

# Prevent and Respond to Harm Policy

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## Purpose & Scope

Persons under the service provision of EnableOT may experience or be dealing with the consequences of actual or potential harm during their involvement with our service. These incidents may be directly or indirectly related, or entirely unrelated, to our service provision. Whatever the circumstances, we have a responsibility to our clients to ensure their safety and to minimise the effect of harm through prompt and appropriate action. It is essential we have clear guidance for how to respond in the most appropriate and effective way when the safety or wellbeing of a client is compromised. This is most important when the client is a child, (See *Early Childhood Intervention Policy*)

## Legislative Requirements

### Disability Discrimination Act 1992:

This Act aims to eliminate discrimination due to disability in employment, access to facilities, provision of goods and services, legislation and promote equality and equity between persons with a disability and ensure they have the same fundamental rights and others within the community

### NDIS Act 2013 (The Act):

The National Disability Insurance Scheme (NDIS) was developed to enable people with disability to live 'an ordinary life' as others in society do. The associated Act aims to provide for the National Disability Insurance Scheme in Australia, support the independence and social and economic participation of people with disability, provide reasonable and necessary supports, including early intervention supports, for clients in the National Disability Insurance Scheme launch, enable people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports, facilitate the development of a nationally consistent approach to the access to, and the planning and funding of, supports for people with disability, promote the provision of high quality and innovative supports that enable people with disability to maximise independent lifestyles and full inclusion in the mainstream community, raise community awareness of the issues that affect the social and economic participation of people with disability, and facilitate greater community inclusion of people with disability.

### Health Practitioner Regulation National Law (Queensland) - 2009

This Act (passed individually in every state in Australia) is intended to establish a national registration and accreditation scheme for health practitioners and students undertaking training as health practitioners to provide protection to the public by ensuring only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.

## Principles Guiding Our Approach to Preventing & Reducing Harm:

### 1. Dignity of Risk

A life is not worth living if there is no chance of anything going wrong, anything failing – because without the risk of failure or disaster, there is no sense of accomplishment with success, no sense of 'being alive' versus 'existing'. All people, regardless of their ability levels or health status have the right to experience the fullness of life, and this means, that same as their unrestrained friends and family members, being able to do things that are stupid, things contrary to their longterm best interest, as well as making wise decisions that don't initially make sense to others. Every person also has the right to shape their life according to their own preferences, and be their own person.

With few exceptions, EnableOT advocates for and promotes our clients to do things and make choices that may have negative impact on their future life. But we balance this with our duty of care to ensure the potential negative outcome is proportionate to the person's ability to comprehend such an outcome in their decision making (that is, to

help protect vulnerable people from themselves) – especially when they may be being unduly influenced by a manipulative other who is taking advantage. It also has to be balanced with our duty of care to protect supports and the general public. We work hard to navigate the line between Dignity-of-Risk and Duty-of-Care to find the sweet spot for each client – taking care to not let our own biases/preferences influence when we act to facilitate vs. inhibit.

## 2. Zero Tolerance

Zero tolerance is an initiative led by National Disability Services in partnership with the Disability Sector. It aims to assist service providers to understand, implement and improve practices which safeguard the rights of people they support. Built around an evidence-based framework, it outlines strategies for service providers to improve prevention, early intervention and responses to violence, neglect, exploitation and discrimination (VNED) experienced by people with disability. See [www.nds.org.au/resources/zero-tolerance](http://www.nds.org.au/resources/zero-tolerance).

Zero Tolerance is:

- a way for organisations to understand actions they can do to prevent and respond to VNED of people with disability
- a clear message that abuse, neglect and violence are not okay
- a way of thinking about abuse as a human right issue not a disability issue
- an organisational and personal commitment to act on:
  - anything that makes a person with disability be or feel unsafe
  - anything that doesn't support a person's human rights
  - anything that we could be doing better
- a collection of resources to educate and train staff at all levels to understand their responsibilities in preventing and responding to abuse (see *Staff Induction Manual*)
- a way of working collaboratively within and outside the disability sector to prevent and respond to abuse

EnableOT makes it a condition of employment that team members are aware that any form of VNED is considered gross misconduct, and therefore, a possible cause for instant termination of their employment. This is listed in their Employee Agreement or Appointment Letter, which each new team member is required to sign in acknowledgment.

