

Reportable Incident, Accident and Emergency Policy and Procedure

1.0 Purpose

The purpose of this policy is to outline how SilaCa Tasmania Pty Ltd identifies, manages, investigates, and responds to incidents, accidents, and emergencies to ensure the ongoing safety and wellbeing of all participants. This includes acts, omissions, events, or circumstances that occur in connection with the delivery of services and that may cause or have the potential to cause harm.

The policy promotes a trauma-informed and participant-centred approach to incident management that upholds dignity, transparency, safety, and choice. It supports the inclusion of participants in incident resolution processes and ensures that appropriate supports and advocacy are made available to them.

This policy also acknowledges that information relating to children and young people, or matters involving risk of harm, is addressed in more detail in SilaCa Tasmania Pty Ltd's Working with Children Policy and Procedure.

2.0 Scope

The policy applies to all staff involved in identifying, managing, investigating, and responding to incidents, accidents, and emergencies at SilaCa Tasmania Pty Ltd.

3.0 Policy

SilaCa Tasmania Pty Ltd is committed to maintaining an incident management system that supports early reporting, transparent documentation, and timely resolution of all incidents related to the delivery of NDIS services. This includes incidents that may result in harm to participants, children, or others in the care environment.

Our procedures align with the NDIS Practice Standards, NDIS Code of Conduct, and the NDIS (Incident Management and Reportable Incidents) Rules 2018.

Incident reports may be made by participants, families, staff, or members of the public. All reports must be taken seriously, managed promptly, and recorded in accordance with this policy.

Participants will be:

- Offered access to independent advocacy
- Involved in the investigation and resolution process
- Provided with information in accessible formats (e.g. Easy Read)
- Supported to exercise choice and control during all incident management actions

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- Treated with dignity, respect, and cultural sensitivity

The aims of SilaCa Tasmania Pty Ltd's incident management system include:

- Preventing future incidents through proactive planning, staff training, and participant-centred responses
- Ensuring immediate and effective management of all incidents, accidents, and emergencies
- Maintaining a clear and consistent process for identifying, recording, and reviewing incidents
- Promoting accountability through defined staff responsibilities and transparent communication
- Ensuring responses are proportionate to the impact of the incident and its risk to participants
- Identifying systemic risks through root cause analysis and integrating findings into quality improvement processes

The Manager is responsible for overseeing all aspects of incident management, including:

- Ensuring procedural fairness and impartiality
- Avoiding any real or perceived conflict of interest
- Coordinating investigations and reporting processes in line with organisational procedures and NDIS requirements

When a formal investigation is required, the appointed investigator must:

- Possess the appropriate authority and experience
- Be independent and free from conflicts of interest
- Collect relevant evidence objectively and document all findings accurately
- Follow the principles of procedural fairness, including informing affected parties, offering opportunities to respond, and making unbiased decisions

All access to participant records will be strictly limited to staff with a direct business need. Records must be protected to ensure privacy, dignity, and compliance with data protection principles.

Incidents involving abuse, neglect, violence, exploitation, or discrimination will be escalated immediately and reported to the NDIS Commission if classified as a Reportable Incident. Responses will prioritise participant safety and safeguarding measures as required by the Commission.

4.0 Definitions

Term	Definition
Incident	Acts, omissions, events or circumstances connected with providing support or services to a person with a disability have, or could have, caused harm to the participant.

Term	Definition
	Acts by a person with disability that occur in connection with providing NDIS supports or services to the person with disability and which have caused serious harm, or a risk of serious harm, to another person. Reportable incidents that have, or are alleged to have occurred in connection with providing NDIS supports or services to a person with disability.
Reportable incident	A reportable incident includes incidents or allegations of the following: • The death of a person with a disability • Serious injury of a person with a disability • Abuse or neglect of a person with a disability • Unlawful sexual or physical contact with, or assault of, a person with a disability • Sexual misconduct is committed against, or in the presence of, a person with disability, including grooming for sexual activity • Unauthorised use of restrictive practice use (however described) of a state or territory concerning the person, or if it is used according to that authorisation but not following a behaviour support plan for the person with a disability Under Section 16 of the Rules • unlawful physical contact with a participant is not a reportable incident if the contact with, and impact on, the participant is negligible, • the use of a restrictive practice to a participant where the use is not authorised (however described) of a State or Territory is not a reportable incident if the user is under a behaviour support plan for the person and the State or Territory in which the practice is used does not have an authorisation process concerning the use of the practice, and • the use of a restrictive practice to a participant where the use is authorised (however described) of a State

