

### **Complete the 5 day notification form**

### **Quick Reference Guide – Reportable Incidents**

Providers are required to submit additional information on the Reportable Incident within 5 days.

This guide outlines the steps for:

- 5 day requirements for reportable incidents for all Reportable Incidents
- 5 day requirements for death of an impacted person additional section for death only
- 5 day requirements for unauthorised use of restrictive practices additional section for unauthorised use of restrictive practices only.
- Attaching additional documentation

Note that for notification of unauthorised use of restrictive practices, you will need to complete the information in the Immediate Notification form before continuing on to complete the additional information in the 5 Day Notification Form to fulfil your reporting obligation.

Before getting started, some useful hints and tips are outlined below:

- Tip 1 Draft the free text sections of information into a word document and copy/paste it across to avoid "time out" restrictions on the portal. Alternatively, scroll to the bottom of the each page and select Save as Draft at least every 25 minutes. The time out restriction of 30 minutes is a PRODA requirement.

**Tip 2** – Attach any **additional / supporting documentation** to avoid exceeding character restrictions within certain fields. Please see <u>Attaching additional documentation</u> section of this document for steps on how to attach documents. There is an attachment limit of 10mb.



**Tip 3** – You will need to complete **all mandatory fields** (marked with an \*), otherwise the system will not allow you to submit the form.

Tip 4 – Ensure that you have the **right access** to complete the Reportable Incidents form. You will need to be registered as either the **Provider Authorised RI Approver** or the **Provider Authorised RI Notifier**. Please review the <u>Quick reference guide - getting access to NDIS</u> <u>Portal</u> to ensure you understand the responsibilities of each role and how to set up/ change these within your organisation.

- For further information/ questions, please contact the NDIS Commission Contact Centre on 1800 035 544 or by email: <u>contactcentre@ndiscommission.gov.au</u>
- To provide feedback on the Portal, please contact the NDIS Commission via riportalfeedback@ndiscommission.gov.au



### **5 Day Requirements for Reportable Incidents** (for all Reportable Incidents)

Please ensure that you are logged into the Portal as either the Provider Authorised RI Approver or the Provider Authorised RI Notifier. For information on how to log in or definitions of these roles, please see <u>Quick reference guide - getting access to NDIS Portal</u>

1. Click on the My Reportable Incidents tile.

A Construction of the Cons	Change role / Manage access Notifi	kations Switch to myplace
Iome Task - Reportable incidents -		
Welcome to the NDIS Comm	ission Portal	
Welcome to the NDIS Comm	ission Portal	
Welcome to the NDIS Comm	ission Portal, My Reportable Incidents	Reportable Inciden

2. Click **View** on the relevant reportable incident.

Figure 2: Screenshot of My Reportable Incidents page demonstrating Step 2

Filter: All	Apply Filter					
Reportable incidents						
Notify the NDIS Commission of a r	new Reportable Incident					
Notify the NDIS Commission of a r	new Reportable Incident					
Notify the NDIS Commission of a magnetic field of the NDIS Commission of a magnetic field of the NDIS Commission o	new Reportable Incident Apply Filter				Open search	Notify
Notify the NDIS Commission of a r My Reportable incidents >>	new Reportable Incident Apply Filter Status	Primary category	Impacted person	Slate	Open search	Notify



- 3. Review the Incident Specifics task bar on the left hand side.
- The **Green Ticks** indicate which sections have been completed. Review these and add in any additional information by clicking the **Update** button
- The **Yellow Dot** indicates sections that need to be completed. Click **Update** to complete information required
- Note that the **Witnesses** section is not a mandatory field for the submission of the form. Steps 5 to 9 are optional.

Incident specifics				Update Submit 5 day
Details of incident		Is there a subject of allegation for this incident?	number:	Reportable incident created by:
Available		Yes		BL_XM680200
Impacted person & support Complete	•	Provider business name:	Registration group:	
Subject(s) of allegation Complete	~	State:	Require a final report?	Date and time provider notified the Commission:
Witnesses			No	11/06/2019 01:50:03 PM
Available		At the time of the incident or all	egation, what types of What fundin	ng for the supports and/or services was in
Immediate action take	m	supports and/or services were y impacted person?	ou providing to the place for the incident/alle	e impacted person at the time of the egation?

