feedback and Complaints Management Procedure
- Medication Management Procedure
- Mealtime Management Procedure
- Covid-19 Response Procedure
- Infection Management Procedure
- Continuous Improvement and Quality Management Procedure
- Complaint and Feedback Form
- Anonymous Complaint and Feedback Form
- Continuous Improvement Plan Register
- Incident Investigation Form — Final Report
- Incident Report
- Incident Register
- Risk Assessment Form
- Risk Management Plan Register

RESPONSIBILITIES

Managing Director is responsible for:
- maintaining this policy, its related procedures and associated documents;
- ensuring the policy is effectively implemented across the service;
- monitoring workers compliance with the requirements of this policy; and
- ensuring training and information is provided to workers to carry out this policy.

All workers are responsible for complying with the requirements of this policy.

COMPLIANCE

Deliberate breaches of this policy will be dealt with under our misconduct provisions, as stated in the Code of Conduct Agreement.