Incident Management and Mandatory Reporting Policy

Policy Owner	Quality & Compliance Manager
Policy Approver	CEO
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Introduction

This policy outlines Willing & Able's practices to effectively manage incidents, hazards and near misses. We aim to ensure their impact is minimized and appropriate actions are taken to improve systems, work practices and the working environment to reduce the possibility of the incident reoccurring.

Willing & Able Foundation Ltd will be referred to as “Willing & Able” or “the organisation” within this document.

Applicability

When
• applies to all operations and services provided by or for the organisation.
Who
• applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, supported employees, contractors and volunteers. These roles are also referred to as workers in this document.

Purpose:

- defines the methods for notifying and investigating incidents so causes are identified, and actions are taken in a timely manner.
- assists staff to identify their role and responsibilities in the incident management and mandatory reporting processes.
- ensures external reporting requirements are met within mandated timeframes including the NDIS Quality and Safeguards Commission, Department of Health, Safework NSW and the Office of Australian Information Commission (OAIC).
- applies a formal, consistent and auditable system for reporting and investigation.
- ensures data from incidents is recorded to enable trends to be identified and responded to.
- ensures continuous improvements and corrective actions to be communicated across the organization.

Definitions:

Incident: broadly defined as an event or circumstance resulting in, or has the potential to result in, a negative outcome. An incident could be:

- any act, omission, event or circumstance that resulted, or could have resulted, in harm to a person, or loss or damage to property and assets.
- any event or circumstance that resulted, or could have resulted, in business interruption and or financial loss.

- any event or circumstance that resulted, or could have resulted, in reputational harm or public liability exposure.
- a near miss which did not cause harm, but had the potential to do so
- any event which deviates from standard policy or procedure
- anything unlawful (such as assault, sexual misconduct, theft or fraud).

Incident types may include, but are not limited to:

- physical or psychological injury
- physical or verbal abuse and aggression
- other types of abuse- psychological, sexual and financial
- a breach of an individual's human rights
- medication error
- chemical exposure
- damage to an asset or property
- unauthorised restrictive practice
- equipment failure
- a security breach
- a near miss that alerts of a potentially high-risk situation.
- missing participant including non- response to scheduled visit

Data Breach: unauthorised access or disclosure of personal information, or loss of personal information.

Abuse: a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to a person.

Icare: NSW Government agency that provides insurance and care services to statutory authorities and people with injuries under various compensation schemes. (Regulates the Workers Compensation scheme in NSW)

Definition of "incident" for the purposes of incident management system requirements also relate to any acts, omissions, events or circumstances that occur in connection with the provision of care and services to a participant that have, or could reasonably be expected to have, caused harm to a participant or another person. Or did cause actual harm to a participant.

Hazard: an object or situation that has the potential to cause harm to a person.

Key Personnel: are responsible for executive decisions of the registered NDIS provider and have authority/ responsibility/ influence over planning, directing or controlling organisational activities.

Near miss: an incident that could have resulted in an injury, illness or danger to health and/or damage to property or the environment.

Open disclosure: an open discussion with the person/people involved in an incident that resulted in harm to them whilst working for, or supported by, Willing & Able. The elements of open disclosure are an apology and expression of regret, a factual explanation of what happened, an opportunity for those involved to relate their experience and an explanation of the steps being taken to manage the event and prevent recurrence.

Privacy Act refers to the Privacy Act 1988 (Cth)

Reportable Incidents: serious incidents or alleged incidents which result in harm to a participant, staff member or another person for whom Willing & Able is responsible, and occurs in connection with supports, services and /or employment.

Work Health and Safety Legislation: Work Health and Safety Act 2011, the Work Health and Safety Regulation 2025 (NSW)

Policy Commitment

Our organisation takes a proactive and systematic risk management approach to minimising the likelihood and impact of incidents and potential incidents that could cause harm to our participants, workers, visitors and the organisation.

Willing & Able maintains a robust incident management system that is proportionate to the size of our organisation and complies with legislation and regulatory body requirements. Where an incident, hazard or near miss of any type or level of severity occurs, we will respond accordingly through:

- providing adequately skilled staff to respond appropriately to the incident to minimise the impact to involved parties and mitigate the risk of incident recurrence.
- ensuring leaders and management have the training to investigate incidents and identify the cause including using root cause analysis for serious incidents when appropriate.
- implementing open disclosure practices with impacted parties; ensuring transparent ongoing communication and support.
- investigating incidents fairly and in a timely manner
- monitoring, analysing and responding to trends identified via incident and hazard reporting
- regularly reviewing the incident management system identifying opportunities for improvement

Responsibilities

Governing body

- Ensure complete systems and processes for managing incidents exist and are maintained.
- Monitor overall incident data including trends and outcomes.
- Understand the external reporting obligations.

Management

- Ensure systems and processes for managing incidents exist, are reviewed and maintained, and improved.
- Ensure all staff receive appropriate training on incident identification, incident response, related responsibilities and risk mitigation.
- Practice open disclosure when participants suffer harm while they were receiving care and services.
- Review all incidents and conduct investigations including root cause analysis as appropriate.
- Understand the obligations for external reporting and undertake such reporting as required.
- Develop and act on plans when an incident requires a disaster recovery or business continuity response.
- Provide participants, the governing body and workforce with monthly analysis on relevant incidents.
- Use incident data to improve systems and reduce risk.

