KORU CARE AUSTRALIA
DISABILITY & AGED CARE SUPPORT

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ABN: 46564969103

# Incident and Risk Reporting Policy and Procedure

## Koru Care Australia

This policy establishes how Koru Care Australia identifies, responds to, records, escalates, investigates and learns from incidents, hazards, near misses and emerging risks so that clients, workers and the community are protected and service quality continually improves.

| Document governance | Details |
|---|---|
| **Document owner** | Operations Manager / Director |
| **Applies to** | All Koru Care directors, managers, employees, contractors, volunteers, students, agency staff and other workers. |
| **Service context** | NDIS, aged care, brokered and private services, community support, transport, personal care, domestic assistance, social support, nursing, yard maintenance and administration. |
| **Version** | 1.0 |
| **Status** | Approved |
| **Effective date** | 28/07/2026 |
| **Review date** | 28/07/2027, or earlier after a serious incident, regulatory change, audit finding, material trend or system failure. |
| **Policy code** | KCA-POL-IRR-001 |

| Incident and risk reporting quick guide | Immediate requirement |
|---|---|
| **Make people safe first** | Stop unsafe activity, provide first aid within competence and call Triple Zero (000) for immediate danger, serious injury, fire or urgent police assistance. |
| **Report immediately** | Tell the Operations Manager, Director or nominated contact as soon as it is safe. Do not wait for an electronic form when the matter is urgent. |
| **Use the correct system** | Use ShiftCare for client incidents, BrightSafe for worker OHS matters and the risk register for material systemic or business risks. |
| **Record facts, not assumptions** | Describe what was seen, heard and done. Preserve evidence and do not conduct unauthorised interviews or investigations. |
| **Support the affected person** | Protect privacy, communicate accessibly, involve the person and offer a representative, advocate or health support where appropriate. |

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## 1. Purpose

The purpose of this policy is to provide one consistent system for reporting and managing incidents, hazards, near misses, control failures and emerging risks across Koru Care services and operations.

The system is designed to ensure that immediate harm is addressed, affected people are supported, legal and contractual notifications are made on time, reliable records are retained, causes are understood and practical improvements are implemented.

## 2. Scope

This policy applies to events and concerns connected with Koru Care work, services, workplaces, client homes, community activities, vehicles, travel, administration, information systems, contractors and third-party arrangements.

It applies whether an incident is witnessed, disclosed, alleged, suspected, identified from records or raised through feedback, a complaint, an audit, a health and safety report or another source. An allegation must be reported and managed even when the facts have not yet been established.

This policy provides the internal reporting framework. Specific external reporting obligations are managed with the NDIS Reportable Incidents Procedure, aged care Serious Incident Response Scheme requirements, WorkSafe notification duties, privacy and data-breach processes, child-safety requirements and other applicable procedures.

## 3. Definitions

| Term | Meaning |
|---|---|
| **Incident** | An act, omission, event or circumstance that caused, or could have caused, injury, illness, abuse, neglect, loss, damage, disruption, a breach of rights, a service failure or other harm. |
| **Client incident** | An incident affecting an NDIS participant, older person, private client or another person receiving or connected with Koru Care supports. |
| **Work health and safety incident** | A work-related injury, illness, exposure, dangerous occurrence or other event affecting a worker, contractor, visitor or member of the public. |
| **Hazard** | A source, situation, behaviour, condition or practice with the potential to cause harm, loss, non-compliance or disruption. |
| **Near miss** | An event that did not result in harm or loss on this occasion but had a credible potential to do so. |
| **Risk** | The effect of uncertainty on objectives, commonly assessed by considering likelihood and consequence. |
| **Control failure** | A control that was absent, not followed, ineffective, unavailable or unable to prevent or reduce the incident or risk. |
| **Reportable incident** | An incident or alleged incident that must be notified to a regulator or other authority under legislation, rules, registration, funding or contractual requirements. |

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| Term | Meaning |
|---|---|
| **Affected person** | A client, participant, older person, worker, visitor or other person who experienced or may experience an impact from an incident. |
| **Corrective action** | An action taken to address an identified cause, control weakness or non-compliance and reduce the likelihood or consequence of recurrence. |
| **Incident owner** | The manager assigned accountability for coordinating assessment, notification, investigation, actions, communication and closure. |

