



## ***Division 2: Governance & Operational Mgmt***

### ***16.0 Incidents, Reportable Incidents, Accidents and Emergency Policy and Procedure***

#### *Reportable Incident, Accident and Emergency Policy and Procedure*

##### *1.0 Purpose*

Respite with Linda will comply with the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018 and state legislative requirements relating to mandatory reporting. Our methodology is underpinned by the UN Convention on the Rights of Person with Disabilities.

It is our objective to maintain an incident management system that covers incidents that consist of acts, omissions, events or circumstances that:

- Occur in connection with the provision of supports or services to a person with a disability
- Has, or could have caused harm to a person with a disability.

##### *2.0 Scope*

All staff are responsible for ensuring the safety of all participants who access our services. All incidents must be reported as per this policy. Management is responsible for ensuring that staff are trained in incident reporting processes and requirements and undertake the Worker Orientation training module.

##### *3.0 Definitions*

Term	Definition
------	------------



## ***Division 2: Governance & Operational Mgmt***

### ***16.0 Incidents, Reportable Incidents, Accidents and Emergency Policy and Procedure***

Incident	<p>Acts, omissions, events or circumstances that occur in connection with providing supports or services to a person with a disability and have, or could have, caused harm to the participant.</p> <p>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.</p> <p>Reportable incidents that have, or are alleged to have occurred in connection with providing NDIS supports or services to a person with disability.</p>
Reportable incident	<p>A reportable incident includes incidents or allegations of the following:</p> <ul style="list-style-type: none"><li>• The death of a person with a disability.</li><li>• Serious injury of a person with a disability.</li><li>• Abuse or neglect of a person with a disability.</li><li>• Unlawful sexual or physical contact with, or assault of, a person with a disability.</li><li>• Sexual misconduct, committed against, or in the presence of, a person with a disability, including grooming the person with a disability for sexual activity.</li><li>• Unauthorised use of restrictive practice in relation to a person with a disability where the use is not in accordance</li></ul>



## ***Division 2: Governance & Operational Mgmt***

### ***16.0 Incidents, Reportable Incidents, Accidents and Emergency Policy and Procedure***

	<p>with an authorisation (however described) of a state or territory in relation to the person, or if it is used according to that authorisation but not following a behaviour support plan for the person with a disability. Under Section 16 of the Rules</p> <ul style="list-style-type: none"><li>• unlawful physical contact with a participant is <i>not</i> a reportable incident <i>if</i> the contact with, and impact on, the participant is negligible,</li><li>• the use of a restrictive practice to a participant where the use is not authorised (however described) of a State or Territory is <i>not</i> a reportable incident <i>if</i> the user is <b>under</b> a behaviour support plan for the person and the State or Territory in which the practice is used does not have an authorisation process concerning the use of the practice, and</li><li>• the use of a restrictive practice to a participant where the use is authorised (however described) of a State or Territory <i>is</i> a reportable incident <i>if</i> the use is <b>not under</b> a behaviour support plan for the person</li></ul>
" In connection with "	<p>It covers incidents that:</p> <ul style="list-style-type: none"><li>• may have occurred during the course of supports or services being provided;</li></ul>



## Division 2: Governance & Operational Mgmt

### 16.0 Incidents, Reportable Incidents, Accidents and Emergency Policy and Procedure

	<ul style="list-style-type: none"> <li>• arise out of the provision, alteration or withdrawal of supports or services; and/or</li> <li>• It may not have occurred during the provision of supports but is connected because it arose from the provision of supports or services.</li> </ul> <p>Reportable incidents could occur in a variety of settings. Still, as long as there is a connection with the service delivery by a registered NDIS provider, they must be notified to the Commission.</p> <p>Examples of the location of these incidents include:</p> <ul style="list-style-type: none"> <li>• In the private home of a participant</li> <li>• In a residential care setting</li> <li>• In supported accommodation</li> <li>• In the premises of the registered NDIS provider (for example, the rooms where therapy services are provided)</li> <li>• In the community where the registered NDIS provider is supporting the participant to access the community</li> </ul>
Incident management system	<p>Incorporates all items listed below:</p> <ul style="list-style-type: none"> <li>• Acts, omissions, events or circumstances that occur in connection with providing supports or services to a person with a disability; and have or could have caused harm to the person with a disability.</li> </ul>