Workers and visitors

- Understand the incident management process and know how to assess, respond appropriately to and report an incident, hazard and near miss
- report all incidents to your supervisor/ coordinator /manager. Failure to report incidents may be treated as misconduct.
- escalate serious incidents to senior management
- Offer feedback, risk mitigations and improvements to management.
- Take immediate action to ensure people's safety and welfare following an incident or near miss/hazard.

Hazards and Near Misses

In relation to hazards and near misses Willing & Able takes an approach which is proactive, systematic risk management and prevention oriented.

To achieve this outcome our Organisation has management systems in place to:

- ensure staff have the appropriate knowledge and skills mix to identify and respond to hazards and near misses
- ensure policies and procedures are accessible to stakeholders.
- adequately monitor the workplace.
- risk assess and regularly review work practices
- mitigate identified risks as much as is practicably possible
- eliminate high risk tasks
- identify both acts and omissions
- ensure compliant reporting and documentation.

Incidents

In addition to those actions identified above, when an incident occurs, we will:

- ensure a prompt response including reasonably removing the risks of further harm thereby minimising the impact to those involved and the potential of the situation escalating.
- communicate our systems of incident management with stakeholders.
- determining the causes of incidents as able.
- investigate incidents fairly, adopting an open disclosure approach with opportunity for reasonable involvement of those affected by the incident.
- reasonably Investigate all incidents
- utilise the incident reporting system and alert management as appropriate.
- reporting externally within specified time frames when required to, or when appropriate, with ongoing co-operation.
- maintain registers of incidents and related improvement opportunities.
- discuss incidents in relevant meetings while protecting confidentiality.
- analyse incident, hazard and near miss records and data to identify issues, trends and improvement opportunities.
- use root cause analysis (for serious incidents) to learn and improve the quality of care and services.
- act to prevent accident recurrence.
- generally taking a position of not apportioning blame.
- aim to respond consistently to incident management.

Processes

Our process for managing incidents, hazards and near misses commonly follows the steps of:

- **Identification** – a range of methods are used to identify incidents including direct observation, team discussions, reports, audits or complaints/feedback from service users and staff.
- **Response** – staff make an initial assessment and take any appropriate actions including ensuring people's safety and welfare, minimizing the risk of further harm or injury, and providing any first aid.
- **Notification** – management is informed of the incident along with any external parties as required.
- **Investigation** – undertaken in a manner appropriate to the event in order to determine the causes particularly where it may indicate a systemic issue. Investigation is undertaken using the principles of impartiality, confidentiality and transparency.
- **Corrective action and or Continuous Improvement** – outcomes of investigation are acted on to develop better systems and improve practice.
- **Documentation** via standardized forms that guide staff actions.

Communication and reporting

Communication occurs throughout the incident management process to ensure key stakeholders remain informed. When the incident has resulted in harm to a participant the principles of open disclosure are applied in line with the Open Disclosure Policy. An appropriate communication strategy is developed during response planning with frequency, format and recipients dictated by the nature and scale of the occurrence. The organisation understands and complies with all external reporting requirements as explained below.

Record Keeping

- All reported incidents are documented.
- Incident documentation is stored securely and will have access restrictions in place dependent on the nature of the incident.

INCIDENT MANAGEMENT PROCESS

1. Identify the incident, hazard or near miss. (See definition of these terms)

2. Initial Response

It may be necessary to take immediate action when an incident, hazard or near miss is identified which could include:

- Focus on health and safety- providing care to the people involved e.g., giving them first aid and support
- making the situation/scene safe to stop it getting worse or happening again
- contacting emergency services
- removing any hazards or making them less dangerous e.g., removing or putting a sign on a broken chair and/or
- notifying the Manager who will decide how to act according to the local emergency response procedures or to ensure safety of participants.

- If a serious workplace incident, we will preserve the incident scene for investigation, unless to assist an injured person, make it safe, or as directed by an inspector.

3. Notification

The manager, supervisor on duty is to be advised of the incident or near miss in accordance with the Incident severity matrix and reportable incident criteria if the incident involves a participant or Incident severity matrix for Staff, Contractors, Volunteers, Visitors and Willing & Able Foundation – (non-participant) for any other type and the incident recorded in the Incident Management System.

The incident will be documented as an incident report in MOA.

4. External Notification

- Notify the applicable external body in accordance with the strict time frames and the Incident severity matrix and reportable incident criteria as applicable for the incident type.
- If applicable and as far as is reasonably possible ensure the incident site is not disturbed until inspector or police arrive or as directed by an inspector.
- Contact the applicable insurer to advise details of the incident and follow up with email confirmation.
- Keep a record of each notifiable incident for at least seven years from the day notice of the incident is given to the regulator.

5. Investigate

- Investigation allows us to understand why an incident happened and what can be done to stop it happening again. All incidents, hazards and near misses should be investigated at the appropriate level in line with the Incident severity matrix as applicable for the incident type.
- Establish an investigation team consisting of individuals with the appropriate skills and knowledge applicable to the nature of the incident and risk it presents.
- The review or investigation method will vary depending on the nature and severity of the incident.

6. Investigate if a moderate or minor incident

If the incident is identified against the appropriate Incident severity matrix –as Moderate (Category 2) or Minor (Category 3) the investigation steps are:

- Gather information: Information about the incident and events leading to it can be collected from:
    - interviews with staff and other people
    - review of any relevant documentation e.g. progress notes/care plans, any related incident records, processes/work instructions etc
    - observation of the environment where the incident occurred
- Analyse: Consider all the information gathered to determine what went wrong, identify the causes and any process issues and recommend actions to prevent it happening again.
- Report: Document the findings, recommendations and corrective actions in line with the Incident severity matrixes as applicable.