4. Click Save on any information added

*Figure 4: Screenshot of My Reportable Incidents page demonstrating Step 4* 

	*	Reportable incidents 👻	Task 🕶	Home
ling up to the incident/allegation (minimum of 300 characters):* You have 1991 of 2000 characters remaining	Describe the c			
Î	not aware			

Discard changes and return

Save



#### 5. Click the Witnesses section

Figure 5: Screenshot of My Reportable Incidents page demonstrating Step 5

Incident specifics			Update Submit 5 day
Details of incident Available	Is there a subject of alleg this incident? Yes	gation for Providers incident reference number:	Reportable incident created by: BL_XM680200
Impacted person & support Complete	Provider business name:	: Registration group:	
Subject(s) of allegation Complete	State:	Require a final report?	Date and time provider notified the Commission:
Witnesses		No	11/06/2019 01:50:03 PM
Available Immediate action taken Complete	At the time of the incide supports and/or services impacted person?	nt or allegation, what types of swere you providing to the incident/	nding for the supports and/or services was in the impacted person at the time of the 'allegation?

6. Click Add

Figure 6: Screenshot of My Reportable Incidents page demonstrating Step 6

200000000000000000000000000000000000000	Witnesses
Reportable incident	Witnesses to an incident can include any person with further information about an incident. This can include but is not limited to eye witnesses. Witnesses may be members of your staff, other people with disability or members of the community.
Due: Five day submission due in 5 days.	Please provide witness details
Status: Submitted - 24 Hour	Add
Incident Id:	

#### 7. Click Search

Figure 7: Screenshot of My Reportable Incidents page demonstrating Step 7

	Add Witness	
incident	8	Search
Due: Five day submission due		
in 5 days.	Discard changes and return	
Status: Submitted - 24 Hour		
Incident Id:		
Provider:		
Client		



8. Type in the Witness's details, then click Search

Figure 8: Screenshot of My Reportable Incidents page demonstrating Step 8

First name:	Last name:
DOB: dd/mm/yyyyy	Gender:
10	×
Email address:	Mobile:
Contact ld:	

- 9. Select the Witness to be included, and click **Select and Close**.
- If the details of the witness are not available, click **Create**. Type in the person's details required and click **Save**.

*Figure 9: Screenshot of My Reportable Incidents page demonstrating Step 9 – Selecting a witness from the list* 

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0			
	< 1-10		
Discard changes and close			Create Select and close



*Figure 10: Screenshot of My Reportable Incidents page demonstrating Step 9 – Create a witness* 

Reportable	Create Witness			* requ
incident				
	Title:*			
Due: Five day submission due	Please Sel			
In 5 days.				
Incident Id: 4.4PDPBOH	First name:*	Last name•*	Gender	DOB: dd/mm/ww
Provider:	First name.	Last name.	Gender.	DOB. darmini yyy
Client:			Please Sel	2
Incident specifics	Phone number:	Email address:	Preferred method	of contact:
			Please Select	~
Details of incident		Relationship to the impacted		
Complete	Person type:	person:*	Status:	
	14/10		Astivo	

*Figure 11: Screenshot of My Reportable Incidents page demonstrating Step 9 – Save a new witness profile* 

Incident specifics	Phone number:	email address:	Preferred method of contact:
			Please Select
Details of incident	Person type:	Relationship to the impacted person:*	Status:
Impacted person &	Witness	Please Select	Active
Complete	Has this person been contacted?		
Subject(s) of allegation Complete	Please Select		
Witnesses Available	Discard changes and return		Sav
Immediate action taken			



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10. For Deaths and Unauthorised Use of Restrictive Practices, additional information is required prior to submission. See 5 Day Requirements for <u>Death of an Impacted Person</u> (additional section) or 5 Day Requirements for <u>Unauthorised Use of Restrictive Practices</u> (additional section) for further information.