## ***Division 2: Governance & Operational Mgmt***

### ***16.0 Incidents, Reportable Incidents, Accidents and Emergency Policy and Procedure***

	<ul style="list-style-type: none"><li>• Incidents that consist of acts by a person with a disability that occur in connection with providing supports or services to the person with a disability and have caused serious harm or a risk of serious harm to another person.</li><li>• Reportable incidents alleged to have occurred in connection with providing supports or services to a person with a disability.</li></ul>
Harm	Harm is the resulting impact of the act, omission, event or circumstance that occurs and can include physical, emotional or psychological impacts such as physical injuries, emotional impacts such as fear or poor self-esteem, and psychological impacts such as depression or impacts on a person's learning and development
Serious Harm	Serious harm means that the harm is not minor or trivial. It involves a substantial physical, emotional or psychological impact on the impacted person, such as a serious injury, or serious emotional or psychological distress

#### ***4.0 Policy***

Our incident management system captures acts, omissions, events or circumstances that arise in connection with the provision of NDIS supports or services that have or could harm the participant. Incident allegations may be made by anyone, including workers, participants or the general public, and must have occurred in connection with NDIS support to the impacted participant.



## ***Division 2: Governance & Operational Mgmt***

### ***16.0 Incidents, Reportable Incidents, Accidents and Emergency Policy and Procedure***

Respite with Linda recognises that many of the participants using our services are at risk of incidents and accidents. Staff are required to encourage participants to report incidents to allow the organisation to improve practices and inform authorities following this policy.

Respite with Linda's Reportable Incident, Accident and Emergency Policy and Procedure seeks to:

- Minimise risk and prevent future incidents through the development of appropriate participant- centred plans, Staff training, assessment and review.
- Ensure there is immediate management of an incident, accident or emergency and that each of these events are prioritised, managed and investigated appropriately.
- Identify opportunities to improve the quality of participant supports by ensuring that the incident system is planned and coordinated and is linked to the quality and risk management systems.
- events is prioritised, managed and investigated appropriately
- meet the requirements of good incident management and resolution principles
  - participant-centred – Incident management is respectful of and responsive to a participant's preferences, needs and values whilst supporting the individual's safety and well-being
  - outcome focussed – Incident management will reveal incident contributing factors and undertake prevention strategies
  - clear, simple, and consistent – ensuring the process for dealing with incidents is easily understood, accessible and applied consistently
  - accountable – all staff involved with incident management understand their responsibilities, are accountable for decisions and actions
  - continual improvement – all incidents are referred to management to identify issues and implement changes to improve the quality and safety of NDIS supports and services



## ***Division 2: Governance & Operational Mgmt***

### ***16.0 Incidents, Reportable Incidents, Accidents and Emergency Policy and Procedure***

- proportionate – the investigations or actions are proportionate to the harm caused and future risks of harm to the participant

Participants will be provided information in Easy Read format, as required.

The Managing Director is the delegated officer listed in this policy and will manage, investigate and report all incidents as required. Within this process, the Managing Director will ensure procedural fairness when dealing with an incident. Our organisation will follow all procedural fairness guidelines as required by the Commissioner.

When an investigator is required, the following must be adhered to:

- The investigator will have the following:
  - appropriate decision-making authority and overall responsibility for coordinating and directing the investigation.
  - appropriately trained and have the experience required for conducting incident investigations.
  - responsibility for overseeing the investigation process
  - gathering the relevant evidence and facts to ensure that there is an in-depth understanding,
- The investigator must not have a real or perceived conflict of interest related to any personal, professional or financial interest that may compromise the investigator's objectivity and impartiality. A perceived conflict of interest occurs where it could reasonably be perceived, or appears, that a competing interest could influence the investigator's decision

Access to records should be limited to appropriate workers who have a business purpose for doing so, as accessing information that is dire