Term	Definition
	or Territory is a reportable incident if the use is not under a behaviour support plan for the person
'In connection with'	It covers incidents that: • may have occurred during the course of supports or services being provided; • arise out of the provision, alteration or withdrawal of supports or services; and/or • It may not have occurred during the provision of supports but is connected because it arose from the provision of supports or services Reportable incidents could occur in a variety of settings. Still, as long as there is a connection with the service delivery by a registered NDIS provider, they must be notified to the Commission. Examples of the location of these incidents include: • In the private home of a participant • In a residential care setting • In supported accommodation • In the premises of the registered NDIS provider (for example, the rooms where therapy services are provided) • In the community where the registered NDIS provider is supporting the participant to access the community
Incident management system	Incorporates all items listed below: • Acts, omissions, events or circumstances that connect with providing support or services to a person with a disability; and could have caused harm to the person with a disability • Incidents consist of acts by a person with disability that occur in connection with providing support or services to the person with a disability and have caused serious harm or a risk of serious harm to another person

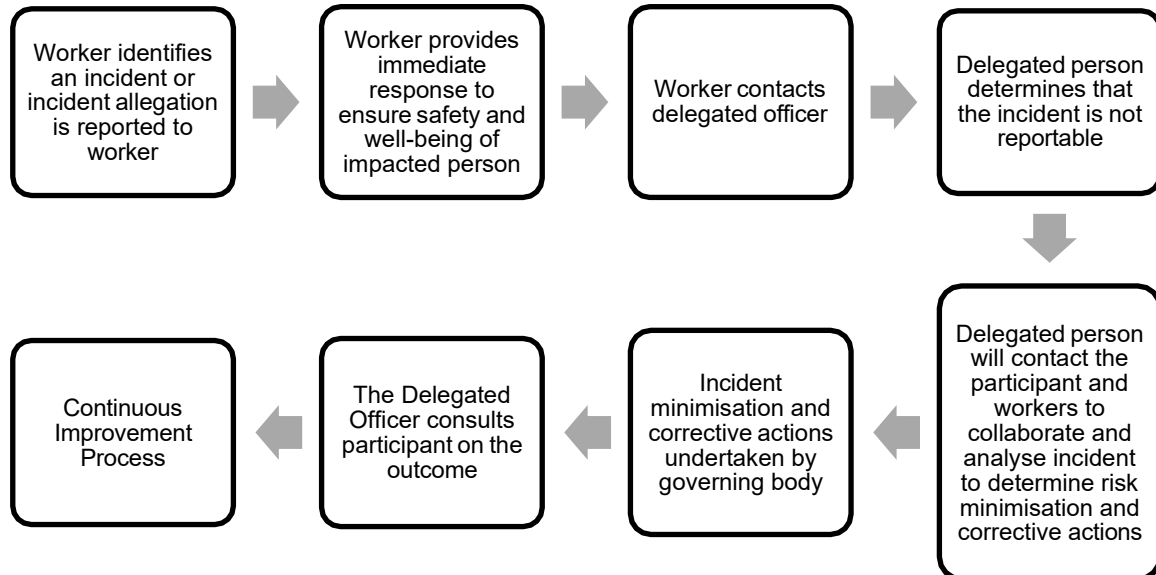
Term	Definition
	Reportable incidents allegedly occurred to provide support or services to a person with a disability
Harm	Harm is the resulting impact of the act, omission, event or circumstance that occurs and can include physical, emotional or psychological impacts such as physical injuries, emotional impacts such as fear or poor self-esteem, and psychological impacts such as depression or impacts on a person's learning and development.
Serious Harm	Serious harm means that the harm is not minor or trivial. It involves a substantial physical, emotional or psychological impact on the impacted person, such as a serious injury, or serious emotional or psychological distress.
Serious Injury	An injury requiring hospital admission, emergency medical treatment, fractures, head injuries, severe burns, or other injuries that pose a significant risk to the person's life or wellbeing.

5.0 Procedure

All staff have a duty under the NDIS Code of Conduct to act with integrity, honesty, and transparency when reporting and managing incidents, and to take all reasonable steps to prevent harm to participants. Throughout the incident management process, all information will be treated confidentially, and participant privacy will be protected, except where disclosure is required by law, including to police, NDIS Commission, or child protection authorities.

