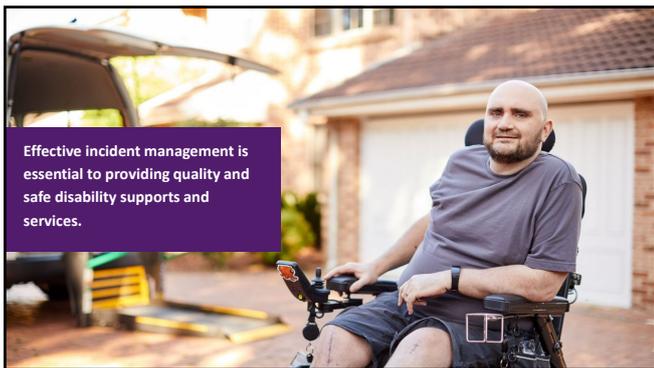




Reportable Incidents Presentation Residential Aged Care Providers

October 2020



Effective incident management is essential to providing quality and safe disability supports and services.

Introduction

All registered providers must have an incident management system in place to record and manage incidents.

Providers are required to notify us of Reportable Incidents that occur in connection with the delivery of NDIS supports and services.

Reporting the incident to the NDIS Commission does not replace notifying any appropriate authorities, such as the police.

National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018

What is an incident management system?

It is the responsibility of the registered NDIS provider to record, respond to, and manage incidents in accordance with their incident management system and procedures.

This includes all incidents that occur in connection with providing supports or services to a person with disability that have, or could have, caused them harm.

It also includes incidents involving an act by the person with disability that could have caused harm to another person.

Of these incidents, some will be reportable to the NDIS Commission.



Key aspects of an incident management system

- Be proportionate to the size of the organisation
- Be proportionate to the classes of supports and services provided
- Set out the procedures for identifying, managing and resolving incidents
- Be documented
- Be accessible and explained to people with disability and workers

What is a Reportable Incident?

A serious incident or allegation which results in harm to an NDIS participant and occurs **in connection with NDIS supports and services**.

The following must be reported to the NDIS Commission:

- the death of an NDIS participant
- serious injury of an NDIS participant
- abuse or neglect of an NDIS participant
- unlawful sexual or physical contact with, or assault of, an NDIS participant
- sexual misconduct committed against, or in the presence of, an NDIS participant, including grooming of the NDIS participant for sexual activity
- the unauthorised use of a restrictive practice in relation to an NDIS participant



Death of an NDIS participant

Includes deaths that occur:

- while a support or service is being provided (e.g. in a person's home or supported disability accommodation)
- as a result of, or, in connection with the provision of supports or services.

The circumstances surrounding a death will vary.

Whether a death is reportable will depend on whether a registered provider was providing NDIS-funded services in the lead up to the death and the nature of those services.

This includes deaths that are both **expected** and **unexpected**.

Serious Injury

A serious injury includes, but is not limited to:

- fracture
- burn
- deep cut
- extensive bruising
- concussion
- any other injury requiring hospitalisation.

In determining whether an injury is 'serious', also consider the level of harm caused.

Abuse and Neglect

Abuse may include:

- behaviour management that is seriously inappropriate or improper
- making excessive and/or degrading demands of a person with disability
- hostile use of force towards a person with disability
- a pattern of seriously inappropriate, degrading comments or behaviour towards a person with disability
- psychological abuse, including harassing or harmful behaviour, and verbal abuse
- financial abuse, including withholding or misuse of money not authorised by the person with disability, or coercion.

Abuse and Neglect

In the context of the NDIS Commission reportable incident scheme,

- Neglect would generally only occur in relationships where a duty of care exists.
- Therefore this category can only be attributed to the conduct (including inaction) of an NDIS provider or worker
- In determining neglect, the nature of the worker's care responsibilities provides the context against which the incident or allegation needs to be assessed.
- Can be one incident or a pattern of incidents.

It includes

- *Supervisory neglect*
- *Failure to protect from abuse*
- *A reckless act/failure to act*

Unlawful sexual or physical contact/assault

| Notify | Need not notify |
|-------------------|--|
| Sexual assault | Restraining in accordance with Positive Behaviour Support Plan |
| Indecent assault | Disarming to prevent harm to self or others |
| Acts of indecency | Separating fighting NDIS participants |
| Physical assault | Moving out of harm's way |
| | Preventing intentional harm to property |
| | Self defence or defence of others |

Sexual Misconduct

Includes acts committed against, or in the presence of, a person with disability including:

- Unlawful sexual conduct
- Crossing Professional Boundaries
- Sexually explicit comments & other overtly sexual behaviour
- Grooming behaviour.

This includes sexual misconduct by an NDIS participant towards another NDIS participant in connection with the provision of supports or services by a registered NDIS provider.

Unauthorised Use of a Restrictive Practice

| | |
|---|--|
| <p>Reportable</p> <p>Involved use of</p> <ul style="list-style-type: none"> • Seclusion • Chemical restraint • Mechanical restraint • Physical restraint • Environmental restraint <p>This includes every use of a routine chemical, environmental or mechanical restraint</p> | <p>Not reportable</p> <ul style="list-style-type: none"> • Use is in accordance with an approved behaviour support plan • Applicable authorisation state based authorisation • Contact - Behaviour support team for advice |
|---|--|

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Restrictive Practices

Seclusion - Seclusion is the sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted;

Chemical restraint - Chemical restraint is the use of medication or chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition;

Mechanical restraint - Mechanical restraint is the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes;

Physical restraint - Physical restraint is the use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered as the exercise of care towards a person.

Environmental restraint - Environmental restraint restricts a person's free access to all parts of their environment, including items or activities.

Timeframe for reporting

Most Reportable Incidents must be notified to us within 24 hours of a provider's key personnel being made aware of it.

A more detailed report about the incident and actions taken in response to it must be provided **within 5 business days**.

The **unauthorised use of restrictive practice** must be notified to us within **5 business days** of a provider's key personnel being made aware of it.

If there is **harm to a participant**, it must be reported within **24 hours**.

How to Report an Incident

Use the [NDIS Commission Portal](#) 'My Reportable Incidents' page to notify and manage all reportable incidents.

Authorised Reportable Incident Approver – person that has the authority to review and be responsible for submission to the NDIS Commission.

Authorised Reportable Incident Notifier – supporting team member who can assist the Approver collate and report the required information.

Actions we can take

If a Reportable Incident raises a serious compliance issue, we have powers to take action, which may include:

- requiring the provider to undertake specified remedial action
- carrying out an internal investigation about the incident
- engaging an independent expert to investigate and report on the incident
- give information to police or refer to another body e.g. child protection authorities.

Registered providers must make their records available to auditors as part of their quality assurance process, and contribute to our investigations relating to incidents.

Investigative Powers and Enforcement Action

The NDIS Commission will respond **appropriately** to issues that arise, and identify opportunities to prevent them occurring again.

- Early resolution
- Conciliation
- Compliance action