POLICY

NDIS Service Agreement and Incident Management Policy

The Lifestory Practice

Effective date: 30 August 2026 | **Incident Management Lead:** Carrie Gibbons, Practice Manager

Purpose and scope

This policy explains how The Lifestory Practice establishes NDIS service agreements and identifies, responds to, records, investigates and learns from incidents connected with NDIS supports. It applies to directors, employees, contractors, students and volunteers involved in NDIS service delivery.

The policy supports participant safety, dignity, choice and control and is intended to meet the NDIS Code of Conduct, applicable NDIS Practice Standards and the incident-management obligations that apply to the practice's registration status.

Roles and responsibilities

Practice Manager - Incident Management Lead

- maintains the incident management system and incident register
- coordinates immediate response, risk assessment and participant support
- determines whether an incident is reportable and makes required notifications
- appoints an appropriately independent investigator where required
- monitors corrective actions, trends, worker training and policy review
- ensures records are secure, complete and retained for the required period.

If the Practice Manager is unavailable or personally involved in an allegation, the Director or an appropriately independent senior person assumes these duties. An allegation involving the Director or Practice Manager must not be assessed or investigated solely by that person.

Workers

- take immediate action to protect life, health, safety and wellbeing
- call 000 where emergency medical or police assistance is required
- preserve evidence and do not interfere with a potential investigation
- report every actual or suspected incident to the Practice Manager immediately and before the end of the shift or work period
- complete the approved incident record promptly and cooperate with reviews and investigations.

NDIS service agreements

A service agreement is developed with the participant and, where applicable, their nominee or authorised representative. Information is provided in an accessible format and explained in a way the participant can understand. The participant is supported to exercise choice and may use an advocate, interpreter or support person.

The agreement will address, as relevant:

- the parties and authorised contacts
- supports, intended outcomes, delivery location, frequency and duration
- prices, invoicing, funding management, travel, non-face-to-face work and any GST treatment
- short-notice cancellation terms consistent with the current NDIS Pricing Schedule

- participant and provider responsibilities
- privacy, consent, information sharing, records and incident-management information
- risk, emergency and safeguarding arrangements
- feedback, complaints, advocacy and NDIS Commission contact options
- review, variation, suspension and ending of services, including transition arrangements.

Changes are agreed and documented. The practice will not make a unilateral material change to price or service terms where participant agreement is required. Participants receive a copy of the agreement and any variation.

Participant rights

- dignity, respect, privacy and cultural safety
- freedom from violence, abuse, neglect, exploitation and discrimination
- choice and control over supports and involvement in decisions
- accessible information and communication
- support from a nominee, advocate or other chosen person
- feedback or complaint without retaliation or disadvantage
- being kept safe, informed and involved when an incident affects them.

What is an incident?

An incident includes an act, omission, event or circumstance connected with NDIS supports that has caused, or could have caused, harm to a person with disability, or an event in which a person with disability causes serious harm or a risk of serious harm to another person. Allegations and suspected incidents are managed even when facts are not yet established.

Examples include injury or illness; medication error; abuse, neglect, exploitation or discrimination; sexual or physical misconduct; psychological harm; privacy or information-security events affecting safety; missing-person or emergency events; unsafe service interruption; and the use or suspected use of a restrictive practice.

Immediate response

Safety and wellbeing take priority over administrative reporting. The worker and Practice Manager will, as applicable:

- remove or reduce immediate danger and provide first aid
- call 000 for urgent medical help, immediate danger or suspected criminal conduct
- contact South Australian child protection authorities when mandatory-reporting thresholds are met
- arrange medical, psychological, communication, cultural, advocacy or other support
- consult the participant about who should be informed, subject to lawful disclosure requirements
- protect privacy and preserve records, physical evidence and electronic information
- consider whether a worker should be removed from participant contact or duties while risk is assessed.

Internal reporting and assessment

The worker must notify the Practice Manager immediately. The incident record should be completed within 24 hours or sooner if required for an external notification. The Practice Manager records the date and time the practice became aware of the incident because statutory reporting periods run from that point.

The initial assessment considers severity, actual and potential harm, immediate and ongoing risk, participant wishes, whether other people may be at risk, whether police or another authority must be notified, whether the incident is reportable to the NDIS Commission, and whether an investigation is required.

