

Purpose

Autism SA and our associated entities (we, us, our) are committed to providing safe, high quality and person-centred services and supports and minimising any risk of harm to our clients and their families, our community and employees. Compliance with this policy will ensure all incidents are reported, managed and investigated in an appropriate and timely manner and the physical and psychological wellbeing of any person involved is addressed with appropriate supports and treatment.

The implementation of and compliance with this policy, and its supporting procedure, ensures

- the safety and wellbeing of our clients, employees and other people is actively managed and results in continuous improvement.
- a consistent organisational approach to the reporting, management, investigation and resolution of incidents.
- timely notification of incidents both internally, and externally as required.
- accurate and consistent documentation of circumstances relating to incidents.
- identification and evaluation of risks associated with our services and supports.
- open disclosure to our clients and their families about any incident that may have caused harm.
- continual improvement of our services and supports through monitoring and acting on individual incidents and the identification of trends through the analysis of incident reports.
- employees are trained in and understand their responsibilities for incident management.

Scope

Compliance with this policy, and its supporting procedure, is mandatory for all our staff, contractors, students, volunteers, visitors, board members, and any other person supporting our clients or that have a responsibility for the safe operation of our services, collectively referred to as 'employees' throughout this document.

For the purpose of this policy, and associated procedure, the term 'incident' generally refers to an undesirable event that has, or could have caused harm to our clients, community or employees, or any loss or damage to property. It includes all actual and alleged incident, near miss, accident, injury, hazard events and sleep disturbances.

Behaviours of concern and notable behaviours are also managed as 'incidents' in line with the policy and associated procedure. This ensures these events are reported, managed and trended to support escalation, as well as improvement and changes to existing behaviour supports.

Policy statement

Our client cohort, including children and young people, and people living with disability, are among the most vulnerable members of our society. We are committed to the safety and wellbeing of all clients accessing our services and support their right to be safe and feel safe.

We aim to provide effective management of incidents in accordance with our obligations under the *National Disability Insurance Scheme Act 2013*, its associated rules and practice standards, the *Children and Young People (Safety) Act 2017*, and the *Work Health and Safety Act 2012*.

Definitions

In the context of this document, and any associated procedures:

Accidents are events or situations that actually resulted in harm to an individual or damage to equipment or property. This policy includes accidents as incidents.

Behaviour of concern is any behaviour which causes actual harm, or the risk of harm, to the person, their family, an employee or any other person or property.

Harm includes death, injury, illness (physical and psychological) or disease that may be suffered by a person.

Hazard as a situation that has the potential to harm a person (death, illness or injury), environment or damage property.

Near miss means no harm was caused but had the potential to do so.

Notable behaviour is a behaviour that has not, or is unlikely to, result to harm, however is required to be reported under the IMS to enable monitoring and escalation to support improvements or changes to behaviour supports.

Notifiable incident means a serious incident arising out of service delivery relating to any person that has mandatory reporting requirements under legislation. They include 'reportable incidents' to be reported to the NDIS Commission, 'significant incidents' to be reported to the Department for Child Protection (DCP), and 'notifiable incidents' to be reported to SafeWork SA.

Risk is something that could potentially lead to an incident or accident.

Specified personnel in relation to NDIS reportable incidents, is the Quality, Risk and Compliance (QRC) team. The QRC team are responsible for notifying the NDIS Commission of all reportable incidents. Notification timeframes for NDIS reportable incidents commence when the QRC team has reviewed the incident and identified this to be related to a reportable incident.

Notifiable incidents

Incidents that are reportable, significant or notifiable may require immediate notification to SA Police, SA Ambulance or other emergency services. This is a priority action for any employee involved in or witnessing such an incident.

Incidents that may be reportable, significant or notifiable may be required to be reported to multiple agencies. For example, if an incident occurs meets the criteria as notifiable to SafeWork SA, and this involves a NDIS participant, the incident would be required to be reported to both SafeWork SA and the NDIS Commission.

