

4.5 Incident Reporting

ACCOUNTABLE:	CEO
RESPONSIBLE:	All staff
NEXT REVIEW DATE:	As required

OUR VISION: For all people with intellectual disability to lead a full and enriched life

OUR VALUES: Everything we do is driven by four key principles that we value

1. **Achievement:** We actively pursue opportunities that enable people to achieve their individual goals and aspirations, as shaped by their choice and control.
2. **Connection:** We encourage and nurture inclusive and meaningful connections with peers, with supports and with the community.
3. **Excellence:** We are passionate about providing exceptional services that support people to learn, laugh, belong, and grow.
4. **Respect:** We value every individual by encouraging their unique abilities.

1. STATEMENT

Bayley House is committed to providing high-quality services and to protecting the rights and preventing harm to people with a disability.

Incident reporting assists us to understand and address risks, identify continuous improvement opportunities, and ensure the safety and well-being of all clients, staff, and volunteers. Our incident management framework includes reporting, notification, investigation, and response. We consider preventive and improvement actions that are designed to reduce the risk of recurrence and adverse outcomes.

Bayley House will provide staff with the knowledge and specific training to ensure they understand and comply with our incident management framework and reporting requirements.

We will support and assist anyone affected by an incident to ensure their health, safety and wellbeing. We involve all stakeholders in the management of corrective actions and incident resolution as required.

****All incidents relating to Children and Young People should refer to 4.30 Children and Young People – Safety and Wellbeing Policy**

2. PURPOSE

This policy applies to all client incidents, accidents, injuries, infectious illnesses and near miss instances involving any Bayley House client noticed or occurring during the provision of supports or services.

The purpose of this policy is to:

- a) support the safety and wellbeing of clients;
- b) define client incidents and outline incident management protocols;
- c) meet mandatory reporting requirements; and
- d) support the delivery of high-quality services through reporting of adverse events, incident investigation and incident review.

This policy does not include staff, volunteer and visitor incidents, injuries.

3. DEFINITIONS

Client - Bayley House service users.

Definitions of Incident Types – Incident types are classified according to the Client Incident Management System Definitions for DHHS Service Providers included as Attachment 1.

Incident types are used to identify the type of incident and enable data to be collected to identify trends and opportunities for improvement and to meet all legislative reporting requirements.

Incident - An incident is defined as an act, omission, event or circumstance that involves a Bayley House client.

It may mean:

- Incidents that have, or could have, caused harm to a person with disability;
- Acts by a person with disability that have caused serious harm, or a risk of serious harm, to another person; or
- Any mandatory reportable incidents that are alleged to have occurred.

Infectious illness – an infection which can be spread from one person to another e.g. influenza, coronavirus or gastroenteritis.

Incident review - an analysis of an incident to identify what happened, determine whether an incident was managed appropriately, identify likely causes of the incident, and to apply subsequent learnings to reduce the risk of future harm. Incident reviews may be carried out within Bayley House or by an external body.

Team Leader / Manager – the employee's immediate supervisor, who oversees and has responsibility for their work.

Open disclosure – Bayley House manages incidents by recognising when things have gone wrong that could harm, or have harmed, someone.

General Manager – Member of the Bayley House Leadership Team who has responsibility for the service or supports provided.

NDIS Commission Reportable Incidents: A serious incident or alleged incident which results in harm to a client and occurs in connection with supports and services delivered by Bayley House.

Reportable client incidents include:

- Death or serious injury
- Abuse or neglect
- Sexual misconduct or physical contact or assault
- Unauthorised use of restrictive practice
- Positive COVID-19 infections

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4. RESPONSIBILITIES

The **CEO** is responsible for ensuring the implementation of this policy.

The **General Manager Day Services and General Manager Home and Living Support** are responsible for implementing these procedures within their delegated responsibility, and within stated timeframes and guidelines.

The **General Manager Accommodation Options or Day Program Managers** are responsible for notifying NDIS Quality and Safeguards Commission of reportable incidents, including confirmed infections in accordance with directives.

All staff have a duty to report all client incidents they observe or that are reported to them. All staff are responsible for implementing and adhering to these procedures within stated timeframes and guidelines.

