

Policy Statement

Irabina Autism Services (Irabina) incident management processes are outlined in this policy and are aligned with the [National Disability Insurance Scheme \(NDIS\) Incident Management and Reportable Incidents Rules 2018](#) and the Reportable Conduct Scheme, to effectively respond and report, reportable and non-reportable incidents that occur across the services Irabina provides clients.

Purpose

The Incident Management Policy provides the guidance for Irabina to respond and manage Incidents relating to clients and staff, safety, hazard identification, and risks.

It ensures the Irabina meets its legislative and duty of care obligations in providing the highest possible standard of services, support and safety to clients and their families, staff, and visitors.

Obligations

Irabina has obligations under the NDIS Incident Management and Reportable Incident Rules, and the Victorian Commission for Children and Young People (CCYP) to mandatory report:

- Acts, omissions, events, or circumstances that occur in connection with providing NDIS supports or services to a person with disability and have, or could have, caused harm to the person with a disability.
- Acts by a person with disability that occur in connection with providing NDIS supports or services to the person with disability and which have caused serious harm, or a risk of serious harm, to another person.
- Reportable incidents that have or are alleged to have occurred in connection with providing NDIS supports or services to a person with disability.
- Sexual offences committed against, with or in the presence of a child.
- Sexual misconduct committed against, with or in the presence of a child.
- Physical violence against, with or in the presence of a child.
- Any behaviour that causes significant emotional or psychological harm to a child.
- Significant neglect of a child.

Type of incidents

Irabina incident management system:

- Provide supports and services in a safe and competent manner, with care and skill.
- Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability.
- Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect, and abuse of, people with disability.
- Take all reasonable steps to prevent and respond to sexual misconduct.
- Implement all legislative requirements, including the new 11 Child Safety standards.

Scope and application

This policy is designed for the management of incidents that have impacted clients, or have the potential to impact Irabina, or the service delivery and operations, property, and the environment.

This policy applies to all clients, staff, and visitors on and off Irabina sites while participating in Irabina activities.

Irabina has a separate process in place to manage staff incidents which is managed by the People and Culture team.

The incident procedure is set up to align with the NDIS Incident reporting and management guidelines as explained on below flow chart.



Procedure

This procedure provides the steps to follow to investigate an incident that involves a participant.

IDENTIFY



Incidents may be identified in a number of ways, including:

- Where a worker or another person observes the incident.
- Where a worker or another person is involved in the incident.
- A client / family member makes a disclosure about the incident.
- Or another party informs you that the incident occurred.

Irabina educates and promotes staff to identify and report incidents when they occur or when they have been informed of an incident, the incidents are reported through the incident management reporting system which is managed by the Quality Team.

Irabina fosters a culture where the Board CEO, Exec and Management team ensures all staff feel safe to report any concerns they may have for the safety and wellbeing of children and young people.

Irabina is supportive of incident identification and ensures that all incidents that occur, Irabina reports all reportable and non-reportable incidents.

Irabina staff meet regularly to discuss incidents, the investigations, and learnings towards continuous improvement for the safety of clients and staff.

Some incidents will be simple to identify, as a worker may witness or be involved in the incident, or a client may make a disclosure about an incident that needs to be investigated and reported. However, other incidents may be harder to identify, especially where they involve abuse, neglect, or other types of reportable incidents.

In addition to incidents or allegations of incidents that are disclosed by an impacted person, or witnessed by someone, there are some additional signs such as changed in behaviour, or behavioural of concerns that may indicate someone is an impacted person. These are indicators of potential incidents, especially where they involve abuse, neglect, sexual misconduct, or unauthorised use of restrictive practices.

SUPPORTS



When an incident occurs – irrespective of whether it is reportable or not – you must take action to ensure the safety and wellbeing of people involved in the incident (clients, families, and workers). For example, if a person suffers a serious injury and requires medical treatment, you must immediately contact appropriate emergency services.

