SHAPE DISABILITY

PARTICIPANT INCIDENT MANAGEMENT POLICY AND PROCEDURE

1. PURPOSE

This Policy outlines Shape Disability's obligation to report, manage and investigate incidents which occur in connection with the provision of supports or services to participants.

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

2. SCOPE

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

3. DEFINITIONS

Term	Definition
Incident	An act, omission, event or circumstance connected with providing support or services to a participant, which has, or may have caused harm to the participant. It includes 'near misses' that are potentially harmful and it includes complications, accidents and side effects. Acts by a person with disability that occur in connection with providing NDIS supports or services to the person with disability and which have caused serious harm, or a risk of serious harm, to another person. Incidents that happen as part of the delivery of NDIS supports and services need to be identified, assessed, recorded, managed and resolved, while making sure the person with disability feels safe, respected and informed.
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 participants.

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 and the Police. See the Reportable Incident Procedure for details.
Reportable Incident (NDIS)	Reportable incidents are specific types of serious incidents that have (or are alleged to have) occurred in connection with the provision of supports and services by Shape Disability, to a participant.

4. CONTEXT

Shape Disability recognises that an effective incident management system is an important part of ensuring the health, safety and wellbeing of participants. 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 participants;
- identifies, assesses, analyses, manages, monitors and documents risks clearly, consistently and accurately;
- upholds participants' human rights — including their right to privacy, confidentiality, dignity and respect;
- promotes participants' right to choice, control and self-determination;
- encourages and supports participant independence and capacity-building, where possible;
- provides cultural and language-accessible modes and methods for participants 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.

5. POLICY STATEMENT

5.1. Fostering a Safety Culture

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

5.2. 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 participant risk assessments at intake, during reviews and during support provision.

5.3. Response Actions

- We will take required action(s) to address immediate participant 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 participant's family/support network to provide additional support to the participant, if requested.
- We will acknowledge the incident verbally and/or in writing to the participant and explain the response actions that are being/will be taken.

5.4. Communication and Collaboration

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

5.5. 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 participant and other stakeholders (including relevant workers) and ensure this is documented in our quality management system as part of the continuous improvement process.

5.6. 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.

5.7. Information and Record-keeping

- We will ensure information and records are accurate and up to date.
- We will ensure the participant 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 participant and only other stakeholders authorised to access it.
- We will ensure records are retained for seven years.

5.8. 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.

6. RESPONSIBILITIES

The Manager 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. Deliberate breaches of this policy will be dealt with under our misconduct provisions.

7. PROCEDURES

Incidents that occur within Shape Disability's service provision, must be managed appropriately. Incidents can be reported by:

- a worker or other person who witnessed the incident
- a person with disability providing the details of the incident to Shape Disability
- another party who informs Shape Disability they are aware of an incident.

Not all incidents are obvious. Sometimes there may be indirect indicators that an incident has happened, such as a change in behaviour or physical evidence. If a staff member or any other person suspects that an incident has occurred, this must be reported and managed. All allegations, whether substantiated or not, must be appropriately managed by Shape Disability. Procedural fairness will be applied at all times in an incident review or investigation.

Workers receive training in incidents at Induction and refresher training is conducted annually. Training includes confirming that this policy and procedure has been read and understood.

Following are the key steps in the incident management process. Refer to **Schedule 1** at the end of this document for a graphical representation of the process steps.

7.1. Identify Incident

7.1.1 Identify that an incident or near miss with potential to cause harm to the participant has occurred.

7.1.2 Take action(s) to ensure the immediate health and safety needs of the participant. This may include contacting one or more of the following:

- emergency services (ring Triple Zero);
- the participant's GP (in business hours and when not urgent);
- over-the-phone pharmacy/medical advice (out of business hours).
- participant's family/alternate decision-make/advocate; and/or
- when safe to do so, notify the Manager and complete an Incident Report with details of the incident on the *Brevity App.*

- Management reviewing the incident are to determine if this is a Reportable Incident and notify the CEO. The Reportable Incident Management Procedure must be followed if this is a Reportable Incident (NDIS).

7.2. Investigation

7.2.1 Determine if the incident constitutes a reportable incident with mandatory reporting requirements. If it does, follow the Reportable Incident Management Procedure.

7.2.2 Review the details of the incident, including the people involved, location, circumstances and outcome (injury, sickness, death, 'near miss').

