

Incident Management Policy

POLICY AND PROCEDURE

Purpose

To provide clear guidelines around the reporting of incidents, near misses and hazards for all staff.

Scope

This policy applies to all staff employed by Subee Newlake.

Definitions

Incident: An Incident is defined as a specific event, near miss, or deviation from procedure that may result in injury (minor or major) or death; damage to private or public property; or risk to the business in terms of disruption which may impact systems and operations, funding, liability, or reputation. Examples include (but are not limited to):

- Client, clinical, behavioural, or environmental issues
- Operational issues such as missed shifts or staffing performance
- Work, health, and safety issues
- Bullying or issues that workers feel create stress within the workplace
- Injury to person or property, near miss or potential to cause injury

Hazard: Anything or event that has the potential to cause harm, injury, illness to a person/s, or to property.

Near miss: An incident that could have resulted in an injury or illness, danger to health or damage to property.

Critical Incident: Any event which causes disruption to the business, creates significant danger or risk or which creates a situation where clients and/or employees, feel unsafe,

vulnerable and under stress. It is highly subjective and in some instances the perception of what is critical may differ from one person to the next. Examples include (but are not limited to):

- An immediate threat of harm to the client and/or care worker.
- A clinical incident which could be perceived as negligence, whether or not the client was harmed or impacted.
- A clinical incident or accident (including motor vehicle) in which the client was harmed.
- Any incident which involved an emergency service (police, fire, ambulance, SES).
- Any suspected or witnessed abuse or neglect.

An incident is not a complaint about a person, process, or resource unless it fits into one of the categories above. Both staff and clients can access the complaints process by filling in the complaints form or communicating in another method directly with a member of the senior management team.

Delegated Managers: for the purposes of this policy a delegated manager is any senior person with appropriate organisational knowledge to assist in the following areas:

- Clinical - Service Coordinator or RN who will escalate to the Clinical Team Leader
- Rosters - Roster Coordinator
- WHS – Human Resource Manager
- Staff behaviour – Human Resource Manager or Management Team.

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Reportable Assault

A reportable assault as defined in the Age Care Act (section 63-1AA) means:

- Unlawful sexual contact with a resident of an aged care home, or
- Unreasonable use of force on a resident of an aged care home.

Although Subee Newlake provides in home care, management will report to the police and the Aged Care Commission incidents of alleged or suspected reportable assaults within 24 hours of the allegation, or at time of suspect a reportable assault has occurred.

Subee will take reasonable measures to ensure staff members report any suspicions or allegations of reportable assaults to the office, who will escalate immediately to the CFO. Subee will also protect the identity of any staff member who makes a report and protect them from victimisation.

Policy Statement

Clients, potential clients, service providers, employees and any community stakeholders may initiate an incident reporting process either formally or informally.

The Subee Newlake Incident Reporting policy may overlap at times with the Feedback and Complaints Policy; however, a feedback or complaint does not automatically generate an incident report.

Incidents are a key CQI tool, are used to improve service delivery and inform policy and procedural change and corrective action. All incident reports are treated confidentially and with urgency until the nature of the

report is clearly understood. Information is shared internally on a need-to-know basis only that supports timely resolution. This information is only accessible by select staff on TRACK register.

Reporting Process

An incident may be reported by a client, an employee, or a member of the public (for instance, an unrelated party who has witnessed an accident).

Incidents may be reported:

- Verbally, in person or over the phone. Staff members reporting an incident will be asked to fill out an Incident Form.
- On an Incident Form submitted in person or email in the first instance.
- Via a Progress Report; using the incident reporting section of the document. If an incident is identified in this manner the staff member may be asked to fill out an Incident Form.

Incidents need to be notified to administration in the first opportunity. However, support staff should first ensure the safety of themselves, the client and family and general public if an incident occurs. If there is any immediate threat the first reaction should be to call for assistance (000) and advise Subee only when it is safe to do so.

Support staff should seek to advise their supervisor and email the incident form directly to them only. In some cases, the supervisor receiving the report may complete the form, but this should happen only in extraordinary circumstances.

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The administration employee who receives the incident form is then responsible for escalating to a delegated manager, or, if appropriate, can themselves take all reasonable steps towards resolution and advise a manager as soon as possible. They should request an incident report and forward to the supervisor at the first opportunity.

If the incident is considered critical, it should be escalated to the CFO immediately. If there is any uncertainty about whether it should be defined as 'critical' then it should be escalated as such.

Completing Documentation

In all instances, the supervisor is responsible for ensuring the incident report is recorded on TRACK and that Management is made aware.

The Quality Manager will contact staff if the form is considered to be incomplete or if the completed document is not forthcoming within two working days.

The Quality Manger will maintain the Incident Register on TRACK, whilst the HR Manager will file reports on employee and client files as required.

Incidents, complaints, and feedback are recorded on TRACK as a form of documenting/reporting, measuring, and reviewing these events.