5.1 Incident management procedure

Figure 1: General Incident Management (non-reportable)



Non-reportable incidents are those that do not meet the NDIS definition of a reportable incident but still involve risks or harm that require follow-up and management. These include minor injuries, property damage, or incidents that result in emotional distress but do not require hospitalisation or police intervention.

All non-reportable incidents must be acknowledged within 1 business day, investigated within 3 business days, and resolved within 14 business days, unless a longer timeframe is necessary due to complexity. Regular updates will be provided to participants and stakeholders if additional time is required.

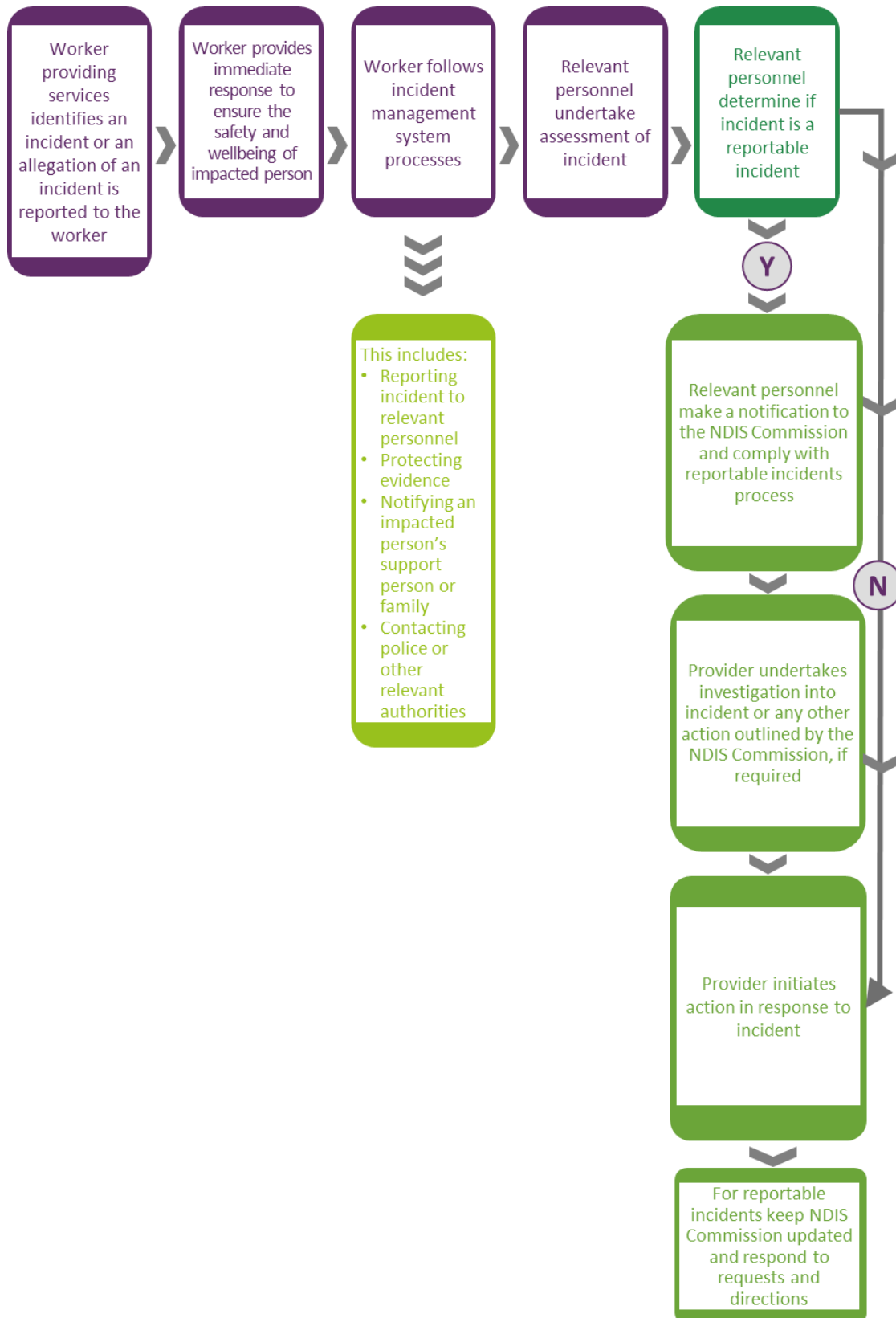
Participants, families, and advocates will be kept informed throughout the incident investigation, including updates on progress, actions taken, and final outcomes. Collaborative resolution will be prioritised.

