

1. Introduction & Scope

LWB must report certain incidents that occur or have been alleged to occur to the NDIS Commission in relation to reportable incidents, where they have involved an NDIS/DSOA participant. This procedure provides information for staff on how to identify an incident and report it, in line with the National Incident Management Procedures.

LWB aims to ensure that:

- each person with a disability who accesses our supports and services are free from violence, abuse, neglect, exploitation or discrimination
- risks to clients, workers and our organisation are identified and managed
- incidents are acknowledged, responded to, well managed and learned from to safeguard people with disability accessing our supports and services.

As outlined in LWB’s [National Safeguarding Framework](#), we all share a responsibility for safeguarding, to do everything we can to prevent all forms of abuse and harm towards people with disability. **We need to [stop it before it starts](#).**

2. Reportable Incidents

Incidents must be reported within LWB’s incident management system ([i-Sight](#)) that consist of acts, omissions, events or circumstances that:

- (a) occur in connection with providing supports or services to a person with disability; and
- (b) have, or could have, caused harm to a person with disability.

An incident may be classified as a **Critical Incident**, **Significant Incident** or **Minor Incident** and requires specific procedures for how we respond, report, monitor and review the event.

What is a Reportable Incident?

Reportable Incidents are serious incidents or allegations which result in harm to an NDIS or DSOA client, and occur *in connection with* their supports and services. The NDISC have provided a detailed document on what constitutes a Reportable Incident - [Reportable Incidents Guidance](#). Reportable Incidents can fall into either LWB Critical or Significant Incident categories and must be reported by the National Safeguarding Unit (NSU) as LWB’s key personnel, to the NDIS Quality and Safeguards Commission (NDIS Commission), which include:

NDIS Reportable Incidents	LWB Incident Category	Event Owner (i-Sight)
1. The death of a NDIS/DSOA client	Critical	Regional Director
2. Serious injury of a NDIS/DSOA client		

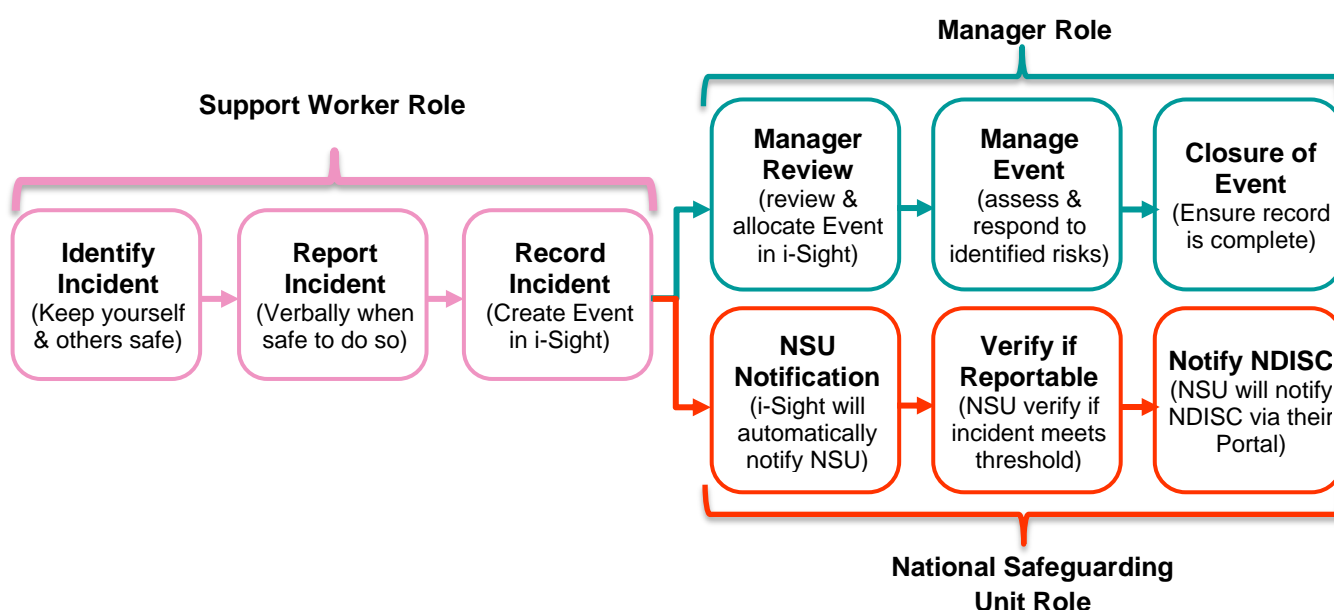
NDIS Reportable Incidents	LWB Incident Category	Event Owner (i-Sight)
3. Abuse or neglect of a NDIS/DSOA client 4. Unlawful sexual or physical contact with, or assault of, a NDIS/DSOA client 5. Sexual misconduct committed against, or in the presence of, a NDIS/DSOA client, including grooming of the client for sexual activity 6. The unauthorised use of a Restrictive Practice in relation to a NDIS/DSOA client.	Significant	Operations Manager

