

# Incident Management

## 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.

### 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
- Client/non clinical – Team Leader

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- Rosters - Roster Coordinator
- WHS – Human Resource Manager
- Staff behaviour – Human Resource Manager or Management Team.

### Policy Statement

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

The Incident Management 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 Visual Care incident 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 need to be reported:

1. Verbally, in person or over the phone as soon as the incident occurs. Staff members reporting an incident will be asked to fill out an Incident Form.
2. 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 further details
3. Via Incident and Injury Form which can be located on Visual Care and Subee webpage

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.

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 General Director/Clinical Team Leader immediately. If there is any uncertainty about whether it should be defined as 'critical' then it should be escalated as such.

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All relevant third parties should be informed of any incidents that impacts them or the clients care related to them; including but not limited to client's guardian, other service providers, aged care and disability residential accommodation, allied health and medical professionals.

### Serious Incident Reporting Scheme SIRS

**Unreasonable use of force** – for example, hitting, pushing, shoving, or rough handling a consumer

**Unlawful sexual contact or inappropriate sexual conduct** – such as sexual threats against a consumer, stalking, or sexual activities without consumer consent

**Neglect of a consumer** – for example, withholding personal care, untreated wounds, or insufficient assistance during meals

**Psychological or emotional abuse** – such as yelling, name calling, ignoring a consumer, threatening gestures, or refusing a consumer access to care or services as a means of punishment

**Unexpected death** – where reasonable steps were not taken by the provider to prevent the death, the death is the result of care or services provided by the provider or a failure by the provider to provide care and services

**Stealing or financial coercion by a staff member** – for example, if a staff member coerces a consumer to change their will to their advantage, or steals valuables from the consumer

**Inappropriate use of restrictive practices** – where it is used in relation to a consumer in circumstances such as:

**Unexplained absence from care** – where the consumer is absent from the service without explanation and there are reasonable grounds to report the absence to the police.

### Timeframe for reporting SIRS

If a reportable incident occurs or is alleged or suspected to have occurred, the provider must immediately act to protect the safety and wellbeing of those involved.

You must indicate whether the incident is either Priority 1 or Priority 2 based on:

- the incident type
- the harm and/or discomfort caused to the resident
- whether there are reasonable grounds to report the incident to the police.

The priority of the incident determines when it must be reported to the Commission.

**Priority 1 reportable incidents** must be reported to the Commission **within 24 hours** of the provider becoming aware of the incident.

Priority 1 reportable incidents are incidents:

- that have caused or could reasonably have been expected to cause, a consumer physical or psychological harm and/or discomfort that would usually require medical or psychological treatment to resolve, or

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- if there are reasonable grounds to contact the police, or
- of unlawful sexual contact or inappropriate sexual conduct, or
- when there is the unexpected death of a consumer or a consumer's unexplained absence from the service.

### Reporting to the police

You must report an incident to the police where there are reasonable grounds to do so. This includes scenarios where you are aware of facts or circumstances that lead to a belief that an incident is unlawful or considered to be of a criminal nature (for example sexual assault). These incidents must also be reported to police within 24 hours of becoming aware of the incident.

Reporting to police in relation to criminal conduct should occur regardless of whether the incident is alleged or suspected to have occurred.

If you are in any doubt about whether an incident is of a criminal nature, make a report to the police. Police are the appropriate authorities to investigate and identify whether an incident may involve criminal conduct.

### Priority 2 reportable incidents

Priority 2 reportable incidents are those that do not meet the criteria for a Priority 1 reportable incident.

Providers must report Priority 2 reportable incidents to the Commission **within 30 days** of becoming aware of it occurring.

### How do I report an incident?

Providers must report incidents using the SIRS tile on the My Aged Care Provider Portal.

Providers should make sure staff have training and access to the portal to submit reports on time.

For information on using the My Aged Care Provider Portal visit the Department of Health and Aged Care's [My Aged Care – Service Provider Portal Resources](#)

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 General Manager. Subee will also protect the identity of any staff member who makes a report and protect them from victimisation.

### Completing Documentation

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

The Team Leaders will contact staff if the form is incomplete or if the completed document is not forthcoming within two working days.

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

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

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### Visual Care Reporting Mechanisms

Visual Care has an Incident 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 via timesheets. Only administration staff 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 Visual Care reports.

### Corrective Actions (CA)

Subee maintains a risk register, Non-conformance (NCR) register and a Corrective Actions (CAR) register.

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 Risk/CARs register
- 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 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 which is entered to the Risk/NC register 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

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defined by regulatory bodies (legislation), quality standards or in the internal procedures of Subee.

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 Risk/NCR's register
- 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 General manager 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 monthly management

review meeting where necessary action plans are developed to address gaps or weaknesses in Subee systems.

### Resolution

It is Subee 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.

### 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 Complaints and Feedback Policy.

### Appeals Process

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

Subee 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.

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Staff and clients however are entitled to make an external appeal against the decision Subee 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 Team Leaders and Managing Director/Clinical Team Leader 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 an Incident Form
- 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.

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