In the case of an emergency, all staff are to follow the Irabina Emergency response plan for when incidents occur, to ensure the health, safety, and wellbeing of people, a response plan for how to deal with incidents could include:

- Any actions to be taken immediately after an incident to ensure the health, safety and wellbeing of a client or person involved in an incident.
- The assessment and mitigation of any immediate risks to other clients that could be impacted by the incident
- Where the incident is or may be a reportable incident, further action that must be taken.

All incidents should be responded to with the following actions:

- Ensure you protect your health and safety.
- Ensure you protect the health and safety of others, and if safe to do so, take appropriate action to make the area safe or to prevent any further likelihood of injury or illness.
- If required, contact emergency services (000).
- If required, and if safe to do so, provide first aid to any other persons affected by or involved in the incidents.

The nature of the incident including the severity/consequence of an incident will determine the response required. Most incidents can and will be managed locally as part of a business as usual approach.

RECORDS



Irabina records the incident in an incident form, which is transferred to Irabina's central Incident Register, which outlines the NDIS Incident reporting processes. Incident forms, investigation material, risk reports etc is stored centrally with the Quality Team.

Expectations for recordkeeping:

- Store information and records (both paper and electronic) relating to incidents and investigations in a safe and secure place.
- Act on all reports including development of risk reduction plans and documenting the outcomes achieved.
- Reflect on whether a strategy was effective or ineffective and reflect the learning in other practice.

- Monitor the documented risk reduction action plans in a risk register accordingly, to the *Health Record Act 2001*¹ requirement.
- The Health Records Act's Health Privacy Principle 4.2 imposes specific requirements for the retention of personal health information:
 - for adults, seven years from the last entry.
 - for records created when a patient/client was less than 18 years, until they reach 25 years. The retention requirements specified above do not apply where the Public Records Act 1973, the regulations or any other Act specifies a minimum retention period that is of a longer or shorter duration. (see Irabina Health Records Policy for more detailed information).
- Records relating to the worker who is the subject of an allegation should be kept on a file that is separate to their staff file, to ensure no privacy or confidentiality requirements are breached.
- Information, relating to the assessment, or investigation if one is conducted, that is pertinent to supporting a client (including where they are the impacted person, or the subject of the allegation) or management of the worker, could be copied to their respective staff or participant files for future reference.
- All files relating to a specific incident are kept centrally by the Quality Team, to ensure all information relating to a reportable incident is readily accessible.
- Access to records is limited to appropriate workers who have a business purpose for doing so e.g., accessing information that is directly related to the provision of support to the client.

Recording and storing information

Incident management system for Irabina is currently securely kept in Quality drive with only an authorised employee has the access of all records related that is related to Incident Management. At the time of this policy written, the Incident Management System is on the transition to the new Irabina's SharePoint site which is specifically designed for Incident Management System record keeping to better secured all data.

Below is the responsible internal stakeholder who is responsible for collecting information regarding the circumstances of an incident:

- Quality team is responsible for:
 - Administration and data entry recording of all client incidents into the incident registry.
 - Back-end administration housekeeping of the incident management folder.
 - Act on all NON reportable incidents to follow up closure of incidents.
 - Provide coaching support to teams.
 - Conduct incident reviews to ensure all incidents are closed off by the manager
 - Conduct internal audits and reports to relevant executive and committees.
 - Generate reports for Board, Executive, and external bodies as required.
 - Conduct internal Audits.

¹ [Health Record Act 2001](#)

Section 4.2 (b) under Health Records Act 2001 stated that:

4.2 A health service provider must not delete health information relating to an individual, even if it is later found or claimed to be inaccurate, unless—
(a) the deletion is permitted, authorised, or required by the regulations or any other law; or
(b) the deletion is not contrary to the regulations or any other law and occurs—
(i) in the case of health information collected while the individual was a child, after the individual attains the age of 25 years; or
(ii) in any case, more than 7 years after the last occasion on which a health service was provided to the individual by the provider
— whichever is the later.

- Responsible Manager is responsible for:
 - Reporting of reportable incidents in Proda.
 - Act on all reportable incidents to follow up closure of incidents.
 - Provide coaching support to teams.