Complete the investigation where possible within 21 days of notification.

7. Investigate if a serious incident

- Incidents assessed against the Incident severity matrix below as Serious (Category 1) are NDIS Reportable Incidents are high risk and/or high impact so a supplementary root cause analysis should be performed. We detail this in our Critical Investigation reports. The root cause analysis identifies what happened, why it occurred and what can be done to prevent it happening again. It fosters a culture of problem solving rather than blame. Root cause analysis may need to be limited or delayed to avoid interference, but system review should still occur.
- The root cause analysis is commissioned by a manager and should be performed by staff with appropriate training.
- The major steps in a root cause analysis investigation are to:
    - verify the incident and define the problem
    - commission the root cause analysis investigation
    - map a timeline
    - identify critical events
    - analyse the critical events
    - identify root causes
    - support each root cause with evidence
    - identify and select the best ways of addressing the problem
    - develop recommendations and
    - write and present the report.

8. Communicate

- Develop an appropriate communication strategy containing the frequency, format and recipients.
- Ensure key stakeholders remain informed throughout the incident management process. The principles of open disclosure apply when a participant is harmed while receiving care and services as a result of the incident.
- Communication may include referral (with participant/guardian consent) to other professionals; for example, a Behaviour Support Practitioner for an incident involving participant behaviour.
- Communicate the review or investigation findings and recommendations to key stakeholders such as the service manager and impacted staff and participant/s. This may include sharing the investigation report or providing appropriate de-identified information to staff at meetings or handover.

9. Implement recommendations

- Document the recommendations and actions to MOA as corrective actions and continuous improvements. The person responsible will be identified and a timeframe to complete the action/improvement assigned.

10. Monitor and Report

Undertake regular monitoring and reporting of incident, hazards and near miss records and management processes to ensure corrective/continuous improvement actions are completed and identify trends and other improvement opportunities

Incident Reporting Process

- Page 1 of the IM001 Incident Report must be completed by the staff member reporting the incident and submitted to the Manager/Supervisor on the same shift.
- Manager/Supervisor to complete the Manager section of the Incident report and submit to Quality and Compliance Manager and CEO.
- Quality and Compliance Manager to log incident, any identified hazards, corrective actions and continuous improvements to the Incident and Hazard Register and Improvements Register in MOA.
- Incident review will take place by Quality and Compliance Manager, outcome reported to CEO.
- All incidents, responsive actions, outcomes and identified hazards will be reviewed at Quality and Safety Committee Meetings.
- Incidents will be tabled for review via the Quality and Safety Committee Meeting Minutes at Willing and Able Board meetings

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Incident Management Process

Respond

- Incident occurs
- Ensure safety of people impacted - reduce hazard risk if possible
- Apply first aid
- Call Emergency Services (Ambulance, Police, Fire services) on 000 if required

Report

- Report incident to coordinator/manager immediately; they wiill inform emergency contacts of impacted participants/workers.
- Notify a Manager or the on-call (24/7) phone 0439 206 178 if injury or property damage has occurred , or a high risk hazard is identified.
- Coordinator/Manager to escalate high risks immediately to CEO and Quality and Compliance Manager, and consult with CEO before actioning any mandatory reporting (if required).
- Notification to workcover insurer for injured staff and supported employees within 48 hours by management.
- Incident escalated to Board by CEO as required.

Document

- Document incident (or near miss) on IM001 Incident Report
- Injury incident details to be logged in Personnel /Participant file and Injury Register. Insurer will be notified of any staff/SE injury by CEO within 48 hours. GM to manage worker injury claims.
- For identified hazards, complete RM001 Hazard Report
- Submit incident reports and hazard reports to Quality and Compliance Manager to be uploaded to Incident and Hazard Register on MOA.

Investigate and Review

- Relevant Coordinator/Manager to investigate the incident.
- People impacted by the incident to be welfare checked and included in openly disclosed communications regarding the incident and investigation outcomes.
- Employee Assistance Program (EAP) to be offered to impacted staff and Supported Employees.
- High risk/impact incidents to undergo critical investigation by management.
- Management team to review incident investigation outcomes to mitigate risk of reoccurence - document on MOA.
- Incidents, near misses and hazards will be reviewed at the Quality and Safety Meetings and at management and governance (Board) level to mitigate risk of reoccurence and drive quality improvements.

MANDATORY REPORTING OF INCIDENTS

NDIS Prevention of Incidents

Prevention is the best way to keep people with disability safe from incidents that may cause harm. We will:

- encourage proactive risk management policies and procedures.
- inform participants of the policies and procedures.
- ensure participants are accessing supports in a safe environment appropriate to their needs.
- take all reasonable steps to prevent sexual assault, violence, exploitation neglect and abuse.
- ensure our staff are adequately trained and skilled to safeguard our participants

Incident Severity Matrix – NDIS Participant

Severity Level Descriptions	**Category 4 – Minor**	**Category 2 and 3 – High to Moderate**	**Category 1 -Extreme**
Mandatory Reportable		**Mandatory Reportable Incidents- HIGH** ALL NDIS, WHS, SafeWork, data security, illegal /criminal reportable incidents	**Mandatory Reportable Incidents** of criminal, illegal and or reputational risk **There are strict timeframes for the reporting of all Serious incidents – no exceptions permitted**
Participant Injury	**Minor injury or fall** requiring only basic first aid.	**Hospital admission/ medical treatment** of non "serious" injury **Psychiatric -** episode requiring external intervention **Equipment or Environment fail** - injury caused by equipment or environment (requires action to correct)	**Death** of participant in connection with supports. **Serious Injury -** includes, but is not limited to fractures, burns, deep cuts, extensive bruising, head or brain injuries, other injury requiring medical treatment and or hospitalisation
	Aggression – physical, verbal or intrusive behaviour by a participant against another person (staff, other participant, visitor) without contact.	**Aggression** Participant to Staff- nil to minor injury	**Aggression** Participant to staff- moderate to serious injury
			Abuse and neglect allegations – psychological, emotional, financial, neglect, theft of property.

