



**Yellow Door**  
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# Incident Management & Reporting

<b>Scope</b>	Care providers	<b>Issue Date</b>	April 2015
<b>Manual</b>	Nursing Practice	<b>Reviewed</b>	November 2022 next due 2024 (as per policy)
<b>Reference</b>	NRS-004	<b>ACQSC/NDIS</b>	ACQS 8(3) and 6; NDIS PS 2 Incident Management
<b>Approved</b>	General Manager	<b>Version</b>	8.0

## Purpose and Scope

To set out the process to follow if an incident, act, omission, event or circumstance occurs in connection with Yellow Door providing supports, care or services which:

- did or could have caused or led to harm<sup>1</sup> to a client, staff member, or any other person; and/or
- caused a client or staff member or any other person to make a complaint to Yellow Door Management; and/or
- caused a client or staff member or any other person to suffer loss or damage.

For the avoidance of doubt, this policy and management procedure covers incidents that consist of acts by a client, including a person with a disability that have caused harm, or the risk of serious harm, to another person, and any Reportable Incidents that are alleged to have occurred in connection the provision of supports, care and services by Yellow Door. It will also include any alleged breach of the NDIS or My Aged Care Codes of Conduct by any Yellow Door Care worker, which are notified to Yellow Door by a client, worker or any other person.

All Yellow Door staff must comply with the procedures and adhere to the roles and responsibilities set out in this document.

## Background

It is essential to have a process in place which allows Yellow Door to be informed of all Incidents (and alleged incidents) in a timely manner and have the capacity and knowledge to thoroughly investigate the causes of Incidents which will enable Yellow Door to:

- put effective remedial action in place;
- have trended data to allow clinical performance to be measured; and
- educate all staff at orientation and throughout their employment regarding the incident reporting process within a no blame culture.

## Definitions

**Incident:** As defined above under Purpose.

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<sup>1</sup> The concept of harm in this context is broad and is not limited to serious harm or injury. It encompasses emotional and psychological as well as physical harm.



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**MO** – Medical Officer (usually a client's GP)

**NDIS Reportable Incident** –are those incidents involving persons with a disability which must be notified to the Commissioner under the NDIS Reporting Framework. Subsection 73Z(4) of the National Disability Insurance Scheme Act (2013) provides that the following are reportable incidents under the NDIS Scheme:

- the death of a person with disability;
- serious injury of a person with disability;
- abuse or neglect of a person with disability;
- unlawful sexual or physical contact with, or assault of, a person with disability;
- sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity;
- 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

**My Aged Care Reportable Incident** are those incidents involving persons that hold a Commonwealth Aged Care Package or whose care is otherwise funded by the Commonwealth Government which must be reported using My Aged Care Portal under the My Aged Care Serious Incidents Reporting Scheme (**SIRS**). Under SIRS, reportable incidents are split into Priority 1 and 2. A Priority 1 reportable incident is “any reportable incident that causes, or could have reasonably caused, a consumer physical or psychological harm and/or discomfort that would usually require medical or psychological treatment to resolve” and will include incidents that a reasonable person would consider could have caused a consumer harm and/or discomfort (particularly where a client has a cognitive impairment, memory deficit or such other condition that prevents them from experiencing or displaying evidence of harm and/or discomfort). This will include:

- consumer distress requiring emotional support or counselling
- cuts, abrasions, burns, fractures or other physical or psychological injury or discomfort to a consumer requiring assessment and/or treatment by a nurse, doctor or allied health professional
- bruising, including large individual bruises or a number of small bruises over the consumer
- head or brain injuries which might be indicated by concussion or loss of consciousness
- injury or impairment requiring the consumer's attendance at or admission to a hospital
- the death of a consumer.

A Priority 2 reportable incident includes any reportable incident that does not meet the Priority 1 criteria as outlined above. Examples may include where the client is momentarily shaken or upset, or where they experience temporary redness or marks that do not bruise. In these cases, where medical or psychological treatment for the consumer is not required, the reportable incident will be a Priority 2. Where a provider is uncertain as to the impact, or where the impact appears low, but



the consumer (or their representative) expresses ongoing distress or concern, the incident should be treated as a Priority 1.