Where an incident leads to a participant or stakeholder complaint, the matter will also be managed in line with the Complaints and Feedback Policy and Procedure, ensuring procedural fairness and advocacy support.

All participants and staff involved in serious incidents will be offered debriefing and psychological support, including referrals to external Employee Assistance Programs (EAP) or specialist trauma support where required.

Staff must immediately report any incident or concern regarding the safety or wellbeing of participants to the Manager, regardless of whether the staff member is directly involved or has witnessed the incident. This is a mandatory responsibility under NDIS incident management obligations.

Figure 2: Reportable Incident Management Procedure (from NDIS Incident Management Systems)



SilaCa Tasmania Pty Ltd will establish a procedure that identifies, manages and resolves incidents as follows:

Step 1 Participant safety and support

When there is an ongoing danger to the participant

- Ensure the impacted participant is safe from harm
- Contact Police if there is a risk of immediate harm which requires their assistance
- Contact the ambulance if someone is injured
- Notify the designated officer and the NDIS Commission if required

Designated Officer	Jessika Croft
Email address	admin@silacatas.com
Phone Number	0472 784 053

Step 2. Inform of incident

1. The worker is to report the incident to the Manager. (Child-related incident - the worker, as a mandatory reporter, must report to the state statutory reporting body. Refer to Working with Children Policy and Procedure for the process)
2. The worker completes an Incident Report that identifies and records details relating to the incident, i.e. people, place, time and date
3. The worker will inform the designated officer (see Step 1)

Step 3. Investigation

1. The Manager will determine, from the information provided, if the incident is classified as a reportable incident by the NDIS Quality and Safeguards Commissioner or a different type of incident:
 - A reportable incident must comply with the reportable incident reporting process, including the child and young person's mandatory reporting requirements (refer to 5.3 Reportable Incident and Working with Children Policy and Procedure)
 - SilaCa Tasmania Pty Ltd will comply with the National Disability Insurance Scheme (Incident Management and Reportable) Rules 2018
 - A general incident is an accident with non-reportable injuries
2. The Manager will review the details of the incident:
 - People involved
 - Location
 - Circumstances

- The outcome, e.g. injury
3. The Manager informs the participant's guardian, family or carer with details of the incident and how the organisation is managing the process. They will provide a contact person and establish a communication link for transparency and consultation.
 4. The Manager will investigate the incident/accident following the process outlined in the Incident Investigation Form to determine the required information:
 - Primary reasons for the event
 - Underlying reasons for the event
 - Immediate actions are required to fix the cause of the event
 - Preventative actions are required for the future
 - Note: do not investigate children and young persons' suspicion of real or potential harm and follow state authority requirements and 5.3 Reportable Incidents and Working with Children Policy and Procedure)
 5. Any information learned from incidents/accidents will be forwarded to management for review and incorporated into our continuous improvement cycle to prevent the same incident/accident from recurring.
 - The analysis and investigation of each incident will vary based on the seriousness.

Step 4. Support participant

1. The Manager ensures that the affected participant is supported and assisted:
 - informing them that they have access to an advocate; if the participant does not have an advocate, the Manager can help access an independent advocate
 - reviewing their health status to assist and support
 - assessing the environment to ensure their safety and prevent any recurrence
 - ensuring their well-being and assisting in developing the participant's confidence and competence so they do not lose any function/s
 - provide support to their family or others, if relevant to the participant
2. The Manager or their delegate will review the incident with the participant and collaborate with the person/s involved to manage and resolve the incident

Step 5. Analyse incident

1. As part of our continuous improvement process, the information gained from an incident is used to amend or implement new practices through:
 - establishing the incident cause/s, effects and any contributing operational issues occurring and the nature of the investigation
 - creating an appropriate corrective action plan to adjust practices according to the required action
2. The Manager or their delegate will undertake an appropriate analytical process to:

- determine the cause of the incident
- ascertain if the incident was an operational issue
- consider the participant's perspective, including:
 - whether the incident was preventable
 - how the incident was managed and reviewed
 - determining any remedial action required to minimise future impacts and prevent a recurrence
- identify why the incident occurred, e.g. environmental factors, participant health, and age factors that may influence
- ascertain if current strategies or processes require review and improvement
- devise new strategies or procedures, if required
- plan staff training for any new strategies
- implement new strategies
- evaluate the success of new strategies

All Incident Investigation Forms, including the Final Report, must be closed out by the Manager or their delegate and one other SilaCa Tasmania Pty Ltd staff member and recorded on the Incident Register.