			(see NDIS Abuse, Neglect and Exploitation policy) Mandatory reportable.
			Sexual assault, sexual contact, grooming and sexual misconduct allegations (see NDIS Abuse, Neglect and Exploitation policy) Mandatory reportable
			Use of a restrictive practice that is unauthorised or without a Behaviour Support Plan Mandatory reportable
			Infectious Outbreak/notifiable infections – (COVID, gastro, influenza) include infections notifiable as per state/territory requirements (pertussis). Mandatory reportable
	Medication • error resulting in nil to minor injury • Missed signing - unable to be verified by the administering staff member • Pharmacy webster packing /dispensing error detected prior to administration • Charting errors	**Medication** • error resulting in moderate to high injury. • Any adverse drug reaction • Any medication administered to wrong participant or omitted. • Pharmacy webster packing/dispensing error- undetected prior to administration	**Medication incident** resulting in death or serious injury, reputational risk, liability claim

	Missing participant or non-response to scheduled visit Found/ responded within 15 minutes	**Missing participant or non-response to scheduled visit** Found /responded within an hour. Possible external agencies such as Police involved. May be mandatory reportable	**Missing participant including non- response to scheduled visit** External agencies involved such as Police. Mandatory reportable , serious injury and or potential reputational risk.
		Change in condition or circumstances – HIGH • risk assessed immediately • quick action may be required • may require mandatory reporting	
		ALL near misses- incidents which could have resulted in any of the above - **HIGH**	
	Complaint Allegation of serious breach of policy/code/rights, serious misconduct or criminal/ illegal activity	**ALL complaints (HIGH)**	
Internal Action	1. Notify Supervisor, Manager and Quality and Compliance Manager -time frame subject to assessment 2. Complete and submit Incident Report	1. Notify Supervisor, Co-ordinator/Manager and Quality and Compliance Manager, time frame subject to assessment. Report to CEO. 2. Complete and submit Incident Report 3. Review for Open Disclosure requirement guided by management 4. Review for staff performance management and training	1. Escalate to CEO and Quality and Compliance Manager immediately. The CEO will report to Board 2. Complete and submit Incident report 3. On direction of management, undertake formal investigation and provide report within 21 days. 4. Review for Open Disclosure requirement guided by management.

External reporting	1. Participant representative and Medical Officer – as per Participant Emergency Plan (PEP)	1. Participant representative and Medical Officer – as per PEP. 2. Emergency services listing or 000	1. Serious Injury, Death, and Abuse – with participants consent (as appropriate), investigate and follow policy, notify police and emergency services as required and NDIS Commission 2. Unauthorised Restrictive Practice - notify NDIS Commission 3. Death – notify Police and NDIS Commission(work related death or serious injury to also report to Safework NSW) 4. Infectious outbreaks/notifiable diseases (DOH) 5. Participant representative and Medical Officer – as per participant file 6. Emergency Services as indicated : DIAL 000.

Incident reports must be completed and submitted on the same shift.

NDIS Reportable Incidents

For Willing & Able as a registered NDIS provider, when a reportable incident **occurs** (see table below), or is **alleged** or **reasonably suspected** to have occurred, **in connection with the NDIS services delivered**, Willing & Able must notify the NDIS within set time frames.

This requirement does not remove the usual need to respond to these incidents organisationally.

NDIS Reportable incidents	Mandatory Reporting Timeframe
1. **Death** of a person with a disability All deaths of people with disability that occur in connection with the provision of NDIS supports or services must be notified to the NDIS Commission.	**24 hours**
2. **Serious injury** of a person with a disability Includes, but is not limited to fractures, burns, deep cuts, extensive bruising, head or brain injuries, other injury requiring hospitalisation	**24 hours**
3. **Abuse or neglect** of a person with a disability *Physical abuse* – non-accidental physical acts towards a person with disability that are intended to cause hurt or harm. *Psychological or emotional abuse* – verbal or non-verbal acts that cause significant emotional or psychological anguish, pain or distress including verbal taunts, threats of maltreatment, harassment, humiliation or intimidation, or a failure to interact with a person with disability or acknowledge the person with disability's presence. *Financial abuse* – improper or illegal use of money (including NDIS funds where they are managed by the individual person with disability), property, resources or assets of a person with disability, including improperly withholding finances from that person, and coercing or misleading the person with disability as to how the funds or property will be used. *Systemic abuse* – a failure to recognise, provide, or attempt to provide adequate or appropriate services, including services that are appropriate to the person's age, gender, culture, disability support needs or preferences, that has a significant physical, emotional or psychological impact on the person with disability. Neglect- can include • Grossly inadequate care • Failure to access medical care • Supervisory neglect • A reckless act or failure to act	**24 hours**