TRACK Reporting Mechanisms

TRACK has an Incident register, risk register, Non-conformance (NCR) register and a Corrective Actions (CAR) register.

Incident reports and action plans are discussed at Management Quality Review meeting held at least bimonthly. All employees can enter an incident as it occurs. Only senior management can read incidents and complaints to maintain confidentiality and privacy. The Quality & Safety Co-ordinator is responsible for capturing information on the Incident Register. Trends and gaps in services that need reviewing can be obtained from TRACK reports.

Corrective Actions (CA)

Corrective actions (CA) is an action taken to control the risk and reduce the likelihood of future occurrences. It is often developed in response to an incident or failure.

They are a proactive approach which outline the immediate actions you take plus the action plan you develop to prevent recurrence. Corrective actions can arise through workplace inspections and reviewing regulatory requirements.

Process to report a CA:

- Document the problem on TRACK under CAR's
- Record your immediate/temporarily action to resolve the problem.
- Service co-ordinators or Management to investigate the cause of the problem – how did it happen, why did it happen, could it happen again?
- Propose an appropriate solution (Plan of action) that will prevent the problem happening again. This may mean a change to the process, and/or the system.
- Report on what actions were taken.
- After an appropriate period, service co-ordinators or management will need to assess whether the actions

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taken were successful in preventing recurrence.
Document the evidence to support your decision.

- Once the CFO is satisfied the problem is not recurring, you can close the issue.

Records of corrective actions provide evidence that the problem was recognised, corrected, and proper controls installed to make sure that it does not happen again.

CA trends are reviewed by Quality Manager and taken to bi-monthly management review meeting where necessary action plans are developed to address gaps or weaknesses in Subee Newlake services.

Non-Conformance (NC)

Staff raise NC on TRACK to identify problems, issues, failures, and weaknesses, so they can be made visible, addressed, and resolved, and so the whole system is strengthened

You may find a non-conformance in a process or system. It can occur when something does not meet the specifications or requirements in some way. These requirements are defined by regulatory bodies (legislation), quality standards or in the internal procedures of Subee Newlake.

A non-conformance could be identified through: Client, service provider or staff complaints, internal audits, external audits, workplace investigations, audits, feedback, or an incident report.

Process to report a NC:

- Document the problem on TRACK under NCR's

- Record your immediate/temporarily action to resolve the problem.
- Service co-ordinators or Management to investigate the cause of the problem – how did it happen, why did it happen, could it happen again?
- Propose an appropriate solution (Plan of action) that will prevent the problem happening again. This may mean a change to the process, and/or the system.
- You need to report on what actions were taken.
- After an appropriate period of time, service co-ordinators or management will need to assess whether the actions taken were successful in preventing recurrence. Document the evidence to support your decision.
- Once the CFO is satisfied the problem is not recurring, you can close the issue.

Non-conformances maybe addressed with corrective actions (CAR's)

Similarly, to CAR's, Non-conformances trends are reviewed by Quality Manager and taken to bi-monthly management review meeting where necessary action plans are developed to address gaps or weaknesses in Subee Newlake systems.

Resolution

It is Subee Newlake's goal to resolve all incidents within five working days or, if not possible, to be able to demonstrate clear steps toward resolution.

Resolution is achieved only when the client, staff member or any other stakeholder is advised in writing or verbally and accepts the resolution. If the client or other party is not happy with the resolution, they should be referred to the Company Director/Chief Financial Officer.

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Complaints and Feedback:

If a complaint or feedback triggers an incident report, please follow steps for incident reporting. Otherwise, complaints and feedback should be recorded on the Incident Register and processed as per the Feedback Policy.

Appeals Process

If you are unhappy with how an incident has been managed by Subee Newlake Senior Management team, please let us know in writing within 30 days.

Subee Newlake will review your situation. A review is not a reinvestigation of your complaint. We would be looking at whether the processes staff followed were fair and adequate, and whether the conclusions reached were reasonable on the information available.

Staff and clients however are entitled to make an external appeal against the decision Subee Newlake has made.

Appeals can be made to Fair Work Ombudsman

- Fair Work Commission or Ombudsman
- NDIS Quality & Safeguards Commission
- Aged Care Quality & safety Commission
- Ombudsman

Responsibility and Authority

The Company Director/CFO and Quality Manager have responsibility and authority to ensure this procedure is followed. They may delegate tasks to qualified personnel as needed.

All employees are responsible for knowing and following this procedure. In addition, all staff are responsible for:

- Notifying their supervisor of all incidents and completing
- Working in a safe manner and following organisational procedures
- Participating in the investigation of incidents as required
- Participating in the implementation of recommendations arising from the investigation of incidents
- Encouraging colleagues to notify incidents that have been identified.

Related Documents

Risk Management Policy
Abuse and Neglect Policy
Client Feedback and Complaints Management Policy
Reportable Incident and Management Policy
Work & Safety Policy
Clinical Governance Policy
Risk Management Policy
Privacy Policy
Confidentiality Policy
Advocacy Policy

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