Figure 12: Screenshot of My Reportable Incidents page demonstrating Step 10

Incident specifics	Phone number:	email address.	Preierred metho	d of contact:
			Please Select	~
Details of incident	Person type:	Relationship to the impacted person:*	Status:	
Impacted person & support	Witness	Please Select	Active	
Complete	Has this person been contacted?			
Subject(s) of allegation Complete	Please Select			
Witnesses Available	Discard changes and return			Save
Immediate action taken Complete				
Death of an impacted person devaluable				

- 11. Review the **Incident Specifics** Task Bar on the left hand side to ensure all sections are complete (all sections should have a green tick, excluding Witnesses).
- Before submitting, ensure that all necessary supporting documents have been attached. For further information, please see the Attaching Additional Documentation section in this document.

Figure 13: Screenshot of My Reportable Incidents page demonstrating Step 11

Incident specifics		Phone number:	Email address:	Preferred method of contact:
				Please Select
Details of incident Complete	~	Person type:	Relationship to the impacted person:*	Status:
Impacted person &		Witness	Please Select	Active
Complete	×	Has this person been contacted?		
Subject(s) of allegatic Complete	on 🗸	Please Select		
Witnesses Available	•	Discard changes and return		Sav
Immediate action tal	ken			



#### 12. Click Details of Incident on the Incident Specifics task bar

Figure 14: Screenshot of My Reportable Incidents page demonstrating Step 12

Dementable	Details of incident
incident	To complete the 5 day report you will need to fill in details by navigating through the tabs on the left hand side of the page. These includ 1. Details of the incident
Due: Five day submission due in 5 days. Status: Submitted - 24 Hour Incident Id: 4-4PDPBQH	2. Impacted person and support people     3. Subject(s) of allegation (if allegations have been made)     4. Witnesses involved     5. Immediate action taken     6. Death of the impacted person (when the incident is of category 'death of a person with disability')     7. Unauthorised use of a restrictive practice (when the incident is of category 'unauthorised use of a restrictive practice)
Provider:	When you have added all these details, click the 'submit' button to send details to the NDIS Commission.
Client: J	Update Submit S day

13. Click Submit 5 days when ready to submit

- Only the Provider Authorised RI Approver can submit the 5 day notification. If the Provider Authorised RI Notifier is completing the 5 day notification form, they must notify the Approver within their organisation that the form is ready for submission.
- Note that you have not meet your reporting obligation until the incident has been submitted and the time frame is applicable to the time it is submitted and not created.

#### Figure 15: Screenshot of My Reportable Incidents page demonstrating Step 13

Depertable	Details of incident
incident	To complete the 5 day report you will need to fill in details by navigating through the tabs on the left hand side of the page. These include
	1. Details of the incident 2. Impacted person and support people
Due: Five day submission due	3. Subject(s) of allegation (if allegations have been made)
in 5 days.	4. Witnesses involved 5. Immediate action taken
Status: Submitted - 24 Hour	<ol> <li>Death of the impacted person (when the incident is of category 'death of a person with disability')</li> </ol>
Incident Id: 4-4PDPBQH	7. Unauthorised use of a restrictive practice (when the incident is of category 'unauthorised use of a restrictive practice')
Provider:	When you have added all these details, click the 'submit' button to send details to the NDIS Commission.
Client:	



14. The Status on the left hand side will change to **Submitted – 5 day**. This indicates that the form has been successfully submitted to the NDIS Commission.

Figure 16: Screenshot of My Reportable Incidents page demonstrating Step 14

Home Task - Reportable incident	s •
Poportable	Details of incident
incident	To complete the 5 day report you will need to fill in details by navigating through the tabs on the left hand side of the page. These include: 1. Details of the incident
Status: Submitted - 5 day Incident Id: 4-4PDTEJD	2. Impacted person and support people 3. Subject(s) of allegation (if allegations have been made) 4. Witnesses involved 5. Impactive action taken



## **5 Day Requirements for Death of an Impacted Person** (additional section)

In addition to the above steps, there is an additional section of information required for reporting the death of an impacted person.