• Failure to protect from abuse	
4. **Unlawful sexual or physical contact** with, or assault of, a person with a disability. A situation where a person is forced, threatened, coerced or tricked into sexual acts, including those that are committed on the person with disability, against their will and without their consent.	**24 hours**
5**. Sexual misconduct** committed against, or in the presence of, a person with a disability including grooming of the person for sexual activity Sexual misconduct incidents include the following: • Unlawful sexual conduct • Sexually explicit comments and overtly sexual behaviour • Crossing professional boundaries in a way that has sexual implications or connotations • Grooming of the person for sexual activity	**24 hours**
6. **Unauthorised use of a restrictive practice** in relation to a person with a disability meaning the use is not with the Willing & Able Restrictive Practice Panel authorisation and NSW Government Restrictive Practice authorisation and / or is not in accordance with a behaviour support plan	**5 business days**

- *Restrictive practices may be* seclusion *("time-out" alone in a room/social isolation),* chemical restraint *(certain behaviour altering medications*), mechanical restraint *(low beds, bedrails, lap belts),* physical restraint *(a person using their body to restrict someone else's movement) and* environmental restraint *(locked doors or similar preventing person's free movement).*
- *An Interim Behaviour Support plan by an NDIS Registered Behaviour Support Specialist for a non-authorised restrictive practice may be required as part of the incident response.*
- *SEE **Restrictive Practice Policy** and **Positive Behaviour Support Policy** for further information.*

*Note: Notification is required within 24 hours of key personnel **becoming aware** of a reportable incident or allegation.*

Any other serious incident (not detailed in the prior table) must be reported to the NDIS Commission within **5 days.**

How to notify the NDIS Commission of the Reportable Incident

The NDIS commission must be notified via the **NDIS Commission Portal "My Reportable Incidents"**

- To notify the NDIS Commission of an incident the authorised manager needs to login to the NDIS Commission Portal and select the 'My Reportable Incidents' tile at the top of the screen. From here, an Immediate Notification Form must be completed.

What information will need to be reported

The information to be conveyed to the NDIS commission will include:

- Harm or impact caused to the person with a disability.
- Whether the incident was reported to the police or any other body.
- Why you consider this a reportable incident.
- What you have done to reduce the risk of a similar incident happening again.

Who is responsible for reporting the incident to the NDIS Commission?

The incident 'Notifier' or 'Approver' is the CEO or the Quality and Compliance Manager or an approved senior staff member to lodge NDIS incident reports to the NDIS Commission on behalf of Willing & Able.

Willing & Able Foundation Risk Matrix

RISK MATRIX		CONSEQUENCE				
		Insignificant *Nil to slight injury. Nil to slight damage or impact to service, asset, reputation, environment or no financial loss.*	**Minor** *Minor injury (basic first aid only.) Minor damage or impact to service, asset, reputation, environment or financial loss < $500.*	**Moderate** *Moderate injury (medical treatment.) Notable damage or impact to service, asset, reputation, environment or financial loss between $500 - $5000.*	**Significant** *Serious Injury (hospital admission.) Unlawful physical contact, abuse or neglect. Substantial damage or impact to service, asset, reputation, environment or financial loss between $5000 – $50,000*	**Severe** *Death or permanent disability. Critical damage or impact to service, asset, reputation, environment or financial loss >$50,000*
LIKELIHOOD	**Very Likely** *Expected to occur once a year or more frequently*	**Low**	**Moderate**	**High**	**Extreme**	**Extreme**
	Likely *Expected to occur once every two years. Several incidents have occurred*	**Low**	**Low**	**Moderate**	**High**	**Extreme**
	Possible *Expected to occur once every five years. Some incidents have occurred*	**Low**	**Low**	**Moderate**	**High**	**High**
	Unlikely *Expected to occur once every 10 years. Few incidents are known of.*	**Low**	**Low**	**Low**	**Moderate**	**High**
	Very Unlikely *Not expected in next 15 years. No recorded history of event.*	**Low**	**Low**	**Low**	**Moderate**	**Moderate**

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Reportable Incidents and Incident Management for Staff, Contractors, Volunteers, Visitors and Willing & Able Foundation

Incident Severity Matrix

Severity Level	Severity Category 4: Minor	Severity Category 3 & 2: Moderate to High	Category 1: Extreme
Description	**Injury or impairment** – short term injury Worker lost time less than 10 days	**Injury or impairment** – moderate injury (eg requiring hospitalisation/medical care) Worker lost time greater than 10 days	**Fatality and/or extensive (long term/permanent) injury or impairment**.
		Worker misconduct NOT involving criminal/illegal activity or posing reputational risk	**Worker misconduct** involving criminal/illegal activity or posing reputational or financial risk
		ALL Worker grievances HIGH	**Worker grievance** allegation of serious breach of policy/code/rights, serious misconduct or illegal activity
		ALL complaints HIGH	**Complaint** Allegation of serious breach of policy/code/rights, serious misconduct or criminal/ illegal activity
	Service withdrawal – temporary interruption to service/s	**Service withdrawal** – prolonged interruption to multiple or critical service/s	**Service withdrawal –** complete cessation of multiple or critical service/s
	Financial loss of < $500	**Financial** loss of $500 to $50,000	**Financial** loss of >$50,000
	Legal – Minor litigation or unbudgeted legal costs, breach of regulation with possible minor fine. Threat of legal action.	**Legal** – High threat of legal action arising from a complaint. P otential breach of / Civil lawsuit said against foundation or individual. Co nfirmed breach of legal action.	**Legal** – Major civil lawsuit and/or criminal charges against foundation or individual prosecution.