Reportable incidents (NDIS Commission)

As a registered NDIS provider, we must notify the NDIS Commission of all reportable incidents (including allegations). All reportable incidents are notified to NDIS Commission through the NDIS Quality and Safeguards Commission Portal by our specified personnel. It is assumed that we have become aware of the reportable incident once the specified personnel has been notified.

For an incident to be deemed a reportable incident it must satisfy the following two requirements:

- The incident must involve an act, event or omission defined in section 73Z(4) of the NDIS Act and section 16 of the NDIS (Incident Management and Reportable Incidents) Rules 2018
- The incident must have occurred or is alleged to have occurred in connection with the provision of supports or services by a registered NDIS provider

Subsection 73Z(4) of the NDIS Act defines reportable incidents as:

- the death of a person with disability; or
- serious injury of a person with disability; or
- abuse or neglect of a person with disability; or

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

For more information go to [NDIS Incident management and reportable incidents \(NDIS providers\)](#).

Any incident of suspected abuse or neglect of vulnerable adults may also require reporting to the Adult Safeguarding Unit. Go to our Adult Safeguarding policy for more information.

Significant incidents (DCP)

As a DCP service provider, we must notify DCP of all significant incidents (including allegations). Significant incidents are defined as those events that cause or are likely to cause significant negative impact on the health, safety or wellbeing of children and young people, employees or others involved in the event such as:

- child death or serious injury (including expected death)
- a missing child (extreme risk)
- abuse and/or neglect in out of home care
- allegations of serious criminal offences
- serious threats to the safety of a site or person
- staff death or serious injury.

If the child or young person is in care, as soon as a significant incident is identified, the DCP allocated case worker or supervisor or the manager of the office at which the child or young person is allocated must be contacted.

Any incident of suspected child abuse or neglect must be reported to the Child Abuse Report Line (CARL) during business hours or the Crisis Response Unit (CRU) after hours and potential issues of corruption or misconduct to the Office of Public Integrity (OPI).

In addition to reporting significant incidents, we provide a weekly incident report to DCP for all children and young people we support in our residential services. This includes all incidents and near misses reported.

For more information go to [DCP Significant Incident Management - Requirements for Service Providers](#).

Notifiable incidents (SafeWork SA)

We must notify SafeWork of fatalities and certain serious injuries/illnesses, dangerous incidents or COVID-19 cases that occur at work as a result of the conduct of the business or undertaking. Incidents may relate to anyone at a workplace such as an employee, contractor or member of the public.

- A serious injury or illness of a person includes
 - where the person requires immediate treatment as an in-patient in hospital for any duration.
 - immediate treatment for:
 - amputation of any body part
 - serious head, eye or burn injury
 - degloving or scalping
 - spinal injury
 - loss of bodily function
 - serious lacerations

- medical treatment within 48 hours of exposure to a substance.
- A dangerous incident means an incident in relation to a workplace that exposes an employee, or any other person, to a serious risk to a person's health or safety. This may include (but is not limited to) electric shock, fall from height, uncontrolled fire, or building collapse.
- Notification of a COVID-19 virus case is required if:
 - it can be reliably attributed to a workplace exposure; and either
 - the person is required to have treatment as an in-patient in hospital; or
 - death.

For further information on notifiable incidents go to [SafeWork SA workplace incidents](#).

Electrical shock incident (OTR)

Where an incident involves the electric shock of an employee, client or visitor, we must report this to the Office of the Technical Regulator (OTR). This would be in addition to reporting to any of the external agencies listed above.

The OTR can be contacted by phone on 8226 5518 (Monday to Friday, 8.00 am to 4.30 pm).

Electrical shock incidents must be notified to the OTR

- immediately by phone, in the case of a death
- within 1 working day of an incident requiring medical assistance
- within 10 working days of any other case.

Incident management approach

It is everyone's responsibility to ensure the safety and wellbeing of our clients. We foster a culture of continuous improvement with a proactive approach to managing incidents.

