

## Incident Management and Reporting Policy

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### 1. Introduction

#### 1.1 Purpose

This Policy supports Arubah Health to apply the Incident Management NDIS Practice Standard.

#### 1.2 Policy Aims

Arubah Health is committed to ensuring that each participant is safeguarded by the provider's incident management system, ensuring that incidents are acknowledged, responded to, well-managed and learned from.

#### 1.3 NDIS Quality Indicators

In this regard, Arubah Health aims to demonstrate each of the following quality indicators through the application of this Policy and the relevant systems, procedures, workflows and other strategies referred to in this Policy:

- (a) Describe how the provider manages incidents, or provide a copy of your incident management process, as relevant to the support delivered for this registration group, including any relevant material provided to participants.
- (b) The process must meet the requirements of the *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018* (Cth). The process should be relevant (proportionate) to the size and scale of the provider and to the complexity of the supports being delivered.

#### 1.4 Scope

- (a) This Policy applies to the provision of all services and supports at Arubah Health.
- (b) All permanent, fixed term and casual staff, contractors and volunteers are required to take full responsibility for ensuring full understanding of the commitments outlined in this Policy.
- (c) The relevant persons specified in the column corresponding to a procedure described in this Policy have the responsibility to implement the relevant systems, procedures, workflows and other strategies referred to in the relevant procedure.

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## 2. Definitions

In this Policy:

**Arubah Health** means Arubah Health Pty Ltd ABN 64 644 507 344.

**Client** means a client of Arubah Health (including an NDIS participant).

**External Incident Manager** means such a person as determined by the Principal that would meet the criteria in the Criteria for Complaint Manager or Incident Manager document.

**Incident Manager** means the person responsible for and qualified for managing Incidents being:

- (a) the Principal; or
- (b) if the Principal is directly and substantially involved in the Incident and that Incident is considered serious by the Principal, another Senior Staff Member at Arubah Health determined by the Principal and notified to Workers, Clients and if appropriate, families, guardians and advocates of the Client, however, if no such person exists or if it would otherwise be inappropriate given the nature of the Incident for such person to act as Incident Manager, an External Incident Manager.

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**Incidents** are:

- (a) acts, omissions, events or circumstances that:
  - (1) occur in connection with Arubah Health and its Workers providing supports or services to a person with disability; and
  - (2) have, or could have, caused harm to the person with disability;
- (b) acts by a person with disability that:
  - (1) occur in connection with providing supports or services to the person with disability; and
  - (2) have caused serious harm, or a risk of serious harm, to another person; and
- (c) Reportable Incidents that are alleged to have occurred in connection with providing support or services to a person with disability.

**Key Management Personnel** means Beth Joyner, Jade Joyner and other key management personnel involved in Arubah Health from time to time.

**Principal** means Beth Joyner.

**Reportable Incidents** means in connection with the supports and services provided by Arubah Health:

- (a) the death of a person with disability; or
- (b) serious injury of a person with disability; or
- (c) abuse or neglect of a person with disability; or
- (d) unlawful sexual or physical contact with, or assault of, a person with disability; or
- (e) sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity; or
- (f) the use of a restrictive practice in relation to a person with disability,

provided that an act is not a Reportable Incident if:

- (g) the act is unlawful physical contact with a person with disability and the contact with, and impact on, the person with disability is negligible;
- (h) the use of a restrictive practice is in accordance with an authorisation (however described) of a State or Territory in relation to the person and such use is in accordance with a behaviour support plan for the person with disability; and
- (i) the use of a restrictive practice is in accordance with a behaviour support plan for the person with disability and the State or Territory in which the restrictive practice is used does not have an authorisation process in relation to the use of the restrictive practice,

and includes Reportable Incidents that are alleged to have occurred.

**Restrictive Practice** means a regulated restrictive practice as defined in section 6 of the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 (Cth)* and involves any of the following practices:

- (a) Seclusion;
- (b) Chemical restraint;

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- (c) Mechanical restraint;
- (d) Physical restraint; and
- (e) Environmental restraint.

Use of a regulated restrictive practice may be subject to State or Territory authorisation processes outlined in section 9 of the Rules.

