

## Incident Management and Procedures

**Connect: Inner West Community Transport Group (Connect) incident management system is person-centred, and focuses on the health, safety, wellbeing and quality of life of individuals and anyone affected by an incident. Following an incident, Connect’s investigation and resolution processes are outcomes-focused and conducted in line with the principles of Open Disclosure.**

**Connect is committed to ensuring that all incidents and near misses which occur in relation to the provision of services are managed consistently and effectively, and that workers can identify, manage, report and resolve incidents.**

**The organisation collects and reviews data on incidents in order to inform improvement activities.**

**Connect regularly reviews its incident management system and processes to ensure that they are:**

- **Well documented;**
- **Readily accessible to all workers employed or engaged by the organisation;**
- **Reflective and adaptive, with an intent to prevent incidents; and**
- **Compliant with the Serious Incident Response Scheme.**

### Record of policy development

Version	Date approved	Date for review
1	3 October 2025	2 October 2028

### Responsibilities and delegations

This policy applies to	Staff and Directors
Specific responsibilities	General Manager
Policy approval	Board

### Policy context – this policy relates to:

Standards	
Legislation	<ul style="list-style-type: none"> <li>• <i>Aged Care Act 2024 (Cth)</i></li> </ul>
Contractual obligations	
Organisation policies	
Forms, record keeping, other documents	

## Definitions

**Commission** refers to the Aged Care Quality and Safety Commission.

**Incidents:** are acts, omissions, events or circumstances that occur or could occur during or in relation to the provision of care and services, or the alteration or withdrawal of care and services, that cause harm, either physically or emotionally, to a worker, individual, or other stakeholder. Incidents also include acts, omissions, events or circumstances that have caused or could cause damage to property, the environment, material or cause public alarm.

**Reportable Incidents** are defined in section 16 of the *Aged Care Act* as specific incident types that “*have occurred, are alleged to have occurred, or are suspected of having occurred, in connection with the delivery of funded aged care services to an individual by a registered provider*”. These incidents have specified reporting requirements depending on their assigned priority level.

**Priority 1 Reportable Incidents** are Reportable Incidents of a higher level of harm than Priority 2 Incidents and must be reported to the Commission **within 24 hours**. Priority 1 Reportable Incidents include:

- Physical or psychological injury or illness requiring onsite medical or psychological treatment to resolve, or where the injury or illness would reasonably be expected to require this treatment;
- Unlawful sexual contact or inappropriate sexual conduct;
- Incidents where there are reasonable grounds to report the incident to police;
- An individual’s unexpected death; or
- An individual’s unexplained absence or a missing individual.

**Priority 2 Reportable Incidents** are Reportable Incidents that are not Priority 1 Reportable Incidents, and must be reported to the Commission **within 30 days**. Priority 2 Reportable Incidents include but are not limited to:

- Unreasonable use of force;
- Psychological or emotional abuse;
- Neglect;
- Stealing or financial coercion by a worker; and
- Use of a restrictive practice other than in accordance with the *Aged Care Rules*.

**Informed person:** is an individual receiving aged care services who understands the importance of the services or treatment they are receiving, including any potential harms or other consequences of refusing any given service, and alternative options should they decide to refuse.

**Near misses** are actions, events or failures to act that did not result in harm, but that could have done so.

**Workers** are staff, contractors and volunteers employed or engaged by Connect.

## Procedures

### Induction and staff training

All workers must be familiar with the organisation’s incident management system, understand the definition of Priority 1 and Priority 2 Reportable Incidents, and understand the procedures they must follow for reporting all incidents to the organisation, the Commission, and any other bodies, such as the police, the Australian Health Practitioner Regulation Agency (AHPRA) or relevant state/territory health departments (if required).

Connect promotes a culture of open reporting and ensures that all workers understand that they are encouraged and supported to report any incident or alleged incident, and that there will be no negative

consequences for doing so.

### **Incident identification**

If a worker observes an incident, has reasonable suspicion that an incident has occurred, or an individual or member of the public notifies a worker about an incident that causes, or could cause, permanent or temporary detriment to an individual, worker or other stakeholder, then the worker must report the incident to the General Manager.

When assessing whether harm could have been caused by an incident, Connect will not consider the affected individual's cognitive impairment, where that impairment affects the ability of the individual to recognise physical or psychological injury or discomfort or reduces the degree of harm the individual has experienced.

Workers and individuals will be protected against any adverse actions as a result of reporting or alleging that an incident has occurred.

### **Immediate response**

Where possible, an incident will first be addressed by the organisation's personnel responsible and qualified to effectively manage the incident as it takes place. Workers responding to an incident understand that they must contact emergency services if the situation warrants and ensure the immediate safety of any individuals involved in the incident.