5. PROCEDURES

5.1 When is a Client Incident Report Required?

A client incident report is required for all client incidents, including:

- a. while a staff member is with the client;
- b. when the client attends a Bayley House premise or activity, including offices, residential services, short term care or day services;
- c. when a staff member is providing support in the client's home or in the community;
- d. when a client has an infectious illness e.g. influenza, COVID-19, gastroenteritis;
- e. in any other circumstance where a client discloses and / or makes an allegation to a Bayley House staff member;
- f. where there is an unauthorised or emergency use of Restraint
- g. critical incidents that occur outside of direct service delivery that cause harm or ongoing risk to the client; and
- h. in properties owned by DFFH where a fire event has occurred
fireriskmanagementunit@dhhs.vic.gov.au

5.2 Immediate response

Whenever an incident is observed or disclosed, staff must respond to the client's needs and ensure safety and management of the immediate risk. This may include contacting emergency services if the situation warrants.

Where possible, incidents will be managed by the Team Leader or Manager responsible. Actions may include notifying relevant next of kin / guardian (as appropriate) and providing support to the client in response to the incident.

Key actions are documented on the Client Incident Report (GCP-416) and a note made in the client's electronic record.

5.3 Reporting an Incident

All staff are required to:

- Verbally report the incident to the senior person on duty and / or on-call immediately that they become aware of an incident
- Complete a Client Incident Report (GCP-416) documenting legibly, factually and in detail the outline and sequence of events as soon as possible after the incident occurs. Where possible, it must be completed prior to the end of the shift.
 - For further guidance on incident reporting refer to Bayley House Incident Reporting Process (REF-028).
 - Only one report is required for each incident regardless of how many individuals were involved.
- Where a Team Leader / Manager is not available to review the incident report, the incident report is emailed to incidents@bayleyhouse.org.au

Team Leader / Manager

- Reviews, completes and signs the incident report, ensuring that all appropriate actions have been taken.
- A copy of the completed incident report is emailed to incidents@bayleyhouse.org.au and uploaded to SupportAbility.

Manager / Delegate

- Ensure all immediate needs or concerns have been addressed and support provided.
- Contacts a family member/nominated representative of the client/s involved in an incident as soon as practicable, within 48 hours as the client wishes and as applicable within the provisions of the Privacy and Confidentiality Policy and Procedure (3.2).
- Inform the family member/nominated representative of the incident and any potential follow up actions to be undertaken.
- Apologise, explain why the incident happened and what we are doing to prevent it from happening again.
- Review incident and recommendations and record communication in the Management Section of the Client Incident Report (if required).

General Manager / Delegate

Following completion of the report, the relevant General Manager or delegate saves a copy in the electronic Incident Register Folder in the appropriate incident report tab. Enter the details of the incident on the Incident Register including a copy of the incident report document link.

Each report must be saved using the following file naming protocol:

- YEAR (shown in full e.g. 2015), MONTH (shown as a number e.g. March = 03), DATE (shown as a number)
- First three letters of primary client's surname followed by first initial of their Christian name (e.g. if client's name is Bob Brown = BROB)
- Followed by Cat type (Internal)
- Followed by location (e.g. if incident occurred at Earlsfield add Earlsfield to file name;
- And, if a staff member is injured (defined as psychological, emotional or physical) in the incident add (STAFF) to the file name.

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For example, a non-major incident involving client Bob Brown at Earlsfield Rd on 19/3/2015 would be saved as: **2015 03 19 BROB Internal Earlsfield**

If a staff member was injured in the incident the report would be saved as: **2015 03 19 BROB Internal Earlsfield (STAFF)**

5.4 NDIS Commission - Reportable incidents

Reportable incidents are those serious incidents (or allegations) that occur in connection with the provision of supports and services. Where a reportable incident occurs or is alleged to have occurred, staff members must report the incident to their Team Leader or Manager immediately they become aware of the incident.

The General Manager Accommodation Options or Day Program Manager is responsible for ensuring that the NDIS Quality and Safeguards Commissioner is notified within the timeframes required.

- All reportable incidents except for unauthorised use of a restrictive practice must be notified to the NDIS Commission within 24 hours of becoming aware of an incident. Any unauthorised use of restrictive practice must be notified to the Commission within 5 days.

5.5 Assessment and Investigation

The Team Leader / Manager is responsible for undertaking an initial assessment of any incident to determine the requirements for external notification.

The General Manager / Delegate will review the incident to determine the severity and to establish the need for and scope of any investigation.

If an incident is a Reportable Incident, an internal investigation will take place. All investigations will be undertaken and conducted in accordance with principles of natural justice and procedural fairness.