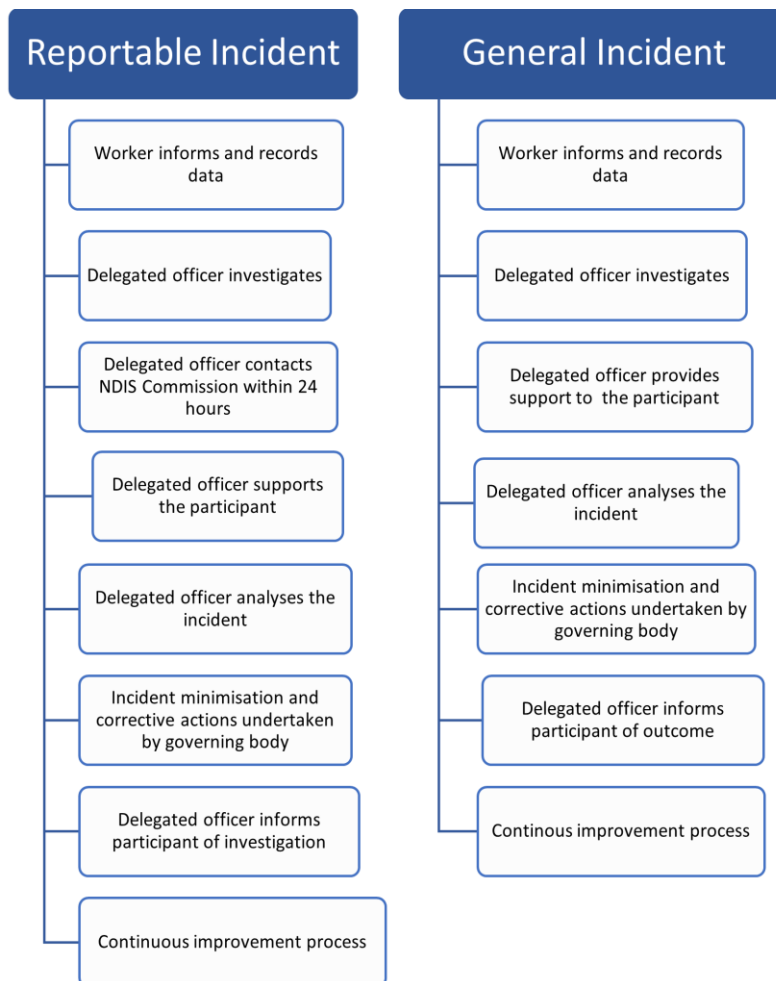


## Division 2: Governance & Operational Mgmt

### 16.0 Incidents, Reportable Incidents, Accidents and Emergency Policy and Procedure

#### 5.0 Procedure

#### 5.1 Incident management procedure



Respite with Linda will establish a procedure that identifies, manages and resolves incidents, as follows:

#### Step 1 Participant safety and support

When there is an ongoing danger to the participant



## ***Division 2: Governance & Operational Mgmt***

### ***16.0 Incidents, Reportable Incidents, Accidents and Emergency Policy and Procedure***

- Ensure the impacted participant is safe from harm
- Contact Police if there is a risk of immediate harm which requires their assistance
- Contact the ambulance if someone is injured
- Notify the designated officer and the NDIS Commission if required

<b>Designated Officer</b>	Linda Guillesser
<b>Email address</b>	<a href="mailto:linda@respitewihtlinda.com.au">linda@respitewihtlinda.com.au</a>
<b>Phone Number</b>	0419654184

#### **Step 2.. Inform of incident**

1. The worker is to report the incident to the Director. (child-related incident - the worker, as a mandatory reporter, must report to the state statutory reporting body. Refer to Working with Children Policy and Procedure for the process)
2. The worker completes an Incident Report that identifies and records details relating to the incident, i.e. people, place, time and date.
3. The worker will inform the designated officer (see Step 1)

#### **Step 3. Investigation**

1. The Managing Director will determine, from the information provided, if the incident is deemed a reportable incident by the NDIS Quality and Safeguards Commissioner or a general incident with non-reportable requirements.