### **Notification procedures**

Staff must report incidents to various agencies and persons based on the following priority system:

- Workers must report all incidents and near misses internally to the General Manager.
- If an incident is a Priority 1 or Priority 2 Reportable Incident, the General Manager will notify the Commission within the timeframe required by law.
- If the incident is a Priority 2 Reportable Incident, the General Manager or delegate is responsible for notifying supporters of the individual.
- Any significant new information relating to a reportable incident must be reported as soon as possible after the organisation becomes aware of that information.
- Incidents involving, or that are reasonably suspected to involve, criminal activity or ongoing danger must be reported to police. Workers will be mindful that such incidents may require the collection of evidence and should defer to the instructions of the police when managing the incident and its aftermath.

Where an incident is the result of a decision by an informed person to refuse care, or where they do not follow recommended actions, the organisation may not be obliged to report the incident to the Commission. The incident should still be documented in the individual's care plan, including details about the individual's refusal, and actions the organisation has taken to mitigate risks from that refusal.

Repeated allegations of the same incident by an individual may not require reporting, if that incident is determined to be the result of a delusion by the individual.

### **Timeframes for reporting to the Commission**

All Priority 1 Reportable Incidents will be reported, at a minimum, to the Commission in a two-stage process:

- Within 24 hours: incident notification to the Commission and reporting to police where necessary; and
- Within 5 business days: incident status report.

If required by the Commission, a final report will be provided within 84 days of the first notification of the incident. The final report will include findings from investigative processes, as well as any additional details required by the Commission.

All Priority 2 Reportable Incidents will be reported to the Commission within 30 calendar days of Connect

either suspecting or becoming aware of the incident. Connect will respond promptly to any further questions from the Commission and provide a final report if required by the Commission.

### **Supporting individuals**

Individuals and other stakeholders will be informed of Connect's incident management system, will have access to this policy, and will be supported to understand the organisation's incident management processes in a way that is appropriate for them.

Throughout the incident management process, from initial response through to review, individuals and others affected by an incident will be supported by the organisation through means of:

- Reassurance if the individual reported the incident;
- Trauma and counselling services where required;
- Changes to regular care and services if necessary;
- Consistent engagement with the individual and others affected by the incident, in line with the principles of open disclosure; and
- Clear, ongoing communication regarding the progress and outcomes of the investigation.

Individuals and others affected by an incident will be involved in the management and resolution of the incident where appropriate.

### **Assessment and investigation**

The General Manager is responsible for creating an initial assessment of any incident, to determine the severity of an incident and to establish the need for, and scope of, an investigation. If an incident is a Priority 1 or Priority 2 Reportable Incident, an internal investigation will take place. All investigations will be undertaken and conducted in accordance with principles of natural justice and procedural fairness.

Incidents involving criminal allegations will be reported to law enforcement, who will receive full support of the organisation in their investigations.

Whenever an investigation into an incident is conducted, it should establish:

- The cause of an incident;
- The effect of an incident;
- Any organisational processes that contributed to or did not function in preventing an incident; and
- Changes the organisation can make in order to prevent further incidents from occurring.

Information related to incident investigations, including records of phone conversations, emails, documents and, where possible, records of face-to-face interviews will be recorded and kept in strict confidence.

### **Incident resolution**

Based on the General Manager's assessment, the organisation may undertake remedial action proportionate to the severity of the incident, including but not limited to:

- Providing an apology;
- Disciplinary action; and/or
- Financial compensation.

The organisation will inform and involve individuals, their supporters and advocates in the process of incident management and resolution.

### **Implementing and monitoring corrective actions**

The General Manager is responsible for implementing corrective quality and safety processes based on the findings of an incident investigation.

The General Manager is responsible for monitoring the outcomes of corrective quality and safety

measures on a regular basis.

### **Incident register and review**

The organisation keeps an accurate register of all incidents that occur in relation to the provision of services. Each entry in the register contains:

- A description of the incident;
- A determination of whether or not the incident is a Priority 1 or Priority 2 Reportable Incident;
- Where possible, time, date and location;
- Names of all the people involved, including witnesses;
- Details of the incident assessment;
- Actions taken in regard to the incident, including records of notification and reporting;
- Whether the persons affected by the incident have been provided with any reports or findings regarding the incident;
- Where relevant, the details and outcomes of any investigation; and
- The name and contact details of the person recording the incident.

Connect will review this information every year to understand trends, address systemic issues and inform improvement activities.

Records will be kept for a minimum of seven years.

---

*End of document*

---