Whenever an investigation into an incident is conducted, it will consider:

- Whether the incident could have been prevented
- How well the incident was managed and resolved
- Whether any action needs to be undertaken to prevent further incidents
- Whether action needs to be undertaken to minimise the impact of an incident
- Repetitive or emerging patterns of behaviour leading to an incident, in consultation with the relevant manager, staff and the client, develop and implement appropriate service responses including a behaviour support plan or referral
- Whether other persons or bodies need to be notified of the incident.

5.6 Privacy and Confidentiality

Information relating to incident investigations, including records of phone conversations, emails, documents and, where possible, records of interviews, will be recorded and maintained in accordance with privacy requirements and legislation.

5.6.1 Circumstances where family and/or nominated representatives are not to be contacted include:

- i. where the Police have advised that the family member and/or nominated representative is a witness or a suspect in a criminal investigation;

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- ii. where the client has a legally appointed guardian who has ordered no contact with the family and/or nominated representative about the incident; and
- iii. where contacting the family and/or nominated representative could increase risk of harm to the client, particularly if family violence or abuse is suspected.

5.7 Reporting to Police

Alleged criminal acts that occur during service delivery must be reported to the police as soon as practicable.

Bayley House has a mandatory requirement to report **ALL** allegations of abuse to police. The allegation of abuse must be reported to police by the responsible General Manager, or delegate of the relevant area, irrespective of whether the client provides consent to report. The client may choose not to participate in the police investigation.

Both physical and documentary evidence must be preserved in order not to compromise the investigation process.

5.8 Supporting clients

Clients will be supported throughout the incident management process including:

- Reassurance if the client reported the incident;
- Trauma and counselling services where required;
- Changes to regular supports if necessary;
- Clear, ongoing communication regarding the progress and outcomes of the investigation; and
- Involvement in the management and resolution of the incident where appropriate.

5.9 Staff member or volunteer injury in a Client incident

Where staff or volunteers are injured in a client incident, staff are required to complete an Incident Report (GCP-416) as well as the *Injury Register* (one hard copy available at each site). The handwritten *Injury Register* entry should be scanned and emailed to hr@bayleyhouse.org.au along with the completed Incident Report form (GCP-416) and an Incident Injury and Hazard Report Form (OH&S-1005).

5.10 Continuous Quality Improvement through Incident Review

The review of incident data is essential to understanding the type, frequency and severity of incidents and to safeguarding clients and staff and promoting safe practice and environment.

Each incident is reviewed to identify what happened, evaluate how the incident was managed and identify likely causes.

The Incident Review Committee (IRC) is an ongoing review and advisory committee that meets regularly to recommend actions, to ensure that all incidents are acknowledged, responded to, well-managed and learned from and that safety and wellbeing is promoted and upheld for all Bayley House clients, staff and volunteers.

We apply all learnings to reduce the risk of future harm.

6. RELATED DOCUMENTS

Policies:	<p>3.2 Privacy and Confidentiality Policy and Procedure</p> <p>4.3 Safeguarding Vulnerable People</p> <p>4.10 Violence Neglect and Abuse</p> <p>4.30 Children and Young People – Safety and Wellbeing Policy</p> <p>10.8 Incident, Injury and Hazard Reporting (Staff only)</p> <p>10.16 OH&S Occupational Violence Prevention</p> <p>10.19 Infection Control</p>
Forms:	<p>GCP-416= Incident Report Form</p> <p>GCP-424 = Violence Neglect Abuse - checklist</p> <p>OHS-1005= Incident Injury and Hazard Report Form</p>
References:	<p>Bayley House Incidents Table/Register/Report</p> <p>REF-028=Bayley House Incident Reporting Process</p> <p>REF-015=Organisational Chart</p> <p>REF-002= Responding to allegations of abuse involving people with disabilities, Guidelines for disability service providers and Victoria Police – June 2018</p> <p>REF-012= Positive Behaviour Support and Restrictive Interventions</p> <p>REF-115=Australian Open Disclosure Framework – Better communication a better way to care</p> <p>REF-114=NDIS Reportable Incidents Detailed Guidance – June 2019</p>

7. STANDARDS / LEGISLATION

<p>NDIS Code of Conduct</p> <p>NDIS Practice Standards and Quality Indicators</p> <ul style="list-style-type: none"> - <i>Rights and Responsibilities</i> - <i>Governance and Operational Management</i> - <i>Provision of Supports</i> - <i>Specialist Behaviour Support</i> - <i>Implementing Behaviour Support Plans</i>
<p>Safety Screening Policy for Registered Providers Operating in Victoria (the Safety Screening Policy)</p> <p>National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018 and amendment Section 13 and 13A of the NDIS (Provider Registration and Practice Standards) Rules 2018.</p> <p>Incident Management Systems Detailed Guidance for Registered NDIS Providers June 2019</p> <p>The National Disability Insurance Scheme Act 2013.</p>

