

INCIDENT MANAGEMENT

THE ART OF MINDFUL PSYCHOLOGY (AoMP) complies with incident reporting system that is consistent with the relevant guidelines of NDIS Quality and Safeguards Commission; the NDIS Incident Management and Reporting Incidents Rules 2018–2021.

Incident reporting is key element of quality improvement and safety. It is the responsibility for all AoMP contractors, clients and management to report incidents and ensure that they are fully investigated and reported following the specified requirements by NDIS Commission and Department of Human Services.

Incident Types and Categories:

- **Category 1.** – Catastrophic Outcome
- **Category 2.** – Serious Incidents
- **Category 3.** – Minor Incidents

CATEGORY ONE | CATASTROPHIC OUTCOME

Category One is the most serious of incidents that can occur during service delivery. These serious incidents **MUST** be reported within one working day to the Commission.

AoMP understands some incidents may occur outside of service delivery hours, however, all clients, families and support team can contact Nicole Osborn at any hour to discuss and report such incidents to seek advice and support. From here, Nicole can advise the reporting process and activate it on your behalf confidentially.

Although a reportable incident may happen to a person at the time they are receiving a service from a registered NDIS provider, this will not mean, on its own, that the incident occurred in connection with the service. If it was merely a coincidence that the incident happened at that time, then it is not *'in connection with'* the service delivery and does not need to be notified to the Commission.

Examples of Category One incidents include:

- The death of, or serious injury to a client, family member or staff member.
- Allegations of, or actual serious sexual or physical assault of a client.
- All assaults, abuse or neglect of a client by a staff member or volunteer, regardless of injury or type of assault.
- Sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity.
- Use of restrictive practices in relation to a person with disability, other than where the use is in accordance with an authorisation of State or Territory in relation to the person.
- An incident that has the potential to involve high levels of public or legal scrutiny.

REPORTING INCIDENTS TO EXTERNAL AGENCIES

Category One is regarded as a *Reportable Incident*, identified as an incident that has happened or allegedly happened in connection with the provision of supports or services of Registered NDIS providers. Incidents may include serious injury, abuse (physical, emotional, verbal and/or mental), neglect or unauthorized use of a restrictive practice to a person with a disability.

Such incidents are reportable to:

- NDIS Quality and Safeguards Commission; and/or
- The Department of Health and Human Services; and/or
- Child Protection Services; and/or
- other relevant government departments.

CATEGORY TWO | SERIOUS INCIDENTS

Category Two involves incidents that seriously threaten clients or staff and/or requires immediate medical attention. These incidents **MUST** be reported within two working days.

Examples of Category Two incidents include:

- Incidents that did NOT lead to significant client or staff injury or death, but very near misses.
- Client or staff behaviour that could result in potential risk to clients or others.
- Suspected fractures, head injuries (including those where there is a change in consciousness), burns, severe allergic or anaphylactic reactions, breathing difficulties or heavy blood loss)
- Any harmful acts, event or circumstance that occur, including physical, emotional or psychological impacts (such as physical injuries, emotional impacts such as fear or poor self-esteem, and psychological impacts such as depression, or impacts on a person's learning and development).

When a serious incident occurs, staff will:

1. Remain calm. Remove injured person(s) from any potential further injury or trauma, if safe to do so. Seek assistance if necessary.
2. Calm and comfort the injured person(s). Assess the injury.
3. If necessary, instruct another staff member to call emergency services on 000.
4. Alert other staff to the incident and inform them how they may be able to assist (e.g. call injured person(s) parents/guardian/partner, informing the coordinator, ensuring adequate support of other clients present, retrieving ice-pack or other first aid items).
5. Administer necessary first aid until ambulance assistance or the parent/guardian/partner arrives. All food and drink should be withheld until the injured person(s) has seen a doctor or ambulance officer, in case an anaesthetic should be needed.
6. Accompany the injured person to the hospital, if their parent/guardian/partner has not already arrived. Bring any medical information records of the injured person(s), and stay with the patient until their parent/guardian/partner arrives.
7. Where necessary, an Incident Event Record form should be completed, outlining more specific details about the incident, including adults and children involved. This form will be filed confidentially in the relevant client's records after completion.