When considering whether an incident is an NDIS Reportable Incident or a My Aged Care Priority 1 Reportable Incident, YDC policy is as a general rule to deem an incident as reportable if a client is hospitalised in connection with services provided to them by Yellow Door. In this regard, it should be noted that there will be instances in which clients are hospitalised for reasons unrelated to harm and/or resulting from an incident, and these are not reportable incidents. Hospitalisation includes a consumer's presentation or admission to an emergency or other ward within a hospital facility (including short-stay admissions) where they are related to an injury acquired from an incident.

### **Investigation**

An Incident must be investigated in all circumstances unless the matter is deemed trivial by the General Manager. The investigation must be conducted in a fair and conscientious manner and include fact finding necessary to establish the causes of a particular incident, its effect and any operational issues that may have contributed to the incident occurring. Where appropriate, enquiries will be confidential and procedural fairness will be afforded to all persons involved in the investigation. This may include allowing support persons to be present at any interviews conducted by management in the course of the investigation and affected persons will be made aware of their right to advocacy (including the use of an independent advocate) or facilitating access to advocates such as the Older Persons Advocacy Network (OPAN). Procedural fairness is a common expectation that people have when decisions that may affect them are being made by government, employers and other organisations. In essence, people expect that a decision will be based on relevant facts and circumstances; that they will have an opportunity to contribute to the decision and to contest any adverse material; the decision-maker will be impartial and even-handed; and an adverse decision will be explained.

### **Corrective Action and Resolutions**

Where an investigation indicates a weakness or deficiency in Yellow Door's policies or procedures or gaps in staff knowledge, the General Manager may in their discretion or at the direction of the Governance Committee must, take such corrective action necessary to address any weakness or deficiency or otherwise improve the Company's operating procedures. This may include communications to staff to re-enforce operating procedures and amending and/or introducing new operating policies and procedures and communicating any changes to staff.

As soon as practicable after the completion of an investigation, the person affected by the incident must be informed of the findings and any appropriate remedial action must be taken which takes account of the affected persons concerns and perspective. When providing an affected person with information about an incident, care must be taken to assess that person's capacity to understand the information to be provided and consideration should be taken as to whether a support person, or advocate should also be included in the provision of information and resolution.



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## Responsibilities

### **The person finding or observing the Incident is responsible for:**

- Ensuring the client is cared for, that injuries are ascertained, and first aid is applied or if necessary an ambulance is called.
- Notifying the Care Coordinator as soon as practicable who will then contact the client's MO (if deemed appropriate).
  - If the accident happens at night, and if there is no serious injury, then the staff member may advise morning staff at hand over who will then notify the Care Coordinator
- Documenting the Incident in the client's Visual Care profile
- Completing the template Clinical Incident Form within Visual Care.
- Notifying the Care Coordinator that the Clinical Incident Form has been uploaded.

### **The Care Coordinator is responsible for:**

- Assisting with the investigation and cause identification process. If an investigation involves obtaining information from a person with a disability or cognitive impairment, care must be taken to ensure that they are appropriately supported (including the presence of an independent advocate)
- Ensuring that remedial action is put in place
- Ensuring the client's relatives / significant others are notified
- Ensuring the client's MO has been notified (where appropriate)
- Ensuring that the nurse/PCA present at the time of the Incident completes the appropriate form correctly and that additional details required are entered into the Visual Care.
- Report details of the incident to the General Manager and Governance Chair as soon as practicable
- Ensure that feedback of performance is provided to staff and if necessary, provide additional education
- Ensuring that appropriate support and assistance is provided to the person affected by an Incident), to ensure their health, safety and wellbeing. This may include:
  - providing them with information about access to advocates;
  - facilitating contact with specified persons, such as family members or carers, and providing those persons with support and assistance. The incident management system may also set out how information will be obtained from a person with disability, having regard to the nature of their disability (for example, if they have a cognitive impairment).
- Obtaining the views of persons by an incident after an incident has occurred during the management, assessment or investigation of an incident, and at the conclusion of the incident management process, so as to inform the appropriate remedial action.