Privacy and confidentiality

Irabina maintain appropriate controls in relation to the privacy and confidentiality of information, particularly where it relates to clients and families receiving NDIS supports and services.

This includes ensuring that personal and sensitive information, including incident reports, are securely stored and when transmitted (either within their Irabina, to other parties such as Police, or in the case of reportable incidents, to the NDIS Commission), so that privacy and confidentiality is maintained.

Information to be collected when an incident occurs

[Adapted from NDIS Detailed Guidance for Registered NDIS Providers.](#)

- Details of the incident or allegation.
- Initial Response.
- Reporting to other bodies.
- Assessment and Investigation.
- Risk.
- Consultation.
- Statistical and other information.
- Follow up actions.

REPORTING



Internal reporting of any incident

Irabina ensure that all staff are supported to report incidents and all incidents will be fairly investigated. All staff must comply with the incident management system and be aware of their roles and responsibilities in identifying, managing, and resolving incidents and to help develop processes in preventing incidents from reoccurring.

Assessment of incidents

The Irabina is to undertake an assessment to determine:

- Why the incident occurred.
- Whether the incident could have been prevented.
- How well the incident was managed and resolved.
- What (if any) regulatory action needs to be undertaken to prevent further similar incidents from occurring, or to minimise their impact.

- Whether other persons or bodies need to be notified of the incident. An example of other bodies are Child Protection, Orange Door, Police, or any other external agencies that may related to Irabina.

The assessment is initially initiated by the manager. For any further investigation it may be necessary to involve the People & Culture team, Executive teams, or an external regulatory body.

A post-incident assessment is a requirement of the incident management system, and must be undertaken for all incidents, including for reportable incidents.

The detailed assessment that includes the cause of the incident, its effect on the client and any operational issues that may have contributed to its occurrence must be included in the incident management system.

If Irabina cannot establish the above factors in the assessment, further investigation may be required for any incident. In the case of reportable incidents:

- May opt to undertake an investigation.
- May be directed by the NDIS Commission to undertake an internal investigation; or,
- Engage an external party to undertake an investigation.

Notifying the NDIS Commission of Reportable Incidents

Serious incidents that involve the following must be reported to the NDIS commissioner within 24 hours. Refer to the most up to date information on the [NDIS Quality and Safeguards Commission](#) website online as it is subject to change:

- The death of a participant while being supported.
- Serious injury of a participant while being supported.
- Abuse or neglect of a participant while being supported.
- Unlawful sexual or physical contact with, or assault of, a participant while being supported sexual misconduct committed against, or in the presence of, a participant while being supported, including grooming of the person for sexual activity.

Irabina also reporting on a monthly basis of all of Authorised Restrictive Practices in the NDIS Commission portal which is mandatory reporting.

If any staff becomes aware of a possible reportable incident that has occurred, or is alleged to have occurred, in connection with the provision of supports or services by Irabina, they have a duty to notify one of the following as soon as possible:

- The CEO and Chief Governance, Risk & Compliance Officer
- A member of the registered NDIS provider's key staff.
- A supervisor or manager.
- The person specified in the incident management system as being responsible for reporting incidents.
- That are reportable incidents to the NDIS Commission (Specified Staff).

If an incident is deemed to be a reportable incident:

- A meeting is scheduled with the manager, person reporting the incident, quality team, and any other person deemed necessary to discuss the incident and action plan. A regular meeting is scheduled every Tuesday and Friday morning to discuss the incidents to ensure they are reported in a timely manner to NDIS PRODA portal.

- It must be notified to the NDIS Commission by the specified staff using the approved forms that are available on the NDIS Commission Portal.
- There are set timeframes for notification and providing further information. These timeframes are critical to ensuring an incident is effectively managed.
- All reportable incidents, except for the unauthorised use of a restrictive practice, must be notified to the NDIS Commission within 24 hours of you becoming aware of the incident.
- Any unauthorised use of restrictive practices must be notified within 5 days.
- Irabina are only required to notify the NDIS Commission of reportable incidents that occur in connection with the service Irabina are providing.