7.2.3 The Manager is to complete the Incident Investigation Form with information about the incident, the causes and immediate actions taken, as well as preventative/ corrective actions.

7.2.4 Update Continuous Improvement Register with opportunities for improvement.

7.2.5 Leave any other specific investigation for the relevant authorities (Police, WHS, NDIS Commission, Aged Care Quality and Safety Commission).

7.3. Participant Support

7.3.1 Ensure the participant feels safe, supported and respected.

7.3.2 Ensure the participant is aware of their right to engage an advocate and support them to do this if requested.

7.3.3 Review the participant's health status and provide any assistance required.

7.3.4 Assess the environment to ensure participant safety and to prevent recurrence.

7.3.5 Communicate with the participant and/or family/alternate decision-maker/advocate throughout the process and keep them up to date with actions and outcomes.

7.4. Analyse Incident

7.4.1 Establish the cause(s) and effect(s) of the incident and any operational issues that may have contributed and the nature of the investigation.

7.4.2 Encourage feedback from the participant and/or their family/alternate decision-maker/advocate in identifying ways to reduce or prevent the incident from recurring.

7.4 Corrective Actions and Continuous Improvement

7.5.1 Develop a corrective action plan and discuss with relevant stakeholders.

7.5.2 Complete corrective actions as required within identified completion dates. This may include revising policies, procedures, forms, checklists, adjusting worker rosters, developing worker training, increasing supervision etc).

7.5.3 Document details of the incident, action(s) and outcomes in the Incident Register and the Continuous Improvement Register.

7.5.4 Update other documentation as required (support plan, behaviour support plan, complex health plan, comprehensive health assessment).

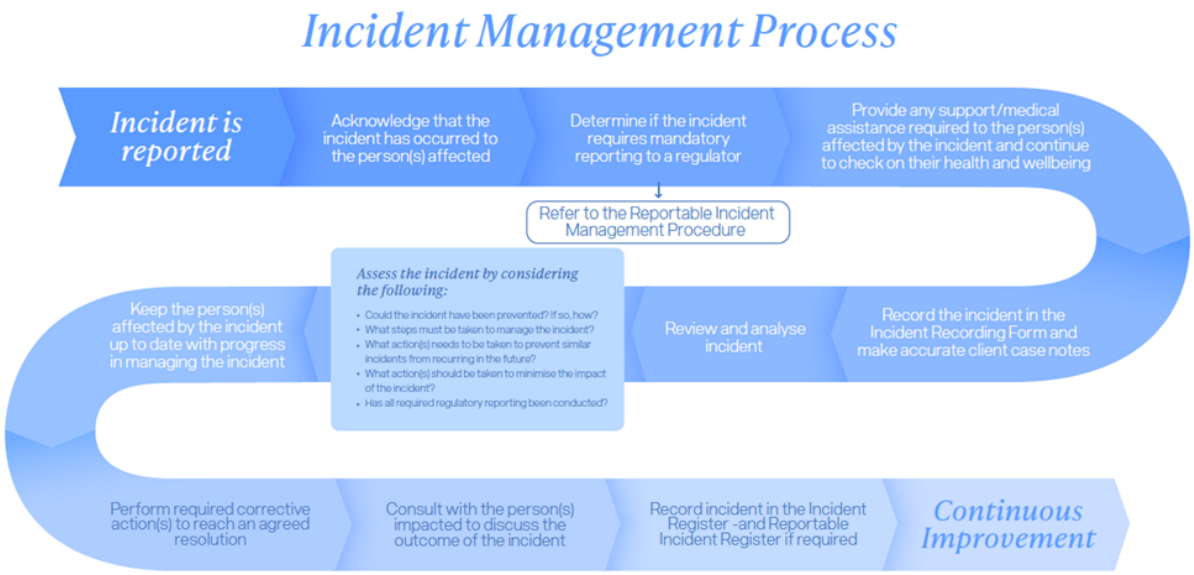
7.5.5 Communicate changes and outcomes to relevant personnel.

7.5.6 Conduct internal audits to check integrity of process and completion of corrective actions.

8 POLICY AND PROCEDURE REVIEW

This Policy and Procedure will be reviewed every two years, or earlier if required.

Schedule 1: Incident Management Process



things to consider:

'Is more training and/or supervision required for workers?
- 'Does there need to be improved communication across the organisation?'
- 'Do processes and procedures need to be changed?'

Is a quality management review needed?

Should this be discussed at the next management meeting?