		legal obligation	
	Operations - Outage preventing work at one or more sites for up to 2 hours	**Operations** - Outage preventing work at one or more sites for 2 hours to 1 business day	**Operations** - Outage preventing any work at one or more sites for more than one business day
		Privacy breach- contained and not meeting criteria for mandatory reporting.	**Privacy breach** – notifiable data breach (unauthorised access or disclosure likely to cause harm to one or more people that the organisation hasn't been able to address)
	Environmental: Exposure contained without outside assistance Minor impact on business objectives which can be managed at local level.	**Environmental** Exposure contained with outside assistance Impact business objectives necessitating Board involvement Exposure has low to moderate impact	**Environmental:** Exposure has high to extreme/critical impact. Key business objectives not achieved requiring Board involvement.
	Near Miss - Any incident which could have resulted in the above	**Near Miss -** Any incident which could have resulted in the above	**Near Miss -** Any incident which could have resulted in the above **<u>There are strict timeframes for reporting all Category 1 incidents – no exceptions permitted</u>**
Internal Action	1. Notify direct supervisor/manager Report to Quality and Compliance Manager and CEO 2. Complete and submit Incident Report	1. Notify direct Supervisor/Coordinator who will then escalate to Operations Manager and Quality and Compliance Manager Report to CEO 2. Complete and submit Incident Report	1. Escalate to CEO and Compliance and Operations Manager immediately. The CEO will report to Board 2. Complete and submit Incident report 3. On direction of management, undertake formal investigation and

			provide report within 21 days. 4. Review for Open Disclosure guided by management.
External reporting	Participant representative and Medical Officer – as per assessment.	Participant representative and Medical Officer – as per assessment. Emergency Services DIAL 000 as required	1 Fatality or serious injury: Contact Emergency Services immediately DIAL 000 If the person is on-site for business/work purposes, contact NSW Safework. 2. Office of the Australian Information Commissioner (notifiable data breaches) report in a timely manner 3. Other applicable state/territory or commonwealth regulators/agencies as required

Work Health and Safety mandatory reporting

Only the most serious health or safety incidents are notifiable, and only if they are work-related. An incident may relate to an employee, contractor or member of the public. Notifiable incidents are:

SEE: SafeWork Australia's Notifiable incidents, extended absences and suicides Handbook 2025. https://www.safeworkaustralia.gov.au/doc/notifiable-incidents-extended-absences-and-suicides-handbook

1. **Death** of a person
2. **Serious injury;** immediate treatment as an in-patient in a hospital for:
   (Including if treatment wasn't available or sought)
   - serious eye injury, serious burn, serious laceration (cut), serious crush injury or serious bone fracture
   - the amputation of a body part or loss of a bodily function
   - separation of skin from tissue (e.g. scalping, degloving)
   - a spinal injury
   - a pelvis, skull or facial bone fracture.
   - Serious brain injury or illness resulting from a single or repeated blows, knocks or shocks to the head.
   - Treatment required within 48 hours of exposure to a substance (treatment by a doctor, nurse or paramedic.)

3. **Serious Illness** (as defined in r 699 of the model WHS Regulations):
   - Infection where the type of work is a significant contributing factor Including work with micro-organisms, contact with blood or bodily substances, providing treatment or care to a person, or contact with animals and animal products.
   - Infection by zoonoses Q fever; anthrax; leptospirosis, brucellosis, Hendra virus, avian influenza or psittacosis, or other infection contracted by handling animals, or animal products and waste.

4. **Dangerous incidents** These are situations where someone could have been killed or seriously harmed at work involving mobile plant and falls (Some types of work-related dangerous incidents must be notified even if no-one is injured.)

   - uncontrolled escape, spillage or leakage of a substance
   - uncontrolled fire, implosion, explosion, electrical or arc flash explosion, or an electric shock
   - uncontrolled escape of gas, steam or a pressurised substance
   - the fall or release of a thing from a height
   - the collapse, overturn, failure or malfunction of (or damage to) plant that is required to be authorised for use in accordance with the regulations
   - collapse or failure of an excavation or any shoring supporting an excavation
   - inrush of water, mud or gas in workings, or the interruption of the main system of ventilation, in an underground excavation or tunnel
   - a serious fall of a person from one level to a lower level, into a hole, trench, pit, void or body of water, or onto a dangerous surface or object
   - mobile plant (including unpowered) which overturns or partially overturns, collides with something, pins a person or ejects someone, malfunctions or moves without control of the operator (e.g. roll-aways).

5. **Violent incidents:** Exposing a person to a serious risk of psychological harm and arising from the conduct of the business or undertaking
   - a sexual assault (or suspected sexual assault)
   - a physical assault, including with bodily fluids
   - deliberate deprivation of a person's liberty (without lawful authority)
   - threats to carry out the actions above, where there is a reasonable belief that, at the time the threat is made, the person making the threat intends and has the means to carry out the threat.