Following a serious incident involving one person:

- Serious incidents in connection to services will be reported to the Commission within 24-hours by AoMP or the support coordinator.
- An *Incident, Injury, Trauma and Illness* form for the injured person will be completed within 24-hours of the incident, and file it confidentially with the clients records.

Following a serious incident involving more than one person:

- AoMP will notify the Commission of any serious incident, as soon as practicable.
- AoMP will complete an Incident, Injury, Trauma and Illness for the injured person(s) within 24-hours and file it confidentially with the client's records after completion.
- Nicole Osborn will complete an Incident Event Record for the person who injured another client/staff within 24-hours and file it confidentially with that client's records. The Incident Event Record is for AoMP use only, to document any additional, confidential information around a serious incident. This may include information about friendships, recent changes in the client's home life, recent happenings within the service program, and brainstorming of ideas to reduce the likelihood of future events.

CATEGORY THREE | MINOR INCIDENTS

A minor incident is defined as one that results in an injury that is small and does not require any medical attention (i.e. attention from a medical practitioner).

Some common examples of Category Three Minor Incidents include:

- Small lacerations, grazes, bruising and minor nosebleeds
- Minor stings, burns or rashes (which do not involve an allergic reaction, medical visit and are non-poisonous)
- Extensive damage to furniture or equipment by client during treatment.

When a minor incident occurs, staff will:

1. Remain calm. Remove person(s) from any potential further injury or trauma.
2. Calm and comfort the injured person(s). Assess any injuries.
3. Alert other support staff to the incident, and inform them how they may be able to assist (e.g. ensuring adequate support provided to other clients if in group setting, getting ice pack or other first-kit items).
4. Administer any necessary first aid.
5. Notify client's parent/guardian/partner of the incident and any actions taken as soon as possible within a 24-hours period.
6. When necessary, continue to monitor the client throughout the day/session, making note of any changes in their condition.
7. Complete an *Incident, Injury, Trauma and Illness* form (see Appendix 2.), and file it confidentially with the client's records.
8. If the incident involves more than one person, depending on the severity of the incident, a support team member may choose to complete an *Incident Event Record* (see Appendix 1.) for the client who injured another person, as soon as practicable (within 24-hours) and file it confidentially within the client's records. The *Incident Event Record* is for AoMP use only, to document any additional, confidential information about the incident. This may include information about friendships, recent changes in the client's home life, recent happenings within the service program, and brainstorming of ideas to reduce the likelihood of future events. It is at the discretion of AoMP and the Support Coordinator whether an *Incident Event Record* is required following a minor incident.

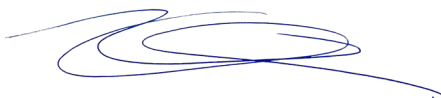
REPORTING INVESTIGATIONS AND REVIEW

AoMP are committed in supporting individuals through the process of an incident report. We understand investigation reports may be sent to the NDIS Quality and Safeguard Commission, and possibly aforementioned departments.

THE SAFETY AND WELLBEING OF INDIVIDUALS REMAIN OUR PRIORITY OF CONCERN AND CONSIDERATION.

We understand analysis of incident data will help improve the quality of services. Following any incident report, AoMP will review and assess each case to ensure:

- the environment provided to clients and staff members is safe and secure at all times.
- Identify where an incident may have been prevented (or the severity lessened) by some action (or inaction) by a registered NDIS provider or worker, and address these factors promptly to prevent or minimise the risk of a reoccurrence.
- Provision and managing rehabilitation services, counseling and/or other supports are provided.
- Retraining or further training where required.
- Collaboration (with consent) with other appropriate service providers is sourced within reasonable time to assist client(s).
- Revision of support plan, post-incident.
- Risk Management plan is completed to identify any further risks.
- Implementation of refined and/or new strategies are implemented, communicating these strategies to all those involved in the client's support network.