## 4. Policy principles

- The immediate safety, dignity, rights and wellbeing of affected people take priority over schedules, convenience, reputation or administrative processes.
- Koru Care will maintain a reporting culture in which workers and clients are encouraged to raise concerns early and reports made in good faith are treated respectfully and without retaliation.
- All incidents, allegations, hazards, near misses and material control failures will be assessed according to actual and potential harm, not only the outcome that occurred.
- Incident management will be person-centred, trauma-informed, culturally safe and responsive to communication, accessibility and decision-support needs.
- Clients and their chosen representatives will be involved in incident management and resolution to the extent appropriate, safe and lawful.
- Reporting does not replace immediate action. Workers must first make the situation safe and obtain emergency or medical assistance where required.
- Investigations will focus on facts, system factors and prevention, while still addressing misconduct, deliberate breaches or performance concerns through appropriate processes.
- Internal incident classifications do not replace legal tests for external reporting. Where there is uncertainty, the matter must be escalated promptly for assessment.
- Records will be accurate, objective, timely, confidential and sufficient to show what occurred, how Koru Care responded and what was learned.

## 5. What must be reported

Workers must report any event, allegation, observation, disclosure, change or concern that has caused harm, could reasonably cause harm, indicates a failure of a safeguard or requires management review. This includes matters occurring during a shift, between shifts, during travel, at a client home, in the community, online or through administrative work.

| Reporting category | Examples |
|---|---|
| **Health, injury and clinical** | Death, deterioration, falls, injury, illness, pain, infection, choking, seizure, medication error, missed clinical care, hospital attendance or delayed medical escalation. |
| **Abuse, neglect and safeguarding** | Actual or suspected abuse, neglect, exploitation, violence, coercion, grooming, sexual misconduct, financial abuse, discrimination, intimidation, unexplained injury or failure to provide essential support. |

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| Reporting category | Examples |
|---|---|
| **Restrictive practices and rights** | Possible unauthorised restrictive practice, unlawful confinement, unreasonable force, interference with choice, privacy, dignity, access to complaints or other rights. |
| **Behaviour and safety** | Aggression, threats, self-harm concern, violence, weapons, absconding, missing person, serious property damage or a behaviour-related event creating risk to any person. |
| **Service delivery and continuity** | Missed, late, incomplete, unsuitable or unsafe support; incorrect worker allocation; abandoned shift; communication failure; essential service interruption; failure to follow a plan; or inability to deliver a critical service. |
| **Transport and community access** | Vehicle collision, near miss, unsafe driving, breakdown affecting safety, passenger injury, lost participant, transport restraint concern or community access incident. |
| **Worker health and safety** | Injury, illness, exposure, manual handling event, fatigue, aggression, psychosocial hazard, chemical exposure, equipment failure, lone-work concern or unsafe workplace condition. |
| **Privacy, information and cyber** | Lost records or devices, unauthorised access or disclosure, wrong-recipient communication, compromised account, inaccurate critical information, cyber event or system outage. |
| **Financial, fraud and property** | Theft, suspected fraud, financial coercion, billing irregularity, misuse of funds, lost property, asset damage or unexplained financial discrepancy. |
| **Emergency and environmental** | Fire, flood, bushfire, extreme weather, power or telecommunications failure, environmental hazard, evacuation, emergency plan activation or other disruption. |
| **Compliance and conduct** | Breach of law, policy, Code of Conduct, professional obligation, screening requirement, conflict of interest, boundary violation, falsification, serious documentation failure or contractor non-compliance. |
| **Hazards, near misses and trends** | Unsafe conditions, repeated low-level events, ineffective controls, emerging patterns or changes that increase risk even when no injury or damage has yet occurred. |

**When in doubt, report.**

A worker is not expected to decide whether an incident is legally reportable before raising it. Management is responsible for classification and external notification decisions. Delayed reporting can prevent Koru Care from protecting people and meeting statutory timeframes.

## 6. Reporting pathways and systems

| Pathway | Requirement |
|---|---|
| **Immediate verbal escalation** | Critical, serious, safeguarding or potentially reportable matters must be communicated directly to the Operations Manager, Director or nominated operational contact as soon as it is safe. Leaving a note, email or system entry alone is not sufficient for an urgent matter. |

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| Pathway | Requirement |
|---|---|
| **ShiftCare** | Primary record for client, participant and service-delivery incidents, including health, safeguarding, medication, behaviour, community access, transport and client-related near misses or risks. |
| **BrightSafe** | Primary record for worker health and safety incidents, injuries, hazards, near misses, psychosocial concerns and workplace corrective actions. |
| **Organisational risk register** | Used for material, systemic, recurring or strategic risks that require an owner, formal treatment plan, due dates and ongoing monitoring. An incident may also trigger a new or revised risk-register entry. |
| **Other records** | Clinical notes, progress notes, vehicle records, first aid records, complaints records, privacy records, insurer forms and regulator notifications may also be required. These records support, but do not replace, the primary incident record. |

Where a matter affects both a client and a worker, it must be recorded through both relevant systems or cross-referenced so that client safeguarding and worker health and safety actions are each completed.

