

INCIDENT MANAGEMENT SYSTEM

Scope

This system applies to all staff, directors and volunteers of Muscular Dystrophy NSW (MDNSW).

Purpose

MDNSW believes all people with disability deserve to be treated with respect, dignity and always have their human rights upheld. People with disability have a right to services and supports free from abuse, violence, neglect, discrimination and exploitation.

MDNSW is responsible for preventing, responding to, and managing incidents and have reporting arrangements in place to ensure that all incidents (not only 'reportable incidents') are recorded. When incidents occur, MDNSW will take appropriate actions to respond to them and prevent such incidents from happening again.

Staff Training and Induction

MDNSW has processes in place including position descriptions, worker screening, and recruitment policy, working with children checks and staff supervision and training to help staff recognise and minimise risks to participants.

All staff are trained in the Incident Management System and child mandatory reporting as part of induction.

Definition

Incidents include acts, omissions, events or circumstances that causes harm to a person with disability, or could have caused harm, and occurs in connection to services provided to a person with disability.

This policy also covers incidents that are non-reportable to the NDIS Commission and will be actioned either internally or with the relevant authority.

Covid-19 update

MDNSW will endeavour to mitigate risk of incidents regarding the transmission of the virus Covid-19 to participants and members through a Covid-safe risk framework including:

- risk plans and assessments
- Infection Control training <https://covid-19training.gov.au/>
- Internal training in Covid safety in the workplace
- supply of Personal Protective Equipment and hygiene kits (hand sanitiser, gloves, masks) to staff and contractors.

MDNSW management will continue to monitor NSW Health advisories for updates to restrictions and act accordingly.

More information is available in the [Covid-19 Plan](#), [Outbreak Management Plan](#) and [First 24 Hours Outbreak Checklist](#) on how MDNSW is endeavouring to handle the COVID-19 pandemic.

Covid-19 Reporting

MDNSW may be required to notify the NDIS Commission, DCJ, SafeWork NSW and NSW Health, if participants and in some situations, if staff contract Covid-19. Check the latest advice on reporting if this occurs.

MDNSW is required to notify the NDIS Commission:

- if a support worker or NDIS participant is confirmed to have COVID-19
- if there are changes to the scale of their operations
- any other changes related to COVID-19.

MDNSW management are to do this by completing the [Notification of event – COVID-19 \(registered provider\) form](#) on the NDIS Commission's website or phoning 1800 035 544.

Additionally, in response to the growing COVID-19 situation in NSW and consistent with contract requirements^[1], please report any COVID-19 positive incidents that occur involving participants, or that impact the delivery of services to participants in your workplace, as soon as reasonably practicable to your DCJ contract manager.

This process would apply when a participant, carer, ancillary staff, employee of your organisation, sub-contractor or contractor tests positive to COVID-19, and this impacts your ability to deliver services.

Information about notifying DCJ of these incidents, including the process for out of hours notifications, can be found on the [DCJ COVID-19 website](#).

Once you have contacted your DCJ contract manager, you will be asked about specific details of the incident. Your DCJ contract manager will work with you to support minimising service delivery disruption as needed.

^[1] Agreement for Funding Human Services Standard Terms 16 October 2019 8.1 Notification as soon as reasonably practicable

Covid-19 vaccination

Employees, contractors, and volunteers, as part of their work or presence at MDNSW, must be up to date vaccinated against Covid-19 in accordance with the [Public Health \(COVID-19 Care Services\) Order 2021](#) and consistent with obligations of registered providers under the [NDIS Code of Conduct](#) and the [NDIS Practice Standards](#) to provide supports and services in a manner and environment that is safe for participants and other workers.

Refer to MDNSW's [COVID-19 Vaccination Policy](#) for more information.

REPORTABLE INCIDENTS

As a NDIS provider, MDNSW is obligated to report incidents (as described below) to the NDIS Commission *when the incident is in connection with providing NDIS funded supports to a person with disability*. This would occur in addition to contacting the relevant emergency services or authorities, like the Police, if the circumstance requires it.

It is important to remember that reporting to the Commission about a reportable incident that has occurred, or is alleged to have occurred, is only required if those incidents happened *in connection* with the provision of supports or services by MDNSW.

The NDIS Commission defines reportable incidents as:

- 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 for sexual activity
- unauthorised use of a restrictive practice in relation to a person with disability

Services or supports ‘in connection with’ covers incidents that:

- may have occurred during the course of supports or services being provided;
- arise out of the provision, alteration or withdrawal of supports or services; and/or;
- may not have occurred during the provision of supports but are connected because it arose out of the provision of supports or services.

Reportable incidents could occur in a variety of settings but if there is a connection with the service delivery by a registered NDIS provider (MDNSW), then they must be notified to the Commission.