## ***Division 2: Governance & Operational Mgmt***

### ***16.0 Incidents, Reportable Incidents, Accidents and Emergency Policy and Procedure***

- a. A reportable incident must comply with the reportable incident reporting process including the child and young person's mandatory reporting requirements (refer to 5.3 *Reportable Incident and Working with Children Policy and Procedure*)
  - b. Respite with Linda will comply with the National Disability Insurance Scheme (Incident Management and Reportable) Rules 2018.
  - c. A general incident is an accident with non-reportable injuries
2. The Managing Director will review details of the incident, including
- a. People involved
  - b. Location
  - c. Circumstances
  - d. Outcome, e.g. injury.
  - e. The Director informs the participant's guardian, family or carer with details of the incident and how the organisation is managing the process. They will provide a contact person and establish a communication link for transparency and consultation.
3. The Managing Director will investigate the incident/accident following the process outlined in the Incident Form to determine the:
- a. Immediate reasons for the event
  - b. Underlying reasons for the event
  - c. Immediate actions required to fix the cause of the event
  - d. Preventative actions required for the future.
  - e. Note: do not investigate children and young persons' suspicion of real or potential harm and follow state authority requirements and 5.3 *Reportable Incidents and Working with Children Policy and Procedure*)



## ***Division 2: Governance & Operational Mgmt***

### ***16.0 Incidents, Reportable Incidents, Accidents and Emergency Policy and Procedure***

4. Any information learned from incidents/accidents will be incorporated into our continuous improvement cycle to enable prevention of the incident/accident in the future.

The analysis and investigation of each incident will vary based on the seriousness of the incident.

#### ***Step 4. Support participant***

1. Managing Director ensures that the affected participant is supported and assisted by:
  - a. Informing them that they have access to an advocate; if the participant does not have an advocate the Managing Director can assist in accessing an independent advocate
  - b. Addressing their immediate needs;
  - c. Assessing the environment to ensure their safety and to prevent any recurrence
  - d. Ensuring their wellbeing and assisting in developing the participant's confidence and competence, so they don't lose any function/s.
2. Managing Director or their delegate will review the incident with the participant.

#### ***Step 5. Analyse incident***

1. As part of our continuous improvement process, the information gained from an incident is used to amend or implement new practices, this includes:
  - a. When an investigation by a registered NDIS provider is necessary to establish the cause/s of an incident, its effect, any operational issues that may have contributed to the incident occurring and the nature of the investigation



## ***Division 2: Governance & Operational Mgmt***

### ***16.0 Incidents, Reportable Incidents, Accidents and Emergency Policy and Procedure***

- b. If an incident requires the implementation of corrective action, an appropriate plan will be developed to adjust practices according to the nature of the action required.
- 2. Managing Director or their delegate will undertake the analytical process to:
  - a. determine the cause of the incident
  - b. ascertain if the incident was an operational issue
  - c. consider the participant's perspective, including:
    - i. Whether the incident was preventable
    - ii. How the incident was managed and reviewed
    - iii. Determining any remedial action required to minimise future impacts and prevent recurrence
  - d. identify why the incident occurred, e.g. environmental factors, participant's health and age factors that may influence
  - e. ascertain if current strategies or processes require review and improvement
  - f. devise new strategies or procedures, if required
  - g. plan staff training of any new strategies
  - h. implement new strategies
  - i. evaluate the success of new strategies.

All Incident Forms, including the Final Report, must be closed out by the Managing Director or their delegate, and one other Respite with Linda staff member and recorded on the Incident Register..

#### ***Step 6 - Incident/accident minimisation and corrective action***

- 1. Respite with Linda will risk-assess all participants using RWL Participant Intake Form.



## ***Division 2: Governance & Operational Mgmt***

### ***16.0 Incidents, Reportable Incidents, Accidents and Emergency Policy and Procedure***

2. During staff orientation and regular ongoing training sessions, incidents and emergency minimisation and procedures are taught.
3. Risks will be identified, and control mechanisms agreed upon with participants.
4. Respite with Linda will consult with participants, and relevant stakeholders, to design specific risk control mechanisms to reduce risk to participants and their environment.
5. Effectiveness of mechanisms will be evaluated via:
  - a. Participant review processes; including support plan review
  - b. Participant feedback
  - c. case conferencing.
6. Internal and external risk audits (eg venue risk assessments if available)
7. Reviews of policies and procedures.

#### ***Corrective actions***

On completion of the incident analysis procedure, any corrective action will be implemented. Each corrective action identified will be evaluated to ascertain the effectiveness of the action, as per our 'Continuous Improvement Policy and Procedure', i.e. plan, do, check, act.