1. Click Death of an Impacted Person section.

Figure 17: Screenshot	of My Reportable	Incidents page dem	onstrating Step 1
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Incident specifics	Phone number:	Email address:	Preferred method of contact:
			Please Select
Details of incident	Person type:	Relationship to the impacted person:*	Status:
Impacted person &	Witness	Please Select	Active
Support Complete	Has this person been contacted?		
Subject(s) of allegation	Please Select		
Complete			
Witnesses Available	Discard changes and return		Save
Immediate action taken			
*			
Death of an impacted			

2. Click Update

Figure 18: Screenshot of My Reportable Incidents page demonstrating Step 2

Reportable	beath of a person with t	disability		
incident	This tab is only required to be completed when the incident is of category 'death of a person with disability'.		n with disability'.	
Due: Five day submission due				Lindate
in 5 days.				opuate
Status: Submitted - 24 Hour	Impacted person:			
Incident Id: 4-4PDPBQH	impacted person.			
Provider:				
Client:	Last recorded height before death	Last recorded weight before death		
Client:	Last recorded height before death	Last recorded weight before death	DMI	
Client:	Last recorded height before death (in cm):	Last recorded weight before death (in kg):	BMI:	



3. Type details in for all mandatory fields. Click **Save**.

*Figure 19: Screenshot of My Reportable Incidents page demonstrating Step 3 – Complete relevant information – Part 1* 

Reportable	Death of a person with	disability	* req
Incident Due: Five day submission due In 5 days. Status: Submitted - 24 Hour Incident Id: 4-4PDPBQH Provider:	Impacted person: Last recorded height before death (in cm):	Last recorded weight before death (in kg):	BMI:
Client: ) Incident specifics	Health concerns Describe any additional illnesses the by a doctor? Include dates:*	e person had in the 12 months prior to th	eir death which resulted in treatment Maximum of 1500 characters
Details of incident Complete Impacted person & support	by a doctor? Include dates:*		waximum of 1900 characters

*Figure 20: Screenshot of My Reportable Incidents page demonstrating Step 3 – Complete relevant information – Part 2* 

✓	List all up-to-date immunisations the person had prior to their death, eg influenza, pneumococcal. Include dates:*
Subject(s) of allegation Complete	
Witnesses Available	List all medications the person was prescribed at the time of death. Include dosage and whether it was regular or
Immediate action taken Complete	PRN:* maximum of 1500 characters
Death of an impacted person Available	List any additional medications the person was prescribed in the 12 months prior to their death. Include dosage and whether it was regular or PRN:* Maximum of 1500 characters
Actions	In the 12 months prior to their death, was the person admitted to hospital?*
	Dlease Select



*Figure 21: Screenshot of My Reportable Incidents page demonstrating Step 3 – Complete relevant information – Part 3* 

Notes	If yes, please describe the reason for admission and name the hospital: Maximum of 1500 characters
Attachments	
	Health practitioner
	Provide details of the regular or last general practitioner the person visited. Include the GP's name, the practice
	Provide details of any other health practitioners the person visited. Include the practitioners name, the practice
	In the last 12 months, did the person have an annual health assessment by a health
	practitioner?*

*Figure 22: Screenshot of My Reportable Incidents page demonstrating Step 3 – Complete relevant information – Part 4* 

Home Task 🕶 Reportable incidents 👻		
	Behaviours of concern	
	In the 12 months prior to their death, what behaviours of con	ncern did the person demonstrate?*
	Please Select	~
	If other, please describe:	Maximum of 500 characters
		v



*Figure 23: Screenshot of My Reportable Incidents page demonstrating Step 3 – Complete relevant information – Part 5* 

-Additional relevant information
Please provide any additional, relevant information which is not already captured: Maximum of 1500 characters
Describe any relevant incidents involving the person in the 12 months prior to their death, eg choking incidents, falls, unexplained injury;* Maximum of 1500 characters

4. Return to Step 11 above.



# **5 Day Requirements for Unauthorised Use of Restrictive Practices** (additional section)

In addition to the above steps, there is an additional section of information required for reporting the Use of Unauthorised Restrictive Practices.