## 3. Legal in Any Use of Restrictive Practices

A restrictive practice is any intervention that prevents rights or freedom of movement of a person with a disability with the purpose of protecting the person or others from harm. EnableOT may or may not onboard clients with restrictive practice but if we do, we are committed to being trained in and following approved restrictive practices outlined within a **Short Term Approval** or other initial approval or subsequent **Positive Behaviour Support Plans** (see *Implementing PBS Policy*). We are committed to considering and implementing least restrictive alternatives in collaboration with a PBS practitioner.

Restrictive Practices are:

- Seclusion: which is the sole confinement of a person in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted
- Chemical restraint: which is the use of medication or chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition
- Mechanical restraint: which is the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes
- Physical restraint: which is the use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person
- Environmental restraints: which restrict a person's free access to all parts of their environment, including items and activities

Using regulated restrictive practice, specifically we will:

- only use RP if it is outlined in a PBSP that indicates consent has been given for RP
- only use RP once the rights of the person have been considered
- only use RP as a last resort and document everything else that has been tried first
- only use RP if there the behaviour presents a risk of harm to the person or others
- used in a least restrictive way that is reasonable and proportionate to the risk of harm
- only use RP for the shortest time possible with the least force possible
- RP will satisfy the following principles:
  - **Reasonable:** most people faced with same situation of potential harm would have responded a similar unauthorised RP (or when RP is authorised) or least restrictive RP prescribed
  - **Proportionate:** the risk of harm posed by RP being used in this situation is less than the risk of harm if RP was not used
  - **Justified:** person doing RP outlines the details of the situation and their reasons for using RP according to the definitions of reasonable and proportionate
  - **Documented:**
    - Authorised RP: recorded by the Implementing Provider (the organisation with the primary responsibility to report use of RP for a client to the NDIS Commission). This is typically not EnableOT, and as such, we inform the Implementing Provider so that the RP use can be included in the data they submit
    - Unauthorised RP: As per the section on Mandatory Reporting to the NDIS later in this policy.

#### 4. Child Safe

While providing supports under the NDIS, EnableOT is committed to the safeguarding of children and young people and are uniquely placed to identify and respond to needs and vulnerabilities of harm of these age groups with a disability. A child is defined as under 16 years and a young person as between 16 and 18 years of age. EnableOT has a *Early Childhood Intervention Policy* that outlines how we provide excellent and safe services to these age groups.

To safeguard these age-groups we commit to:

- maintain professional and courteous relationship with the child and their family
- listen to and involve children in decisions that may affect them
- respect the diversity, equity and inclusion of children and young people under the principles of the UN Convention on the Rights of a Child, legislation relating to children and young people; follow mandatory reporting requirements when risk of harm is suspected
- safeguard children and young people always and not place them in an environment where they are at risk of abuse, harm or unsafe behaviour
- use appropriate communication with children and young people avoiding confronting or confusing topics and degrading or humiliating actions or words
- do not smoke while on duty, and not attend work while influenced by alcohol or drugs

EnableOT will maintain rigorous worker screening policies in line with the NDIS standards and requirements and discuss our policies openly with staff and volunteers as well as clients and their families. We also have mandatory reporting responsibilities (detailed later in this policy) for incidences of child abuse or neglect. Failure to disclose offences that may affect children or the failure to protect children and young persons from risk of harm or abuse will be considered a breach of this policy and may result in disciplinary action; a serious breach may be considered a criminal offence.

#### 5. 'Safe' Staff

Stressed staff, ill-equipped staff, unqualified staff, unsupported staff present a risk to our clients. No single person is immune from 'snapping' and behaving in a detrimental way to others if they have reached the end of their capacity and feel out of their depth – no matter how much they are typically a caring, capable person. EnableOT takes seriously the need to do the work on ourselves so that we minimise any negative impact we might have on our clients, and instead can bring the best of ourselves to our clients and each other.