Examples of where these incidents might occur include:

- In the private home of a person with disability
- In a residential care setting
- In supported accommodation
- On the premises of MDNSW
- In the community where the registered NDIS provider is supporting the person with disability to access the community
- when a participant is attending a MDNSW camp, retreat (short stay program) or event.

If the above incidents affect non-NDIS funded participants, their family members, staff or volunteers, they must still be reported to the relevant authorities (e.g. NSW Police – if it is a criminal matter, or WorkCover – if it relates to an injury of a staff member), but not necessarily to the NDIS Commission. Always check with a manager if unsure about reporting.

In all cases, MDNSW must assess:

- the impact on the NDIS participant
- whether the incident could have been prevented
- how the incident was managed
- what, if any, changes are required to prevent further similar events occurring

MDNSW makes records available to auditors as part of the quality assurance process and will contribute to NDIS Commission investigations relating to incidents.

A summary of incident assessment and reporting requirements is in Appendix 1, along with contact details for the NDIS Commission and instructions on how to report to the NDIS Commission.

What is the timeframe for reporting to the NDIS Commission?

Most reportable incidents must be notified to the NDIS Commission within 24 hours of management being made aware of it. Incidents involving unauthorised use of restrictive practices, or a more detailed report about an incident that has already been reported, and actions taken in response to it, are to be provided within 5 business days.

NDIS REPORTABLE INCIDENTS

It is the responsibility of the Client Services Manager or Chief Executive Officer (CEO), as *Authorised Reportable Incidents Approvers*, to contact the appropriate authorities, the NDIS Commission and to inform family/carers in the case of all reportable incidents.

More information on behavioural and physical indicators of incidents is available in Appendix 2.

The death of a person with disability

All deaths of people with disability that occur in connection with the provision of NDIS supports or services must be reported to the NDIS Commission. The Police, State Coroners office may also need to be contacted.

Serious injury of a person with disability

The serious injury of a person with disability must be notified to the NDIS Commission if it occurs or is alleged to have occurred in connection with the provision of NDIS supports and services. Consideration should be given the level of harm caused as it will determine the scope of any investigation that may be required.

A serious injury includes (but is not limited to):

- Fractures
- Burns
- Deep cuts
- Extensive bruising
- Concussion
- Any other injury requiring hospitalisation

Abuse or neglect of a person with disability

All incidents or allegations of abuse of people with disability that occur in connection with the provision of NDIS supports or services must be reported to the NDIS Commission.

Abuse can be:

- Physical
- Psychological
- Verbal
- Sexual
- Financial
- Conduct that causes harm or emotional distress to the person with disability

Neglect can be:

- Supervisory neglect
- Failure to protect from abuse
- A reckless act / failure to act

Unlawful sexual or physical contact with, or assault of, a person with disability

Any unlawful sexual contact or assault of a person with disability that occurs, or is alleged to have occurred, in connection with the provision of supports or services must be reported to the NDIS Commission. Sexual offences include:

- Sexual assault
- Indecent assault

- Acts of indecency, including indecent exposure and language

Unlawful physical contact and assault can include: reckless action that causes harm, hitting, pushing, shoving, spitting, throwing objects or making threats to physically harm a person with disability.

Assault in NSW is defined as the direct infliction of injury, force or violence upon a person. However, there can also be an assault even if there is no physical or actual contact with the victim. A threat to commit an unlawful act against the victim or an overt act that tends to produce in the mind of the victim a fear for their life or injury, constitutes the crime.

Physical contact that doesn't need to be reported to the NDIS Commission:

- Taking reasonable steps to disarm a participant seeking to harm themselves or others
- Separating participants who are fighting
- Moving a participant out of harm's way
- Restraining a participant from causing intentional damage to property
- Self-defence or defence of others

Sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity

For sexual misconduct to be a reportable incident, the alleged misconduct must have been committed against, with, or in the presence of, a participant by a person, including a worker or another participant, in connection with the provision of NDIS supports or services.

Sexual misconduct includes behaviour that can be reasonably construed as involving an inappropriate and overly personal or intimate relationship with, conduct towards, or focus on, a participant or group of participants.

Unlawful sexual conduct includes, but is not limited to:

- Grooming a child for sexual purposes – including inappropriately giving gifts, showing special favours to them but not others, asking them to keep the relationship to themselves
- Inappropriately filming a person without consent
- A pornography offense or an offense involving child abuse material

Sexual misconduct includes:

- Sexualised behaviour with or towards a participant (including sexual exhibitionism)
- Inappropriate conversations of a sexual nature including comments relating to sexual acts
- Unwarranted and inappropriate touching of a participant
- Indecent exposure
- Indecent language (including sexual jokes and comments, insults or taunts of a sexual nature)
- Personal correspondence and communications (including emails, social media and web forums) with a participant concerning the worker's romantic, intimate or sexual feelings for the participant
- Inappropriate exposure of participants to sexual behaviour of others
- Watching participants undress in circumstances where supervision is not required, and it is clearly inappropriate.