Reportable incidents

When registered-provider reporting obligations apply, the practice will notify the NDIS Quality and Safeguards Commission of the following incidents, or alleged incidents, connected with its NDIS supports:

- death of a person with disability

- serious injury of a person with disability
- abuse or neglect of a person with disability
- unlawful sexual or physical contact with, or assault of, a person with disability
- sexual misconduct against, or in the presence of, a person with disability, including grooming for sexual activity
- use of a restrictive practice that is unauthorised under South Australian requirements or not used in accordance with the person's behaviour support plan.

Notification timeframes

- The first five categories above: notification within 24 hours of the practice becoming aware of the incident.
- Unauthorised restrictive practice: notification within five business days, or within 24 hours if it resulted in harm to the person with disability.
- For incidents initially notified within 24 hours, the additional five-day form is submitted within five business days unless the Commission directs otherwise.
- Any final report or further information requested by the Commission is provided within the required timeframe.

Notifications are made through the NDIS Commission registered-provider portal by the Practice Manager or authorised delegate. Reporting to the Commission does not replace obligations to contact police, emergency services, child protection, a professional regulator, insurer or another authority.

Restrictive practices

The practice does not use a restrictive practice merely because behaviour is difficult or risky. Any regulated restrictive practice must be lawful, authorised, included in an applicable behaviour support plan, used only by an authorised implementing provider and reported as required. Suspected unauthorised use is treated as a reportable incident. Emergency action must be the least restrictive response reasonably necessary and must be documented and escalated immediately.

Participant involvement and support

The participant is kept informed in a safe, accessible and trauma-aware manner. Their views, preferences, communication needs, culture and choice of support person or advocate are considered throughout. The practice will explain what happened, immediate actions, review or investigation steps and outcomes, subject to privacy, safety and procedural-fairness limits.

Support may include medical care, counselling, advocacy, interpreter or communication assistance, help to contact police or the Commission, changes to workers or services, and a safe transition to another provider.

Investigation and procedural fairness

An investigation will be proportionate to the incident, independent of material conflicts and focused on facts, participant safety and systemic improvement. It may include interviews, record review, evidence preservation, chronology, causal analysis and recommendations.

A participant will not be pressured to confront an alleged perpetrator or participate beyond their wishes. A worker who is the subject of an allegation will be informed of adverse information and given a reasonable opportunity to respond before an adverse finding or employment action, unless an immediate protective action is required. Protective action is not itself a finding of wrongdoing.

Incident records

Incident records are factual, timely, secure and access-controlled. They include:

- participant and incident details, including when the practice became aware
- immediate response, medical care, risk controls and supports offered
- notifications to the participant, representative, emergency services, police, child protection, Commission and other bodies
- assessment, reportability decision and reasons

- evidence, investigation steps, findings and procedural-fairness actions
- corrective actions, responsible person, due dates and completion
- participant feedback and outcome communication.

Reportable-incident records will be retained for at least seven years, and longer where another legal, funding, insurance or professional record-keeping requirement applies. Privacy and confidentiality are maintained in accordance with the Privacy Policy.

Corrective action and continuous improvement

The Practice Manager tracks corrective actions to completion and reviews incidents for patterns, repeated low-level events and systemic risks. Improvements may include changes to risk controls, participant plans, staffing, supervision, training, environment, communication, service agreements or policy. De-identified themes are considered in governance review.

Feedback, complaints and external reporting

A participant or any other person may raise an incident, concern or complaint directly with the practice or externally. The practice will not retaliate or reduce services because a person reports an incident, assists an investigation or makes a complaint.

- NDIS Quality and Safeguards Commission: 1800 035 544 or www.ndiscommission.gov.au
- Emergency: 000
- South Australia Child Abuse Report Line: 13 14 78
- Health and Community Services Complaints Commissioner SA: www.hcscc.sa.gov.au

Contact details

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Policy references

- National Disability Insurance Scheme Act 2013 (Cth)
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Code of Conduct and applicable NDIS Practice Standards
- NDIS Commission guidance on incident management and reportable incidents
- The Lifestory Practice Privacy, Complaints, Risk Management and Ethical Billing policies.