Form Title	**Incident Reporting and Management Policy**			Form Number	BH-P0-CC-002-01
				Version Number	02-01
Effective Date	Dec-29-2025	Last Review Date	Aug-19-2026	Next Review Date	Aug-26-2030

VERSION HISTORY				
Version	Approved by	Revision Date	Description of Change	Author
1	Damian Thorp	Dec-29-2025	Restructured the policy, procedure, forms, registers and checklist format and guidelines. Separated the policy from procedures.	LZP3
2	Damian Thorp	Aug-12-2026	Consolidation of all incident reporting and management procedures into 1 procedure.	LZP3

PURPOSE:

To create a systematic approach that identifies, manages, and learns from mistakes (incidents/near misses), minimizing harm, cost, and reputational damage by defining staff roles, ensuring timely response, restoring services, and preventing recurrence, all while fostering a blame-free culture with outcomes of systemic improvements.

SCOPE AND LIMITATION:

- All CCWA staff, clients, and their guardians that are involved in the reporting and evaluation of incidents should adhere to this method.
- By defining roles, processes (reporting, triage, escalation, recovery, and review), and objectives like compliance and risk reduction, the policy covers all adverse events (security, operational, clinical, and safety) from identification to resolution, applying to all staff, third parties, and information assets. The goal is to minimize disruption, ensure business continuity, and drive learning. This ensures consistent handling of threats from minor issues to major breaches.
- Due to the private nature of the subject, incidents involving personal or internal family matters that occurred within CCWA facilities are not covered by the aforementioned procedure.

DEFINITION OF TERMS:

Term	Definition
Incident Report	A formal document that details of an unforeseen occurrence, incident, or "near miss" in a work environment. It gives a precise, timely, and unbiased account of what transpired in order to enhance safety, comply with regulatory obligations, and stop similar problems from reoccurring.
Incident	Incident occurrences may result in harm, damage, or loss, and necessitate a response to control and lessen adverse effects. They require action to stop a recurrence, initiate an investigation, response, or corrective action.
Reportable Incident	A serious event or accusation that causes injury to a client during services delivery is considered a reportable incident. **Reportable Incident Categories** The NDIS Commission must receive reports on 6 primary categories of incidents: 1. A participant's death, regardless of the reason (even if it was anticipated because of age or sickness). 2. Serious injury: Any damage that necessitates hospitalization, such as burns, serious wounds, fractures, and head injuries. 3. Abuse or neglect: This includes failure to give basic care or access to medical care, as well as physical, emotional, psychological, financial, or systematic abuse.

Term	Definition
	4. Unlawful physical or sexual contact: Any non-consensual contact or assault, or informed suspicion this has occurred 5. Sexual misconduct: Inappropriate actions, remarks, or grooming by an employee or other individual while a participant is present. 6. Unauthorized use of a restrictive practice: Using seclusion or chemical, physical, or mechanical restrictions without a state authorization or an established behavior support plan.
Near Miss Incident	An unforeseen event or situation that happened while delivering support and had the potential to cause harm but did not.
Procedure	A specific, step-by-step sequence of actions that must be followed to complete a task or achieve a result.
Work instruction	A comprehensive, step-by-step guide that explains how to complete a particular, limited task.

RESPONSIBILITIES:

Position	Responsibility
All Staff	Report incident promptly (e.g. within 24 hours) using the Nightingale system, fostering a reporting culture
Support Staff	Prompt action and preliminary documentation. 1. Immediate Safety: Making the area safe and administering first aid to any injured people are their top priorities, call for Emergency services as necessary. 2. Notification: As soon possible inform their team leader ○ Accurate Documentation: Submit a factual incident report within a day of the incident. 3. Scene Preservation: In critical circumstances, make sure that no equipment is moved or the environment is changed until an investigation can take place.

Position	Responsibility
Witness	Anyone who observes an incident or the immediate aftermath of one. 1. Staff report the incident to their Team Leader 2. Fact-Based Documentation: Witnesses must provide an objective, written account. This will include: o What happened (actions observed). o Who was involved. o When and where it occurred. o What the client said and did. 3. Participation in Investigations: Witnesses may be formally interviewed during an internal or NDIS Commission investigation to provide additional context or clarify their written statements.
Team Leaders	Liaise between management and Support Workers, they supervise the procedure. 1. Review and Quality Control: Examine the reports submitted and make any clarification enquiries 2. They escalate an event if determining if it is "notifiable" (i.e., requires reporting to NDIS). 3. Support and Welfare: Monitor the client's and the support worker's well-being, providing counseling or debriefing if necessary. 4. During the investigation: establish place temporary "solutions" to stop the situation from happening again and control identified risks. 5. Monitoring: Monitor the development and completion of remedial measures.
Managers	Prioritize, escalate, oversee investigations, establish learning actions, and offer assistance.
Executive Management	Assure training, resources, and have responsibility for risk management
The investigator (Quality Manager)	An internal or external professional performs the investigation 1. Collect tangible evidence, take/arrange for pictures, and examine pertinent papers (such as equipment maintenance logs or training records). 2. Interview: Formally interview witnesses and individuals involved and create a chronological timeline of events. 3. Analysis: Determine why the incident occurred, using the "5 Whys" or "Root Cause Analysis". 4. Recommend: Create a final report and Corrective Action Plan to prevent future occurrences of the incident. **5. Report:** Report findings and corrective action plan **to the board of directors.**