EnableOT has rigorous participation in both formal and informal **Supervision** – with all clinical staff (Practitioners and Therapy Assistants) required to participate. We focus not only on the content of client service delivery, but on ourselves and other aspects of our lives outside of Enable that may influence our capacity to be safe and effective for our clients. We have a culture of being safe for each other so that vulnerability is an avenue for building each other up to ‘do better’. This is backed up by regularly scheduled **Client Formal Reviews** to ensure we are not straying from excellent service delivery, and a **Clinical Note TickFlick** that requires an EnableOT Practitioner to document not just the content of their intervention, but the therapeutic process underlying it.

## Principles into Practice

EnableOT is always committed to protecting the safety and wellbeing of our clients and their stakeholders. We take every possible action to prevent harm occurring to our clients by providing a safe and healthy environment.

Specifically, we will:

- Implement safeguarding guidelines for staff recruitment and client intake to ensure an optimal match is found between supports and our clients in line with NDIS frameworks specific to our services.
- Where appropriate to the EnableOT Practitioner’s profession, we will ensure their professional registration is current
- Working with Children and Vulnerable Persons is obtained and maintained and/or National Police Check is completed every 3 years (or the equivalent) for every EnableOT team member who has any direct client engagement, and that we are registered with the National NDIS Worker Screening database
- Ensure each EnableOT Practitioner carries sufficient Professional Indemnity and Public Liability Insurance, and knows their obligations for supervision of Therapy Assistants under that insurance, for each of their clients.
- Where appropriate, staff will receive training in protective behaviours to minimise the possible risk of abuse, assault or neglect, and their responsibilities regarding Restrictive Practice
- In any premises leased or owned by EnableOT, ensure appropriate physical access to the service, and an appropriate fire evacuation plan for both staff and clients.
- Train our staff, including contractors and volunteers to be aware of our procedures and their own Duty of Care and upholding of Dignity of Risk when dealing with cases of actual or suspected harm
- Be vigilant for signs of harm in our clients and their stakeholders
- Assess the risk of harm in such a way that identifies potential accidents, injuries, and illnesses as well as compromised well-being in service environment
- Take action to reduce the potential for harm to clients and to ensure their safety within our services
- Minimise the risk of aggressive behaviour or physical threat
- Inform clients and their stakeholders about the ways safety and wellbeing will be protected, and any actions they are required to take or not take while using the service
- Communicate with integrity and transparency with management and staff to provide a safe and healthy environment for the provision of services
- Adopt “Zero Tolerance” approach with respect to violence, abuse, neglect, or exploitation (VNED) when delivering services to clients and their stakeholders
- When using a staff-owned vehicle to provide transport to Clients or their stakeholders, a road worthy vehicle is used and comprehensive insurance coverage is in place.
- Review our approach to harm prevention regularly, and particularly after any critical incident within our service
- Respond to allegations of harm arising in the service with sensitivity and in accordance with policies and standards provided by the current governing body such as NDIS.
- Manage an incident that has caused or could cause harm to clients with sensitivity and care
- Act decisively, sensitively, within the law and within our duty of care when a client discloses actual or potential harm, whether within the service or elsewhere
- Investigate all allegations of harm through a structured process and supporting clients and their stakeholders during this process

## Prevention of Harm

EnableOT takes its duty to provide anyone who attends our service or participates in any way in any of our services, with a safe and healthy environment seriously.

### Responsibilities

Clients have a right to be protected from harm to their safety or wellbeing, and they have a responsibility to play an active role in protecting themselves and others from harm. We inform our clients about the ways their safety and wellbeing will be protected, and any actions they are required to take or not take while using the service. Access to document listing these responsibilities are provided to the Client or their stakeholders during service entry via a link sent in the **Welcome to Enable SMS**.