Unauthorised use of restrictive practices

Restrictive practices involve the use of interventions and practices that have the effect of restricting the rights or freedom of movement of a person with disability. These can include restraint - chemical, mechanical, social or physical and seclusion - keeping someone in isolation. The NDIS Commission aims to reduce and eliminate the use of restrictive practices to protect participants from being inappropriately treated or controlled.

Some MDNSW participants have restraints designed by their OTs to support their spine, feet or hands. These restraints are used to prevent injury or increase comfort, such as body harnesses – to prevent the participant from falling out of their power wheelchair or to sit in a more comfortable position; ankle, head and sometimes hand restraints – can also be used to prevent injury.

The use of these restraints is not considered to be restrictive practices as they are not intended to restrain behaviour or voluntary movement. However, this is an evolving issue, and all staff should be aware of any changes in this area.

MDNSW does not use or ask staff to use Restrictive Practices on participants. The unauthorised use of restrictive practice must be notified to MDNSW and the NDIS Commission within 5 business days of MDNSW staff / management being made aware of it. If there is harm to a participant resulting from use of a restrictive practice, it must be reported within 24 hours.

Refer to the NDIS Quality and Safeguards Commission’s [guide to Restrictive Practices](#) for more information about the definition of Restrictive Practices and how they are regulated in service providers.

Mandatory Child Safe Reporting

Where a child is involved in incidents or allegations of violence, abuse, neglect or exploitation, MDNSW is obligated to report to the Child Protection Helpline. Staff are required to read, understand and apply the [Child Safe Policy](#) and undertake child safe training. Participants will be supported as outlined in this policy and the Child Safe Policy.

Mandatory Reporters

Mandatory Reporters are required by law to report, if they believe a child is at risk of significant harm (ROSH). Mandatory reporters are a broad group of employees and volunteers in a variety of roles. They work directly or sometimes indirectly with children in setting such as education, welfare, religious ministries, health and children’s services, or have responsibilities for those services. Check with your supervisor if you are unsure if you are a mandatory reporter.

From: [Who are mandatory reporters? | Family & Community Services \(nsw.gov.au\)](#)

Who are Mandatory Reporters at MDNSW?

Mandatory reporters at MDNSW include Client Services staff, support workers and volunteers working within Client Services programs. The CEO is also a mandatory reporter.

Calling the Child Protection Helpline

Mandatory reporters can call the Child Protection Helpline on [132 111](#). It is open 24 hours a day, 7 days a week.

The Department of Communities and Justice (DCJ) is the statutory child protection agency in NSW and operates the Child Protection Helpline.

Reading [Mandatory reporters: What to report and when](#) may help you to decide whether you

should call or not. Support workers and volunteers can also check with the Client Services Manager if they have any concerns or are unsure about a situation with a child.

If children are in immediate danger of abuse, contact the Police on 000. You will also need to Report to the Child Protection Helpline as soon as practical after reporting to the Police.

There are two ways mandatory reporters can make a child protection report:

- By the Department of Communities and Justice (DCJ) is the statutory child protection agency in NSW and operates the Child Protection Helpline..
- By calling the Child Protection Helpline on [132 111](tel:132111).

Refer also to [MDNSW's Mandatory Reporters flowchart](#) and Non-mandatory reporters' flowcharts.

Non-mandatory reporters are other MDNSW staff (for example, finance and admin) and members of the public who may have a concern about the safety or welfare of a child. Non-mandatory reporters can raise concerns with MDNSW managers at any time or report to the Helpline on 132 111.

If you are unsure, check with a manager, or see: [Should I Call to Report a Child at Risk?](#)

NON-NDIS PARTICIPANTS

What if an incident occurs to a person not receiving NDIS funding?

If a serious incident occurs to a person with disability who is receiving MDNSW services or programs at the time of the incident, we still need to report to the relevant authorities, which may include NSW Police, FACS or the NSW Ombudsman. Refer to the Summary of Reporting Requirements for more information.

Incidents that occur to other people, such as a participant's family member, staff or volunteers, still need to be recorded. It's essential that we maintain records of incidents so that we can improve our processes with the aim of avoiding similar incidents in the future. Please refer to Appendix 1 for incidents that fall into this category.

Check with your supervisor / manager if you are not sure whether the incident is reportable to the commission or internally.

If an incident/injury occurs to a staff member

Different reporting is required for incidents involving staff members.

See the [Work Health and Safety Policy](#) for procedures around reporting an injury of a staff member.