Step 6. Incident/accident minimisation and corrective action

1. SilaCa Tasmania Pty Ltd will risk-assess all participants in conjunction with our Risk Management Policy and Procedure
2. During staff orientation and ongoing training sessions, incidents, emergency minimisation, mandatory reporting and procedures are taught
3. Risks will be identified, and control mechanisms will be agreed upon with participants
4. SilaCa Tasmania Pty Ltd will consult with participants, and relevant stakeholders, to design specific risk control mechanisms to reduce risk to participants and their environment
5. The effectiveness of mechanisms will be evaluated via the:
 - participant review processes, including support plan review
 - participant feedback
 - case conferencing
6. Internal and external risk audits
7. Reviews of policies and procedures

Corrective actions

Upon completing the incident analysis procedure, any corrective action will be implemented. Each corrective action identified will be evaluated to ascertain the action's effectiveness, as per our Continuous Improvement Policy and Procedure, i.e. Plan, Do, Check, Act.

Step 7 Informing participants

SilaCa Tasmania Pty Ltd will inform participants or their advocate of the incident outcome/s, either in writing or verbally, dependent on the participant and the situation. Collaborative practice will ensure the participant and their advocate are involved in the incident's management and resolution.

If a participant, family member, advocate, or staff member disagrees with the outcome of an incident investigation, they may request an internal review by a senior manager not previously involved. If still dissatisfied, they may escalate the matter to the NDIS Quality and Safeguards Commission for external review.

5.2 Staff training

SilaCa Tasmania Pty Ltd recognises the importance of prevention to ensure our staff and participants' safety. Our orientation process includes training in risk and safety practices, including manual handling, infection control, mandatory reporting, safe environments, and risk and hazard reduction.

Upon commencing employment with SilaCa Tasmania Pty Ltd, all staff are trained in organisational incident management processes, including how to report an incident and who to report an incident to (the Manager). All staff are given full access to our organisational policies and procedures to provide guidance. A Staff Incident Reference Card is provided to all staff as a guide.

All staff will complete annual refresher training on incident management, safeguarding, and the NDIS Code of Conduct. This will include practical scenarios and updates on NDIS reportable incident requirements. Staff training records will be maintained in personnel files and reviewed as part of regular audits.

Staff involved in incidents will be offered debriefing and psychological support, including access to Employee Assistance Programs (EAP) and external trauma support services where required, to ensure their wellbeing and capacity to continue safe practice.

5.3 Reportable incidents

For any reportable incident that has occurred in connection with the provision of supports, staff must report any reportable incident immediately when it becomes evident, including the following:

- may have occurred during supports or services being provided;
- arise out of the provision, alteration or withdrawal of supports or services; and/or
- may not have occurred during the provision of supports but is connected because it arose from the provision of supports or services

Reportable incidents could occur in a variety of settings. When there is a connection between our service provision and what happened to the participant, we must notify the Commission.

The Manager is responsible for reporting all reportable incidents to the NDIS Quality and Safeguards Commission. Reportable incidents are serious incidents or allegations that harm any NDIS participant.

As a registered provider, SilaCa Tasmania Pty Ltd is required to report serious incidents (including allegations) arising from the organisation's service provision to the NDIS Quality and Safeguards Commission. Reportable incidents involving NDIS participants include:

- the death of a person with a disability
- serious injury of a person with a disability
- abuse or neglect of a person with a disability (including children and young people's suspicion of real or potential harm)
- unlawful sexual or physical contact with, or assault of, a person with a disability (excluding, in the case of unlawful physical assault, contact with, and impact on, the negligent person)
- sexual misconduct committed against, or in the presence of, a person with a disability, including grooming the person for sexual activity
- the use of a restrictive practice to a participant, other than where the restrictive practice use follows an authorisation (however described) of a state or territory concerning the person or a behaviour support plan
- Any other matter that significantly compromises the participant's safety, dignity, or human rights

Where an incident leads to a participant or stakeholder complaint, the matter will also be managed in line with the Complaints and Feedback Policy and Procedure, ensuring procedural fairness and advocacy support.