Our first step in protecting the safety and wellbeing of our clients is to understand how, where and when they may be at risk of harm. The potential and actual risks of harm to Clients and their stakeholders, and the range of actions we can take to reduce the incidence of each are indicated in the *Workplace Health and Safety, and Risk Management Policy*.

### Risk Assessment During Service Provision

At commencement with EnableOT, a risk assessment is carried out on relevant service environments, including the home, vehicle, and external meeting or training locations, and of the potential medical emergencies relating to the client's condition. Information regarding the Client and their stakeholders as well as risks in the service environment is collected and noted in the **Client Profile**. Then, on every service occasion a **Dynamic Risk Assessment** is carried out and recorded on the **Clinical Note TickFlick**, within the following statement for each hazard:

*[UNEXPECTED/EXAGGERATED HAZARD presented [THIS RISK] to [WHOM]. The likelihood of this was [LIKELIHOOD] and the impact [IMPACT] so [PRECAUTIONS TAKEN].*

If a newly identified hazard is perceived as being a likely regular feature of service provision to a client, their **Client Profile** is updated accordingly.

Factors examined in all risk assessments include aspects of the physical and social environments, with the latter including aspects of the current situation that pertain to the client, their informal supports, their formal supports, others in the vicinity, and the EnableOT team member themselves. Hazards can include (but not exclusively) the following:

- An unfolding traumatic event
- Bullying/Harassment/Intimidation
- Client behaviour/reactions
- EOT colleague Intervention/behaviour/reactions
- Own intervention/behaviour/reactions
- Other party's behaviour/reactions
- Signs of impending medical emergency/swallowing difficulty/unexplained breathlessness/pain/signs of dehydration or heat stress
- Non-accidental use/abuse/assault
- Neglect of duty of care
- Recklessness/lack of awareness
- Accidental Omission/oversight
- Workload
- Work/Personal life stressor combination
- Beyond-capacity effort
- Muscular effort – single event
- Repetitive strain
- Uneven, slippery or otherwise hazardous walking surface
- Animal/insect behaviour/reactions
- Contact with, or striking against object
- Precariously positioned or moving objects
- Excessive sensory exposure – vibration/light/noise/UV light
- Exposed electricity/extreme temperatures/fire/chemicals/disease
- Lack of ventilation
- Faulty tools/appliance/equipment
- Precarious handling or misuse of tools/appliance/equipment
- Vehicle poor condition
- Weather/Road conditions
- Other drivers
- Foreign object possibly entering a body
- Insufficient skill/training
- Insufficiently resourced
- And, others.

Each EnableOT team member has a physical copy of the **Dynamic Risk Assessment Table** which they are expected to carry physically or electronically with them at all times, and to refer to it for using ‘likelihood’ and ‘impact’ categories to determine the risk exposure level.

In each case that a hazard is identified during a **Dynamic Risk Assessment**, the ascertained risk exposure will guide the EnableOT team member regarding actions. If the assessment indicates a risk exposure of “High” or above, the team member must commence an entry in the **Mobile Data App: Event of Concern Project** (hereafter referred to as the **EOC App**), which in itself, will direct the EnableOT team member regarding the additional reporting requirements to EnableOT Management, and mandatory reporting obligations to government agencies such as the NDIS Commission or Department of Child Safety.

### Control of Hazards

Always, the intent of any risk assessment is to completely neutralise a presenting hazard, so that the risk of harm no longer exists to any person or property.

When neutralisation of the hazard is not possible, precautions must be taken to isolate the hazard, or immediately minimise it so that the risk exposure drops to ‘tolerable’ or below on the **Dynamic Risk Assessment**. If risk exposure of ‘high’ or above continues for the current service delivery, a weighing up of the risk exposure presented by proceeding when compared to the risk exposure of not proceeding occurs in order to judge whether to proceed despite the risk exposure. Any decision of this nature made by an EnableOT team member in the field should be first checked with EnableOT Management before proceeding, and if Management cannot be contacted within the timeframe necessary to make a decision, an EnableOT colleague or another service provider colleague - unless circumstances completely preclude the ability to do so. These factors must be documented in the **Clinical Note TickFlick** and an entry made in the **EOC App**.