If a registered NDIS provider (such as a support coordinator or allied health professional) witnesses an incident or conduct, by another registered NDIS provider, that is reportable, this should be raised to the Quality team by completing incident reporting process and then will be raised as a concern to the relevant external reporting body. I.e., NDIS Commission, Child Protection, Orange Door etc.

This should only happen when:

- They witness or become aware of an incident that is not in connection with the services they themselves are providing; and,
- They believe the registered NDIS provider linked to the incident hasn't notified the NDIS Commission.

Notifying the Victorian Commission for Children and Young People (CCYP)

Under the [Reportable Conduct Scheme](#), Irabina is legally required to notify the Commission of allegations of reportable conduct against a child or young person by a worker or volunteer in their Irabina.

All Reportable Incidents to be reported to CCYP must be reported to the CEO, who will inform the Board Chair of the incident, and keep them information on the investigation progress.

There are five types of reportable conduct:

- Sexual offences committed against, with or in the presence of a child.
- Sexual misconduct committed against, with or in the presence of a child.
- Physical violence against, with or in the presence of a child.
- Any behaviour that causes significant emotional or psychological harm to a child.
- Significant neglect of a child.

Irabina's Child Safety Officer which is currently the Chief Governance, Risk and Officer is required initially notify the Commission of a reportable allegation within **three business days** and update the Commission of progress within **30 calendar days**.

They must also investigate the reportable allegation and provide the findings of the investigation to the Commission.

The Commission for Children and Young People (CCYP) website is available for anyone becoming aware of a reportable allegation to submit an online secure webform. Irabina will use the detailed CCYP investigation guidance processes and templates when investigating an allegation.

Further information and detailed guidance is available on the [Commission for Children and Young People website under Reporting a concern or allegation.](#)

Notifying the Victorian Department of Families, Fairness and Housing (DFFH)

[Mandatory reporting](#) is the legal requirement for Irabina to report a reasonable belief of child physical or sexual abuse to child protection authorities. Mandatory reporting refers to the legal requirement of certain groups of people to report a reasonable belief of child physical or sexual abuse to child protection authorities.

The following are mandatory reporters in Victoria:

- Registered medical practitioners.
- Nurses.
- Midwives.
- Registered teachers and early childhood teachers.
- School principals.
- School counsellors.
- Police officers.
- Out of home care workers (excluding voluntary foster and kinship carers).
- Early childhood workers.
- Youth justice workers.
- Registered psychologists.
- People in religious ministry.

To make a report, should contact the child protection intake service covering the local government area (LGA) where the child normally resides. Telephone numbers to make a report during business hours (8.45am-5.00pm), Monday to Friday, are listed below:

- North Division intake: 1300 664 977
- South Division intake: 1300 655 795
- East Division intake: 1300 360 391
- West Division intake - metropolitan: 1300 664 977
- West Division intake - rural and regional: 1800 075 599
- If unsure which number to call, check the following website for details on the LGAs covered by each intake service at Child protection contacts.

Please note, child protection reports cannot be made via the department's website or email.

Notifying Victorian Occupational Health and Safety Reporting Victoria

Report serious injury or death of an employee to [WorkSafe Victoria](#). The staff must report all the staff related incidents to Irabina People and Culture Team.

Referral to Child FIRST or The Orange Door

Child FIRST or the Orange Door are not a regulatory body. However, if there is a significant concerns for the wellbeing of a child, but do not believe they are at risk of significant harm, and where the immediate

safety of the child will not be compromised, a referral to Child FIRST or The Orange Door may be appropriate.

Contact numbers to make a referral in each local government area are listed at [the Child and family services information](#), referral and support teams page on the Services website.

INVESTIGATE



The purpose for the investigation is to establish the causes of a particular incident, its effect on the impacted person, and any operational issues that may have contributed to the incident occurring.