6. **Work-related suicide** and **attempted suicide**
   Suicide or attempted suicide of a **worker** (including suspected)
   If any of the following links to work are present:
   - occurs while working, or when the worker would ordinarily be working (not on leave)
   - occurred at or very close to the workplace
   - occurred in work accommodation
   - occurred while wearing their work uniform, when not ordinarily expected
   - lethal means were accessed through work
   - the worker experienced work-related psychological harm
   - the worker has been exposed to frequent, prolonged or severe psychosocial hazards because of work
   - there is other information suggesting a link to work

   Suicide or attempted suicide of a person other than a worker in the workplace (including suspected)
   Suicide or attempted suicide of a **non-worker** at a workplace where the suicide is a reasonably foreseeable risk due to the nature of the workplace (e.g. mental health unit, custodial setting) and there is one or more physical hazards that could be used in a suicide (e.g. lethal means present)

7. **Extended worker absences** (15+ calendar days) – A worker's absence from work for 15+ consecutive calendar days due to an injury or illness (either physical or psychological) arising from the conduct of the business or undertaking. This includes an anticipated absence of 15+ consecutive calendar days based on a medical practitioner's opinion.

For further clarification, refer to https://www.safeworkaustralia.gov.au/doc/notifiable-incidents-extended-absences-and-suicides-handbook

WHS Notifiable Incident Reporting Requirements

1. Notify SafeWork NSW immediately after becoming aware of a notifiable incident
2. Notify by the fastest possible means – telephone, online or via email

Telephone 13 10 50 (24 hours a day, 7 days a week)

Incident notification | SafeWork NSW

Email contact@safework.nsw.gov.au

Prioritise health and safety

Ensure appropriate first aid or medical treatment is provided.

Manage immediate health and safety risks to other people.

Notify the WHS regulator when you become aware

Immediately notify:
Death, serious injuries and illnesses, dangerous incidents, violent incidents, suicide and attempted suicide (including suspected).

Notifiable extended absence - within 14 days:

Within 14 days of becoming aware of a notifiable extended absence (15+ consecutive calendar days), or a likely notifiable extended absence (in the opinion of a medical practitioner).

Note: Notification to the WHS regulator is only required once in relation to the same event or set of circumstances. However, you may have notification requirements in relation to other regulatory bodies. The handbook does not cover these.

Advise other duty holders

The person conducting the business or undertaking (PCBU) and the person with management or control of the workplace must both ensure the other is notified (if these roles are different people) so far as is reasonably practicable. It is good practice to also notify any other PCBUs at the workplace.

Preserve the site and evidence

The person with management or control of the workplace is responsible for preserving the site and evidence, so far as is reasonably practicable.

This does not prevent any action needed to assist an injured person, remove a deceased person, make the site safe or to minimise the risk of another incident, or assist a police investigation.

Preserve the site

Ensure that parts of the site related to the incident are not disturbed until directed by an inspector.

Preserve evidence

Maintain evidence related to the incident such as equipment, witness details, CCTV recordings.

Keep records

Records must be kept for at least five years from the date of notification.

Privacy and confidentiality

It is important to protect privacy and confidentiality. Information should be shared only for authorised purposes and when required to meet legal obligations.

Reporting a Notifiable Infectious Disease

The Public Health Act 2010 requires certain medical conditions and diseases must be notified to public health authorities in NSW.

Some typical notifiable diseases are COVID 19, Gastroenteritis, foodborne illness and specific influenza types. Follow this link for current listed infectious diseases in NSW: Disease notification - Infectious diseases (nsw.gov.au) Reporting a notifiable disease

The authorised manager will contact

- the Department of Health Public Health Unit (PHU)
- (PHU) Port Macquarie, Ph: 6588 2750; AH 0407 271 498 or 0417 244 966 (ask for PH Officer on call)
- Known notifiable infections of any Willing & Able "people" must be documented as a Category 1 incident Notifiable Infectious Disease.
- Participants, staff, visitors and representatives who have been in contact with a person who has been diagnosed with an infectious disease will be contacted by a Willing & Able authorised staff member alerting them of this risk.
- Willing & Able will openly disclose information regarding the infection /outbreak as required to safeguard our community and the public.

Data Breach Scheme

A data breach occurs when personal information that Willing & Able holds is subject to unauthorised access or disclosure or is lost. Some kinds of personal information may be more likely to cause an individual serious harm if compromised.

Office of the Australian Information Commissioner -OAIC eligible data breach mandatory reporting requirements must be implemented immediately in the following instances:

- There has been unauthorised access to or unauthorised disclosure of personal information, or a loss of personal information, that Willing & Able holds.

- If the incident is likely to result in serious harm to one or more individuals. Note: Whether a data breach is likely to result in serious harm requires and objective assessment, determined from the viewpoint of a reasonable person in the entity's position.

- Willing & Able has not been able to prevent the likely risk of serious harm with remedial actions.

OAIC Eligible Data Breach Reporting process

An authorised manager under the guidance of the CEO (and the Board of Directors if required) will:

1. Prepare a notification statement for the Commissioner and any affected individuals from Willing & Able

- Provide contact details
- A description of the data breach
- The kinds of information involved
- Recommendations about the steps individuals should take in response to the data breach
- Complete a Notifiable Data Breach form online

Contact OAIC on 1300 363 992 if assistance required
Refer OAIC website for more information https://www.oaic.gov.au/privacy/notifiable-data-breaches/

2. Notify affected individuals and inform them of the contents of the notification statement. There are three options for notifying:

- Option 1: Notify all individuals
- Option 2: Notify only those individuals at risk of serious harm

If neither of these options are practicable:

- Option 3: Publish the statement on the Willing & Able website and publicise it. (With CEO and Board approval)

Willing & Able can provide further information in their notification, such as an apology and an explanation of what actions have been taken to mitigate the impact of the breach; see Open Disclosure Policy.

Record Keeping

Records of incidents must be kept for a minimum of 7 years from the date of the incident.