Hazards that are connected to systemic limitations internal to EnableOT need to be reported to EnableOT Management regardless of the risk exposure level so that changes can be made to control for that hazard in our everyday practices. We note these in our **Continuous Improvement Log** and **Current Risks and Controls Log** as appropriate.

If the identified systemic hazard presents an immediate, new risk with an exposure of “high” or above, action will be taken immediately by EnableOT Management and all staff notified, as relevant to their roles, of any new precautions/controls that are to be implemented. At its extreme, this could include a service-wide pause on service delivery (eg. as in the case of a high-risk airborne virus) until risk exposure to clients and our team can be reduced to tolerable levels.

If a hazard is detected that is directly related to, or affects others outside of EnableOT (informal supports, members of the community, other service providers) then the EnableOT team member must also verbally inform the most relevant, responsible persons of the identified hazard and document this in the **EOC App** and on the **Clinical Note TickFlick**.

If an external source communicates to an EnableOT team member a hazard pertaining to EnableOT’s service provision (whether about their service provision, or that of another team member), the documentation of that reported hazard is to be entered into the **EOC App** and, if the risk exposure indicates it, immediate reporting of the hazard to EnableOT Management for urgent response.

### Disaster and Emergency Planning

EnableOT takes the safety of our clients seriously and we are proactive in planning for reducing harm that results from Disasters and Emergencies.

For this reason, each client’s need for EnableOT to be actively involved in developing an Emergency/Disaster plan is ascertained at commencement of service. Depending on the actions indicated by their allocated Disaster Care Category, their EnableOT Practitioner engages with them and their supports to complete the appropriate Australian Red Cross RediPlan document, following the guidelines and steps outlined in our *Positive Supports Policy*.

At commencement with EnableOT, the risk assessment carried out identifies potential medical emergencies relating to the client's condition and the protocols for managing these are documented in the **Client Support Profile**.

For emergencies that are unplanned, all EnableOT team members are instructed to follow the Immediate Actions in the **EOC App**. These immediate instructions are also contained on the **Clinical Note TickFlick** so that they always have access to the appropriate response.

These are, in this order:

**1. Ensure Safety:**

Ensure immediate safety of everyone and make emergency calls (Call 000 as appropriate).

Do not complete subsequent steps unless you have done all you can here.

- Anyone harmed is safe or being treated by appropriate emergency response personnel
- Remove the source of harm or potential harm from the person (eg. other people, objects)
- Explain to the person what is happening

**2. Protect and record evidence:**

Guilty parties will often use the state of chaos in an emergency to remove evidence of their wrong doing. So:

- Maintain the scene of the incident
- Take photos
- Protect any personal articles involved

**3. Collect names and contact details of all involved/present**

In order of relevance to the emergency, as long as not compromising (1)

**4. Report the incident:**

- Unless removed or directed by emergency responders, do not leave the scene until completed the Red Zone sections of the **EOC App**, and been given permission by the appropriate personnel (as guided by the app) that you may do so.
- Complete all the necessary details prompted by the **EOC App** which will include what you know about the situation, the hazards, the people and services involved, actions taken and any witnesses.

Where appropriate, following the emergency or disaster, EnableOT team members should be conscious of the additional harm that can be caused by service providers in resuming regular services while an affected client or their informal supports are still overwhelmed by the load of recovery from the emergency or disaster. EnableOT team members are expected to replace their 'capacity building' interventions with interventions to promote/facilitate recovery during this period, to minimise the long-term harm.