Incident management system

Our incident management system (IMS) provides a systematic process for recording and monitoring all incidents. All employees must report any incident in our IMS as soon as practicable. Key employees can review incidents within the IMS as soon as an incident is submitted. Incidents are allocated in the IMS to the relevant owner each working day by the Quality, Risk and Compliance team. Our Incident Review Group (refer below) reviews incidents each working day to assess and escalate as required. Our Quality, Risk and Compliance Committee, Clinical and Care Governance Committee, Reducing Restrictive Practices Committee and Workplace Health and Safety Committee review incident data and reports to identify patterns or issues that may require a review of policy or change in work processes and practices.

Incidents are updated in the IMS to show accountability and transparency of decisions made and actions taken in relation to each incident.

Incident Review Group

The primary purpose of the Incident Review Group (IRG) is to ensure a systematic approach to the review and management of all incidents, through the provision of appropriately qualified and/or experienced leadership and advice, to reduce avoidable harm and safeguard clients and employees.

The IRG operates on the principles of challenge and transparency, acknowledging the benefits of different views and expertise, for the purpose of safeguarding and continuous improvement.

Our Incident Review Group (IRG) meets each working day to review all incidents recorded in our IMS. The IRG identifies any incident that requires further investigation and determines any notifiable incidents.

The IRG provides monthly incident reports to our Quality, Risk and Compliance Committee.

For more information go to our Incident Review Group Terms of Reference.

Assessment vs investigation

Our Incident Review Group, ensure that every incident is assessed, considering the views of our client, and the risks to our clients, employees and organisation. (Refer Incident Review Group Terms of Reference (GOV-TOR-010) for more information.)

Our incident management system ensures all incidents are assessed by the relevant manager to determine

- if the incident could have been prevented
- how well the incident was managed
- if any further action or supports are required to prevent similar incidents occurring
- if the any further action is required for the staff involved, such as additional supervision and support, training or disciplinary action

Some incidents may require an internal or external investigation to be conducted. This may be recommended by the Incident Review Group, other management committee, or managers. A member of the Executive Leadership Team must endorse internal investigations and approve an external investigation.

The nature of any investigation or actions following an incident will be proportionate to the harm caused and any risk of future harm to our clients.

Refer to our Investigations and disciplinary action policy (HRE-POL-004) and procedure (HRE-PRO-002).

Open disclosure

When an incident occurs we communicate openly with our clients and their families, ensuring that communication with, and support for all affected persons occurs in a supportive and timely manner. Our open disclosure procedure provides a framework for a standard approach to open disclosure across our organisation.

For more information go to our open disclosure procedure.

Risk management

Our risk management system supports the elimination or minimisation of organisational risks identified through our incident management system.

For more information go to our risk management framework.

Incident management training

All employees receive training on reporting, responding to and managing incidents in line with their role and delegations.

Review and continuous improvement

We review the operation of our IMS regularly to ensure it is delivering effective outcomes and to look for improvements in our processes.

Roles and responsibilities

Board of Directors

Our Board of Directors delegates specific responsibilities for oversight of our incident management processes to the Chief Executive Officer through the Quality, Risk and Compliance Committee, Clinical and Care Governance Committee, and Work Health and Safety Committee.

Our Board of Directors is responsible for

- endorsing this policy.
- ensuring incident management is aligned across the organisation, with the appropriate prioritisation of incident management.
- developing our appetite for risk.

Chief Executive Officer

The Chief Executive Officer will

- pursue a culture of learning and innovation to deliver quality services and supports, and continual quality improvement to reduce and prevent client incidents.
- ensure a culture where critical incidents are dealt with seriously and thoroughly.
- ensure effective open disclosure and incident management strategies are in place across our organisation in accordance with this policy and legislative requirements.
- explicitly support incident management and open disclosure as a client right, organisational requirement and the opportunity to learn from incidents.
- participate in our response and management of complex and/or serious or cluster incidents that carry organisational risk.

