



INCIDENT MANAGEMENT

System Checklist for NDIS Providers

February 2022

Your incident management system is maintained and is relevant and proportionate to the scope and complexity of supports delivered and the size and scale of your organisation. Your incident management system should have written policy and procedure which address:

- Identifying, assessing, managing, and resolving actual and alleged incidents
- How incidents are identified (i.e., by staff or Participants), recorded, and reported
- How incidents are acknowledged, responded to, well-managed and learned from
- Who incidents must be reported to; including the responsible person for reporting incidents to the NDIS Commission (if the incident is reportable)
- Guidance about reporting to the police, emergency services, guardians, family, carers and internal escalation pathways should also be documented
- A post-incident assessment, including procedures to support relevant personnel to undertake these
- When an incident investigation is required to establish the cause/s, its impact and anything that may have contributed to the incident occurring, as well as the type of investigation undertaken
- When corrective action is required, and the nature of this corrective action

Each Participant is provided with information on incident management, including how incidents involving the Participant have been managed. Each Participant is safeguarded by the provider's incident management system. Your procedure includes:

- How you will provide support and assistance to Participants affected by an incident to ensure their health, safety and wellbeing (incl. information about access to advocates)
- How Participants affected by an incident will be involved in its management and resolution

The system complies with the requirements under the NDIS (Incident Management and Reportable Incidents) Rules 2018. Your fully documented, accessible incident management system must:

- Follow the principles of procedural fairness
- Include documentation of each incident – with the following details, as a minimum, to be recorded in relation to each actual or alleged incident that occurs:
 - A description of the incident, including the impact on, or harm caused to, any person with disability affected by the incident
 - Whether the incident is a reportable incident as defined by the NDIS Commission
 - The time, date and place at which the incident occurred OR the time and date the incident was first identified
 - The names and contact details of the persons involved in the incident and any witnesses
 - Details of any assessment undertaken
 - Any actions taken in response to the incident, including actions taken to support or assist Participants affected by the incident





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Any consultations undertaken with the Participant affected by the incident

Whether Participants affected by the incident have been provided with any reports or findings regarding the incident, where applicable

If an investigation is undertaken in relation to the incident—the details and outcomes of the investigation

The name and contact details of the person making the record of the incident

Ensure records are kept for 7 years from the day that notification is given

All staff are trained in, understand and comply with the required procedures in relation to incident management. This includes:

The roles and responsibilities of any staff in identifying, managing, and resolving incidents and in preventing incidents from occurring

Incident management policy and procedure

Monitoring of staff to ensure ongoing adherence with incident management policy and procedure

Demonstrated continuous improvement in incident management through regular review. Your incident management system must:

Require all incidents to be assessed in relation to the following, with the assessment considering the views of the Participant affected by the incident:

Whether the incident could have been prevented, and if so, how? How well the incident was managed and resolved

What, if any, corrective action needs to be undertaken to prevent further similar incidents, or to minimise their impact

What, if any, regulatory action needs to be undertaken to minimise the impact of an incident, and

Whether other persons or bodies need to be notified of the incident, (i.e., the NDIA, the NDIS Commission, Mental Health Commission, Office of the Chief Psychiatrist etc.)

Have periodic review to ensure its effectiveness, including review of policy and procedure; review of the causes, handling and outcomes of incidents; seeking and incorporation of feedback from Participants and staff





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Additional Information – when corrective action should be taken.

Corrective action aims to address identified systemic issues and drive improvements in the quality of the supports registered NDIS providers deliver. It also means registered NDIS providers can improve their system to prevent incidents from occurring and minimise their impact on Participants should they occur. A registered NDIS provider's incident management system must specify when corrective action should be taken in response to an incident and the nature of such action.

For example, it is expected that a registered NDIS provider would take corrective action in the following circumstances:

Where an incident may have been prevented (or the severity lessened) by some action (or inaction) by a registered NDIS provider or staff member

Where there is an ongoing risk to people with disability

Where action by the registered NDIS provider may prevent or minimise the risk of a reoccurrence

Examples of corrective actions include:

Re-training or further training of staff

Disciplinary action for the staff involved in the incident including ongoing performance reviews, imposing a probationary period, or termination of employment

Practice improvements including developing or enhancing policies and procedures

Changes to the environment in which supports or services are provided

Changes to the way in which supports or services are provided