Assessing incidents

If an incident (or an alleged incident) has been identified or disclosed to staff, first ensure the safety of the person with disability impacted by the incident.

Incidents are then assessed to determine:

- whether the incident could have been prevented
- how well the incident was managed and resolved
- what, if any, remedial action needs to be undertaken to prevent further similar incidents from occurring, or to minimise their impact, and;
- whether other persons or bodies need to be notified of the incident.

The assessment must consider the views and wishes and be respectful of the person with disability impacted by the incident.

MDNSW will consider the outcome of such assessments to determine what further action should be taken, which could include:

- providing ongoing support to impacted people with disability and/or ensuring the ongoing wellbeing and safety of impacted people with disability
- identifying and implementing practice improvement measures
- notifying the NDIS Commissioner and/or other bodies or agencies, if appropriate
- undertaking further investigations
- identifying and taking corrective action to prevent a recurrence of incidents, or;
- deciding that no further action is necessary.

Immediately Supporting the Impacted Person

When an incident occurs – irrespective of whether it is reportable or not – you must take action to ensure the safety and wellbeing of people involved in the incident (including people with disability, and workers and other people where the incident involves an act by a person with disability). Workers must:

- ensure the health, safety and wellbeing of a person or persons with disability involved in an incident
- The assessment and mitigation of any immediate risks to other people with disability that could be impacted by the incident
- Where the incident is or may be a reportable incident, further action that must be taken

Where it is alleged or suspected that a criminal offence has occurred, or where there is ongoing danger, you should contact the Police and other relevant emergency services. To ensure safety immediately after an alleged or suspected criminal conduct toward a person with disability, or where there is ongoing danger workers should:

- Ensure the impacted person is safe from harm.
- Support the person impacted
- Where a serious incident has occurred, preserve all evidence.
- Contact Police if there is a risk of immediate harm which requires their assistance.
- Contact the ambulance if someone is injured.
- Contact the impacted person's supports with their consent.
- Arrange other supports as required. This may include trauma support, a GP visit if it is not a serious injury, legal support.
- Support the participant to access an external advocate if they choose to have one, particularly if there is an incident or allegation of violence or abuse.
- Notify management, who will notify the NDIS Commission if required.

An impacted person may decide not to participate in victim interview or provide a witness statement regarding the alleged offence. MDNSW will respect the impacted person's decisions.

MDNSW will respect and uphold the person's right to privacy, confidentiality, dignity and choice and provide interpreters and other communication supports if required.

Where the incident involves use of unauthorised use of restrictive practice, in addition to the above supports, the person with a disability is supported to have a check with a GP. If the practice occurs more than once, a Behaviour Support Provider will be engaged to develop

an interim behaviour support plan and follow the NSW government restrictive practice approval processes in addition to reporting to the NDIS.

Informing Participants

- Participants will be given this policy and procedure for Incident Management and Reportable Incidents.
- If a participant is involved in an incident, the participant will be notified of the investigation, documentation, procedures followed, and outcome of the incident including safeguards put in place to prevent such an incident from occurring in the future.
- Participants will be given the opportunity to give input and recommendations as to how the incidents are to be managed.

Investigations

In some circumstances it may be necessary to conduct an internal investigation to establish the cause of a particular incident, its effect and any operational issues that may have contributed to the incident occurring.

If police are involved, an internal investigation should not commence until the police have completed their inquiries.

An investigation into an incident is not necessarily the same as an investigation into a reportable incident and, in general, it may not be as formal or extensive. Further, unless a reportable incident is identified, it is unlikely to involve the NDIS Commission.

Staff involved in conducting and responding to incidents will receive appropriate training (when available, and in the interim will be provided the NDIS Guidance). MDNSW will adhere to the NDIS Commission's [Procedural Fairness Guidelines](#) (currently in draft form) during the course of conducting any investigation into an incident and refer to NDIS Commission's [Reportable incidents guidance for providers](#) document for more information.

MDNSW will support the participants or staff involved, and ensure people are afforded procedural fairness throughout the process.

What type of incident needs investigation?

If an assessment does not adequately resolve any issues or explain the reasons why an incident occurs, an investigation must take place. Additionally, MDNSW will carry out an investigation in response to:

- all Reportable Incidents, this may involve an internal investigation, or as directed by the NDIS Commission;
- an external investigation may be required depending on the seriousness of the incident;
- all serious incidents involving a person with disability

Investigation procedure

The purpose of an investigation is to:

- establish the cause of the incident
- determine its impact

- identify operational issues that may have contributed to its occurrence

An investigator will be nominated and trained in incident investigation. The person nominated needs to be impartial and without conflicts of interest.

Learning from incidents

Incidents provide opportunities for improvement of processes and ways to improve service delivery or identify when further training is needed.