**Senior Staff Member** means any senior member of staff at Arubah Health other than the Principal.

**Worker** means a permanent, fixed term or casual member of staff, a contractor or volunteer employed or otherwise engaged by Arubah Health and includes the Principal.

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### 3. Policy Statement

Arubah Health is committed to ensuring that:

- (a) an incident management system is maintained that complies with the requirements under the *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018 (Incident Management System)*;
- (b) Clients are provided with information on incident management, including how incidents involving them have been managed;
- (c) incidents which occur in relation to the provision of its supports and services are managed consistently and effectively, and that Workers can identify, manage, report and resolve Incidents;
- (d) it collects and reviews data on Incidents in order to inform improvement activities;
- (e) it regularly reviews its Incident Management System and processes, to ensure that they are:
  - (1) appropriate to the size of the organisation and the classes of supports and services it provides;
  - (2) well documented;
  - (3) readily accessible to all workers employed or engaged by Arubah Health; and
  - (4) reflective and adaptive, with an intent to prevent Incidents; and
- (f) it demonstrates continuous improvement in incident management by regular review of the Incident Management System (including this Policy), review of the causes, handling and outcomes of Incidents, seeking of Client and Worker views, and incorporation of feedback throughout the organisation.

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### 4. Incident Procedures

The Policy is supported by the following Procedures which are intended to clarify the responsibilities of the Principal, Key Management Personnel, Workers and other persons and make explicit the underlying principles of the Policy.

Procedure	Responsibility
<b>4.1 Identification of Incidents</b>  (a) If a Worker observes an Incident or a Client or other person notifies a Worker about an Incident that does or could cause permanent or temporary detriment to a Client, Worker or other stakeholder, then the Worker must	<b>All Workers</b>

Procedure	Responsibility
<p>report the Incident to the Principal (or other Senior Staff Member if the Worker is unable to make immediate contact with the Principal).</p> <p>(b) Workers and Clients will be protected against any adverse actions as a result of reporting or alleging that an Incident has occurred.</p> <p>(c) Promote a culture of open reporting and ensure that all Workers and Clients understand that they are supported to report any Incident or alleged Incident, and that there will be no negative consequences for doing so.</p>	
<p><b>4.2 Immediate response</b></p> <p>(a) The Incident Manager is the person responsible and qualified to effectively manage Incidents.</p> <p>(b) Where possible, an Incident will first be addressed by the Incident Manager.</p> <p>(c) Notwithstanding the above, first respondents understand that they must contact police and other relevant emergency services if required to ensure the health, safety and wellbeing of persons with disability, Workers or others affected by the Incident.</p>	<p><b>Principal and Key Management Personnel</b></p>
<p><b>4.3 Notification and reporting procedures</b></p> <p>Workers must report Incidents to various agencies and persons based on the following priority system:</p> <p>(a) for serious Incidents which warrant contacting police and other relevant emergency services to ensure the health, safety and wellbeing of persons with disability, Workers or others affected by the Incident, Workers must notify emergency services;</p> <p>(b) Workers must report all Incidents to the Principal;</p> <p>(c) if it is determined appropriate and after first consulting with the Client, the Incident Manager will notify families, guardians and advocates of the Client; and</p> <p>(d) for Reportable Incidents, the Principal will be responsible for notifying the information specified in section 5 to the NDIS Commissioner:</p> <p>(1) if the Reportable Incident is covered by paragraphs (a) to (e) of the definition of Reportable Incident, within 24 hours;</p> <p>(2) if the Reportable Incident is not covered by paragraphs (a) to (e) of the definition of Reportable Incident, within 5 business days,</p> <p>and notifying such other required state, territory or federal authorities (or other persons) in accordance with applicable law.</p> <p>(e) The Principal will be responsible for completing an Incident Report Form as soon as practicable after the Incident.</p>	<p><b>All Workers</b></p>
<p><b>4.4 Providing support to persons with disability</b></p> <p>Throughout the Incident management process, from immediate response through to final assessment, Clients will be supported through means of:</p>	<p><b>Principal, Key Management Personnel and Incident Manager</b></p>