An investigation may be the most appropriate response for the following examples of incidents; however, this list is not exhaustive:

- The cause of the incident is unknown or could have been one of a number of factors or a combination of factors.
- The nature and the impact of the incident was significant and requires investigation to support the safety and wellbeing of people with disability.
- The incident may involve an allegation against a worker, and an investigation is required to determine what actions are required to manage the potential risk associated with the subject of allegation.

The executive team will discuss whether the investigation will be conducted internally or whether an independent external investigator will be assigned. The Chief governance, Risk and Compliance officer will facilitate the investigation process.

An investigation will include the following phases, or steps:

- Establishing the cause of the incident.
- Determining its impact.
- Identifying operational issues that may have contributed to its occurrence.
- Recommendations / Improvements

An investigation is usually conducted internally but depending on the nature of the incident, the Irabina also chooses to involve other external Irabina to undertake the investigation, or if there is a conflict-of-interest present.

Role and Responsibilities of the investigator

- The investigator will have appropriate decision-making authority and overall responsibility for coordinating and directing the investigation.
- The investigator must be appropriately trained and have the experience required for conducting incident investigations.
- Responsible for overseeing the investigation process and gathering the relevant evidence and facts to ensure that there is an in-depth understanding of the incident.
- The investigator may recommend seeking internal or external experts to advice on matters relating to the investigation.
- Objective and impartial to the incident and investigation.

- To maintain independence, the investigator should have been not involved in the incident and could be:
 - Someone from a different part of the Irabina.
 - Someone from another registered NDIS provider.
 - An external party with the skills and experience to conduct the investigation.

LEARNING



Irabina's incident management system provides a tool that can be learnt from, as it will assist to identify patterns of behaviour or systemic issues that can be continuously improved in providing support to people with disability.

Below are examples of circumstances where staff maybe required to take corrective action:

- Where an incident may have been prevented (or the severity lessened) by some action (or inaction) by staff.
- Where there is an ongoing risk to people with disability.
- Where action by staff may prevent or minimise the risk of a reoccurrence.

Corrective actions aimed at reducing the likelihood of the same type of incident occurring in the future may include:

- Training and education of workers.
- Modification of the environment.
- Development or amendment of a policy or procedure.
- Changes in the way in which support or services are provided.
- Other practice improvements.
- Disciplinary action for the staff involved in the incident including ongoing performance reviews, imposing a probationary period, or termination of employment.