## **Specially Identified Situations** (identified for focus by the NDIS Commission, for NDIS Providers)

### **Mealtime Management and Dysphagia**

In 2021, the NDIS identified aspiration, choking and poor nutrition hazards because of serious (reportable) incidents and as such have developed standards for mealtime management. EnableOT commits to ensuring all clients receiving nutritious and enjoyable meals in line with allied health professional advice on swallowing, supervision, textured foods, and thickened fluids. All staff should understand the intent of this policy section even if a person has not been identified as having High Level Needs including severe dysphagia. In brief, EnableOT team members should:

- know the signs that a person may be at risk of aspiration or choking through dysphagia and be able to refer to a Speech Pathologist or Dietician as required
- follow all protocols for a specific client associated with eating, drinking, swallowing, supervision, and mealtime positioning
- should continually engage in the process of **Dynamic Risk Assessment** regarding a client's eating and take action to neutralise or minimise any hazards, as per the rest of this policy.

### Sun and Summer Safety

In 2022, the NDIS identified summer as a high-risk time for heat-related illnesses in those we support and have developed standards focussed on sun and summer safety. In brief:

- Particularly in the summer months, heat and sun-exposure brings increased risk of heat-related illness and health complications.
- People with disabilities most at risk of experiencing heat-related illness include people with difficulties with eating and drinking, people with an intellectual disability or physical disability, people with disabilities who are highly reliant on others, or those with certain diagnoses or taking certain medications

Therefore, EnableOT commits to manage this hazard by:

- Always planning ahead when extreme UV exposure, weather or temperature is forecast - considering the continuation of activities in the community or home based on the risk of exposure, and adjusting plans as needed
- Monitoring the fluid intake of clients during activities that involve exertion, insisting on hydration when necessary (making continuation of the activity contingent on fluid consumption if indicated)
- Regardless of activity level, observing clients and their informal supports for signs of dehydration and heat stress.
- Using and applying to client (when necessary) sun safety measures: apply sunscreen, wear a hat, protective clothing and sunglasses, and seek shade when outside, especially during the hottest parts of the day.
- Seeking medical assessment immediately should observations indicate possible dehydration or heat stress
- Follow the Immediate Action emergency steps specified in the **EOC App** and on the **Clinical Note TickFlick** in the case of a medical emergency (also outlined earlier in this policy).

### Participant Money and Property

EnableOT is almost never in a position to be managing a client's money or valuable property. However, our team members are frequently building capacity in budgeting and money management that involves the handling of their money, transaction cards, or helping them navigate their internet banking.

When doing so, EnableOT team members deliberately turn away/avert eyes when clients are using their PIN or Passwords and explicitly explain to the client, for the purpose of educating them to expect the same of everyone else, that we are doing this protect their financial safety.

On our **Clinical Note TickFlick** we document what transactions occurred within the sphere of our influence, and have the client sign what we've documented as a true account.

If, in a crisis situation, support is needed to buy an essential item (eg. food) on a client's behalf, for which they hand us a tap-to pay card, we keep the receipts. As soon as practicable, on a later date, we have the client check the transaction against their bank statement and confirm that the spending matched the receipts exactly. Then they are asked to sign a copy of the receipt as a true account. A copy of the receipt is scanned into the **Halaxy Platform**.

When someone displays extensive financial mismanagement that puts their housing security in doubt, or being crushed by crippling high-interest debt, we refer them onto a Community Financial Counsellor who is licenced to provide higher level financial advice. However, while waiting for the initial appointment, the EnableOT team member will work on building basic money management skills to support the implementation of advice given by the counsellor when it occurs.



## Reporting an Incident of Harm (Event of Concern)

EnableOT takes disclosure of hazards and incidents seriously and follows a clear procedure to manage the risks and protect the Participant or their stakeholders.

There are two categories of incidents – those that require mandatory reporting to a government department, and those that do not. The determination of which category an incident lies is provided for an EnableOT team member by working the incident on the **EOC App**. The app triggers the appropriate responses according to the details entered.

