# SIRS Management

**POLICY STATEMENT**

**Julia Creek Home Care responds to all incidents involving consumers and adheres to the requirements of the Serious Incident Response Scheme (SIRS) to ensure reportable incidents are managed effectively.**

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## 1 PURPOSE

To provide guidance to workers in responding and reporting Serious Incident Response Scheme (SIRS) incidents.[1]

[1] See also Incident Management.

## 2 SCOPE

Julia Creek Home Care Commonwealth Home Support Program

## 3 THE SERIOUS INCIDENT RESPONSE SCHEME (SIRS)

The Serious Incident Response Scheme (SIRS) sits alongside the Statement of Rights and the Aged Care Quality Standards[2], and together with our open disclosure, risk management and continuous improvement processes, support Julia Creek Home Care to deliver safe, quality care to consumers and to act quickly when incidents (including allegations and suspicions of serious incidents) do occur and to take proactive steps to prevent them from occurring again.

The SIRS establishes responsibilities for all aged care providers to:

- Prevent and manage incidents (focusing on the safety and wellbeing of older people)
- Use incident data to drive quality improvement, and
- Report serious incidents.[3]

SIRS incident management and prevention responsibilities apply to all incidents that occur in connection with the provision of care. Not all incidents are reportable.

## 4 REPORTABLE INCIDENTS[4]

The following incidents that occur, are alleged to have occurred, or are suspected of having occurred to a consumer in connection with the provision of care services, are reported to the Aged Care Quality and Safety Commission (the Commission). For detailed definitions (and more fulsome examples) of each type of incident:

- **Unreasonable use of force:** conduct ranging from a deliberate and violent physical attack to use of unwarranted physical force such as shoving, pushing, hitting, punching or kicking a consumer
- **Unlawful sexual contact, or inappropriate sexual conduct:** contact or conduct of a sexual nature inflicted on the consumer, including but not limited to sexual assault, an act of indecency or sharing of an intimate image of the consumer; any touching of the consumer's genital area, anal area or breast in circumstances where this is not necessary to provider care or services to the consumer; any non-consensual contact or conduct of a sexual nature, including but not limited to sexual assault, an act of indecency or sharing an intimate image of the consumer; engaging in conduct relating to the consumer with the intention of making it easier to procure the consumer to engage in sexual contact or conduct
- **Psychological or emotional abuse:** including taunting, bullying, harassment or intimidation, threats of maltreatment, humiliation, unreasonable refusal to interact with the consumer or acknowledge the consumer's presence, unreasonable restriction of the consumer's ability to engage socially or otherwise interact with people, repetitive conduct or contact which does not constitute unreasonable use of force but the repetition of which has caused, or could reasonably have caused, the consumer psychological or emotional distress
- **Unexpected death:** circumstances where reasonable steps were not taken by the provider to prevent the death, the death is the result of care or services provided by the provider or a failure by the provider to provide care and services

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2 Australian Government Aged Care Quality and Safety Commission Strengthened Aged Care Quality Standards

3 Australian Government Department of Health, Disability and Ageing Support at Home Program Manual A Guide for Registered Providers Version 4.0 September 2025, 3.4 Serious Incident Response Scheme

4 Australian Government Federal Register of Legislation Aged Care Act 2024,16 Meaning of reportable incident, See also Aged Care Rules 2025 Part 7 Reportable incidents and restrictive practices

- **Stealing from, or financial coercion by a worker:** stealing from a consumer by a worker of the provider; conduct by a worker of a provider that is coercive or deceptive in relation to the consumer's financial affairs, unreasonably controlling the financial affairs of the consumer
- **Neglect of a consumer:** a breach of the duty of care owed by the provider, or worker of the provider, to the consumer; a breach of professional standards by a worker of the provider in providing care or services to the consumer.
- **Inappropriate use of restrictive practices:** restraint other than in the circumstances set out in the Aged Care Act and Rules[5]
- **Missing consumers:** a consumer goes missing from the service environment and workers are unaware of the reasons for their absence and there are reasonable grounds to report that fact to police.

### 4.1 EXCEPTIONS (APPLICABLE TO RESIDENTIAL CARE)

- Incidents involving consumers who are also participants of the National Disability Insurance Scheme (NDIS) are reported to both the Aged Care Quality and Safety Commission and the NDIS Quality and Safeguards Commission
- Incidents resulting from the consumer refusing to receive care and services offered are not reported (but are noted in the consumer's record).

**Note**: Irrespective of whether an incident is deemed to be reportable to the Aged Care Quality and Safety Commission workers are required to complete the organisation's **Incident Report** for every adverse event.

If an incident is deemed to be reportable to the Commission, the reporting process below, is followed. If the incident is not reportable it is still investigated and actioned in line with our broader responsibility to protect the safety, health and wellbeing of consumers (including allegations or suspicions of abuse or neglect).[6]

## 5 PRIORITY OF INCIDENTS[7]

### 5.1 PRIORITY 1 INCIDENTS[8]

A Priority 1 reportable incident is an incident that occurs in connection with the provision of care services:

- That caused, or could reasonably have been expected to have caused, a consumer physical or psychological injury or discomfort that requires medical or psychological treatment to resolve
- Where there are reasonable grounds to report the incident to police
- Involving unlawful sexual contact or inappropriate sexual conduct inflicted on a consumer
- That is an unexpected death of a consumer, or
- Where a consumer goes missing from the service environment.

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5 Australian Government Federal Register of Legislation Aged Care Act 2024 18 Restrictive practice requirements See also Aged Care Rules 2025 Part 7 Reportable incidents and restrictive practices,16-15, Part 9 Restrictive practices—approved residential care homes, 162-15

6 See also Abuse and Neglect, for information on the management of elder abuse risks and responding to abuse and neglect.

7 Australian Government Aged Care Quality and Safety Commission Serious Incident Response Scheme Guidelines for providers of home services November 2022 p 49

8 Australian Government Federal Register of Legislation Aged Care Rules 2025 165A-25 Priority 1 notice must be given within 24 hours

When assessing whether an incident has caused physical or psychological injury or discomfort that requires treatment, we are careful not to discount the impact of the incident on individuals who have impairments that affect their ability to recognise or communicate such harm. The presence of an impairment:

- Must not be considered as preventing the individual from being harmed, or reducing the degree of harm caused; and
- Must be considered in the context of the individual's unique experience, recognising that the impairment may contribute to or amplify the impact of the incident.[9]

Examples of Priority 1 incidents include:

- Consumer distress requiring emotional support or counselling
- Cuts, abrasions, burns, fractures or other physical injury to a consumer requiring assessment and/or treatment by a Nurse, Medical Practitioner or Allied Health Professional
- Bruising, including large individual bruises or a number of small bruises over the consumer, head or brain injuries which might be indicated by concussion or loss of consciousness
- Injury or impairment requiring the consumer's attendance at or admission to a hospital
- The death of a consumer.

## 5.2 PRIORITY 2 INCIDENTS[10]

A Priority 2 reportable incident includes any reportable incident that does not meet the Priority 1 criteria. Examples of Priority 2 incidents include:

- The consumer is momentarily shaken or upset
- The consumer experiences temporary redness or marks that do not bruise.

If uncertain about the impact to the consumer and the classification, treat the incident as a Priority One.

## 5.3 ASSESSING THE PRIORITY AND IMPACT OF AN INCIDENT

Information on assessing incidents is provided in the Serious Incident Response Scheme Guidelines.[11] Workers also utilise the Aged Care Quality and Safety Commission SIRS decision support tool to determine the priority of an incident where there is uncertainty.

We are also aware of the impacts of being involved in a serious incident can have on a consumer, those who witnessed the incident, workers and supporters[12]. We refer to the SIRS Impact Assessment Tool to assist us to understand the impacts of incidents and support decision making in seeking additional support for those affected.

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9 Ibid 165A-25(2A)

10 Australian Government Federal Register of Legislation Aged Care Rules 2025 165A-30 Priority 2 notice must be given within 30 days

11 Australian Government Aged Care Quality and Safety Commission Serious Incident Response Scheme Guidelines for providers of home services November 2022 p 49

12 Supporters include registered supporters, substitute decision-makers, advocates, and other persons supporting the consumer. Preferred supporters are those nominated by the consumer. See Consent, Substitute Decision Makers and Advance Care Planning and Communicating for Safety and Quality regarding the roles of supporters in care planning. Note critical information relevant to the delivery of funded aged care services must be communicated effectively with registered supporters and other persons supporting the consumer

# 6 REPORTING INCIDENTS[13]

## 6.1 WHAT IS REPORTED?

All actual, suspected or alleged reportable incidents are reported to the Commission. This includes where the person who is suspected or alleged to have committed the incident is a worker or volunteer, a visiting health professional, a family member, friend or visitor to the service or another consumer at the service; or if the person making the allegation has a cognitive impairment.

Reportable incidents involving another consumer at the service must be reported irrespective of whether that consumer has an assessed cognitive impairment.

The Commission can determine that we do not have to notify a reportable incident in specific circumstances. We can, by application to the Commission, request that some cases do not have to be reported. For example, repetitive reports from a consumer diagnosed with dementia have been investigated and it is determined they are based on delusions.

Requests to the Commission require evidence such as an assessment by an appropriate health professional. Exceptions approved by the Commission are still recorded in our Incident reporting process using the **Incident Report** and the ACQSC Investigation Plan Template.

## 6.2 MAKING A REPORT

See Figure 1: Serious Incident Reporting Framework and Figure 2: Reportable Incidents Workflow below.

[13] Australian Government Aged Care Quality and Safety Commission Serious Incident Response Scheme Guidelines for providers of home services November 2022 p 54

## Figure 1: Serious Incident Reporting Framework

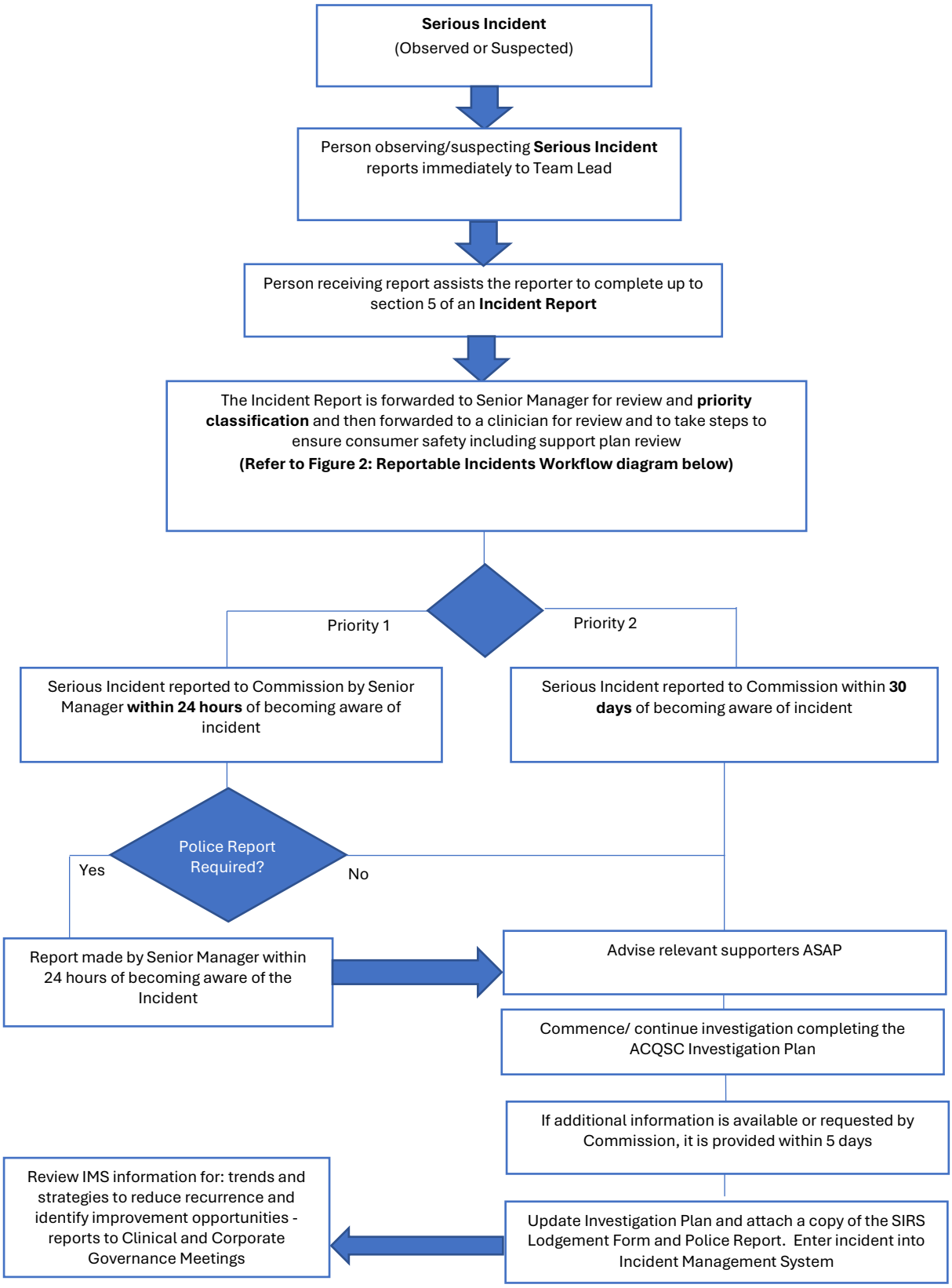
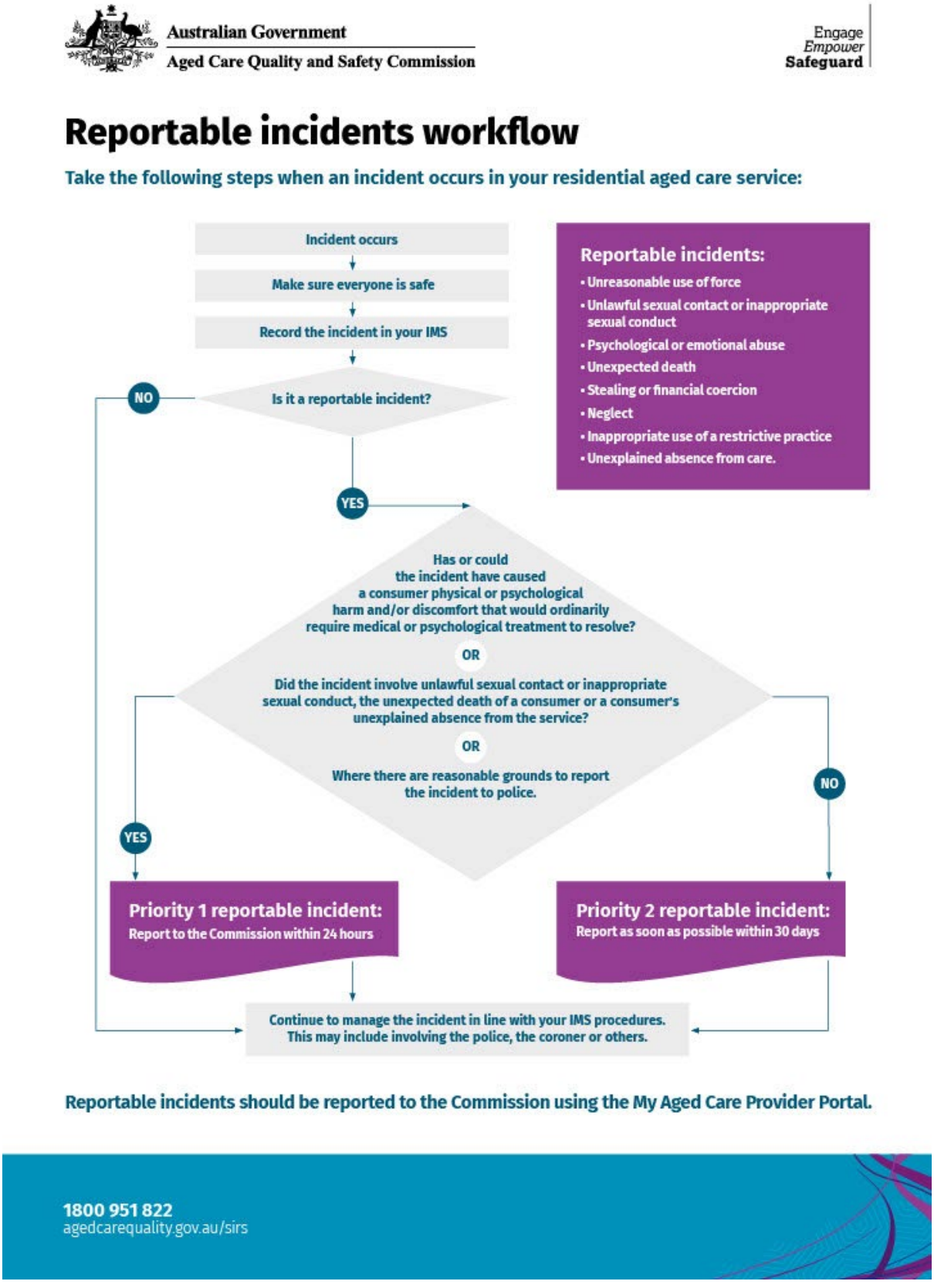


**Figure 2: Reportable Incidents Workflow**



Workers or other observers of an incident are to report all actual, suspected or alleged incidents immediately or as soon as possible to the service coordinator and Team Leader. If a team Leader is not immediately available, they report to one of our key personnel:

- Director Corporate & Community Services
- The CEO

Incidents are reported on an **Incident Report**. The person receiving the report assists the reporter to complete an Incident Report. The reporter may also be asked to assist in the online submission to the Commission. The Senior Manager reviews all suspected incidents and reports the incidents to the Commission on the My Aged Care Service and Support Portal and completes the ACQSC Investigation Plan template.

The Team Leader is informed about every incident and takes steps to ensure consumer safety and comfort. We also designate a worker to support the consumer and other people involved in the incident.

Where it is suspected, or it is alleged to us, that the incident involves a criminal offence, the incident is reported to the Police by the Executive Manager. Criminal offences may include physical and sexual assault, theft and acts of a sexual nature.

The Executive Manager is responsible for notifying reportable incidents to the Commission and the Police as per the requirements below (See below Notifying Priority 1 Incidents and Notifying Priority 2 Incidents) however, other key personnel listed above receiving a report must ensure that the incident is reported to the Commission and the Police within the specified timelines as per the requirements below.

## 6.3 NOTIFYING PRIORITY 1 INCIDENTS[14]

### 6.3.1 REPORT TO THE COMMISSION

Reports to the Commission are entered through the My Aged Care Service and Support Portal.

If we have reasonable grounds to believe that a reportable incident is a Priority 1 reportable incident, the Commission is notified **within 24 hours** of us becoming aware of the reportable incident.

If additional information becomes available during further investigation, it is reported to the Commission as soon as possible through a second notice. If the Commission requests additional information a second notice must be provided within 5 days using the Commission form.

It is critical that notifications of reportable incidents to the Commission through the SIRS are clearly and comprehensively described and include sufficient detail to enable the Commission to:

- Understand the context of the reportable incident
- Assess the appropriateness of the provider's response to the incident
- Determine the level of harm and/or discomfort caused (or that could reasonably have been expected to have caused) to the consumer(s) involved
- Assess the appropriateness of the provider's actions taken to manage the incident and minimise the risk of reoccurrence
- Assess the effectiveness of the provider's Incident Management System.

[14] Australian Government Federal Register of Legislation Aged Care Rules 2025 165A-25, 165A-40

Detailed information on the above points is included in the Serious Incident Response Scheme Guidelines.[15]

### 6.3.2 REPORT TO THE POLICE[16]

Incidents **must be** reported to the Police **within 24 hours** of becoming aware of the incident where:

- We suspect, or it is alleged to us, that the incident involves a criminal offence against a Commonwealth, state or territory law, or there are other reasonable grounds to report the incident. Criminal offences may include physical and sexual assault, theft, acts of a sexual nature. For further clarification see Serious Incident Response Scheme Guidelines for providers of home services or Serious Incident Response Scheme Guidelines for residential aged care providers.
- A consumer's absence from their care environment remains unexplained after all reasonable measures to locate the consumer have been exhausted. The report is made within a reasonable timeframe so an appropriate response and action can be taken to locate the consumer. (See Missing or Not at Home Consumers.)

### 6.3.3 REPORT TO THE CORONER

The Director Corporate & Community Services will liaise with the Medical Practitioner and the Police regarding any requirements to report to the Coroner.

## 6.4 NOTIFYING PRIORITY 2 INCIDENTS[17]

Priority 2 reportable incidents must be notified to the Commission **within 30 days** of becoming aware of the reportable incident.

Priority 2 reportable incidents involve a single notification unless the Commission requests further information. If significant new information about the incident becomes available, it must be reported to the Commission as soon as possible using the Commission's form. If the Commission requests specified further information, it must be provided within the timeframe specified by the Commission, using the Commission's form.

Examples of completed forms for each type of reportable incident are provided by the Commission on their website. Workers should utilise these examples when completing a report.[18]

## 6.5 FINAL REPORT TO THE COMMISSION[19]

If requested by the Aged Care Quality and Safety Commission, a final report must be submitted. This report must:

- Be provided within 84 days of the initial notification of the incident, unless a different timeframe is specified by the Commission
- Be submitted in writing, using the approved Commission form
- Include the specific information requested by the Commission.

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[15] Australian Government Aged Care Quality and Safety Commission Serious Incident Response Scheme Guidelines for providers of home services November 2022 p 54

[16] Australian Government Aged Care Quality and Safety Commission Serious Incident Response Scheme Guidelines for providers of home services November 2022 p 23

[17] Australian Government Federal Register of Legislation Aged Care Rules 2025 165A-30, 165A-40

[18] Government Aged Care Quality and Safety Commission Submitting a SIRS notification/Example responses Website accessed July 2025

[19] Australian Government Federal Register of Legislation Aged Care Rules 2025 165A-45

### 6.6 DIRECT REPORTING TO THE COMMISSION OR POLICE

If workers do not feel comfortable reporting an incident within Julia Creek Home Care, they can make a report directly to the Police or the Commission without fear of reprisal.

## 7 INVESTIGATION OF INCIDENTS

The Senior Manager is responsible for investigating all SIRS incidents and completes the ACQSC Investigation Plan template.

## DOCUMENT INFORMATION

| | |
|---|---|
| **Owner**** | Community Services Team Leader |
| **Date Approved** | 17 February 2026 |
| **Applicable Aged Care Programs** | CHSP |
| **Review History** | Version 1.0 \| Developed: 17 February 2026 |
| Date of review and summary of changes | June 2025 – added reference to the ACQSC Investigation Plan |
| Date of review and summary of changes | July 2025: added references to My Aged Care Service and Support Portal, SaH and the Statement of Rights |
| Date of review and summary of changes | September 2025: added changes from the Act and Rules |
| Date of review and summary of changes | |

**The person responsible for ensuring the Procedure is appropriate, followed and maintained up to date.