## 7. Immediate response procedure

| Step | Required action |
|---|---|
| **1. Check danger and stop further harm** | Do not place yourself or others at additional risk. Stop or modify unsafe work, isolate hazards, remove unsafe equipment from use and arrange supervision or replacement support where needed. |
| **2. Obtain urgent assistance** | Call Triple Zero (000) for immediate danger, serious injury or illness, fire, urgent police assistance or a missing person at serious risk. Provide first aid only within training and competence. |
| **3. Protect and support affected people** | Attend to health, safety, emotional wellbeing, privacy, communication needs and access to a representative, advocate or health professional. Do not leave a vulnerable person unsupported. |
| **4. Notify management** | Contact the Operations Manager, Director or nominated operational contact as soon as practicable. Give enough information to assess immediate risk and reporting obligations. |
| **5. Preserve the scene and evidence** | Do not unnecessarily move, clean, alter, delete or dispose of relevant items, records, messages, photographs, equipment or environmental evidence. A scene may be disturbed to save life, assist an injured person or make the area safe. |
| **6. Record the event** | Complete the correct report as soon as possible and ordinarily before the end of the shift. Where immediate care prevents this, record it at the earliest safe opportunity and no later than 24 hours unless directed otherwise. |
| **7. Follow interim controls** | Comply with directions about medical review, staff replacement, suspension of tasks, changed rosters, equipment isolation, no-contact arrangements, service continuity or other safeguards. |

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## 8. Worker reporting requirements

Workers are responsible for recognising and reporting incidents and risks, not for deciding the final classification or conducting a formal investigation.

- report the matter honestly and promptly, including mistakes, omissions and near misses;
- use factual, objective language and distinguish direct observation from information provided by another person;
- record dates, times, locations, people present, what occurred, immediate actions, injuries or impacts, communications and any available evidence;
- use the affected person's own words where practical and record exact words only when they are important;
- avoid blame, diagnoses, assumptions about motive, unsupported conclusions or language that minimises the event;
- do not question a person repeatedly, use leading questions, confront an alleged person responsible or make promises about outcomes;
- do not photograph injuries, private spaces, documents or evidence unless directed, authorised and necessary for the incident response;
- maintain confidentiality and share information only with people who need it for safety, reporting, investigation or lawful support;
- remain available to clarify the report and cooperate with reasonable reviews or investigations; and
- immediately advise management if new information, deterioration, retaliation, further risk or another related incident becomes known.

## 9. Manager triage and initial assessment

The manager receiving a report must promptly confirm that immediate safety needs have been addressed and assign an incident owner. The initial assessment must be completed soon enough to meet the shortest possible external reporting timeframe.

| Assessment area | Manager questions |
|---|---|
| **Immediate safety** | Is anyone still at risk? Is emergency, medical, police, crisis, replacement staffing, safe transport or welfare support required? |
| **Actual and potential harm** | What harm occurred and what could reasonably have occurred? Are there cumulative, repeated or systemic impacts? |
| **Safeguarding and rights** | Could the event involve abuse, neglect, exploitation, sexual misconduct, grooming, unreasonable force, unauthorised restriction, discrimination or another breach of rights? |
| **External reportability** | Could NDIS, aged care SIRS, WorkSafe, police, child protection, privacy, insurer, funder, professional or other notification obligations apply? |
| **Evidence and independence** | What evidence must be preserved? Is an independent investigator, clinician, regulator, police or another specialist required? |
| **Conflicts and worker management** | Does any person involved need to be removed from duties, placed under additional supervision or managed under a separate employment or contractor process? |
| **Communication and support** | How will the affected person and chosen supporters be informed, involved and updated safely and accessibly? |

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| Assessment area | Manager questions |
|---|---|
| **Continuity and controls** | What immediate changes are required to prevent recurrence and maintain safe, reliable services? |

## 10. Internal priority and escalation

Koru Care uses the following internal priorities to guide the speed and level of response. These priorities support internal management only and do not replace the separate legal definitions used by regulators.