Procedure	Responsibility
<p>(a) reassurance if the Client reported the Incident;</p> <p>(b) assistance to access trauma and counselling services where required;</p> <p>(c) changes to regular services and supports provided to the Client (if necessary and possible); and</p> <p>(d) clear, ongoing communication regarding the progress and outcomes of any investigation in relation to the Incident.</p> <p>The support may vary depending on the seriousness of the Incident.</p>	
<p><b>4.5 Initial assessment and investigation</b></p> <p>(a) The Incident Manager is responsible for conducting an initial assessment of any Incident, to determine the severity of the Incident and to establish the need for, and scope and nature of, an investigation.</p> <p>(b) If an Incident is a Reportable Incident, an internal investigation must take place. Subject to the requirements of any applicable law, the Incident Manager shall determine the scope of and nature of an investigation in relation to a Reportable Incident. The Incident Manager or an external investigator may wish to (but is not required to) follow some or all of the process recommendations set out in the Arubah Health Assessment, Investigation and Resolution considerations document when conducting an investigation.</p> <p>(c) All investigations will be undertaken and conducted in accordance with the principles of natural justice and procedural fairness.</p> <p>(d) Incidents involving criminal allegations will be reported to law enforcement, who will receive the full support of Arubah Health in their investigations.</p> <p>(e) Whenever an investigation into an Incident is conducted, it should establish:</p> <ol style="list-style-type: none"> <li>(1) the cause of the Incident;</li> <li>(2) the effect of the Incident;</li> <li>(3) any organisational issues that may have contributed to or did not function in preventing the Incident; and</li> <li>(4) changes and corrective action Arubah Health can be made in order to prevent further Incidents from occurring (if any).</li> </ol> <p>(f) Information related to Incident investigations, including records of phone conversations, emails, documents and, where possible, records of face to face interviews will be recorded and kept in strict confidence in accordance with section 7.</p>	<p><b>Principal, Key Management Personnel and Incident Manager</b></p>
<p><b>4.6 Incident resolution</b></p> <p>Based on the Incident Manager’s assessment, Arubah Health may undertake remedial action proportionate to the severity of the Incident, including but not limited to:</p> <p>(a) providing an apology;</p>	<p><b>Principal, Key Management Personnel and Incident Manager</b></p>

Procedure	Responsibility
<p>(b) disciplinary action; and</p> <p>(c) other remedial action deemed appropriate in the circumstances based on advice obtained by Arubah Health (where appropriate).</p>	
<p><b>4.7 Consultation and final assessment</b></p> <p>The Incident Manager will consult Clients (including persons with disability), family and advocates at regular intervals in connection with the management, resolution and any decision in relation to the Incident. In addition, such consultation(s) will involve obtaining the Client's views in relation to the following matters:</p> <p>(a) whether the Incident could have been prevented;</p> <p>(b) how well the Incident was managed and resolved;</p> <p>(c) what, if any, remedial action needs to be undertaken to prevent further similar Incidents from occurring, or to minimise their impact; and</p> <p>(d) whether other persons or bodies need to be notified of the Incident.</p> <p>After duly considering the Client's viewpoint in relation to the above matters, the Incident Manager shall make a final assessment in relation to the Incident, such assessment to form a conclusion on each of the matters in this section 4.7.</p>	<p><b>Principal, Key Management Personnel and Incident Manager</b></p>
<p><b>4.8 New information</b></p> <p>If any Worker becomes aware of significant new information in relation to an Incident after the investigation has been concluded, it must immediately provide that information to the Principal. Depending on the significance of the information the Principal may review (or ask the Incident Manager to review) any aspect of the above incident management process.</p>	<p><b>All Workers</b></p>

## 5. Information to be notified in relation to Reportable Incidents

### 5.1 Notification to the NDIS Commissioner within 24 hours

Subject to section 5.2, the Principal must notify in writing the NDIS Commissioner of the following information in relation to an Incident covered by paragraphs (a) to (e) of the definition of Reportable Incident within 24 hours after a Key Management Personnel at Arubah Health becomes aware of the Reportable Incident:

- (a) Arubah Health's name and contact details;
- (b) a description of the Reportable Incident;
- (c) except in the case of a Reportable Incident resulting from the death of a person with disability, a description of the impact on, or harm caused to, the person with disability;
- (d) the immediate actions taken in response to the Reportable Incident, including actions taken to ensure the health, safety and wellbeing of persons with disability affected by the Incident and whether the Incident has been reported to police or any other body;
- (e) the name and contact details of the person making the notification;
- (f) the time, date and place at which the Reportable Incident occurred;

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- (g) the names and contact details of the persons involved in the Reportable Incident; and
- (h) any other information required by the NDIS Commissioner.