#### ***Step 6. Informing participants***

Respite with Linda will inform participants, or their advocate, of the outcome/s of the incident; either in writing or verbally dependent on the participant and the situation. Collaborative practice will be undertaken to ensure the participant and their advocate are involved in the management and resolution of the incident.

#### ***5.2 Staff training***

Respite with Linda recognises the importance of prevention to ensure the safety of both staff and the participant. Our orientation process includes training in work health and safety



## ***Division 2: Governance & Operational Mgmt***

### ***16.0 Incidents, Reportable Incidents, Accidents and Emergency Policy and Procedure***

practices, including manual handling, infection control, safe environments, risk and hazard reduction.

Upon commencing employment with Respite with Linda, all staff members are trained in service incident management processes, including how to report an incident and who to report an incident to, i.e. (Managing Director). To provide further guidance, access to all of our policies and procedures is provided to staff at this time.

#### ***5.3 Reportable incidents***

Staff must report any reportable incident immediately that it becomes evident.

The Managing Director is responsible for reporting all reportable incidents to the NDIS Quality and Safeguards Commission. Reportable incidents are serious incidents, or allegations, which result in harm to any NDIS participant.

Respite with Linda, as a registered provider, is required to report serious incidents (including allegations) arising from the organisation's service provision to the NDIS Quality and Safeguards Commission. Reportable incidents, involving NDIS participants, include:

- the death of a person with a disability
- serious injury of a person with a disability
- abuse or neglect of a person with a disability
- unlawful sexual or physical contact with, or assault of, a person with a disability  
(excluding, in the case of unlawful physical assault, contact with, and impact on, the negligent person)



## ***Division 2: Governance & Operational Mgmt***

### ***16.0 Incidents, Reportable Incidents, Accidents and Emergency Policy and Procedure***

- sexual misconduct committed against, or in the presence of, a person with a disability, including grooming the person for sexual activity
- the use of a restrictive practice to a participant, other than where the restrictive practice use follows an authorisation (however described) of a state or territory concerning the person or a behaviour support plan.

#### ***5.3.1 Reporting roles***

The organisation will establish the following roles and ensure that allocated staff are aware of their responsibilities:

1. Approved Reportable Incident Approver responsibilities:
  - Authority to review reports before submission to the NDIS Commission.
  - Submits new reportable incidents.
  - Views previous reportable incidents submitted by their organisation.
2. Authorised Reportable Incident Notifier responsibilities:
  - Supports the Authorised Reportable Incident Approver to collate and report the required information.
  - Creates new reportable incident notifications to be saved as a draft for review and submission by the authorised Approver.
3. Mandatory reporters – children and young people
  - Staff identifying or having suspicion of real or potential risks of harm must report via the state legislative process
  - Provide information as per the Working with Children Policy and Procedure
4. Director will:



## ***Division 2: Governance & Operational Mgmt***

### ***16.0 Incidents, Reportable Incidents, Accidents and Emergency Policy and Procedure***

- notify and seek guidance from the Police or emergency service and provide details:
  - i. Participant name
  - ii. Description of the reportable incident
  - iii. The urgency of the situation
  - iv. Location
  - v. Current status at the location
  - vi. Any other requested details
- notify to participant's guardian, family or carer
  - i. type of incident
  - ii. the current situation, including the participant's health and welfare
  - iii. how the situation is being managed
  - iv. seek their guidance in how they wish the situation to be managed
  - v. provide organisation contact details

#### *5.3.2.1 Timeframes for notifying the NDIS Commission about reportable incidents*

When a reportable incident occurs or is alleged in connection with the NDIS supports or services RWL deliverS, the NDIS must be notified using the [NDIS Commission Portal](#) within the required timeframes (set out below). The timeframes are calculated from when a registered NDIS provider became aware that the incident occurred or was alleged to have occurred.

Reportable incident	Required timeframe
---------------------	-----------------------



## ***Division 2: Governance & Operational Mgmt***

### ***16.0 Incidents, Reportable Incidents, Accidents and Emergency Policy and Procedure***

death of a person with disability	24 hours
serious injury of a person with disability	24 hours
abuse or neglect of a person with disability	24 hours
unlawful sexual or physical contact with, or assault of, a person with disability	24 hours
sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity	24 hours
the use of restrictive practice concerning a person with disability if the use is not following a required state or territory authorisation and/or not under a behaviour support plan.	Five business days

#### ***5.3.2 Reportable incident procedure***

The Manager will review the information and contact the police immediately to inform them of any suspected abuse.