Maintain information governance and security — APP 1 and 11

Entities have an ongoing obligation to take reasonable steps to handle personal information in accordance with the APPs. This includes protecting personal information from misuse, interference and loss, and from unauthorised access, modification or disclosure.

Suspected or known data breach

A data breach is unauthorised access to or unauthorised disclosure of personal information, or a loss of personal information, that an entity holds.

Contain

An entity's first step should be to **contain** a suspected or known breach where possible. This means taking immediate steps to limit any further access or distribution of the affected personal information, or the possible compromise of other information.

Assess

Entities will need to consider **whether the data breach is likely to result in serious harm** to any of the individuals whose information was involved. If the entity has reasonable grounds to believe this is the case, then it must notify. If it only has grounds to suspect that this is the case, then it must conduct an **assessment** process. As part of the assessment, entities should consider whether **remedial action** is possible.

Organisations can develop their own procedures for conducting an assessment. OAIC suggests a three-stage process:

- **Initiate:** plan the assessment and assign a team or person
- **Investigate:** gather relevant information about the incident to determine what has occurred
- **Evaluate:** make an evidence-based decision about whether serious harm is likely. OAIC recommends that this be documented.

Entities should conduct this assessment expeditiously and, where possible, within 30 days.

If it can't be done within 30 days, document why this is the case.

Take remedial action

Where possible, an entity should take steps to reduce any potential harm to individuals.

This might involve taking action to recover lost information before it is accessed or changing access controls on compromised customer accounts before unauthorised transactions can occur.

If remedial action is successful in making serious harm no longer likely, then notification is not required and entities can progress to the review stage.

NO — **Is serious harm still likely?** — **YES**

Notify

Where **serious harm is likely**, an entity must prepare a statement for the Commissioner (a form is available on the Commissioner's website) that contains:

- the entity's identity and contact details
- a description of the breach
- the kind/s of information concerned
- recommended steps for individuals

Entities must also notify affected individuals, and inform them of the contents of this statement. There are three options for notifying:

- **Option 1:** Notify all individuals
- **Option 2:** Notify only those individuals at risk of serious harm

If neither of these options are practicable:

- **Option 3:** publish the statement on the entity's website and publicise it

Entities can provide further information in their notification, such as an apology and an explanation of what they are doing about the breach.

In some limited circumstances, an exception to the obligation to notify the Commissioner or individuals may apply.

Review

Review the incident and take action to prevent future breaches. This may include:

- Fully investigating the cause of the breach
- Developing a prevention plan
- Conducting audits to ensure the plan is implemented
- Updating security/response plan
- Considering changes to policies and procedures
- Revising staff training practices

Entities should also consider reporting the incident to other relevant bodies, such as:

- police or law enforcement
- ASIC, APRA or the ATO
- The Australian Cyber Security Centre
- professional bodies
- your financial services provider

Entities that operate in multiple jurisdictions may have notification obligations under other breach notification schemes, such as the EU General Data Protection Regulation.

Related Documents

- Abuse, Neglect and Exploitation policy
- BS001 Behaviour Support Referral
- BS002 Behaviour Support- Restrictive Practice Monitoring
- BS003 Behaviour Support- Intervention Outcomes
- BS004 Restrictive Practice Consent
- BS005 Restrictive Practice Authorisation and Reporting Process
- BS006 Restrictive Practice Authorisation Panel Submission
- BS007 Restrictive Practice Register
- Code of Conduct Policy and Acknowledgement
- Continuous Improvement Register (MOA)
- COVID 19 Management Plan
- Emergency and Disaster Management Policy
- Human Resource Management Policy
- IM001 Incident Report
- IM002 Critical Incident Investigation Report
- IM003 Incident Management Process
- IM004 Data Breach- Assessment Report template
- IM005 Open Disclosure Plan Template
- IM006 Mandatory Reportable Incidents Register
- IM007 Medication Incident Report
- IM008 Employee Injury Register
- Incident and Hazard Register (MOA)
- Information Management Policy
- NDIS Code of Conduct
- Open Disclosure Policy
- Positive Behaviour Support- Implementing Behaviour Support Plans Policy
- Restrictive Practice Policy
- Risk Management Framework Policy
- Risk Management Policy
- Risk Register
- RM001 Hazard Report
- RM002 Risk Assessment
- RM003 Venue Risk Assessment
- RM009 Workplace Inspection Checklist
- RM010 Home Safety Assessment
- RM011 Vehicle Safety Inspection
- RM013 Emergency Flip Chart
- RM017 Participant Emergency Plan
- RM018 Emergency and Disaster Management Plan
- RM025 Business Continuity Plan
- Supporting Medication Self-Administration Policy

Related Legislation and Guidelines

https://www.ndiscommission.gov.au/providers/providers-complaints-and-incidents
https://www.ndiscommission.gov.au/providers/registered-ndis-providers/reportable-incidents-0
https://www.ndiscommission.gov.au/providers/understanding-behaviour-support-and-restrictive-practices-providers
https://www.safework.nsw.gov.au/safety-starts-here/safety-support/investigating-and-reporting-incidents/investigating-and-reporting-incidents-accodions/notifiable-incidents

https://www.safeworkaustralia.gov.au/safety-topic/managing-health-and-safety/incident-notification
https://legislation.nsw.gov.au/view/html/inforce/current/sl-2025-0440
https://www.oaic.gov.au/privacy/notifiable-data-breaches
https://www.oaic.gov.au/privacy/privacy-complaints
https://www.facs.nsw.gov.au/providers/deliver-disability-services/restrictive-practices-authorisation-portal