The Principal must notify the NDIS Commission by completing the [Create an Immediate Notification Form](#) via the NDIS Commission Portal.

## **5.2 Insufficient information available within 24 hours**

If, within 24 hours after a Key Management Personnel at Arubah Health becomes aware that a Reportable Incident occurred, there is insufficient information available to comply with section 5.1, the Principal must in writing:

- (a) provide the information mentioned in section 5.1(a) to (e) within the 24 hour period; and
- (b) provide the remaining information required by section 5.1 within 5 business days after a Key Management Personnel at Arubah Health became aware that the Reportable Incident occurred.

## **5.3 Additional information to be provided within 5 business days**

Arubah Health must notify in writing the NDIS Commissioner of the following information within 5 business days after a Key Management Personnel at Arubah Health became aware that the Reportable Incident occurred:

- (a) the names and contact details of any witnesses to the Reportable Incident; and
- (b) any further actions proposed to be taken in response to the Reportable Incident.

## **5.4 Notification of other Reportable Incidents within 5 Business Days**

In relation to a Reportable Incident other than of the kind covered by section 5.1, the Principal must notify the NDIS Commissioner in writing of the following information in relation to the Reportable Incident within 5 business days after a Key Management Personnel at Arubah Health becomes aware of the Reportable Incident:

- (a) Arubah Health's name and contact details;
- (b) a description of the Reportable Incident;
- (c) if known—the time, date and place at which the Reportable Incident occurred;
- (d) the names and contact details of the persons involved in the Reportable Incident;
- (e) the names and contact details of any witnesses to the Reportable Incident;
- (f) the immediate actions taken in response to the Reportable Incident, including actions taken to ensure the health, safety and wellbeing of persons with disability affected by the Incident and whether the Incident has been reported to police or any other body;
- (g) any further actions proposed to be taken in response to the Reportable Incident;
- (h) the name and contact details of the person making the notification; and
- (i) any other information required by the NDIS Commission.

The Principal must notify the NDIS Commission by completing the [5 Day Notification Form](#) via the NDIS Commission Portal.

## **5.5 Certain information need not be obtained or disclosed**

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Arubah Health is not required to obtain, or notify the Commissioner of, the information mentioned in section 5.1 (b), (c), (f) or (g), 5.3(a) or 5.4 (b), (c), (d) or (e) if obtaining the information would, or could reasonably be expected to:

- (a) prejudice the conduct of a criminal investigation; or
- (b) expose a person with disability to a risk of harm.

## **5.6 New information**

- (a) If any Worker becomes aware of significant new information in relation to a Reportable Incident after it has been notified to the NDIS Commission, it must immediately provide that information to the Principal.
- (b) If the new information provided to the Principal is significant and:
  - (1) is or relates to a change in the kind of Reportable Incident previously notified to the NDIS Commission; or
  - (2) is a further Reportable Incident,

the Principal must notify the NDIS Commission of the significant new information as soon as reasonably practicable after becoming aware of the information.

## **5.7 Report to the NDIS Commission**

Arubah Health may be required to give the following information in writing within 60 business days (or a longer period specified by the NDIS Commission) after notification in respect of a Reportable Incident:

- (a) details of any internal or external investigation or assessment that has been undertaken in relation to the Incident, including:
  - (1) the name and position of the person who undertook the investigation; and
  - (2) when the investigation was undertaken; and
  - (3) details of any findings made; and
  - (4) details of any corrective or other action taken after the investigation;
- (b) a copy of any report of the investigation or assessment;
- (c) whether persons with disability affected by the Reportable Incident (or their representative) have been kept informed of the progress, findings and actions relating to the investigation or assessment; and
- (d) any other information required by the Commissioner.