5.3.1 Reporting roles

The organisation will establish the following roles and ensure that allocated staff are aware of their responsibilities:

1. Approved Reportable Incident Approver responsibilities:
 - Authority to review reports before submission to the NDIS Commission
 - Views previous reportable incidents submitted by their organisation
2. Authorised Reportable Incident Notifier responsibilities:
 - Supports the Authorised Reportable Incident Approver to collate and report the required information
 - Creates new reportable incident notifications to be saved as a draft for review and submission by the authorised Approver
3. Mandatory reporters – children and young people

- Staff identifying or having suspicion of real or potential risks of harm must report via the state legislative process
 - Provide information as per the Working with Children Policy and Procedure
4. Manager will:
- notify and seek guidance from the Police or emergency service and provide details:
 - i. Participant name
 - ii. Description of the reportable incident
 - iii. The urgency of the situation
 - iv. Location
 - v. Current status at the location
 - vi. Any other requested details
 - notify to participant's guardian, family or carer
 - i. type of incident
 - ii. the current situation, including the participant's health and welfare
 - iii. how the situation is being managed
 - iv. seek their guidance in how they wish the situation to be managed
 - v. provide organisation contact details

All staff members are responsible for immediately reporting any concern, suspicion, or knowledge of a potential reportable incident to the Manager or designated senior officer. This obligation is mandatory under NDIS (Incident Management and Reportable Incidents) Rules 2018. Failure to report may result in disciplinary action and must be referred to safeguarding authorities where appropriate.

In situations where the Manager is involved in the alleged incident or there is a potential conflict of interest, incidents must be escalated directly to senior management or an external authorised officer for independent review.

5.3.3.1 Timeframes for notifying the NDIS Commission about reportable incidents

When a reportable incident occurs or is alleged in connection with the NDIS supports or services you deliver, you must notify us using the [NDIS Commission Portal](#) within the required timeframes (set out below). The timeframes are calculated from when a registered NDIS provider became aware that the incident occurred or was alleged to have occurred.

Reportable incident	Require timeframe
death of a person with disability	24 hours
serious injury of a person with disability	24 hours

Reportable incident	Require timeframe
abuse or neglect of a person with disability	24 hours
unlawful sexual or physical contact with, or assault of, a person with disability	24 hours
sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity	24 hours
the use of restrictive practice concerning a person with disability if the use is not following a required state or territory authorisation and/or not under a behaviour support plan	Five business days

5.3.2 Reportable incident procedure

The Manager will review the information and contact the police immediately to inform them of any suspected abuse.

The Approver submits reportable incidents via the NDIS Commission Portal's My Reportable Incidents page. <https://www.ndiscommission.gov.au/providers/ndis-commission-portal>:

Incidents requiring 24-hour notification to the NDIS Commission must be reported using the **Immediate Notification Form**, within 24 hours of our organisation becoming aware of the incident.

- Approved Reportable Incident Notifier will create for approval
 - Approved Reportable Incident Approver will approve the report and submit it
- Note: Approved Reportable Incident Notifier may create and submit as required by the incident's circumstance

The following information to be included:

- our organisation's name and contact details and those of the person making the notification;
- a description of the reportable incident;
- a description of the impact on, or harm caused to the participant;
- immediate actions taken in response to the reportable incident, including actions taken to ensure the health, safety and wellbeing of the participant, and whether the incident has been reported to police or any other body;
- the participant's NDIS participant number and their name, age, date of birth and address;
- the time, date and place at which the incident occurred, if known;

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- names and contact details of other people involved in the reportable incident;
- location of the participant and alleged perpetrator, if known;
- explanation of when and how harm, risk of harm, abuse or neglect was discovered and by whom; and
- any other information required by the Commissioner

Note: A registered provider is not required to obtain or notify the Commissioner of certain information if obtaining the information would, or could reasonably be expected to prejudice the conduct of a criminal investigation, or expose a participant to a risk of harm (s 22 NDIS (Incident Management and Reportable Incidents) Rules 2018 for details).

If, within 24 hours after our organisation becomes aware the incident has occurred, we do not have the information required in the last four bullet points in point 2 above, we will provide this information within 5 business days (s 20(2) and (3) NDIS (Incident Management and Reportable Incidents) Rules 2018).