Camp/Event Risk Plans are reviewed and updated before each event/program and incorporate any learnings from previous events.

If the action or inaction of a worker contributed to the harm of the person impacted, corrective action might be the outcome. For example:

- where an incident may have been prevented (or the severity lessened) by some action taken by a worker
- where there is ongoing risk to people with disability

Corrective action

Corrective and restorative measures may be taken following a reportable incident, regardless of whether an investigation has occurred.

MDNSW will take corrective action, where it is deemed required, in the following circumstances:

- where an incident may have been prevented (or the severity lessened) by some action (or inaction) by the organisation or worker
- where there is an ongoing risk to people with disability, or
- where action by MDNSW may prevent or minimise the risk of a reoccurrence.

Examples of corrective actions include:

- training or education of workers, as well as disciplinary action for the worker involved in the incident including ongoing performance reviews, imposing a probationary period or termination of employment
- changes to the way in which supports, or services are provided
- practice improvements including developing or enhancing policies and procedures
- changes/modifications to the environment in which supports, or services are provided

Restorative Actions

Restorative actions aim to provide ongoing support to the person with disability impacted by the incident and may include an apology, and work to repair the relationship with the person impacted.

APPENDIX 1

PROCESS FOR RESPONDING TO INCIDENTS

If an incident occurs

Staff must first ensure the health, safety and wellbeing of the people involved in the incident, including participants, volunteers and themselves.

Staff should ask the person impacted about how they can be assisted, if they are able to communicate, and respond to their needs accordingly.

Key steps

IMMEDIATELY	1	The worker providing services identifies, witnesses or has an incident or an allegation of an incident reported to them.		
	2	Immediately support the person/s impacted by the incident, ensure their safety and wellbeing.		
	3	Seek support for emergency procedures if immediately required, e.g. administer First aid or call emergency services including ambulance, police etc. as required.		
	4	Notify the supervisor / manager or key personnel		
Just after	5	The most senior staff member to witness the incident assesses the incident, gathers information for reporting	If necessary, preserve evidence, take photos of the location of the incident	Managers contact the impacted person's family or support person, if previously consented by the person or the person is a child.
Within 24 hours - 5 days	6	Record the incident on the Accident/Incident Report form as soon as possible or within 24 hours of the incident occurring; OR	If it is a Reportable Incident to the NDIS Commission, an Authorised Notifier will complete the Immediate Notification report within 24 hours; OR	If it is a 5 Day reportable incident, an Authorised Notifier will complete the 5 Day report within 5 business days
Within 3 weeks	7	Record the details of the incident in the Incident Register, save details of the incident against the participant's Salesforce record, including correspondence with the person impacted. Give hard copies to the CEO.	If an investigation isn't required, advise the person impacted of any actions or outcomes that result as a response to the incident	
	8	If an investigation is required, the Client Services Manager will initiate action	An investigation may be at the direction of the Commission	It may also require external investigators
	9	In the Incident Register, record:	Keep the impacted person informed of any	The Commission may seek a report of the

	<ul style="list-style-type: none"> the incident details actions learnings and/or outcomes 	actions or outcomes that occur after the investigation	investigation and actions and outcomes
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Who do you notify in an emergency?

In the event of an emergency or incident the following people should be contacted immediately.

Event or Program	Staff member / role	Emergency Services
Camps and Young Adult retreats	Camp/retreat manager, or if unavailable: <ul style="list-style-type: none"> Client Services Manager Camp Nurse Other MDNSW staff Camp Team leader 	Call 000 immediately, if required. <ul style="list-style-type: none"> Contact police if there is a risk of immediate harm which requires their assistance. Contact the ambulance if someone is injured.
MDNSW events, other retreats	<ul style="list-style-type: none"> MDNSW Managers / Staff 	
MDNSW office	<ul style="list-style-type: none"> Office Manager 	
Participant home visit or participant on outing	Client Services Manager, or <ul style="list-style-type: none"> Office Manager CEO 	

Notifying family members / guardians of an incident

It is the responsibility of the Client Services Manager or the CEO to inform family members / guardians in the case of an incident.

Reporting to the NDIS (Quality and Safeguards) Commission

As in the table above, if a Reportable Incident occurs, notify the Client Services Manager or supervisor immediately. The Client Services Manager will contact the Police or other emergency services if the incident requires it, and / or make reports to the NDIS Commission using the 'My Reportable Incidents' portal.

Authorised Reportable Incidents Approvers and Notifiers

Authorised Notifiers can submit a report in draft form to the 'My Reportable Incidents' portal for approval of the Authorised Approvers. NB. Notifiers need to inform Approvers that there is a report waiting to be approved.