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## **6. Record keeping**

### **6.1 Record keeping in relation to Incidents that occur**

Arubah Health shall keep an accurate register of each Incident that occurs and each Reportable Incident that is alleged to have occurred. Each record in the register must contain:

- (a) a description of the Incident including the impact on, or harm caused to, any person with disability affected by the Incident;
- (b) whether the Incident is a Reportable Incident (or alleged Reportable Incident);
- (c) if known—the time, date and place at which the Incident occurred;

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- (d) if paragraph (c) does not apply—the time and date the Incident was first identified;
- (e) the names and contact details of the persons involved in the Incident;
- (f) the names and contact details of any witnesses to the Incident;
- (g) details of the assessment undertaken in accordance with the requirements of section 4.7;
- (h) the actions taken in response to the Incident, including actions taken to support or assist persons with disability affected by the Incident;
- (i) any consultations undertaken with the persons with disability affected by the Incident;
- (j) whether persons with disability affected by the Incident have been provided with any reports or findings regarding the Incident;
- (k) if an investigation is undertaken by the provider in relation to the Incident - the details and outcomes of the investigation; and
- (l) the name and contact details of the person making the record of the Incident.

## **6.2 Keeping records in relation to Incidents**

A record made for the purposes of section 6.1 must be kept for 7 years from the day the record is made.

## **6.3 Collection of statistical information relating to Incidents**

Arubah Health must collect statistical and other information relating to Incidents to enable it to:

- (a) review issues raised by the occurrence of incidents;
- (b) identify and address systemic issues; and
- (c) report information relating to complaints to the NDIS Commissioner, if requested to do so by the NDIS Commissioner.

Results from this review will be reviewed by the Principal and used to:

- (d) inform training by including a review of Incidents (on an anonymous basis) in relevant Worker training activities; and
- (e) inform service delivery by taking the learnings from training activities.

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## **7. Privacy and Confidentiality**

Arubah Health will take all reasonable steps to ensure that information in connection with an Incident (including all records, correspondence files and the Incident register) including any investigation conducted in connection with an Incident is kept confidential and only disclosed if required by law or if the disclosure is otherwise appropriate in the circumstances. Without limiting the generality of the above, Arubah Health considers it would be appropriate to disclose such confidential information in the following circumstances:

- (a) The disclosure is to the Principal, Incident Manager, an employee, contractor or other member of staff of Arubah Health who is directly or indirectly involved in the Incident (including for the purposes of affording procedural fairness to such person(s));
- (b) The disclosure of the Incident related information is to a lawyer or other advisor of Arubah Health;
- (c) The disclosure of the Incident related information is reasonably required to enable the Incident to be properly investigated; and

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- (d) The disclosure of the Incident related information is to the NDIS Commission, the police or otherwise required by law.

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## 8. Training procedures

- (a) All staff will be trained on the Incidents Management System during their induction, and as part of ongoing refresher training and/or when processes change.
- (b) As part of that training, all Workers will be trained and must understand:
  - (1) the Incident Management System;
  - (2) the definition of a Reportable Incident; and
  - (3) the procedures they must follow for reporting all Incidents to the organisation and an external body (if required).
- (c) The Principal and Key Management Personnel may undertake training in conducting serious Incident investigations including investigating Incidents that may involve a criminal element and in applying procedural fairness.

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## 9. Continuous improvement of the Incidents management system

This Incidents Management System including the incident management process in section 4 will be reviewed and evaluated by the Principal and Key Management Personnel at least annually to ensure its effectiveness. This will include:

- (a) review of Incident Report Forms held in relation to Incidents;
- (b) Client and Worker feedback about the effectiveness of the Incidents Management System; and
- (c) implementation of a continuous improvement plan based on the review and feedback received.

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## 10. General

### 10.1 Inconsistency

If and to the extent that the terms of this Policy are or would be inconsistent with the requirements of any applicable law, this Policy is deemed to be amended but only to the extent required to comply with the applicable law.

### 10.2 Policy Details

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