Incidents requiring notification within five business days must be reported using the **5-Day Notification Form**, completed within that timeframe from when the organisation becomes aware of the incident. This provides additional information, such as names of witnesses, actions taken since the Immediate Notification and proposed further actions to be taken in response to the reportable incident:

- Approved Reportable Incident Notifier will create a form for approval
- Approved Reportable Incident Approver will approve and submit the form

Note: Approved Reportable Incident Notifier may create and submit as required by the incident's circumstance

Note: We will complete a 5-day Notification form in the event we become aware of an unauthorised restrictive practice

Final Report will be submitted on the due date if requested by the NDIS Commission:

- Approved Reportable Incident Notifier will create a report for approval
- Approved Reportable Incident Approver will approve the report and submit it

Note: Approved Reportable Incident Notifier may create and submit as required by the incident's circumstance

Assessment of the incident by the Manager, or their delegate, will involve:

- assessing the incident's impact on the NDIS participant
- analysing and identifying if the incident could have been prevented
- reviewing the management of the incident
- determining what, if any, changes are required to prevent further similar events from occurring
- providing a Medical Purpose Form, if relevant and completed by the medical practitioner
- recording all incidents and responsive actions taken

Emergency/Unauthorised Restrictive Practices

Where a restrictive practice is used in an emergency to prevent harm to the participant or others, this must be reported as an unauthorised restrictive practice. The use must be reported to the NDIS Commission within 5 business days, and the participant's Behaviour Support Plan must be reviewed and updated to reflect this need, ensuring alignment with safeguarding requirements.

5.4 Continuous Improvement

We are committed to proactively identifying and mitigating risks to prevent incidents. This includes regular participant risk assessments, environmental checks, and staff debriefings to identify early warning signs and take preventative actions.

Incident and reportable incident data will be systematically reviewed at management and governance meetings to identify trends, systemic risks, and lessons learned. These reviews will inform continuous improvement plans and policy revisions to enhance participant safety, quality of care, and organisational safeguarding. All lessons learned will be incorporated into staff training and organisational practice reviews.

5.5 Documentation

- All reportable incident reports and registers must be maintained for seven (7) years
- All records will be securely stored and accessible only to authorised personnel, in accordance with the Privacy Act 1988 (Commonwealth) and the Australian Privacy Principles
- Information will be stored in a safe and secure location (see Information Management Policy and Procedure)
- All risk reduction plan outcomes are documented and monitored (see Risk Management Policy and Procedure)
- Our governing body's documents reflect any incident's effectiveness or ineffective learning
- Records relating to the worker who is the subject of the allegation should be kept on a file that is separate from their personnel file to ensure no privacy or confidentiality requirements are breached
- Assessment information or investigation data, if one is conducted, are copied to their respective personnel or participant files for future reference in the following situations
 - supporting a person with disability (including where they are the impacted person or the subject of the allegation) or
 - management of the worker,
- All documents relating to a specific incident must be kept together and readily accessible
- This policy is to be reviewed annually or when legislation changes occur
- All participants, families and advocates are informed of this policy
- All staff are trained in the procedures outlined in this policy

- Training details are recorded in each employee's personnel file.

5.5.1 Correspondence records management

All correspondence and records related to incident management will be stored securely and handled in accordance with privacy, confidentiality, and data protection laws, including the NDIS Practice Standards and the Privacy Act 1988 (Commonwealth). Access will be limited to those with a direct role in managing and resolving the incident.

Correspondence relating to an incident's assessment or potential investigation should also be documented and retained, including the following:

- For correspondence between SilaCa Tasmania Pty Ltd, the participant or their family:
 - All correspondence following any incident should be retained
 - Any statements made by the impacted person to deny or correct remarks, statements or claims should be recorded
 - Date all statements and enter the dates mailed or delivered to the participant
 - If there has been a reply from the participant or their representative, attach to the record and date
 - If there is no reply or response from the participant, this should also be recorded
- For correspondence from the subject of the allegation following the incident:
 - All correspondence should be retained
 - Any statements made by the subject of the allegation to deny or correct remarks, statements or claims made by the impacted person should be recorded
 - Date all statements
- For records of correspondence between SilaCa Tasmania Pty Ltd, participants or advocates
 - Meetings between our organisation and the participant should be recorded with the date, items discussed and names of those present
 - Paper and electronic correspondence should be dated and copies filed
 - Oral discussion notes, including telephone discussions (date, time, people involved), should be dated and filed