### Internal Notification of an Incident

The **EOC App** guides notification this is needed internally to EnableOT Management and Supervisors, depending on the seriousness of the incident. These are:

- **Level 4: Immediate:** Notify EnableOT Management – either Practice Manager or Director by phonecall as soon as possible. If neither answers, by text and Mattermost, of need of urgent return call due to [MENTION THE EVENT OF CONCERN]. Unless engaged with speaking with Emergency Services or managing something critical regarding the EOC at the time, you must be ready to answer that return call when it comes in. Complete and submit this EOC Session as soon as possible – within 5hrs of the EOC unless you are prevented from doing so by your engagement with emergency services, police investigations or receiving acute treatment.
- **Level 3: Immediate:** Discuss with your direct Clinical Supervisor by phonecall as soon as possible. If they don't answer, by text AND Mattermost, of the need for urgent return call due to mention EOC. Unless actively engaged with managing something critical regarding the EOC at the time, you must be ready to answer that return call when it comes in. Complete and submit this EOC Session as soon as possible – within 24hrs of the EOC unless exceptional circumstances prevent you from doing so.
- **Level 2: Next Opportunity:** Discuss with Clinical Supervisor during next scheduled supervision session. Complete and submit this EOC Session as soon as possible following the supervision session.
- **Level 1: According to Your Judgement:** Message via Mattermost to EnableOT Management or discuss in an upcoming supervision session with your Clinical Supervisor – based on your judgment as to who is most appropriate to inform.
- **Level X: No notification.** Simply submit the EOC Session.

### External Reporting (Mandatory Reporting Requirements)

The **EOC App** guides the specific actions are reportable, which agency they must be reported to, and within which timeframes.

#### In the case of Death:

In the case of an incident involving a death, unless it was expected, the EnableOT team member calls 000 and requests the Ambulance and follows the directions given. They will call the Doctor. The Doctor will report it to the Coroner if it is a Reportable Death.

If a NDIS Participant is the person who died, this may involve mandatory reporting to the NDIS Commission (see section below).

#### In the case of Abuse, Neglect, Physical Assault or Sexual Abuse/Assault:

If the EnableOT team member:

- Ascertain the incident to be to a level considered unlawful – must report to Police 131 444
- Identifies an elder as an impacted person – must report it to the National Elder Abuse Line 1800 353 374
- Identifies a child as an impacted person – must report it to the Child Safety Services Regional Intake Service ((FNQ: 1300 684 062 NQ: 1300 706 147 AfterHours: 1800 177 135)
- Identifies an NDIS Participant as an impacted person – may involve mandatory reporting to the NDIS Commission (see section below).

### NDIS Commission's Mandatory Reporting Requirements:

In certain circumstances there is mandatory reporting required (within 24hrs, with one exception) regarding the incident to the NDIS Commission. The circumstances are threefold:

- The impacted/injured person is a NDIS Participant, and
- The incident consists of at least one of these situations: death, serious injury, abuse, neglect, unlawful physical contact, unlawful sexual contact and/or unauthorised use of a restrictive practice to the NDIS Participant, and
- The incident occurred 'in connection with' the provision of EnableOT's service delivery. This means:
  - may have occurred during the course of supports or services being provided – eg. you were doing a cooking assessment and they seriously cut themselves.
  - arise out of the provision, alteration or withdrawal of supports or services; and/or
  - may not have occurred during the provision of supports but are connected because it arose out of the provision of supports or services – eg. because of advice you provided
  - It does NOT include harm that occurs while an EnableOT team member is present when it has nothing to do with the team member's service delivery. Eg. an OT visiting to do assessment but talking with family about the Participant's functional capacity. While there NDIS Participant is killed/injured falling off a trampoline in backyard.

Reporting is mandatory within 24 hours unless it was the unauthorised use of a Restrictive Practice where no one was hurt (in which case, the timeframe to report to the NDIS Commission is 5 days). EnableOT team members are required to complete and collate all documentation within 20 hours so that EnableOT's Authorised Reportable Incidents Notifier (currently the Director of EnableOT) can meet the 24 hour deadline for upload.