8. DOCUMENT HISTORY

Incident Reporting

Version V13

Approved by CIC

Effective Date 10.01.24

Attachment 1: Definition of Incidents

Incident type	Definition
Absent / Missing client	A client is unexpectedly absent from the service or absent without authorisation and there are concerns for their safety.
Behaviour - Dangerous	Dangerous actions that cause the client harm or place the client at risk of harm. This includes: <ul style="list-style-type: none"> • dangerous actions as a result of the misuse of drugs, alcohol or other substances • high-risk activities such as arson or train surfing • sexually oriented actions by a client in circumstances that place their safety at risk.
Behaviour -Disruptive	When a clients behaviour causes disruption to either their own supports or their peers. Also any other behaviour that has disrupted others, internally or externally.
Behaviour - Sexual	Actual or attempted unwanted sexual actions (or allegations of such actions) that result in non-major impact harm to the client, unless the relevant behaviour meets the Actions or behaviours that unintentionally cause harm which requires first aid or medical attention.
Death	The death of a client during or connected to service delivery.
Deterioration of health	Early recognition of deterioration of a client's health and wellbeing is fundamental to ensuring that the person receives the care and treatment that they need. It is important that staff identify and report changes which may be due to: <ul style="list-style-type: none"> • an acute episode of being unwell, • subtle signs or deterioration of an existing condition • Increased support needs Any illness should also be recorded under this category.
Emotional/ psychological abuse	Actions or behaviours that reject, isolate, intimidate, or frighten by threats, or the witnessing of family violence, to the extent that the client's behaviour is disturbed, or their emotional/ psychological wellbeing has been, or is at risk of being, seriously impaired. This includes: <ul style="list-style-type: none"> • rejecting, isolating, terrorising and ignoring behaviours • denying cultural or religious needs and preferences • emotional abuse perpetrated by other clients. Service providers should consider any potential power imbalance between the client and the person engaging in the behaviour.
Financial abuse	The misuse of a client's assets, property, possessions and finances without their consent. It includes: <ul style="list-style-type: none"> • denying a client the use of their own assets, property, possessions and finances • theft, fraud, exploitation and pressure in relation to assets, property, possessions and finances • obtaining assets through deception. This also includes financial abuse perpetrated by other clients.
Injury	Any physical injury to a client
Infection	Any diagnosed infection
Medication error	Refers to any error in the administration of a client's prescribed medication, where the service provider is responsible for such administration. Includes:

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	<ul style="list-style-type: none"> the administration of incorrect medication missed medication the incorrect or unauthorised administration of PRN (from the Latin 'pro re nata') restraint medication psychotropic medicines misuse client refusal of prescribed or authorised medication pharmacy error (an error in the dispensing of medication).
Unauthorised restrictive practice	<p>Refers to any implementation of a restrictive practice that is not authorised by Bayley House APO nor has State Authorisation:</p> <ul style="list-style-type: none"> Chemical Mechanical Physical Environmental Seclusion
Physical abuse	<p>Actions that involve the inappropriate use of physical contact or force against a person that result in major impact harm to the client. This includes impact resulting from:</p> <ul style="list-style-type: none"> threats of physical abuse made to a client by another person excessive use of physical force or restraint by a staff member physical abuse perpetrated by other clients, as well as by caregiver or staff. <p>Physical abuse does not include an act or omission that constitutes a lawful exercise of force, such as the lawful and duly authorised use of physical restraint.</p>
Poor quality of care	<p>Inappropriate or inadequate care by caregivers or staff in the context of service delivery.</p> <p>Note: Abuse by a caregiver or staff member should be categorised under the sexual abuse, physical abuse, emotional/psychological abuse or financial abuse types.</p>
Self-harm / attempted suicide	<ul style="list-style-type: none"> Actions that intentionally cause harm or injury to self. Actions to attempt suicide (the intention to end one's own life).
Sexual abuse	<p>Actual or attempted unwanted sexual actions (or allegations of such actions) that result in major impact harm to the client, or which are otherwise forced upon a client against their will or without their consent, through the use of physical force, intimidation and/or coercion.</p>
Seizure	<p>Record all seizures whether the client has a known history of seizures or not</p>
Trip / Fall – no injury	<p>Clients only</p>
Other – specify	<p>Any incident that does not fit under the other categories. Please specify suggested type</p>