| Priority | Indicative criteria | Minimum response |
|---|---|---|
| **Critical** | Death; life-threatening or serious injury; immediate danger; suspected serious abuse, neglect or sexual incident; missing person at serious risk; unauthorised restrictive practice causing harm; notifiable workplace event; major emergency; or another event likely to require 24-hour regulatory notification. | Immediate verbal escalation to Director and Operations Manager. Emergency response, external reporting assessment and interim controls commence without delay. |
| **High** | Significant actual or potential harm; hospital or urgent medical treatment; serious medication or clinical error; repeated safeguarding or service failure; major privacy, fraud or conduct matter; high or extreme risk; or material continuity disruption. | Same-day manager review, documented controls, assigned incident owner and Director oversight. External obligations assessed promptly. |
| **Moderate** | Minor injury or short-term impact; near miss with credible potential; isolated service or documentation failure; limited property or privacy impact; medium risk; or a matter requiring corrective action but no immediate serious harm. | Record by end of shift or within 24 hours. Manager review, corrective action and trend consideration. |
| **Low** | No harm or negligible impact; easily corrected isolated variance; low-risk hazard or administrative error with no material safeguarding, rights or compliance concern. | Record promptly, ordinarily by end of shift or next working day. Routine manager review and monitoring. |

**Escalation rule**

Any uncertainty involving death, serious injury, abuse, neglect, sexual conduct, restrictive practice, a child, a missing person, a criminal offence, a notifiable workplace event or significant privacy breach must be escalated immediately. Do not wait for proof or a completed investigation.

## 11. External reporting and referral

The Director, Operations Manager or formally authorised delegate is responsible for deciding and completing external notifications, unless emergency services or police must be contacted immediately by the person present. A notification to one body does not remove the obligation to notify another body where separate requirements apply.

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| Authority or party | Koru Care requirement |
|---|---|
| **Emergency services / police** | Call 000 for immediate danger, serious injury or illness, fire, urgent police attendance or a person missing in circumstances of serious risk. Suspected criminal conduct must be referred to police where appropriate. Safety action must not be delayed while seeking management approval. |
| **NDIS Quality and Safeguards Commission** | For incidents connected with NDIS supports, follow the Koru Care NDIS Reportable Incidents Procedure. Death, serious injury, abuse or neglect, unlawful sexual or physical contact or assault, and sexual misconduct must generally be notified within 24 hours of Koru Care becoming aware. Unauthorised restrictive practice must generally be notified within 5 business days, or within 24 hours where it caused harm. |
| **Aged Care Quality and Safety Commission / contracting provider** | For government-funded aged care, assess the Serious Incident Response Scheme. Priority 1 incidents are notified within 24 hours and Priority 2 incidents within 30 days. Where Koru Care is delivering brokered or subcontracted services, notify the contracting aged care provider immediately and cooperate with its SIRS process. Where Koru Care holds the direct reporting obligation, an authorised officer submits the notification through the required portal. |
| **WorkSafe Victoria** | A notifiable workplace incident must be reported to WorkSafe immediately by telephone, the incident site preserved subject to lawful exceptions, written notification provided within 48 hours and a copy retained for at least 5 years. The employer retains responsibility even where notification is delegated. |
| **Child safety authorities** | Where a child is involved, assess mandatory reporting, failure-to-disclose, grooming, child protection and any applicable reportable-conduct obligations. Contact Victoria Police or Child Protection promptly where the legal threshold or immediate safety requires it. |
| **Privacy and data breach** | Immediately escalate suspected loss, unauthorised access or disclosure of personal information. Assess containment, affected individuals, contractual notification and whether the Privacy Act 1988 and Notifiable Data Breaches scheme apply. |
| **Funding bodies, care partners and plan managers** | Notify the relevant funder, broker, care partner or plan manager where required by contract, service agreement, continuity arrangements or their incident-reporting process, while limiting information to what is necessary and lawful. |
| **Insurer, professional body or other regulator** | Notify insurers, health regulators, road or transport authorities, public health bodies, coronial authorities or professional boards where the circumstances and legal or policy requirements apply. |

## 12. Supporting the affected person

Koru Care will provide support proportionate to the person's needs and the impact of the incident. Support must not depend on whether the incident is substantiated or externally reportable.

- explain what is happening in plain language and in the person's preferred communication method;
- ask who the person wants involved, subject to safety, consent, privacy and legal limits;
- offer access to an advocate, representative, interpreter, health professional, counselling or other appropriate support;
- arrange medical assessment, replacement support, safe transport, changed worker allocation or another practical safeguard;

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- protect the person from retaliation, intimidation, repeated questioning or unnecessary contact with an alleged person responsible;
- provide timely updates about actions, reviews and outcomes to the extent appropriate and lawful;
- acknowledge harm and apologise where appropriate without prejudging unresolved facts or legal responsibility; and
- record the person's views, desired outcomes, concerns and response to proposed corrective actions.