### **The General Manager is responsible for:**

- Determine whether the incident should be deemed an NDIS Reportable Incident or a My Aged Care Priority 1 Reportable Incident as soon as practicable, and if so make the necessary notifications as required under the law. In the case of an



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injury to a person with a disability, making an assessment may depend on obtaining a report from a clinician who has assessed the client. If the incident is a NDIS Reportable Incident or a My Aged Care Priority 1 Reportable Incident, ensure that the Immediate Notification Form is submitted via the [NDIS Commission Portal](#) or the [My Aged Care Portal](#) **within 24 hours** of becoming aware of a reportable incident or allegation.<sup>2</sup>

- In the case of a Reportable Incident if they become aware of significant new information in relation to the incident after that time, provide that information to the NDIA or My Aged Care.
- In the case of a My Aged Care Reportable Incident which is a Priority 2 Reportable Incident, ensure that the required notification is made to the [My Aged Care Portal](#) within 30 days
- Determining whether the Incident involves an allegation of a criminal act or omission and if so to inform the police as soon as possible.
- Reviewing the findings of the investigation into an Incident and confirm a cause has been identified.
- Confirm remedial actions have been undertaken and confirm the client has been notified and is satisfied with Yellow Door response (where appropriate).
- Entering details of the Incident into the Visual Care to ensure the Incidents Register contains all necessary information, (including details of any remedial action.)
- Reporting on all the Incidents entered into Visual Care Incidents Register at the Governance Committee meetings.
- Immediately notifying the insurer via the insurance broker of an Incident which may result in legal action.
- If the subject matter of the incident involves the conduct of an employee who is a registered nurse, the General Manager will also determine whether they have a reasonable belief that the conduct is “notifiable conduct” as defined by section 140 of the Health Practitioners Regulation National Law (SA) Act 2010, in which case they will notify the National Agency of the employee’s conduct.

#### **The Governance Committee is responsible for:**

- Reviewing the Incident Reports at each meeting to determine if there is any pattern or thematic that needs to be addressed by a change in policies or procedures.
- Assess the incidents to determine:
  - whether the incident could have been prevented;
  - how well the incident was managed and resolved;
  - what, if any, remedial 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.
- In assessing an incident, Yellow Door will take into consideration the views of persons with disability affected by the incident. Where appropriate, the views of persons with disability affected by an Incident should be sought after an Incident has occurred during the management, assessment or investigation of an incident, and at the conclusion of the incident management process.

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<sup>2</sup> The Immediate Notification Form includes a number of sections and questions, concerning details of the reportable incident, actions taken in response to the incident and the individuals involved in the incident



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- Reviewing the effectiveness of the Incident Management System periodically and not less than once every 2 years.

## References

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

*National Disability Insurance Scheme (Procedural Fairness) Guidelines 2018.*

<https://www.ndiscommission.gov.au/providers/incident-management-and-reportable-incidents>

*Health Practitioners Regulation National Law (SA) Act 2010*

[https://www.agedcarequality.gov.au/sites/default/files/media/code\\_of\\_conduct\\_-\\_provider\\_guidance\\_-\\_draft.pdf](https://www.agedcarequality.gov.au/sites/default/files/media/code_of_conduct_-_provider_guidance_-_draft.pdf)

<https://www.agedcarequality.gov.au/sirs/frequently-asked-questions>

[https://www.agedcarequality.gov.au/sites/default/files/media/serious\\_incident\\_response\\_scheme\\_guidelines\\_for\\_providers\\_of\\_home\\_services.pdf](https://www.agedcarequality.gov.au/sites/default/files/media/serious_incident_response_scheme_guidelines_for_providers_of_home_services.pdf)

## Document History

Version	Document History	Date
1.0	Revised to meet the requirements of ACHS	2015
2.0	Revised to standardise all policies and procedures	2017
3.0	Revised following the completion of the internal audit to clarify and improve allocation of responsibilities and conform with Yellow Door Governance structure	2018
4.0	Revised to incorporate requirements of the NDIA and the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules.	2019
5.0	Revised to reflect Visual Care operating software procedures	2020
6.0	Revised to reflect recommendation in ACHS Evaluation Report to refer to health practitioners.	2020
7.0	Revised to reflect implementation of Visual Care automatic register created from online Incident Reporting Forms	2021
8.0	Revised to reflect requirements of the extension of the My Aged Care Serious Incident Reporting Scheme to home care effective 1 December 2022	2022