6.0 Related documents

- Continuous Improvement Policy and Procedure
- [5-day form \(NDIS form\)](#)
- Incident Report
- Incident Investigation Form
- Incident Investigation Form Final Report
- Incident Register
- [Immediate Notification Form \(NDIS form\)](#)
- Participant Handbook
- Participant Information in Easy English
- Participant Orientation Checklist
- Reportable Incident, Accident and Emergency Policy and Procedure
- Risk Assessment Form
- Risk Management Plan Register
- Risk Management Policy and Procedure
- Staff Incident Reference Card
- Support Plan Review Report
- Staff Training Record
- Staff Training Plan
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review

7.0 References

- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- Privacy Act 1988 (Commonwealth)
- Disability Services Act 1986 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)

Reportable deaths (coroner)

Reportable deaths (coroner) - Tasmania

The Coroners Act 1995 (Tas) contains an exhaustive definition of 'reportable death'. The most relevant sections of the definition are that a death:

- that appears to have been unexpected, unnatural or violent or to have resulted directly or indirectly from an accident or injury
- that occurs during a medical procedure or after a medical procedure where the death may be causally related to that procedure, and a medical practitioner would not, immediately before the procedure was undertaken, have reasonably expected the death
- the cause of which is unknown
- of a person who immediately before death was a person held in care or a person held in custody
- that occurs at, or as a result of an accident or injury at, the deceased person's place of work and does not appear to be due to natural causes

Procedure

- Any participant death must be immediately reported to the Manager and senior management regardless of certainty about reportability. All deaths are to be treated as potentially reportable until advice is obtained. This ensures compliance with both NDIS and coronial reporting obligations
- If the Manager has any doubt about whether a death is reportable, they will seek advice from a senior medical practitioner. If a death occurs under unexpected, unnatural, violent, or suspicious circumstances, staff must preserve the scene and avoid disturbing potential evidence until police or the coroner provide direction. Only actions necessary to preserve life should be taken prior to authorities' arrival
- If a death occurs in violent, unnatural, or suspicious circumstances, or where abuse, neglect, or exploitation is suspected, police must be contacted immediately. This action is critical for safeguarding and compliance with the Coroners Act 1995 (Tas)
- Coroners' associates are available at the coroner's court during business hours. The deceased person should be left in place pending advice
- Police or medical practitioners will report any incident to the Magistrates Court of Tasmania, Coronial Division
- Our organisation will always cooperate with all government bodies
- All details of the incident will be recorded in an Incident Investigation Form
- The Manager will ensure that staff complete any documentation required by the coroner and the complete and accurate information

- In addition to notifying the Tasmanian State Coroner, SilaCa Tasmania Pty Ltd is legally required to notify the NDIS Quality and Safeguards Commission within 24 hours of becoming aware of the death of a participant, if the death is connected to the provision of NDIS supports or services
- The Manager is responsible for ensuring this notification is completed through the NDIS Commission Portal
- The Manager will be the point of contact for all discussions with the family and relevant stakeholders. All conversations will be documented for future use
- The Manager will provide families with the "Information for Families" resource from the coroner's website

Coroner's contact details

Southern Tasmania

- 27 Liverpool Street, Hobart 7000
- Business hours only:
 - (03) 616 57132 (administrative)
 - (03) 616 57127 (coroners' associates)

Northern Tasmania

- 73 Charles Street, Launceston 7250
- (03) 677 72920

After hours – the whole of Tasmania

- **Contact the police on 131 444**
- Coroner's Court: <https://www.magistratescourt.tas.gov.au/home>

Coroner email – the whole of Tasmania

- Hbt@justice.tas.gov.au

Magistrates Court

- <http://www.magistratescourt.tas.gov.au/>

Participant, Family, and Carer Support

Following a reportable death, SilaCa Tasmania Pty Ltd will provide appropriate support to the participant's family, carers, and others affected, including:

- Access to trauma-informed care and culturally appropriate support services, including grief counselling where required
- Provision of advocacy services and referrals, if appropriate

- Plain language and culturally sensitive information about the coronial process, including links to the Tasmanian Coroners Court "When to report a death" guide
- Assistance to engage with the NDIS Commission, if needed

All information and records relating to participant deaths will be managed confidentially and securely, in accordance with the Privacy Act 1988 (Commonwealth) and SilaCa Tasmania Pty Ltd's Privacy and Confidentiality Policy. Access to sensitive information will be restricted to authorised personnel only.

References

- Coroners Act 1995 (TAS)
- [When to report a death to the coroner](#)
- Magistrates Court of Tasmania – [Coronial Division](#)