## 13. Notification to representatives and stakeholders

The affected person should be informed and involved directly wherever possible. A representative, nominee, guardian, family member, care partner or other stakeholder will be informed where consent, authority, service arrangements, safety or law requires it.

Information may be delayed or limited where disclosure could place a person at risk, compromise evidence, interfere with a police or regulator investigation, breach another person's privacy or conflict with a lawful direction. The reason, decision-maker and review point must be documented.

## 14. Evidence preservation and fact finding

Koru Care must preserve reliable information while protecting privacy and avoiding interference with external investigations.

- secure relevant equipment, medication packaging, documents, electronic records, messages, rosters, vehicle information, CCTV or system logs where available and lawful;
- make contemporaneous notes and retain original records. Corrections must be transparent and must not overwrite or conceal the original entry;
- limit access to the scene and evidence to authorised people;
- do not coach witnesses, coordinate accounts or ask repeated or leading questions;
- separate immediate fact clarification from a formal investigation;
- seek police, regulator, clinical, legal, information-security or human-resources guidance where specialist direction is needed; and
- preserve a WorkSafe-notifiable incident site until an inspector arrives or directs otherwise, except to protect health and safety, assist an injured person, make the site safe or prevent another incident.

## 15. Incident investigation

An investigation must be proportionate to the seriousness, uncertainty and learning potential of the incident. Critical, high, repeated, systemic, safeguarding, clinical, privacy, fraud and regulatory matters generally require a documented investigation or formal review.

The incident owner must establish the investigation scope, investigator, evidence sources, consultation, expected timeframe and reporting arrangements. A person with a conflict of interest must not control the investigation.

The investigation should determine:

- what happened, when, where and who was affected;
- the actual and potential consequences;
- whether immediate and ongoing responses were appropriate;

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- relevant care plans, instructions, staffing, competence, communication, equipment, environment and organisational conditions;
- direct, contributing, underlying and systemic causes;
- whether a law, standard, contract, policy, procedure or professional requirement was breached;
- whether similar events or warning signs occurred previously;
- what corrective actions are required, who owns them and how effectiveness will be verified; and
- what information and outcomes should be communicated to the affected person, workers, regulators and other stakeholders.

**Fair and evidence-based review**

An investigation must not assume that an incident proves misconduct. Employment, contractor, disciplinary, clinical and safeguarding processes may run alongside the incident review, but each decision must be based on relevant evidence and procedural fairness.

## 16. Corrective action and risk treatment

Incident closure is not complete merely because an electronic report has been submitted. Actions must address immediate causes, control weaknesses and broader system issues.

- update a client profile, support plan, health information, risk assessment, emergency plan or communication strategy;
- change staffing, worker matching, rostering, supervision, travel, task allocation or service continuity arrangements;
- repair, replace, isolate or redesign equipment, vehicles, technology or the physical environment;
- provide training, competency assessment, coaching, clinical review or targeted supervision;
- change a policy, procedure, form, checklist, handover or communication process;
- refer a matter for employment, contractor, clinical governance, privacy, fraud or legal management;
- add or update a risk-register entry where the risk is material, recurring or systemic;
- share de-identified lessons with relevant workers and stakeholders; and
- verify that completed actions are operating effectively rather than relying only on evidence that a task was marked complete.

## 17. Complaints, disclosures and protected reporting

A complaint, disclosure or whistleblower report may also describe an incident or risk. The matter must be entered into each relevant process and cross-referenced so that complaint handling does not delay safeguarding, incident response or mandatory reporting.

No worker, client, family member, advocate or other person may be threatened, disadvantaged or treated adversely for making or supporting a report in good faith. Deliberately false reports may be managed separately, but a report that is unsubstantiated is not automatically a false report.

## 18. Privacy and confidentiality

Incident information is sensitive and must be collected, used, stored and disclosed only for legitimate safety, support, investigation, reporting, employment, insurance, legal and quality-improvement purposes.

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- access must be limited to authorised people with a genuine need to know;
- incident reports must not be discussed in public areas, social media, informal group chats or with unrelated workers;
- reports should avoid irrelevant personal, health or family information;
- information provided to external parties must be accurate, secure and limited to what is required;
- de-identified information should be used for training and broader learning where practical; and
- suspected privacy breaches must be contained and escalated immediately under the applicable privacy and data-breach process.