Prohibited Restrictive Practices

A range of restrictive practices are prohibited under legislation and by LWB under any circumstances and will never be authorised or used as they are considered unlawful or unethical. Staff using any such practices will be in breach of policy and may be acting unlawfully or illegally. Refer to the [NDIS LWB 5806 Prohibited and Restrictive Practices – Resource](#) for further information regarding prohibited practices.

Allegations or suspicions of prohibited practices are considered **REPORTABLE INCIDENTS** as well as unauthorised use of a restrictive practice.

Summary of the reportable incidents process



Support Worker Response to a Reportable Incident

1. Support staff involved in/or witnessing an incident or allegation must keep themselves and others safe, as their primary responsibility.
2. When it is safe to do so, you must **immediately** report the matter verbally to your designated Line Manager or Manager On-call.
3. As soon as possible, or before the end of your shift, you must Create an Event in i-Sight, recording as much information as possible about the incident. If you are unable to access i-Sight, follow directions from your Line Manager who is responsible for ensuring that the Event is created in the system.
4. For **unauthorised use of a restrictive practice (URP)** you will need to select:
 - a. Event Category = 'Restrictive Practice'
 - b. Category Sub-type = If unknown select '*Unsure*'

New Restrictive Practices

 This button will appear in the Client Event which you need to select. Complete all mandatory fields and for:
 - c. BSP Status = If unknown select '*Unsure if BSP exists*'
5. **AGENCY STAFF** do not have access to the i-Sight system. Agency staff must complete a paper version of the Reportable Incident Form for the Manager to ensure it is entered into i-Sight **before the end of the shift**.
6. Once the Event is created in i-Sight, an automatic notification is sent to the National Safeguarding Unit (NSU) informing them that a potentially reportable incident may have occurred. From this point, the NSU have 24hours to notify the NDIS Commission of the reportable incident.
7. The NSU may need to contact you or your manager for further information about the incident to meet the reporting obligations to the NDIS Commission. It is important that you respond to any requests immediately.
8. The NSU will also provide advice to your manager about any follow-up data collection that will need to occur, where the incident is the ongoing use of a URP.
9. If the incident relates to an ***allegation of harm, abuse, neglect or exploitation***, staff will also:
 - a) be aware that a person who discloses harm may be particularly emotionally vulnerable;
 - b) ensure that the person is supported throughout the process;
 - c) not attempt to investigate, for example; by questioning,
 - d) support the person to report the matter to an appropriate person in authority;
 - e) not collude with a person about not reporting the information or incident. This applies even if a person with a disability tells you something 'in confidence'. Remind them that you are legally bound to report concerns about the potential risk of harm;

- f) if necessary, ensure that no one goes into the area where the incident has occurred in case evidence needs to be preserved, this includes avoiding touching or moving anything if possible;
 - g) as soon as reasonably practical, support and assist the person to access advocacy support such as an independent advocate as appropriate.
10. Other than reporting the matter to relevant personnel in LWB and the other authorities mentioned above, you should not share any information about an alleged reportable incident with other workers unless you have been permitted to do so by the impacted person or your supervisor. The only exception is when it is essential in order to deal with an immediate safety issue.

Manager Response to a Reportable Incident

1. Once the Event has been created in i-Sight, the Manager will receive an automatic notification. The Manager will then be responsible for managing the incident with their team, which includes;
 - allocating the Event;
 - assessing and responding to identified risks;
 - keeping the client and their authorised decision-maker informed of the incident response;
 - supporting staff; and
 - closing the event when all actions/follow-up are complete.See [Support and active involvement of the client](#) and [Support for staff members](#) sections below.
2. Where the matter is an URP, the Manager is responsible for initiating the RP authorisation process and/or BSP development where required and ensuring that staff complete data records for the ongoing use of any URP on the relevant form, as directed by the NSU.

Note: There are additional reporting requirements for URPs in Tasmania and ACT:

 - **Tasmania** – URPs are required to be reported to the Office of the Senior Practitioner (OSP). Notification to the OSP is completed by the NSU.
 - **ACT** – URPs are required to be reported to the Senior Practitioner. Notification to the Senior Practitioner is completed by the NSU via ACTRIDS.
3. The management of the Event will be occurring at the same time the NSU is verifying if the incident is reportable and gathering the required information to report to the NDIS Commission.