Executive Leadership Team

The Executive Leadership Team is responsible for

- ensuring the services within their area of responsibility have systems in place which facilitate the effective reporting and management of incidents in accordance with this policy.
- direct investigations (internal or external) into serious incidents, or incidents that may have or have had significant impact to a client, employee and/or the organisation.
- providing advice, leading or participating as required in review of incidents and/or review of services where incidents have occurred to ensure we meet our legislative requirements.
- delegating the day-to-day responsibility for establishing and monitoring the implementation of this policy to the relevant senior managers.
- providing advice and assistance to the Chief Executive Officer about the response and management of complex and/or serious incidents that carry organisational risk.
- ensuring staff training programs are in place for incident reporting and management.

Quality, Risk and Compliance Committee

The Quality, Risk and Compliance Committee is responsible for

- ensuring governance systems are in place to analyse incidents.
- reviewing incident data and reports to identify patterns or issues that may require a review of policy or change in work processes and practices.
- recommend internal or external investigations are conducted for serious incidents, or incidents that may have or have had significant impact to a client, employee and/or the organisation.
- recommending opportunities for improvement, efficiencies, effectiveness and innovation in incident management to improve the safety and quality of our services.

Clinical and Care Governance Committee

The Clinical and Care Governance Committee is responsible for

- ensuring governance systems are in place to analyse and escalate incidents, and reviews are undertaken to reflect, learn and make recommendations to improve the quality of clinical and care services
- monitoring incident data to assess the safety and quality of clinical practices across our organisation.
- recommend internal or external investigations are conducted for serious incidents, or incidents that may have or have had significant impact to a client, employee and/or the organisation.
- recommending opportunities for improvement, efficiencies, effectiveness and innovation in incident management to improve the safety and quality of our services.

Reducing Restrictive Practices Committee

The Reducing Restrictive Practices Committee is responsible for

- ensuring governance systems are in place to analyse and escalate behaviour related incidents, and reviews are undertaken to reflect, learn and make recommendations to improve the quality of positive behaviour supports.
- monitoring incident data to assess behaviour support practices across our organisation.
- recommend internal or external investigations are conducted for serious incidents, or incidents that may have or have had significant impact to a client, employee and/or the organisation.
- recommending opportunities for improvement, efficiencies, effectiveness and innovation in incident management to improve behaviour support practices.

Workplace Health and Safety Committee

The Workplace Health and Safety Committee is responsible for

- ensuring governance systems are in place to analyse workplace hazards and incidents.
- monitoring incident data to assess the safety and quality of workplace practices across our organisation.
- recommending opportunities for improvement, efficiencies, effectiveness and innovation in incident management to improve our work environment.

Incident Review Group

The Incident Review Group will

- review all reported incidents daily (incidents reported on weekends and public holidays will be reviewed the following working day). If QRC staff are unable to chair IRG due to personal/annual leave or unexpected circumstances, IRG may be cancelled in these instances, however, Line Managers must ensure to continue to review incidents within the system and complete follow up actions until the next IRG meeting can occur with a QRC chairperson present. If QRC staff are absent for 1 week or more, an operational staff member or member of ELT will be appointed to chair IRG in QRC's absence.
- provide clinical expertise and executive oversight of serious incidents and incidents required to be reported externally.
- ensure incidents are investigated thoroughly, with practice improvement embedded into operational practices to prevent the likelihood of recurrence.
- recommend internal or external investigations are conducted for serious incidents, or incidents that may have or have had significant impact to a client, employee and/or the organisation.
- develop immediate actions required to ensure the safety of clients and employees.
- refer relevant incidents and/or identified themes to internal committees such as Reducing Restrictive Practices, Quality Risk and Compliance, and Workplace Health and Safety.

- identify improvements to the incident management system and processes.
- challenge and improve current practices through positive reflection and learning from what has happened to improve future practice.