## 19. Records and retention

Incident and risk records must be legible, complete, securely stored, linked where necessary and protected from unauthorised alteration or deletion. Koru Care will retain incident-management records for at least 7 years after the record is made, or longer where required by legislation, contract, litigation hold, insurance, child-safety, employment, clinical or other obligations.

A WorkSafe written incident notification must be retained for at least 5 years. Where another requirement specifies a longer period, the longer period applies.

| Record area | Minimum information |
|---|---|
| **Identification** | Incident number, category, date and time reported, date and time of event, location and service. |
| **People involved** | Affected person, witnesses, workers, alleged person responsible where relevant, representatives and contact details where necessary. |
| **Factual description** | What occurred or was alleged, sequence of events, direct observations, disclosures and source of information. |
| **Impact** | Injury, illness, emotional, rights, service, financial, privacy, property or other actual and potential consequences. |
| **Immediate response** | First aid, emergency services, medical care, safety controls, service continuity, notifications and supports provided. |
| **Evidence** | Records, photographs where authorised, equipment, messages, clinical information, rosters, system logs or other material preserved. |
| **Assessment** | Internal priority, risk rating where relevant, reportability decisions, reasons and decision-maker. |
| **Communication** | Information provided to the affected person, representative, workers, funders, regulators and other parties. |
| **Investigation and findings** | Scope, investigator, evidence, findings, causes, contributing factors and identified breaches. |
| **Actions and closure** | Corrective actions, owners, due dates, completion evidence, effectiveness checks, closure approval and date. |

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## 20. Monitoring, analysis and continual improvement

The Operations Manager will monitor incident and risk data, including frequency, severity, location, service type, client group, worker factors, repeated causes, overdue actions, regulator notifications and control effectiveness.

Management review will consider individual incidents and aggregated trends. Relevant findings will be entered into the continuous improvement system and organisational risk register and reported to the Director at a frequency proportionate to risk.

- critical and high incidents and outstanding external-reporting actions;
- repeated injuries, medication events, missed supports, safeguarding concerns, vehicle events, privacy breaches and worker hazards;
- timeliness and quality of reporting and manager review;
- overdue corrective actions and whether completed controls are effective;
- patterns involving locations, clients, tasks, workers, contractors, equipment, travel or time of day;
- feedback from affected people and workers about the response process; and
- opportunities to improve policies, training, supervision, service design and emergency arrangements.

## 21. Roles and responsibilities

| Role | Responsibilities |
|---|---|
| **Director** | Provide governance oversight; ensure resources and authority; receive critical and high incident escalation; approve significant external responses and systemic corrective actions; monitor trends and accountability. |
| **Operations Manager** | Maintain the incident management system; coordinate triage, classification, external reporting assessment, investigations, communication, corrective actions, risk-register links, monitoring and management reporting. |
| **Managers / Coordinators** | Respond to reports; ensure immediate safety; assign an incident owner; review records; apply interim controls; support affected people and workers; escalate reportable or high-risk matters; monitor actions to closure. |
| **Nurses / clinical workers** | Provide clinical assessment within scope; escalate deterioration and clinical incidents; maintain clinical records; contribute to investigations and corrective actions; comply with professional notification duties. |
| **Supervisors / senior workers** | Stop or modify unsafe work; assist immediate response; support reporting; preserve evidence; monitor interim controls; escalate changes and confirm workers understand directions. |
| **Workers / contractors / volunteers** | Take reasonable care; respond to immediate danger; report all incidents, hazards and near misses promptly; make accurate records; preserve evidence; maintain confidentiality; cooperate with reviews and follow controls. |
| **Health and Safety Representative** | Represent workers in consultation about OHS incidents, hazards, controls and system improvements within the designated work group where an HSR is elected. |
| **Clients and chosen supporters** | Raise concerns and incidents; provide information and views; participate in decisions, reviews and resolution where practicable; advise Koru Care of changes or ongoing risks. |

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## 22. Training and awareness

Incident and risk reporting requirements will be included in induction and refreshed through BrightSafe, NGO Training Centre, internal education, supervision, toolbox discussions or external training as appropriate to role.

- what constitutes an incident, hazard, near miss, safeguarding concern and reportable incident;
- immediate response, emergency escalation and first aid expectations;
- ShiftCare and BrightSafe reporting requirements;
- objective documentation, privacy and evidence preservation;
- NDIS and aged care reportable-incident awareness;
- WorkSafe notifiable incidents and incident-site preservation;
- trauma-informed communication and support for affected people;
- manager triage, investigations, corrective actions and trend analysis; and
- protection from retaliation and the importance of early reporting.