Documentation the EnableOT team member will need to complete/collate:

- FULL completion of the **EOC App** entry – so that it can be exported for upload by EnableOT Practice Manager
- All File notes relevant to the incident (including **Clinical TickFlick Notes, Client Support Plan, Client Support Profile, most recent Formal Client Review**) are upload in Halaxy – so that they can be exported for upload by EnableOT Practice Manager
- Any documents relevant to the incident – eg. Positive Behaviour Support Plans/ Reports
- Copies of all correspondence about the incident (emails, SMS) between the EnableOT team member and anyone else, any other agency, involved in the incident.

Then, within 5 days of the incident, all other documentation relating to the Participant must be uploaded to the NDIS Commission. The EnableOT team member needs ensure all filenotes, documents and all client related correspondences are up-to-date in **Halaxy** by Day 4 to allow for export and upload.

Unauthorised use of a Restrictive Practice (RP) occurs when:

- a RP is used without the legally required approval in place – either a Short-Term Approval, Interim Behaviour Support Plan or Positive Behaviour Support Plan for all adults, and for use of RP by a service provider with children (see Qld rules below). This includes the emergency use of an RP to save someone's life.
- there IS approval, but the RP is not used in accordance with the behaviour plan upon which the approval was granted – eg. applied inconsistently, or contrary to the directions written.
- there IS approval for the use of RP with the person but the RP used is not one of the one's approved

In Queensland, the requirements for approval are different for adults versus children.

- For RP's implemented by service providers, the law is the same for adults and children– there must be approval in place, so any unauthorised use of RP is reportable.
- For RP's implemented by parents & informal supports, there is no need for authorisation for RP use with their children. So as long as the RP does not meet the thresholds that constitute child abuse, all RP is acceptable.

If the EnableOT team member observed a mandatory reportable incident that was 'in connection' with another NDIS Provider, the **EOC App** outlines the actions required to ensure the management of that provider is taking the appropriate actions, and if not, notifying the NDIS Commission of the situation.

## Investigations and Resulting Outcomes from Incidents

Any incident reaching Level 3 or 4 within **EOC App** will warrant consideration for post-incident investigation and managed in same way as handling of complaints, as specified in the *Feedback and Improvement Policy*.

Clients affected will be asked their preference for follow up of the incident (ie. how to investigate, hoped for resolution). If they wish ongoing up dates, they are appraised of investigation's progression on a regular basis and involved in its resolution to level of their preference – including being given documentation accompanied with explaining it manner they understand. If severe enough, sometimes the investigation will be conducted by an independent external party.

If there is a substantiated case that an EnableOT team member has contributed to the harm level of the incident through their actions, there will be a remedial/corrective/restorative response to address the performance issues involved, or possible termination of employment.

If there is a substantiated case that an aspect of EnableOT's system has been the cause or contributing factor, the steps outlined in "Control of Hazards" earlier will be implemented.

A decision will be made as the safe way to repair the therapeutic alliance and recommence effective service delivery to the client after the incident – presuming that the client wishes to not terminate their service agreement with EnableOT. Depending on the situation this may or may not the same EnableOT team member – the decision being made collaboratively with the client and based on ensuring the client's dignity and human rights are upheld, the client is safe from further harm, and the client supported to recover from the incident free of retribution.

Additional supports from victim support services, advocacy services and counselling services may be sought to assist the client recover.

This is documented in our **Continuous Improvement Log**.

## Additional Considerations

Each client has the right to access supports that minimise the risk of harm to both clients and staff. An important part of this is identification of hazards and risks in the environment where clients carry out their activities and where staff work. See the *Workplace Health and Safety Policy* for supplementary information.

To ensure that clients are safeguarded and that workers are suitable for working with children and persons with a disability, worker screening requirements will be carried out in line with NDIS Commission Framework. Refer to *Staffing and Workplace Culture Policy* for further information on worker screening requirements. In response to serious harm such as but not limited to VNED by a staff member the *Staffing and Workplace Culture Policy* also outlines disciplinary actions.

## Review

This policy will be reviewed when required by changes to legislation or when organisation operations require it. Employees will be consulted in relation to any proposed changes. It is recommended that this policy be assessed at 9 monthly internal review alternating with formal auditing processes.