Authorised Approvers then review the report and then officially submit it via the portal. The following people have access to the portal for this purpose:

Authorised Notifiers	Authorised Approvers
Jenny Smith, Client Services Events & Admin Support	Joan Martin, Client Services Manager
Mitch Taylor, Client Programs/Events Coordinator	Charlotte Sangster, CEO

Notifying the NDIS Commission of a Reportable Incident

The Immediate Notification report must be submitted via the NDIS Commission's 'My Reportable Incidents' portal within 24 hours of key personnel becoming aware of a reportable incident or allegation. Additional information on how to make an immediate

notification is available in the Commission’s [Quick Reference Guide – Complete the immediate notification form](#).

The 5 Day form must be submitted via the ‘My Reportable Incidents’ portal within five business days of key personnel becoming aware of a reportable Incident. This provides additional information and actions taken by MDNSW.

The 5 Day form is also to be used for incidents involving the unauthorised use of a restrictive practice (other than those resulting in immediate harm of a person with disability). More information on how to submit a 5 Day Report is available in the [Quick Reference Guide – Complete the 5 day notification form](#).

Both Quick Reference Guides can be accessed [here](#), as well as an FAQ documents that may arise during the reporting process.

Forms for notifying the NDIS Commission of a reportable incident are also available on the NDIS Commission’s [website](#) but are best used as a guide to the kind of information required. The Commission prefers reports are submitted via the portal.

Follow up reports, if required, will be submitted by the Client Services Manager or CEO via the portal, or by emailing the NDIS Commission at: reportableincidents@ndiscommission.gov.au

The person with disability affected by the incident and / or their nominated support persons should be involved in the management and resolution of the incident and kept informed throughout this process.

Summary of reporting requirements for serious incidents NOT connected to services provided under the NDIS

Incident Type	Who to report to?	What is reportable?	Who, when & how	Comments
Reportable Incidents of people with disability provided in connection with supports provided by MDNSW but not a NDIS participant	NSW Ombudsman	Deaths, neglect, abuse, exploitation	Reports should be made by Client Services Manager or CEO as soon as possible after the incident	Check if the death should also be reported to – NSW Police (if criminal offence) NSW Coroner FACS (for people 0-18 years) NDIS Commission - if the death is also connected to NDIS services
Reportable Conduct (relating to child protection)	NSW Ombudsman	Child protection allegations against employees	Reports should be made by Client Services Manager or CEO	If a finding is made against an employee, the NSW Ombudsman is responsible to report to the NSW Children’s Guardian.
	FACS (children 0-18 years)	Allegations/ incidents of: - Neglect - Sexual abuse	Anyone can contact Child Protection	

		- Physical abuse - Emotional abuse or - psychological harm	Helpline 132 111 (24/7) Mandatory Reporters should call 133 627	
Criminal offences	NSW Police	Including sexual assault	Managers, as soon as they become aware	Check if the incident should also be reported to – • NDIS Commission • FACS and NSW Ombudsman (for people 0-18 years)
Covid-19 infection	NDIS Commission NSW Health SafeWork NSW DCJ OCG	Covid-19 infection in workplace (includes participants and staff/contactors and volunteers)	Managers, as soon as they become aware	If a participant is infected, NSW Health and NDIS Commission and DCJ. If the participant is a child, check with OCG about reporting procedure. For staff/contractors/volunteers – NSW Health, SafeWork NSW and NDIS Commission / DCJ if it impacts service delivery.

ASSESSING INCIDENTS - Incident levels

Level 1 – Minor incidents

Definition	Level 1 incidents do not result in a person with disability suffering from serious harm and there are no significant physical, emotional or psychological impacts and is not related to a dangerous event.
Examples of level 1 incidents	<ul style="list-style-type: none"> • Trips, slips or falls • Vomiting • Minor illness • Anxiety • Minor injury • Equipment issues needing immediate repair, eg. flat batteries/tyres • Medication refusal or omissions should be recorded on the Medication Incident Report
Who deals with this incident?	<p>Incidents identified as level 1 should be dealt with by staff as soon as possible.</p> <ul style="list-style-type: none"> • Complete the Accident/Incident Report, save to participant record, enter deidentified details into the Incident Register • Keep the participant informed

	<ul style="list-style-type: none"> Alter processes to prevent recurrence Report to Client Services Manager
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Level 2 – More serious incidents

Definition	Level 2 incidents are more serious and will require an investigation. Harm can include physical, emotional or psychological impacts as a result of an act, omission, event or circumstance
Examples of level 2 incidents	<ul style="list-style-type: none"> When a participant is harmed by a preventable incident When a participant is harmed by an action / inaction of a worker When the cause of the incident is unknown
Who deals with this incident?	Level 2 incidents should be managed by the internal Investigator, and report to the Client Services Manager and CEO

Level 3 – Reportable Incidents

Definition	Level 3 incidents are serious Reportable Incidents if they impact a person with disability, whether they are NDIS Participants or not
Examples of level 3 incidents	<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 for sexual activity unauthorised use of a restrictive practice in relation to a person with disability.
Who deals with this incident?	Level 3 complaints should be dealt with by the Client Services Manager, CEO or in some cases, the Board.