4. The NSU may contact the Manager to gather further information to report the matter or where the NDIS Commission requests a Final Report is submitted. It is important that the Manager provides the information as soon as possible, to ensure that the reporting timeframes are met by the NSU. Central oversight of LWB's performance in reporting incidents to the NDIS Commission will occur by the NSU to provide assurance that LWB are meeting their reporting obligations.
 5. The Manager will need to engage with the relevant investigators if required, as per below:
 - a. Client to Client incident = Client Services investigation
 - b. Client to Staff incident = People, Safety & Culture (PSC) investigation
 - c. Staff to Client incident = National Investigations Unit (NIU)*
- * if the allegation relates to a senior staff member or an NIU staff member, the manager will need to engage with the People, Safety & Culture Team.
6. The NSU will also refer matters for investigation and will update the i-Sight Event where this has occurred.

3. Additional Reporting Requirements:

In addition to Section 2 above, the following additional activities may also be required depending on the incident type and severity.

Client Death

1. In the event of a client death which is anticipated or unexpected, refer to the [Responding to a Client Death Policy Guideline](#).
2. In addition, the following resource may be required [Factsheet - Cultural Care, Aboriginal and Torres Strait Islander People](#).
3. The Regional Director (or delegate) is also responsible for notifying the National Disability Insurance Agency (NDIA) as the funding agency when a client death occurs. This must be done within 48 hours and requires an email to enquiries@ndis.gov.au including the client name, participant number and a short summary of the client death (i.e. date, when LWB was notified etc).
4. The Line Manager is also responsible for ensuring that the Department of Health is notified as a result of the death of a DSOA client.
5. If the client is also attached to another funded program (e.g. OOHC, notify appropriate State Government) there will be additional reporting requirements to those agencies which client services are responsible for completing.

Client under the Age of 18

At LWB we all share the responsibility for child safety. Every day, we offer support and care to children. We want each and every one of those children to feel as safe and respected as they should. For further information on your jurisdictions' reporting obligations for alleged incidents of abuse/neglect towards children and young people, refer to your state-based procedures. For further information on how LWB keep children safe, you can access the [We Put Children First](#) resources. For any child (including children in Statutory and Voluntary Out of Home Care), assessment of Reportable Incidents and any associated risk of harm should consider jurisdictional reporting and legislative requirements. You can access support from the NSU's CYF team if you are unsure about your reporting obligations for children and young people in your state or territory.

4. Ongoing Support and Monitoring

Keeping the Commissioner updated

Reportable Incidents that are reported to the NDIS Commission are carefully monitored:

- the Event Owner must update the NSU of any significant new information relating to the incident via email as soon as practical after becoming aware of the information. The NSU are then responsible for updating the NDIS Commission.
- if the circumstances of an incident change which increases the severity of the incident (e.g. after an incident occurred, a person's health deteriorates, and they require hospital admission as a result of the incident) the NSU must be notified. The NSU are responsible for keeping the NDIS Commission updated with any change of circumstance.

Support and active involvement of the client

Supporting clients does not end at the time of the incident. It is important to regularly check the client's changing support needs following an incident. Changes to their care arrangements or engaging more specialised support (e.g. medical and clinical professionals or Victims Support Services) may be required. Ongoing support will include:

- taking into account the client's views and wishes, including maintaining their rights to privacy and confidentiality (including liaising with any [authorised decision-maker](#) and advocates);
- keeping the client informed of what is happening and, where appropriate, involving the client in the process of reviewing or investigating the incident, including informing them of any outcome;
- ensuring that information and discussions are undertaken in a way that the client understands, and any written materials are also accessible for the client;
- processing the incident with the client with an appropriate therapeutic framework; and

- implementing any changes to support arrangements /requirements to minimise or avoid the recurrence of the incident;
- additional support for a client with cognitive disability may be required when they are in contact with the justice system e.g. police. The person should be supported by staff to access appropriate legal advice and to navigate the justice system as a vulnerable person.

Support for staff members

The Line Manager should offer debriefing or support as appropriate following an incident which may include a group counselling session facilitated by an external, trained and competent counsellor through the Employee Assistance Program (EAP).

The Line Manager should offer Employee Assistance Program (EAP) information to any impacted staff members and provide a information on LWB's [Employee Assistance Program](#).

The National Investigations Unit (NIU) and relevant personnel working with staff members who are the subject of allegations, will ensure they are treated with procedural fairness outlined in the LWB [Performance Improvement and Disciplinary Policy Guideline](#). This includes allowing employees who are the subject of an allegation to bring a support person of their choice to any meetings or interviews. The employee will be provided with the opportunity to respond to any identified concerns prior to any outcome or decision being made. LWB will issue the outcome in writing (e.g. a written warning) and establish a Disciplinary Action Plan (if appropriate). The local PSC representative will assist in the development of these documents and provide the employee with information about any avenue for appeal.