#### 1. Click Unauthorised Use of Restrictive Practices section.

Figure 24: Screenshot	of My Reportable	Incidents page den	nonstrating Step 1
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Comp	ete	oort ✓	Yes			BLDEV_ZL842732
Subje Comp	ct(s) of allegation	×	Provider business name:	Registration group	):	
Witn Availa	esses ble	•	State:	Require a final rep	ort?	Date and time provider notified the Commission:
Imm Comp	diate action taken	¥		No		20/06/2019 11:08:24 AM
Unau pract Comp	thorised restrictive ice ete	• •	At the time of the incident or supports and/or services wer impacted person?	allegation, what types of e you providing to the	What funding for t place for the impa- incident/allegation NDIS plan	he supports and/or services was in cted person at the time of the ?

#### 2. Click Update

*Figure 25: Screenshot of My Reportable Incidents page demonstrating Step 2* 

Poportable	Unauthorised use of	a restrictive practice			
incident	This tab is only required to be completed when the incident is of category 'unauthorised use of a restrictive practice'.				
Due: Five day submission due			Update		
in 5 days.	Restrictive practice type:	Restrictive practice subtype:	Is this a one-off emergency use that is unlikely to recur?		
Status: New					
Incident Id: 4-4PDTEJD					
Provider:					
Client:	Behaviour of concern:				
Incident specifics					



3. Type details in for all mandatory fields. Click **Save**.

*Figure 26: Screenshot of My Reportable Incidents page demonstrating Step 3* 

Reportable	Unauthorised use of a restrictive practice					* requir
incident	Restrictive practice type:*		Restrictive practice subt	type:*	ls this a one-off emergen unlikely to recur?*	icy use that is
Due: Five day submission due in 5 days.	Please Select	~	Please Select	~	Please Select	~
Status: Submitted - 24 Hour Incident Id: 4-57M4H5O	Behaviour of concern:*					
Provider:	Please Select	~				
Client:	Have you sought state/terri	tory authori	sation and consent to use t	he RP?		
Incident specifics	Please Select					~
Details of incident	Have you sought an amend	ment to the	existing behaviour support	plan?		
Impacted person & support	Please Select					~
Complete	Have you initiated an NDIS	hehaviour su	ipport plan assessment and	d plan?		
Subject(s) of allegation	Please Select		plan ascament and	- p		~
Witnesses						

4. Return to Step 11 above.



#### **Attaching Additional Documentation**

Whilst completing the 5 day notification form, the Provider may choose to attach supporting or additional documentation. The steps below outline the process for attaching documents.

Please note that there is an attachment limit of 10MB per document and any documents attached cannot be removed.

1. Scroll to the bottom of the **Incident Specifics** task bar on the left hand side. Click **Attachments** 

me Tasks <del>-</del> Reportab	incidents 👻	
Subject(s) of allegation Complete	•	
Witnesses Available		
Immediate action taken Available	1	
Unauthorised restrictive practice Available		
Actions		
Tasks		
Notes		
Attachments		

Figure 27: Screenshot of My Reportable Incidents page demonstrating Step 1

2. Click Add Attachment. Select the relevant file from your computer.

Figure 28: Screenshot of My Reportable Incidents page demonstrating Step 2





 Type in the relevant Name and select the Document Type from the drop down menu. Click Save and Close. Ensure the document name clearly conveys the information contained in the document

Figure 29: Screenshot of My Reportable Incidents page demonstrating Step 3

Reportable	Attachments	3	* required
ir Add attachme	ent details	x	rts,
St		* required	
In			ent
ST	Name:*		
CI	Reportable Incident Attachment 1		
			15*
In	Document type:*		
50	Please Select	~	15*
	Description:		
200			
Discard changes and c	lose	Save and close	