NICOLE OSBORN
Founder | Psychotherapist
01 November 2021

INCIDENT, INJURY, TRAUMA AND ILLNESS RECORD

Details of person completing this record

Full Name: Position/Role:
 Service Name: Signature:
 Time record was made: am/pm Date record was made:

Person's impacted by incident details

Full Name: Date of Birth: Gender:
 Emergency Contact Name: Contact Number:
 Support Coordinator (if applicable): Agency/Service Name:

Location and Witness details of Incident | Injury | Trauma | Illness

Incident: Injury: Trauma: Illness: Date: Time: am/pm
 Address of service where incident occurred:
 Specify location within service of incident/injury/trauma/illness:
 Name of person who witnessed incident: Role:
 Witness' signature: Date of signature:

Description of Incident | Injury | Trauma | Illness

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Nature of Injury | Trauma | Illness *(Indicate the part of the body affected on this diagram below)*



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| <input type="checkbox"/> Abrasion/scrape | <input type="checkbox"/> Concussion | <input type="checkbox"/> Poisoning |
| <input type="checkbox"/> Allergic reaction (not anaphylaxis) | <input type="checkbox"/> Crush/jam | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Cut/open wound | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Drowning (non-fatal) | <input type="checkbox"/> Seizure/unconscious/convulsion |
| <input type="checkbox"/> Asthma/respiratory | <input type="checkbox"/> Electric shock | <input type="checkbox"/> Sprain/swelling |
| <input type="checkbox"/> Bite wound | <input type="checkbox"/> Eye injury | <input type="checkbox"/> Stabbing/piercing |
| <input type="checkbox"/> Bruise | <input type="checkbox"/> Infectious disease (inc. gastrointestinal) | <input type="checkbox"/> Tooth |
| <input type="checkbox"/> Broken bone/fracture/dislocation | <input type="checkbox"/> High temperature | <input type="checkbox"/> Venomous bite/sting |
| <input type="checkbox"/> Burn/sunburn | <input type="checkbox"/> Ingestion/inhalation/insertion | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Choking | <input type="checkbox"/> Internal injury/infection | |

Action Taken

Details of action taken (including first aid, administration of medication, etc.)

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Did **Emergency Services** attend? Yes: No: Time called: Time arrived:

Was medical attention sought from a **registered practitioner/hospital**? Yes: No:

If yes to either of above, please provide details:

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Have any steps been taken to prevent or minimise this type of incident in the future?

If yes, please provide details:

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Who has been notified? (including attempted notifications)

Parent/Guardian/Carer/Partner: Contact number called:

Time:am /pm Date: Notification (please tick): Spoke on phone: Left message:

Director/Support Coordinator/Manager: Contact number called:

Time:am /pm Date: Notification (please tick): Spoke on phone: Left message:

Other Agency (if applicable): Contact number called:

Time:am /pm Date: Notification (please tick): Spoke on phone: Left message:

NDIS Commission (if applicable): Contact number called:

Time:am /pm Date: Notification (please tick): Spoke on phone: Left message:

Police, DHS, Child Support, etc (if applicable): Contact number called:

Time:am /pm Date: Notification (please tick): Spoke on phone: Left message:

Parental/Guardian acknowledgment

I, have been notified of my child's: incident injury

(Printed name of Parent/Guardian/Carer) Please tick applicable box(es) trauma illness

Signature: Date of declaration:

Additional Notes:

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INCIDENT EVENT RECORD (CONT.)

Details of person completing this record	
Full Name:	Signature:
Time record was made: am/pm	Date record was made:

Who has been notified? (including attempted notifications)	
Parent/Guardian/Partner of injured person:	Contact number called:
Time:am /pm Date:	Notification (<i>please tick</i>): Spoke on phone: <input type="checkbox"/> Left message: <input type="checkbox"/>
Parent/Guardian/Partner of other person:	Contact number called:
Time:am /pm Date:	Notification (<i>please tick</i>): Spoke on phone: <input type="checkbox"/> Left message: <input type="checkbox"/>
Support Coordinator/Agency of injured person:	Contact number called:
Time:am /pm Date:	Notification (<i>please tick</i>): Spoke on phone: <input type="checkbox"/> Left message: <input type="checkbox"/>
Support Coordinator/Agency of other person:	Contact number called:
Time:am /pm Date:	Notification (<i>please tick</i>): Spoke on phone: <input type="checkbox"/> Left message: <input type="checkbox"/>
Regulatory authority (if applicable):	Contact number called:
Time:am /pm Date:	Notification (<i>please tick</i>): Spoke on phone: <input type="checkbox"/> Left message: <input type="checkbox"/>