## 23. Failure to report or comply

Failure to report an incident or risk, deliberate concealment, falsification, retaliation, interference with evidence or failure to follow a lawful safety direction may be treated as a serious breach and managed under the applicable performance, conduct, contractor or legal process.

Genuine mistakes in reporting should be addressed through support, clarification, training and system improvement unless the circumstances indicate deliberate or reckless conduct.

## 24. Related Koru Care documents

- Risk Management Policy and Procedure
- NDIS Reportable Incidents Procedure
- First Aid Procedure
- Safeguarding Policy and Procedure
- Complaints and Feedback Policy and Procedure
- Eliminating Restrictive Practices Policy and Procedure
- Medication Management Policy and Procedure
- Privacy and Confidentiality Policy and Data Breach Response Procedure
- Work Health and Safety / Occupational Health and Safety Policy
- Emergency and Business Continuity Plans
- Transport and Driver Safety Policy and Procedure
- Code of Conduct and Worker Conduct Procedures
- Continuous Improvement Policy and Register

## 25. Legislative, regulatory and guidance framework

This policy is informed by current requirements and guidance relevant to Koru Care, including:

- National Disability Insurance Scheme Act 2013;
- National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018;
- NDIS Practice Standards and Quality Indicators, including incident management and reportable incidents;
- NDIS Code of Conduct;

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- Aged Care Act 2024 and Aged Care Rules 2025;
- Strengthened Aged Care Quality Standards, including Outcome 2.5 Incident management;
- Serious Incident Response Scheme requirements for aged care;
- Occupational Health and Safety Act 2004 (Victoria) and applicable regulations;
- WorkSafe Victoria incident notification requirements;
- Privacy Act 1988 and Australian Privacy Principles where applicable;
- Child Wellbeing and Safety Act 2005, Children, Youth and Families Act 2005 and Crimes Act 1958 where applicable;
- Health Records Act 2001 (Victoria); and
- contractual, insurance, funding and professional notification requirements applicable to the service or event.

## 26. Staff acknowledgement

I acknowledge that I have read and understood this Incident and Risk Reporting Policy and Procedure. I understand that I must act immediately to protect people, report incidents, hazards and near misses promptly, make accurate records, preserve confidentiality and evidence, and follow reasonable directions given to manage risk and meet reporting obligations.

| Name | Signature | Date |
|---|---|---|
| | | |
| | | |

## 27. Review history

| Version | Date | Summary of changes | Approved by |
|---|---|---|---|
| 1.0 | 28/07/2026 | Initial Koru Care issue covering NDIS, aged care SIRS and Victorian OHS reporting; ShiftCare and BrightSafe pathways; participant support; investigation, corrective action and continual improvement. | Director |

## 28. Reference sources used for this policy

| Source | Relevance to this policy |
|---|---|
| **External incident and risk reporting policy guide supplied by management** | High-level guide for incident and risk reporting principles, internal responsibilities and reporting expectations. Source-company names, contacts, systems and company-specific arrangements were not adopted. |
| **Koru Care Risk Management Policy and Procedure** | Koru Care risk categories, rating and escalation framework, organisational risk register and system-specific reporting pathways. |
| **Koru Care NDIS Reportable Incidents Procedure** | NDIS reportable incident categories, responsibilities, participant support and Commission notification process. |
| **NDIS Quality and Safeguards Commission: Incident management** | Current requirements for identifying, supporting, recording, assessing, investigating and learning from incidents and involving affected people. |

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| Source | Relevance to this policy |
|---|---|
| **NDIS Quality and Safeguards Commission: Reportable incidents** | Current reportable incident categories and 24-hour and 5-business-day notification timeframes. |
| **Aged Care Quality and Safety Commission: Incident Management Systems and SIRS guidance** | Current aged care incident-management expectations, reportable incident categories and Priority 1 and Priority 2 notification timeframes. |
| **WorkSafe Victoria: Notifiable incidents under the Occupational Health and Safety Act 2004** | Immediate notification, incident-site preservation, written notification and record-retention duties. |