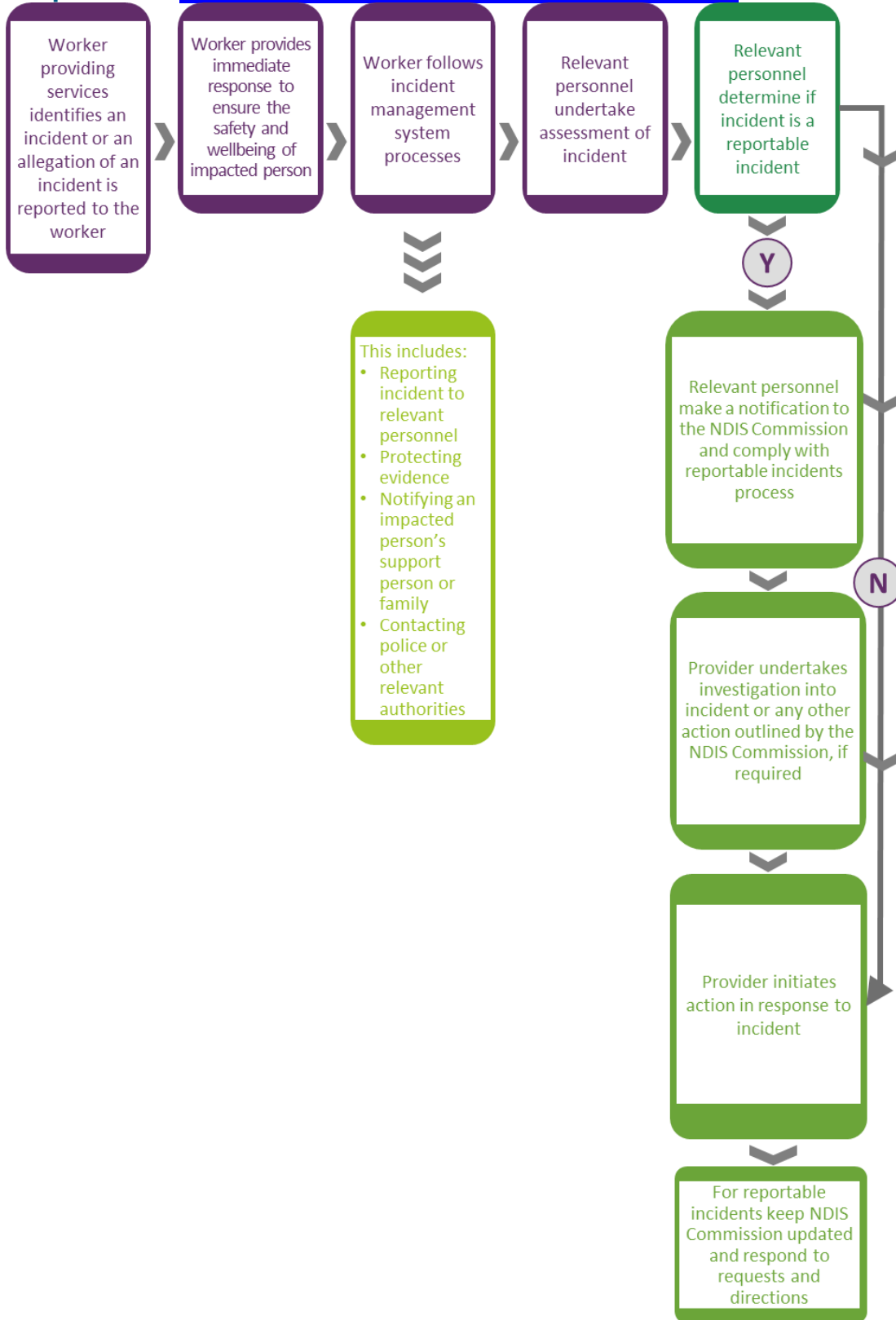
Restorative actions that aim to repair the relationship with the person with disability may include:

- Providing ongoing support to the person with disability impacted by the incident.
- Giving an apology to the person with disability involved in the incident.

In addition, an assessment or investigation may result in you determining that no further action is necessary.

Figure 1: Steps in incident management.

Adapted from [NDIS Guidance of Incident Management Systems](#)



Key Responsibilities

| Role | Responsibility |
|---|--|
| Board of Directors | The Board Chair is to be advised on all Major impact client incidents and risk mitigation strategies to be applied. |
| Chief Executive Officer (CEO) | <ul style="list-style-type: none"> • Ensure the DFFH Client Critical Incident Management Instruction is current and always adhered to. • Building and supporting the culture to report all incidents. • Respond to any media enquiries. |
| Chief Governance, Risk and Compliance Officer | <p>Managers, supported by the Quality Team are responsible for ensuring that all employees have the necessary skills to:</p> <ul style="list-style-type: none"> • Be familiar with the NDIS (Incident Management and Reportable Incidents) Rules 2018 (Cth). • Record serious incidents. • Manage escalated incidents and serious incidents. • Report incidents to the NDIS Quality and Safeguards Commission. • Overseeing and monitor all incidents with the manager involved to ensure the closing of the incident and continuous improvement are in place. <p>Specific responsibility:</p> <ul style="list-style-type: none"> • Quality team is responsible for: <ul style="list-style-type: none"> ○ Administration and data entry recording of all client incidents into the incident registry. ○ Back-end administration housekeeping of the incident management folder. ○ Act on all NON reportable incidents to follow up closure of incidents. ○ Provide coaching support to teams. ○ Conduct incident reviews to ensure all incidents are closed off by the manager ○ Conduct internal audits and reports to relevant executive and committees. • Responsible Manager to ensure: <ul style="list-style-type: none"> ○ Regular supervision practices for staff working with children in vulnerable situations ○ Safety risk assessments are conducted for each child and strategies developed to reduce the risk of potential abuse and neglect. ○ Reporting of reportable incidents in Proda. ○ Act on all reportable incidents to follow up closure of incidents. ○ Provide coaching support to teams. ○ Conduct internal audits. |