Quality, risk and compliance team

The quality, risk and compliance (QRC) team are responsible for

- acting as the specified personnel in relation to NDIS reportable incidents, ensuring all reportable incidents are identified and documented in the NDIS Quality and Safeguards Commission Portal within legislated timeframes
- reporting incidents to external authorities when the circumstances require such action. The QRC team will work in consultation with the Incident Review Group to assess if an incident is reportable to an external authority.
- establishing, maintaining and reviewing the effectiveness of the incident management system.
- supporting the implementation of this policy, and its associated procedures, through facilitating the development, dissemination and implementation of incident management training, tools, and resources.
- supporting the continual improvement of the incident management system.
- supporting the development of a suite of data indicators relating to incident management that can be used to monitor trends and inform planning and decision making.
- ensuring employees have appropriate skills and knowledge about reporting, managing and openly disclosing incidents, required for their role.

Managers, Business Unit Leaders (BUL), Service Managers (SM) and House Leaders (HL)

Managers, BULs, SMs and HLs are responsible for

- monitoring and management of incidents within their area of responsibility and ensuring the incident management system is used to document the management and investigation of incidents.
- providing advice to the Incident Review Group about the response and management of incidents.
- recommend internal or external investigations are conducted for serious incidents, or incidents that may have or have had significant impact to a client, employee and/or the organisation.
- ensuring employees have appropriate level of log-in access to the incident management system and user profiles that enable notification of incidents as required by their role.
- having the skills and knowledge required to review and manage incidents, including those requiring escalation.

All employees

All our employees are responsible for

- adhering to this policy and associated procedures.
- reporting all incidents in the incident management system within 24 hours, and in line with our incident management procedure (QRC-PRO-009).
- participating in incident management and open disclosure training.
- supporting clients and carers to report incidents and engage with the process of incident investigation.
- commencing and/or participating in the open disclosure process as appropriate.
- participating in the investigation of incidents as required.

- participating in the implementation of recommendations arising from the investigation of incidents.
- encouraging colleagues to report and/or notify incidents and near misses that have been identified.

Related legislation and documentation

Relevant Legislation

- National Disability Insurance Scheme Act 2013 (Cth)
- National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018
- Children and Young People (Safety) Act 2017 (SA)
- Work Health and Safety Act 2012 (SA)

Relevant Autism SA documentation

- Incident management (QRC-PRO-009)
- Open disclosure (QRC-PRO-007)
- Incidents of a critical and distressing nature (WHS-PRO-007)
- Investigations and disciplinary action (HRE-POL-004)
- Investigations and disciplinary action (HRE-PRO-002)
- Feedback and complaint management (QRC-POL-002)
- Adult safeguarding (SDS-POL-019)
- Incident Review Group Terms of Reference (GOV-TOR-010)
- Clinical and Care Governance Terms of Reference (GOV-TOR-003)
- Quality Risk and Compliance Terms of Reference (GOV-TOR-007)
- Workplace Health and Safety Committee Terms of Reference (GOV-TOR-006)
- Reducing Restrictive Practices Committee Terms of Reference (GOV-TOR-005)

Approval and review

Approval and review	Details
Document approver	Chief Executive Officer
Document administrator	Quality Risk and Compliance Manager
Advisory committee	Quality Risk and Compliance Committee
Date approved	4 September 2025
Next review date	September 2028

Date	Version	Approval and amendment history
7 March 2022	1.0	Policy developed. Replaces SDS-POL-003 Incident management and reportable notifications policy. Also refer to QRC-PRO-009 Incident management and external notifications procedure. Approved by the Board.
30 December 2022	1.1	Minor update to include the definition of 'specified personnel' in relation to NDIS reportable incidents and clarify requirements relating to incident assessment and incident investigation. Approved by CEO.
17 February 2023	1.2	Minor update to include role of the RRP and WHS Committees. Approved by CEO.
1 May 2024	1.3	Minor update to include reference to the Investigations and disciplinary action policy and procedure. Incremental change approved by CEO.
4 September 2025	2.0	Policy reviewed and updated in line with document control review timeframes. Minor updates inclusion of sleep disturbances, IMS incident owner allocation, notification timeframes and updated roles and titles. Approved by CEO