**Important note:** Information on how Respite with Linda reports abuse against children can be found in our Working with Children Policy and Procedure.

The Approver submits reportable incidents via the NDIS Commission Portal's My Reportable Incidents page. <https://www.ndiscommission.gov.au/providers/ndis-commission-portal:>

1. Complete an **Immediate Notification Form** and submit it within 24 hours:



## ***Division 2: Governance & Operational Mgmt***

### ***16.0 Incidents, Reportable Incidents, Accidents and Emergency Policy and Procedure***

- Approved Reportable Incident Notifier will create for approval.
  - Approved Reportable Incident Approver will approve the report and submit it.  
Note: Approved Reportable Incident Notifier may create and submit as required by the incident's circumstance.
2. **5-day form** to be completed within five days of key stakeholders being informed:
- Approved Reportable Incident Notifier will create a form for approval.
  - Approved Reportable Incident Approver will approve and submit the form.  
Note: Approved Reportable Incident Notifier may create and submit as required by the incident's circumstance.
3. **Final Report** will be submitted on the due date if requested by the NDIS Commission:
- Approved Reportable Incident Notifier will create a report for approval.
  - Approved Reportable Incident Approver will approve the report and submit it.  
Note: Approved Reportable Incident Notifier may create and submit as required by the incident's circumstance.

Assessment of the incident by the Manager, or their delegate, will involve:

- assessing the incident's impact on the NDIS participant
- analysing and identifying if the incident could have been prevented
- reviewing the management of the incident
- determining what, if any, changes are required to prevent further similar events from occurring
- recording all incidents and responsive actions taken.

#### ***5.5 Documentation***

- All reportable incident reports and registers must be maintained for seven (7) years.
- Information will be stored in a safe and secure location (see *Information Management Policy and Procedure*)
- All risk reduction plan outcomes are documented and monitored (see *Risk Management Policy and Procedure*)



## ***Division 2: Governance & Operational Mgmt***

### ***16.0 Incidents, Reportable Incidents, Accidents and Emergency Policy and Procedure***

- Our governing body's documents reflect any incident's effectiveness or ineffective learning.
- Records relating to the worker who is the subject of the allegation should be kept on a file that is separate from their personnel file to ensure no privacy or confidentiality requirements are breached
- Assessment information or investigation data, if one is conducted, are copied to their respective personnel or participant files for future reference in the following situations
  - supporting a person with disability (including where they are the impacted person or the subject of the allegation) or
  - management of the worker,
- All documents relating to a specific incident must be kept together and readily accessible
- This policy is to be reviewed annually or when legislation changes occur.
- All participants, families and advocates are informed of this policy.
- All staff are trained in the procedures outlined in this policy.
- Training details are recorded in each employee's personnel file.

#### ***5.5.1 Correspondence records management***

Correspondence relating to an incident's assessment or potential investigation should also be documented and retained, including the following:

- For correspondence between Respite with Linda, the participant or their family:
  - All correspondence following any incident should be retained
  - Any statements made by the impacted person to deny or correct remarks, statements or claims should be recorded
  - Date all statements and enter the dates mailed or delivered to the participant
  - If there has been a reply from the participant or their representative, attach to the record and date
  - If there is no reply or response from the participant, this should also be recorded
- For correspondence from the subject of the allegation following the incident:
  - All correspondence should be retained



## ***Division 2: Governance & Operational Mgmt***

### ***16.0 Incidents, Reportable Incidents, Accidents and Emergency Policy and Procedure***

- Any statements made by the subject of the allegation to deny or correct remarks, statements or claims made by the impacted person should be recorded
  - Date all statements
- For records of correspondence between Respite With Linda, participants or advocates
  - Meetings between our organisation and the participant should be recorded with the date, items discussed and names of those present
  - Paper and electronic correspondence should be dated and copies filed
  - Oral discussion notes, including telephone discussions (date, time, people involved), should be dated and filed