5. Review of Reportable Incidents

1. LWB reviews incidents to ascertain:
 - whether the incident could have been prevented;
 - how well the incident was managed and resolved;
 - what, if any, remedial actions need 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.
2. The nature and extent of any review and/or investigation will differ depending on the circumstance of the incident or allegation, and corrective and restorative measures will be implemented to reduce the risk of future Reportable Incidents; *e.g. client deaths in LWB are reviewed by the LWB Client Death Review Panel.*

3. Reportable Incidents that undergo investigation will be done in accordance with internal operational procedures and with an open dialogue with any external stakeholder where any investigation is being conducted externally *e.g. by the Police*. This process will also consider the risks of the alleged victim, subject of allegation (where relevant) and any other clients of LWB.
4. A formal review and analysis of Critical, Significant and Minor Incidents will occur regularly. The NSU will produce monthly reports that are shared with relevant Directorates.
5. The NSU will provide information to the LWB Board, Executive and relevant SLTs through monthly reporting and ad hoc reporting as required.
6. The NSU in partnership with the relevant CPE will collaborate on exploring measures to prevent the recurrence of incidents and improve the safety and quality of services to clients by:
 - reviewing incident handling activities;
 - identifying complex care environments, concentrating on the conditions in which staff and carers work as the likely root cause of an incident (for example, an incident involving injury to a client may be due to a staff training deficit, equipment failure, or other lack of support);
 - focusing on ways to build capability and improve performance in order to prevent errors or reduce their effects;
 - reviewing practices, processes and systems and not exclusively focusing on individual performance; and
 - recommending changes through either redesign or development of new systems or processes, to improve the level of performance and reduce future risks.
7. Reviewing Reportable Incidents enables LWB to monitor and mitigate new and emerging, escalating, strategic and key business risks promoting greater opportunity for continuous improvement of our supports and services.

Action by the NDIS Commission

1. The NDIS Commission can require LWB to do one or more of the following, in response to receiving a notification of a Reportable Incident:
 - give information in relation to the Reportable Incident to police;
 - refer the Reportable Incident to another person or body with relevant responsibilities in relation to the Reportable Incident (e.g., child protection authorities);
 - require or request LWB to undertake specified remedial action in relation to the Reportable Incident within a specified period, including remedial action to ensure the health, safety and wellbeing of the person with disability affected;
 - carry out an internal investigation in relation to a Reportable Incident;

- conduct an inquiry; or
 - take any other action considered appropriate in the circumstances.
2. The NDIS Commission may provide, or can require a registered provider (LWB) to provide information on the progress or outcome of an investigation to the following people:
- the client who was involved in the incident (or their representative); and
 - any person nominated by the client (or their representative) to receive the information.
3. The NDIS Commission can carry out its own investigation or inquiry in relation to the Reportable Incident as it sees fit.

6. Record keeping

Records relating to Reportable Incidents that occur or are alleged to have occurred, are to be kept for a period of at least 7 years from the date of notifying the NDIS Commission. LWB records contained in i-Sight will never be deleted.

Any other commonwealth, state or territory laws are also to be adhered to, particularly in relation to medical records and work, health and safety.

7. Related policy, legislation and key documents

Organisational

- [National Safeguarding Framework](#)
- [Apology Framework](#)
- [We Put Children First](#)
- [LWB Employee Code of Conduct](#)
- [National Incident Management Procedure](#)
- [Mandatory Reporting and Response Policy Guideline](#)
- [Responding to a Client Death Policy Guideline](#)
- [Factsheet - Cultural Care, Aboriginal and Torres Strait Islander People](#)
- [NDIS LWB 5554 Responding to Unexplained Bruising Suspicious Mark or Injury - Procedure](#)
- [NDS LWB 5801 Implementing Positive Behaviour Support – Procedure](#)
- [NDIS LWB 5806 Prohibited and Restrictive Practices – Resource](#)
- [NDIS LWB 923a Reportable Incident – Template](#)
- [NDIS LWB 923b Reportable Incidents – NDIS Client Incident Matrix](#)
- [NDIS LWB 923c Reportable Incidents – Process Flowchart](#)
- [NDIS LWB 923d Reportable Incidents – URP Reporting Process Flowchart](#)

- [NDIS LWB 923e Reportable Incidents – Working With Police Guideline](#)
- [NDIS LWB 923f Reportable Incidents – i-Sight Categories Types and Sub-Events for Client Events](#)

External

- NDIS Act 2013
- NDIS (Incident Management and Reportable Incidents) Rules 2018