| Role | Responsibility |
|-----------|---|
| Managers | <ul style="list-style-type: none"> Overseeing the health wellbeing and safety of the client and team members involved in the incident. Responding to a reported incident, identifying the cause, and initiating the follow up and continuous improvement process. Collaborating with the Quality team to ensure that all protocols are followed. |
| All staff | <ul style="list-style-type: none"> To be familiar with the NDIS (Incident Management and Reportable Incidents) Rules 2018 (Cth) and ensure that reporting incident and adhere to the reporting of the timelines as per the Instruction. To record and escalate incidents to their direct line managers. |

Definitions

| Term | Meaning |
|---|---|
| NDIS | National Disability Insurance Scheme. |
| NDIS Commission | The NDIS Quality and Safeguards Commission. |
| Act | The National Disability Insurance Scheme Act 2013. |
| NDIS provider | <p>A person (other than the NDIA) who receives:</p> <ul style="list-style-type: none"> funding under the arrangements set out in Chapter 2 of the Act; or NDIS amounts (other than as a participant); or <p>a person or entity who provides supports or services to people with disability other than under the NDIS and who is prescribed by the NDIS rules as an NDIS provider. See s 9 of the Act.</p> |
| NDIS (Incident Management and Reportable Incident) Rules 2018 | The Rules require registered NDIS providers to establish an incident management system that meets minimum requirements and that is appropriate for the size of a registered NDIS provider and the supports or services they provide. The rules also set out the obligations on registered NDIS providers to notify, investigate and respond to reportable incidents. |
| NDIS Practice Standards | Consist of a core module and several supplementary modules that apply according to the types of supports and services NDIS providers deliver, and the corporate structure of the Irabina. The NDIS Practice Standards are included in the NDIS (Provider Registration and Practice Standards) Rules and in the NDIS (Practice Standards – Worker Screening) Rules. |
| Registered NDIS provider | Means a person or entity registered under s 73E of the Act to provide supports and services to people with disability. |
| Reportable incidents to the NDIS | <p>Reportable incidents are serious incidents or alleged incidents which result in harm to an NDIS participant and occur in connection with NDIS supports and services. Specific types of reportable incidents include:</p> <ul style="list-style-type: none"> The death of a person with disability. Serious injury of a person with disability. |

| Term | Meaning |
|------------------------------------|--|
| | <ul style="list-style-type: none"> Abuse or neglect of a person with disability. Unlawful sexual or physical contact with, or assault of, a person with disability (excluding, in the case of unlawful physical assault, contact with, and impact on, the person that is negligible). Sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity. <p>The use of a restrictive practice in relation to a person with disability, other than where the use is in accordance with an authorisation (however described) of a State or Territory in relation to the person or a behaviour support plan for the person.</p> |
| Impacted person | A person with disability who has been affected by an incident that has occurred during the provision of NDIS supports and services. |
| Incident | <p>An incident is defined as an act, omission, event, or circumstance. It may mean any of the following:</p> <ul style="list-style-type: none"> Acts, omissions, events, or circumstances that occur in connection with providing NDIS supports or services to a person with disability and have, or could have, caused harm to the person with disability. Acts by a person with disability that occur in connection with providing NDIS supports or services to the person with disability and which have caused serious harm, or a risk of serious harm, to another person. Reportable incidents that have or are alleged to have occurred in connection with providing NDIS supports or services to a person with disability. |
| Key staff | A member of the group of persons who is responsible for the executive decisions of the registered NDIS provider and any other person who has authority or responsibility for (or significant influence over) planning, directing, or controlling the activities of the registered NDIS provider. See s 11A of the Act. |
| Person with disability | A person with disability who is an NDIS participant and receives supports or services from an NDIS provider. |
| Relevant Staff | <ul style="list-style-type: none"> A member of the registered NDIS provider's key staff. A supervisor or manager of the person. The person specified in the incident management system as being responsible for reporting incidents that are reportable incidents to the NDIS Commission (Specified staff). |
| Reportable Conduct Scheme Victoria | The Reportable Conduct Scheme is focussed on worker and volunteer conduct and how Irabina investigate and respond to suspected child abuse. The scheme aims to improve Irabina responses to suspected child abuse and to facilitate the identification of individuals who pose a risk of harm to children, but do not have a criminal record. |