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# Appendix A - Immediate Incident and Risk Response

| Step | Required action |
|---|---|
| **1. Make the area safe** | Stop the unsafe task, isolate hazards and protect the client, worker and others without creating further danger. |
| **2. Call for urgent help** | Call 000 for immediate danger, serious injury or illness, fire, urgent police assistance or a missing person at serious risk. |
| **3. Provide immediate support** | Give first aid within competence, arrange medical care, reassurance, communication support, supervision and continuity of essential services. |
| **4. Notify management** | Contact the Operations Manager, Director or nominated operational contact immediately for serious, safeguarding or potentially reportable matters. |
| **5. Preserve evidence** | Do not unnecessarily alter the scene, equipment, records or electronic information. Do not conduct an unauthorised investigation. |
| **6. Record facts** | Complete ShiftCare and/or BrightSafe as appropriate, ordinarily before the end of shift, and record what happened, impact, actions and notifications. |
| **7. Apply interim controls** | Follow directions about staff allocation, medical review, equipment isolation, no-contact arrangements, changed support or service continuity. |
| **8. Review and follow up** | Managers assess reportability, support affected people, investigate proportionately, assign corrective actions and verify effectiveness before closure. |

# Appendix B - Incident Priority and Escalation Checklist

| Question | Required response |
|---|---|
| **Immediate danger or emergency?** | Call 000 and make the area safe. Notify management immediately. |
| **Death, serious injury, hospital treatment or serious deterioration?** | Treat as Critical or High and immediately assess NDIS, SIRS, WorkSafe, police and other notification duties. |
| **Abuse, neglect, sexual conduct, grooming, exploitation, unreasonable force or unexplained injury?** | Protect the person, preserve evidence, do not confront or investigate, and escalate immediately. |
| **Possible unauthorised restrictive practice?** | Stop the practice where safe, protect the person and follow the NDIS Reportable Incidents Procedure. |
| **Child involved?** | Escalate immediately for child-safety, police and mandatory-reporting assessment. |
| **Worker injury or dangerous near miss?** | Record in BrightSafe and immediately assess WorkSafe notification and site-preservation requirements. |
| **Privacy, cyber or lost information?** | Contain access or disclosure, preserve system information and escalate for privacy and data-breach assessment. |

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| Question | Required response |
|---|---|
| **Repeated event or failed control?** | Add or update a risk-register entry, assign corrective action and review the wider service or workforce exposure. |
| **Uncertain whether reportable?** | Escalate rather than delay. Management should obtain regulator or specialist advice where necessary. |

## Appendix C - Minimum Worker Incident Report Checklist

- Date, time and exact location of the incident and the time it was identified or disclosed.
- Names and roles of affected people, witnesses and workers present.
- A clear factual description in chronological order, including the source of any information not directly observed.
- The affected person's presentation, injuries, symptoms, emotional response and communication.
- Immediate actions, first aid, medical assistance, emergency services, safety controls and service-continuity arrangements.
- Who was notified, when, how and what directions were given.
- Relevant plans, equipment, environmental conditions, vehicle details, medication or other factors.
- Evidence preserved and any unavoidable changes made to the scene.
- Further risks or supports that remain outstanding at the time of reporting.
- The reporter's name, role, date and time of completion.

**Objective wording example**

Write: "At 2:15 pm I observed the client seated on the kitchen floor beside the chair. The client stated, 'I slipped when I stood up.'" Avoid: "The client was careless and fell again."

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# Appendix D - Manager Review and Closure Checklist

| Closure element | Evidence required |
|---|---|
| **Immediate safety confirmed** | The affected person and others are safe; treatment, support, replacement staffing and interim controls are in place. |
| **Report complete and factual** | Key information, evidence, chronology, impact and immediate actions are documented and ambiguities clarified without leading questioning. |
| **Priority and risk assessed** | Actual and potential harm, recurrence, cumulative impact and residual risk are recorded. |
| **External obligations decided** | NDIS, SIRS, WorkSafe, police, child safety, privacy, funder, insurer and other duties are assessed, decisions justified and notifications completed on time. |
| **Affected person involved** | Communication preferences, consent, representative, advocacy, desired outcomes and ongoing support are addressed. |
| **Investigation proportionate** | Scope, investigator, evidence, findings and procedural fairness are appropriate to seriousness and uncertainty. |
| **Corrective actions assigned** | Actions address system causes, have responsible owners and due dates, and are linked to risks, plans, training or policies. |
| **Communication completed** | Relevant people receive appropriate updates and outcomes, subject to privacy and lawful limits. |
| **Effectiveness verified** | Controls are tested or monitored and evidence shows they are working in practice. |
| **Closure authorised** | All required actions and notifications are complete, residual risk is accepted at the correct authority and closure rationale is recorded. |