Position	Responsibility
Chief Operating Officer (COO)/Chief Financial Officer (CFO)	Effectiveness, compliance, and integrity of the day-to-day handling of incidents. 1. Ownership of Systems and Governance o Method Integrity: Ensure the company has a reliable method to record issues at all service locations. o Allocating resources: Ensure there is adequate personnel, training, and technology (such as incident reporting software) to handle reports efficiently. o Compliance oversight: Monitoring the organization's adherence to stringent NDIS deadlines, such as the 24-hour and 5-day reporting requirements. 2. Decision-Making and Escalation o In charge and intervene in high-risk or crucial situations. o Reportable Incidents: Serves as the "Authorized Reportable Incidents Approver." o Crisis Management: Oversees the Critical Incident Response Team in the event of a fatality, serious injury, or significant media danger. o Resolution of Conflicts: Deal with issues involving conflicts of interest. 3. Implementation of Corrective Actions o Ensure the company learns from reports, data and trends, implementing corrective actions universally as applicable: o Selecting Investigators: Determined internal or external independent investigator. 4. Investigation Oversight: Examine the results of investigations to make sure they uncover any systematic problems and implement Continuous Improvement o Ensure the relationships with Risk Management, Continuous Improvement are intrinsically linked with incident reporting data. o Reporting to the Board: Gives the Board of Directors high-level summaries of event patterns and the efficacy of the company's risk-reduction tactics.

POLICY:

CCWA will identify, log, manage, investigate, and learn from events (incidents, accidents, and near misses) to improve safety, lower risks, and guarantee compliance. The **incident reporting system** is a blame-free, learning culture with explicit procedures for reporting, analysis, containment, recovery, and continuous improvement, frequently using specialized systems. Incidents are:

Incident reporting and management process that CCWA must followed:

- Reporting and Identification: CCWA workers use a method (such as an electronic record e.g. Nightingale) to quickly report incidents, even minor ones.
- Assessing severity, creating risk profiles, and allocating ownership are all part of analysis and triage.
- Containment, Eradication, and Recovery: Acting quickly to prevent harm and resume regular operations.
- Investigation and Learning: identifying contributing factors, analyzing root causes, and putting preventative measures in place.
- Post-Incident Review: Recording lessons learned, disseminating research, and assessing effectiveness

Incident Reporting Requirements

- Timely and Prompt: Report as soon as the information is available.
- Clear and Concise: Speak in plain, factual terms.
- Goal: Stay true to the facts and refrain from placing blame or making assumptions.
- Extensive: Provide all pertinent information and background.
- Confidential: When necessary, protect privacy.

Non-Reportable Incidents

These are situations that impact NDIS members but do not fit the precise requirements for NDIS reportable events.

An act is not a reportable incident if:

- The unlawful physical contact with a person with a disability, where the contact and impact are negligible.
- The use of a restrictive practice is in accordance with an authorization (however described) of a state or territory in relation to the person and in accordance with a behavior support plan for the person with a disability.
- The use of a restrictive practice is in accordance with a behavior support plan for the person with a disability, and the state or territory in which the restrictive practice is used does not have an authorization process in relation to the use of the restrictive practice.

Examples include minor injuries that simply require first aid, general care issues that do not involve significant injury, or unrelated situations that happened while in service.

Timeframe: Within 5 days after the incident happened .

Reportable Incident (NDIS Commission Notification Required)

Registered providers are required to report these major incidents to the NDIS Commission which occur during service delivery:

- The death of a NDIS participant
- Serious injury to a NDIS participant
- Abuse or neglect of a NDIS participant
- Unlawful sexual or physical contact with, or assault of, a NDIS participant
- Sexual misconduct committed against, or in the presence of, an NDIS participant, including grooming of the NDIS participant for sexual activity
- The use of a restricted practice in relation to a person with a disability that is unauthorized or not in accordance with a behavior support plan.

Timeframe: 24 hours for sexual misconduct/unauthorized restrictive procedures.

Incident Report Review:

Submitted incident report are reviewed whether it requires reporting to the NDIS Commission, that may require staff to complete a more detailed statement.

If found reportable:

- The Authorized Reportable Incidents Notifier notifies the participants' supporters, guardians, and relatives and the Authorized Reportable Incidents Approver.
- The Authorized Reportable Incidents Approver (CCWA Director) for reportable events notify the NDIS Commissioner.
- Based on the definition of restricted practice, a reportable incident must be reported within 24 hours if it falls under the definition of reportable incidents Top of Form

- **RELATED POLICIES:**

8.1. Incident Reporting and Management Policy BH-PO-CC-002-01-01

8.2. Policy Preparation and Management BH-PO-CC-001-01-01

9. RELATED PROCEDURES:

9.1. Incident Reporting and Management Nightingale Procedure BH-PR-CC-002-01-01

9.2. Incident Reporting and Management Register Procedure BH-PR-CC-002-02-01

9.3. Incident Reporting and Management - Fall Procedure BH-PR-CC-002-03-01

10. RELATED FORMS:

10.1. Incident Reporting and Management Nightingale Form BH-FO-CC-002-01-03

10.2. Incident Reporting and Management Register BH-RG-CC-002-01-01

10.3. Incident Report Case Note in Nightingale https://ng-ccw.azurewebsites.net/Secure/Clients/CaseNotes/

10.4. Create an Immediate Notification Form via the NDIS Commission Portal

10.5. 5 Day Notification Form via the NDIS Commission Portal

11. REFERENCES:

11.1. NDIS Practice Standards and Quality Indicators
https://www.ndiscommission.gov.au/sites/default/files/2024-10/ndis-practice-standards-and-quality-indicators.pdf

11.2. National Disability Services
https://www.ndiscommission.gov.au/sites/default/files/2024-10/ndis-practice-standards-and-quality-indicators.pdf

12. ANNEXES:

12.1. Create an Immediate Notification Form via the NDIS Commission Portal