| Term | Meaning |
|-----------------------------|---|
| | <p>The scheme applies to Irabinas required to meet the Child Safe Standards – those with a high level of responsibility for children – and sets out specific obligations for the heads of these Irabinas.</p> <p>The head of the Irabina must ensure that there are systems in place that:</p> <ul style="list-style-type: none"> • Prevent reportable conduct from being committed. • Enable reportable allegations to be made to the head of the Irabina. • Enable reportable allegations that involve the head of the Irabina to be reported to the Commission. |
| Reportable Conduct Victoria | <p>‘Reportable conduct’ is defined in the Child Wellbeing and Safety Act 2005 to include:</p> <p>(a) a sexual offence committed against, with or in the presence of, a child, (b) sexual misconduct, committed against, with or in the presence of, a child; or (c) physical violence committed against, with or in the presence of, a child; or (d) any behaviour that causes significant emotional or psychological harm to a child; or, (e) significant neglect of a child.</p> |
| Specified staff | <p>Person named in the incident management system of a registered NDIS provider as being responsible for taking all reasonable steps to ensure that reportable incidents that occur in connection with the provision of supports or services are notified to the NDIS Commission.</p> |
| Subject of the allegation | <p>A worker, person with disability or any other person who has been accused of being involved with an incident that has occurred in connection with the provision of NDIS supports and services to a person with disability.</p> |
| Trauma informed care | <p>The provision of care that acknowledges how trauma affects people’s lives and their service needs. Awareness and sensitivity to the way in which people with disability may experience trauma differently.</p> |
| Worker | <p>Includes employees, contractors and people otherwise engaged for example, on a volunteer basis, by an NDIS provider.</p> |
| Mandatory Reporting | <p>Mandatory reporting is the legal requirement for certain professional groups to report a reasonable belief of child physical or sexual abuse to child protection authorities.</p> |

Related Documents

- Refer to Irabina company policy and procedures manual.
- Risk Management Policy.
- Occupational Health and Safety Management Policy.
- NDIS Immediate Reportable Incident Form.
- NDIS 5 Day Reportable Incident Form.
- Irabina Incident Report Form.
- Irabina Incident Register.
- Irabina Duty of Care – Child Safe Policy.
- Health Records Policy.

Related legislation

- Occupational Health and Safety Acts (and associated regulations)
- The National Disability Insurance Scheme Act 2013.
- Child Safety Standards
- NDIS (Incident Management and Reportable Incidents) Rules 2018 (Cth)
- The Irabina Feedback and Complaints Policy and Procedure
- Accident Compensation Act 1985 (Vic)
- Accident Compensation (Work Cover Insurance) act 1993 (Vic)
- Workers Compensation Act 1958 (Vic)
- Accident Compensation (Occupational Health and Safety) Act 1996 (Vic)
- Occupational Health and Safety Act 2004 (Vic)
- Dangerous Goods Act 1985 (Vic)
- Equipment (Public Safety) Act 1994 (Vic)
- Workplace Injury Rehabilitation and Compensation Act 2013 (Vic)
- Privacy and Data Protection Act 2014
- Health Records Act 2001
- Disability Act 2006
- Children, Youth and Families Act 2005 Victoria
- Health Records Act 2001

Attachments (on separate documents)

Attachment 1. Incident Reporting step-by-step guide.

Attachment 2. Incident Reporting flowchart.

Disclaimer

This Incident Management Policy and Procedures has been adapted from the [NDIS Incident Management System Guidance](#) to suit specifically for Irabina.