## ***Division 2: Governance & Operational Mgmt***

### ***16.0 Incidents, Reportable Incidents, Accidents and Emergency Policy and Procedure***

#### ***6.0 Related documents***

- Continuous Improvement Policy and Procedure
- Final Report (NDIS form)
- 5-day form (NDIS form)
- Incident Report
- Incident Investigation Form
- Incident Investigation Form Final Report
- Incident Register
- Immediate Notification Form (NDIS form)
- Participant Handbook
- Participant Orientation Checklist
- Reportable Incident, Accident and Emergency Policy and Procedure
- Risk Assessment Form
- Risk Management Plan
- Risk Register
- Risk Management Policy and Procedure
- Support Plan Review Report
- Staff Training Record
- Staff Training Plan
- Training Attendance Register – In-house
- Training Register

#### ***7.0 References***

- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- Privacy Act 1988 (Commonwealth)
- Disability Services Act 1986 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)



## ***Division 2: Governance & Operational Mgmt***

### ***16.0 Incidents, Reportable Incidents, Accidents and Emergency Policy and Procedure***

#### *Reportable deaths (coroner) - Queensland*

Reportable deaths are deaths where:

- the person's identity is unknown
- the death was violent or unnatural
- the death happened in suspicious circumstances
- the cause of death certificate has not been issued and is not likely to be
- the death was related to health care
- the death occurred in care, custody or as the result of police operations.

Not all deaths are reported to coroners; further information about types of reportable deaths is below:

- health care related death
- death in care:
  - had a disability and either resided in certain types of supported accommodation or was receiving high-level support in a supported living arrangement other than in their own home (living alone or with family) or an aged care facility in one or more of the following classes of supports as a participant under the National Disability Insurance Scheme (NDIS).
  - high-intensity daily personal activities:
    - assistance with daily life tasks in a group or shared living arrangement
    - specialist positive behaviour support that involves the use of restrictive practice
    - specialist disability accommodation

#### *Death of participant*

The death of a person with a disability is reportable to the coroner only if it is a 'reportable death' under the *Coroners Act 2003*, which means the circumstances of the death must meet one or more of the following specific criteria:

- the person's identity is not known
- the death is violent or unnatural or occurred in suspicious circumstances
- the death is healthcare-related
- the probable cause of death is not known, and a cause of death certificate cannot be issued
- the death occurred in care
- the death occurred in custody or during a police operation.

In practice, deaths of people with a disability are most commonly reported because they died:

- from an "unnatural" cause, for example, traumatic injury, airway obstruction by a foreign object, drug use, drowning, suicide or homicide



## **Division 2: Governance & Operational Mgmt**

### **16.0 Incidents, Reportable Incidents, Accidents and Emergency Policy and Procedure**

- from complications of historical trauma, for example, the complication of tetraplegia arising from serious injuries sustained in a motor vehicle accident many years ago
- as the unexpected result of a health care intervention or failure to provide health care, for example, inadequate aspiration risk or pressure area management or delayed medical treatment
- from an unknown cause
- while 'in care'.

#### *Reporting*

As an NDIS service provider, we will report a death in care (disability) to the Coroners Court of Queensland by email to [state.coroner@justice.qld.gov.au](mailto:state.coroner@justice.qld.gov.au)

The subject line must state ***Notification of death of NDIS participant.***

The notification should identify:

- the deceased person
- date of death and
- location of death.

#### *Procedure*

- Our organisation will always cooperate with all government bodies.
- All details of the incident will be recorded in an Incident Investigation Form.
- The Manager will ensure that staff complete any documentation required by the Coroners Court of Queensland and ensure the completeness and accuracy of the information provided.
- The Manager will be the point of contact for all discussions with the family and relevant stakeholders. All conversations will be documented for future use.

#### *Related documents*

- Incident Investigation Form

#### *References*

- Coroners Act 2003 (QLD)
- Queensland Courts – Reportable Deaths downloaded 17/11/20 9:12 am
- [https://www.courts.qld.gov.au/data/assets/pdf\\_file/0020/623450/m-ccq-fs-deaths-of-people-with-a-disability.pdf](https://www.courts.qld.gov.au/data/assets/pdf_file/0020/623450/m-ccq-fs-deaths-of-people-with-a-disability.pdf)