Follow up reporting and record keeping

The Client Services Coordinator is responsible for ensuring all follow-up action is completed or underway. Once they are satisfied that all necessary action has been taken, the Accident/Incident form is signed by the Client Services Manager, saved in Salesforce to the participant's Record. De-identified data is added to the Incident Register.

The Client Services Manager will keep the CEO informed as appropriate. The Client Services Manager and CEO will regularly review the incident register for recurring incidents, ensure that the associated risk management plans are updated and take steps to alter processes as required. The board are also advised of significant incidents.

If a vehicle is involved a copy is forwarded to the Finance Manager (for insurance purposes) and to the Office Manager.

All of the documents relating to an incident covered by this Incident Management System are located [in The Hub](#).

All records must be kept for seven years from the day the record is made.

Where to file incident records

Privacy is important when collecting, storing and saving material relating to incidents and staff should follow the Privacy Policy.

Record type	Where to save	Additional file location
Accident/Incident reports relating to participants	In the participant's record in Salesforce	In the confidential Incident folder kept by the CEO
Accident/Incident reports relating to Members/family who aren't participants	In the member's record in Salesforce	In the confidential Incident folder kept by the CEO
Accident/Incident reports relating to a WHS incident involving staff or volunteers	In the confidential Incident folder kept by the CEO	
Correspondence with participant or external bodies regarding incident	In the participant's record in Salesforce	In the confidential Incident folder kept by the CEO
Photos / other evidence	In the confidential Incident folder kept by the CEO	
Investigations	In the confidential Incident folder kept by the CEO	
Outcomes & actions, including Corrective actions taken	In the confidential Incident folder kept by the CEO	
Incident Register - de-identified data for all incidents	Incident Register located in The Hub	
Event Risk Plans	Camp and event Risk plans are maintained and saved in the relevant event folders	

Collection of information by the NDIS Commission about incidents

The NDIS Commission may ask a registered NDIS provider to provide information about incidents.

MDNSW needs to make sure that our records collect statistical and other information about incidents, so that it can be provided to the NDIS Commission on request.

Such information may include, but is not limited to:

- the number and frequency of incidents
- when and where incidents occur
- the type of incidents that occur, and
- who is involved in incidents (for example, whether particular workers and/or people with disability are involved in multiple incidents)

After an incident - what do workers need to know?

Staff should know that they will be supported by management to report incidents and that there are no negative consequences for doing so.

What if it seems like nothing has happened after you report it?

If, after doing this, you do not think the matter has been handled properly, you may wish to contact the NDIS Commission directly.

Relevant policies and forms:

- [MDNSW Code of Conduct](#)

- [NDIS Code of Conduct for Workers](#)
- [Complaint and Feedback Handling Procedure](#)
- [Accident / Incident Report](#)
- [Hazard Identification Report](#)
- [Work Health and Safety Policy](#)
- [Whistleblower Protection Policy & Procedure](#)

Applicable legislation

This policy is not a replacement for any Act or Regulation. The criminal law and legislation still apply to all staff and volunteers. If any conflict arises between this policy and the provisions of any Act or Regulation, the latter provisions will prevail.

The following legislation and conventions are relevant to this policy:

- National Disability Insurance Scheme Act 2013
- National Disability Insurance Scheme (Code of Conduct) Rules 2018
- National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018
- Coroners Act 2009 (NSW)
- Crimes Act 1900 (NSW)
- Disability Services Act 1986
- Disability Inclusion Act 2014 (NSW)
- Public Health Act 1991 (NSW)
- Public Interest Disclosures Act 1994 (NSW)

More information:

Reportable Incidents <https://www.ndiscommission.gov.au/providers/reportable-incidents>

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

What constitutes sexual harassment <https://www.humanrights.gov.au/our-work/sex-discrimination/guides/sexual-harassment>

Disability Rights <https://www.humanrights.gov.au/our-work/disability-rights/about-disability-rights>

Children’s Rights <https://www.humanrights.gov.au/our-work/childrens-rights/about-childrens-rights>

Incident Management Practice Guide for Workers

<https://www.ndiscommission.gov.au/sites/default/files/documents/2019-06/detailed-guidance-expectations-workers-providing-services-incident.pdf>

Contacts:

<p>MDNSW 80 Betty Cuthbert Drive Lidcombe 2141 02 9888 5711 www.mdnsw.org.au info@mdnsw.org.au</p>	<p>NDIS (Quality & Safeguards) Commission 1800 035 544 www.ndiscommission.gov.au</p>
<p>NSW Ombudsman 02 9286 1000 www.ombo.nsw.gov.au</p>	<p>FACS www.facs.nsw.gov.au</p>

APPENDIX 2

How to identify incidents and signs of abuse

Incident types	Behavioural indicators and physical signs
Physical abuse, unlawful physical contact or physical assault	<ul style="list-style-type: none"> • Inconsistent, vague, unexpected or unlikely explanation for the injury. • Unexplained injuries – broken bones, fractures, sprains, bruises, burns, scalds, bite marks, scratches or welts. • Other bruising and marks that may suggest the shape of the object that caused it. • Avoiding or being fearful of a particular person or worker. • Being overly compliant with workers. • Frequent and overall drowsiness (associated with head injuries). • Out of character aggression.
Sexual contact, sexual assault or sexual misconduct	<ul style="list-style-type: none"> • Dropping hints that appear to be about abuse. • Bruises, pain, bleeding – including redness and swelling around breasts and genitals. • Torn, stained, or bloody underwear or bedding. • Repeating a word or sign, such as 'bad', 'dirty'. • Presence of a sexually transmitted disease. • Pregnancy. • Sudden changes in behaviour or character, e.g.: depression, anxiety attacks (crying, sweating, trembling, withdrawal, agitations, anger, violence, absconding, sexually expressive behaviour, seeking comfort and security, sleep disturbances, including refusing to go to bed, and/or going to bed fully clothed). • Refusing to shower.
Psychological, emotional or verbal abuse	<ul style="list-style-type: none"> • Depression, withdrawal, crying or emotional behaviour • Being secretive and trying to hide information and personal belongings, or being overly compliant • Speech disorders. • Weight gain or loss. • Feelings of worthlessness about life and themselves; extremely low self-esteem, self-abuse, or self-destructive behaviour. • Extreme attention-seeking behaviour and other behavioural disorders (e.g.: disruptiveness, aggressiveness, bullying).
Domestic violence	<ul style="list-style-type: none"> • Depression, withdrawal, crying or violence. • Feelings of worthlessness about life and themselves; extremely low self-esteem, self-abuse, or self-destructive behaviour. • Extreme attention-seeking behaviour and other behavioural disorders (e.g.: disruptiveness, aggressiveness, bullying). • Being overly compliant.
Neglect	<ul style="list-style-type: none"> • Inappropriate or inadequate shelter or accommodation, including unclean and unsanitary living conditions. • Weight loss. • Requesting, begging, scavenging, or stealing food. • Being very hungry or thirsty. • Inadequate supply of fresh food. • Constant fatigue, listlessness or falling asleep. • Dropping hints that appear to be about neglect. • Extreme longing for company. • Poor hygiene or poor grooming – overgrown fingernails and toenails, unclean hair, unshaven, unbathed, wearing dirty or damaged clothing.

	<ul style="list-style-type: none"> • Inappropriate or inadequate clothing for the weather. • Unattended physical problems, dental, and/or medical needs. • Social isolation. • Loss of social and communication skills. • Removal of means of communication. • Displaying inappropriate or excessive self-comforting behaviours.
Financial abuse	<ul style="list-style-type: none"> • Sudden decrease in bank balances. • No financial records or incomplete records of payments and purchases. • Person controlling the finances does not have legal authority. • Sudden changes in banking practices, such as wills or other financial documents • Unexplained disappearance of money or valuables. • Person does not have enough money to meet their budget. • Person is denied outings and activities due to lack of funds. • Borrowing, begging, stealing money or food.
Overt and Subtle Control	<p>Influencing someone's beliefs or values to match our own, and using this to limit people's decision making</p> <p>Limiting people's choices</p> <p>Communicating with or about a person that is not optimal for their abilities</p> <p>Limiting what we think people are capable of, therefore having low expectations of them</p>

Acknowledgement of Policy

All staff must comply with this incident management system and be aware of their roles and responsibilities in identifying, managing and resolving incidents and in preventing incidents from recurring.

Staff will receive this policy during induction and Incident Management training will occur annually.

Review of Policy

Changes Made	Name and Role	Date of Review	Version #	Date Approved	Next Review Date
<ol style="list-style-type: none"> 1. Added new logo to header 2. Added hyperlinks to referred policies and procedures 3. Removed some parts duplicating information 	Keely Thompson HR & Quality Coordinator	01/03/2022	V5	N/A	01/03/2023
Included 'Overt and Subtle Control' section from DSC Recognising Abuse E-learning module	Keely Thompson HR & Quality Coordinator	21/04/2022	V6	N/A	April 2023



I have read and understood this Incident Management System and will follow it to the best of my ability:

Name:

Date:

Signature: