**Serious Incident Response Scheme (SIRS) Notice**

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| --- | --- |
| **When to use this form** | Use this form to notify the **Aged Care Quality and Safety Commission** (the Commission) of a **reportable incident** if the online form available via the My Aged Care Provider Portal is not available to your service. A reportable incident is defined by sections 54(3)(2) of the Aged Care Act 1997 (the Aged Care Act) and 15(NA) of the Aged Care Quality and Safety Commission Rules 2018.  |
| **What serious incidents are reportable?** | Reportable incidents include: * Unreasonable use of force
* Unlawful sexual contact or inappropriate sexual conduct
* Psychological or emotional abuse
* Unexpected death
* Stealing or financial coercion by a staff member
* Neglect
* Inappropriate physical or chemical restraint
* Unexplained absence from care.
 |
| **Why do I have to report these serious incidents?** | All Australians have a right to live free from abuse or neglect. The Serious Incident Response Scheme (SIRS) also introduces explicit obligations for providers to report a broader range of serious incidents to the Commission. This will, in turn, help build providers’ capability to respond to serious incidents promptly and decisively, and to ensure that aged care consumers have the support they need. |
| **When do I have to report serious incidents?** | **From 1 April 2021**, ‘Priority 1’ reportable incidents must be reported to the Commission within 24 hours of becoming aware of the incident. A Priority 1 reportable incident is a reportable incident: * that has caused, or could reasonably have been expected to have caused, a residential care recipient physical or psychological injury or discomfort that requires medical or psychological treatment to resolve, or
* where there are reasonable grounds to report the incident to police, or
* that is an unexplained absence in circumstances where there are reasonable grounds to report the absence to police, or
* that is an unexpected death of the consumer; this includes death in circumstances where:
1. reasonable steps were not taken by the approved provider to prevent the death; or
2. the death is a result of:
	1. care or services provided by the approved provider; or
	2. a failure of the approved provider to provide care or services.

**From 1 October 2021**, ‘Priority 2’ reportable incidents must be reported to the Commission within 30 days of becoming aware of the incident. This includes all other reportable incidents that do not meet the criteria for a ‘Priority 1’ incident.Failure to report incidents within these specified timeframes may arise in compliance action from the Commission. |

|  |  |
| --- | --- |
| **How do I complete this form?** | This form can be completed electronically or by hand.If completing by hand, please:* use black or blue pen
* use BLOCK letters, and
* mark boxes like this [ ]  with an 'x'

Once completed, check that you have answered all the questions required and send the form to: sirs@agedcarequality.gov.au.  |
| **Notice of Collection** | You must read the [Notice of Collection](https://www.agedcarequality.gov.au/resources/notice-collection) (NoC) before submitting this form. The NoC should be provided to all individuals whose information is being provided to the Commission in the incident notice. The purpose of the NoC is to inform all affected parties that personal information about them is being, or has been, collected by the Commission under the Aged Care Act and Aged Care Principles. |
| **Serious Incident Response Scheme – Guidelines for residential aged care providers** | The [Serious Incident Response Scheme – Guidelines for residential aged care providers](https://www.agedcarequality.gov.au/sites/default/files/media/SIRS_Guidance_Final.pdf) describes the responsibilities of providers in relation to the SIRS. It includes information on:* The requirements relating to incident management, response, and prevention
* The types of incidents that must be notified to the Commission
* The requirements for making a notification, including what must be notified and when, and
* The role of the Commission in managing reports and ensuring providers are notifying and responding to reportable incidents.
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**Fields marked with an asterisk (\*) are required.**

**A. Your contact details**

1. First name\*

Click to enter given name.

1. Last name\*

Click to enter surname.

1. Position/Role at Residential Aged Care Facility\*

Click to enter your position at your residential aged care facility/service.

1. Contact numbers
At least one contact number is required\*
	1. Work number

Click to enter your work contact number.

* 1. Mobile number

Click to enter your mobile number.

1. Email address\*

Click to enter your email address.

***Note****: A Commission officer may contact you to seek further information in relation to this notice.*

**B. Approved provider and service details**

1. Outlet\*:

Click to enter your Approved Provider’s NAPS Provider ID.

1. Approved Provider\*:

Click to enter the name of the Approved Provider to which your service belongs.

1. Residential Aged Care Facility\*:

Click to enter the name of your aged care facility/service.

**C. Notice of Collection**

1. I acknowledge that I have read and understood the Notice of Collection **\***
Yes [ ]
2. I acknowledge that I have made all reasonable steps to ensure that the individuals identified in this form have been provided with the Notice of Collection or they are aware the contents of Notice of Collection **\***

Yes[ ]

**D. Incident details**

1. Is the reportable incident a Priority 1 or Priority 2? \*

Choose an item.

1. Who initially raised concern/made the allegation? \*

Choose from selection.

1. If Other, please state here:

Click to enter further information, if the response to Q12 is “Other”.

1. Date/Time Incident Reported? \*

 Click or tap to enter a date.

 Enter time in 24-hour format HH:MM.

1. Date/Time the Alleged Incident Occurred?\*

 Click or tap to enter a date.

 Enter time in 24-hour format HH:MM.

1. Has a death occurred as the result of this incident? **\***

Yes [x]

No[ ]

1. Select the most relevant incident type\*

Choose from selection.

1. Provide a detailed description of the incident that has occurred, is alleged, or suspected to have occurred. *\**

 *In providing your response consider the following:*

1. *Who was directly involved in the incident (include full names)?*
2. *What time and date did the incident occur (or was alleged or suspected to have occurred)?*
3. *Where at the service did the incident occur (or was alleged or suspected to have occurred)?*
4. *Who else saw the incident?*
5. *Who reported the incident (include their name, position, and contact details)?*
6. *What is the level of cognitive impairment of the consumers directly involved in the reportable incident?*
7. *What was happening immediately before the incident occurred?*
8. *What occurred immediately after the incident?*

Click or tap here to enter a detailed description.

1. Where did the incident occur? \*

Choose from selection.

1. If the incident occurred at a “Public place” or “Other”, please provide more detail:

Click to enter further information if the response to Q19 is a “Public place” or “Other”.

1. How long has the victim been subjected to this form of neglect?

*Note: This question is only applicable to the incident of type “Neglect”*

Click or tap here to enter a detailed description.

**E. Affected Care Recipient details**

1. Enter the affected care recipient's Unique Client ID if known:

Click or tap here to enter the Affected care recipient’s SPARC or ACMPS ID.

*Leave question 22 blank if the affected care recipient’s unique ID is not known.*

1. First name\*:

Click or tap here to enter the affected care recipient’s first name.

1. Last name\*:

Click or tap here to enter the affected care recipient’s last name.

1. Gender\*:

Choose from selection.

1. If Other, please state here:

Click to enter further information if the response to Q25 is “Other”.

1. Please select the appropriate level of cognition of the affected care recipient\*:

Choose from selection.

1. Please describe level of cognition, if “Unknown”

Click or tap here to enter further details if the response to Q27 is “Unknown”.

1. Has the Affected care recipient been named or described in any incident previously? \*

Choose from selection.

1. If answer to Q29 is ‘Yes’, please provide further information on the incident, including the SIRS notice reference number if known:

Click or tap here to enter further information if the response to Q29 is “Yes”.

1. Select the appropriate level of psychological impact to the affected care recipient: \*

*Answers to this question must describe any actual harm that was caused to the person AND any harm that could reasonably have been expected to have been caused to a person, which resulted in a psychological injury that required psychological treatment to resolve.*

*The level of a person’s cognitive impairment is not considered when assessing and describing what harm was caused or reasonably could have been caused. Think about the type of psychological injury that could reasonably have occurred due to the incident in any setting, no matter who it specifically happened to.*

*In providing your response consider the following:*

1. *Details of actual psychological harm caused (type and seriousness of injury/illness, symptoms and/or clinical observations).*
2. *Describe the persons response this could include any observed behaviour for example, crying, shaking, throwing things, not speaking, not wanting to be around other people, or doing usual activities.*
3. *Explain how and why any behaviour identified is different from the person’s usual behaviour.*
4. *Describe any psychological treatment taken in response to the incident.*

Choose from selection.

1. Provide Affected care recipient's psychological impact details on your response to Q31, except where there was no impact

Click or tap here to describe psychological impact

1. Select the appropriate level of physical impact to the affected care recipient\*:

*Answers to this question must describe any actual harm that was caused to the person AND any harm that could reasonably have been expected to have been caused to a person, which resulted in a physical injury or discomfort that required medical treatment to resolve.*

*The level of a person’s cognitive impairment is not considered when assessing and describing what harm was caused or reasonably could have been caused. Think about the type of physical injury or discomfort that could reasonably have occurred due to the incident in any setting, no matter who it specifically happened to.*

*In providing your response consider the following:*

1. *Details of actual harm caused (type and seriousness of injury/illness, symptoms and/or clinical observations).*
2. *Describe the persons response this could include any observed behaviour for example, crying, shaking, throwing things, not speaking, not wanting to be around other people, or doing usual activities).*
3. *Explain how and why any behaviour identified is different from the person’s usual behaviour.*
4. *Describe any medical treatment taken in response to the incident.*

Choose from selection.

1. Provide affected care recipient's physical impact details on your response to Q33, except where there was no impact.

Click or tap here to describe physical impact.

1. If the primary incident type is ‘unexplained absence from care’, ‘stealing’ or ‘financial coercion by a staff member’, does the affected care recipient reside within a secure unit? \*

Choose from selection.

***Note****: The remaining sections of this form that must be completed depend on the incident type:*

| **Incident type** | **Sections required** |
| --- | --- |
| Unreasonable use of force  | * F. Subject of Allegation details
* G. Police contact
 |
| Unlawful sexual contact or inappropriate sexual conduct  |
| Stealing or financial coercion by a staff member  |
| Psychological or emotional abuse  |
| Neglect  |
| Inappropriate physical or chemical restraint  |
| Unexplained absence from care  | * H. Unexplained absence
 |
| Unexpected death | * G. Police contact
 |

**F. Subject of Allegation details**

***Note****: This section does not apply to the following incident types:*

* *Unexplained absence from care*
* *Unexpected death*
1. Is subject of allegation an Aged Care Recipient? **\***

Choose from selection.

1. Enter the subject of allegation's Unique Client ID or SPARC ID, if known.

Click or tap here to enter subject of allegation’s SPARC ID.

1. Subject of allegation relationship to the AP or Service**\***

Choose from selection.

1. If Other, please state here:

Click to enter further information, if the response to Q38 is “Other”.

1. First name\*:

Click or tap here to enter subject of allegation’s first name.

1. Last name\*:

Click or tap here to enter subject of allegation’s last name.

1. Gender\*:

Choose from selection.

1. If Other, please state here:

Click to enter subject of allegation’s gender details, if the response to Q42 is “Other”.

1. Please select the appropriate level of cognition of the subject of allegation**\***:

Choose from selection.

1. Please describe level of cognition, if “Unknown”.

Click or tap here to describe level of cognition, if the response to Q44 is “Unknown”.

1. Has the subject of allegation been named or described in any incident previously? \*:

Choose from selection.

1. Please provide incident information if the answer to Q46? is “Yes”:

Click or tap here to enter incident information including SIRS notice reference number, if Known.

1. Select the appropriate level of psychological impact to the subject of allegation (Care Recipient) **\***

Choose from selection.

1. Please provide subject of allegations’ psychological impact details in response to your question Q48, except where there was “No Impact”.

Click or tap here to enter subject of allegation’s psychological impact details if your response to Q48 is other than “No Impact”.

1. Select the appropriate level of physical impact to the subject of allegation (Care Recipient) \*:

Choose from selection.

1. Please provide subject of allegations’ physical impact details in response to your question Q50, except where there was “No Impact”.

Click or tap here to enter subject of allegation’s physical impact details if your response to Q50 is other than “No Impact”.

1. Is the subject of allegation an AP member of staff? **\***

Choose an item.

**G. Police contact**

***Note****: This section does not apply to the following incident type:*

* *Unexplained absence from care*
1. Has the incident been reported to the police?\*:

Yes [ ]

No [ ]

1. If “No”, please provide a reason below and proceed to Q61. If “Yes”, continue to Q55.

Click to enter a reason, if the response to Q51 is “No”.

1. Please provide the date and time the police were contacted **\***

 Click or tap to enter a date.

 Enter time in 24-hour format HH:MM.

1. Police station reported to:

Click to enter the name of the police station the incident was reported to, if applicable.

1. Describe the method of contact used:

Choose from selection.

1. If Other, please enter details about method of contact used:

Click to enter further information, if the response to Q57 is “Other”.

1. Have the police arrested or charged a person in relation to this incident?

Yes [ ]

No [ ]

1. Please provide any details known of the police response to the incident:

Click to enter further information about the known police response to the incident.

1. Has the affected care recipient's representative been contacted about the incident? **\***

Yes [ ]

No [ ]

1. Has the affected care recipient's representative(s) expressed any ongoing concerns about the incident? \*

Yes [ ]

No [ ]

1. Where the subject of the allegation is also a care recipient, has their representative been contacted about the incident? **\***

Yes [ ]

No [ ]

1. Where the subject of the allegation is also a care recipient, has their representative expressed any ongoing concerns regarding the incident? \*

Yes [ ]

No [ ]

1. What specific action(s) have and will been taken in response to the incident to ensure the immediate AND ongoing safety, health, well-being, and quality of life of people affected by the incident? \*

*In providing your response consider the following:*

1. *Whether the incident was reported to a relevant authority (e.g., coroner, AHPRA).*
2. *How the person was treated and supported immediately after the incident (consider both physical and psychological treatment and/or support). This could include whether external health advice was sought such as counselling.*
3. *Whether the person’s representative was immediately contacted regarding the incident; for example, to discuss and review support needs or to be involved in the management and resolution of the incident.*
4. *Any assessment or planning changes; for example, development or update to a risk management plan for the person and subject of the allegation (if also a consumer).*
5. *Any immediate or planned changes to the duties/supervision of any staff members.*
6. *Whether you assessed immediate risks to other consumers affected or who could have been affected by the incident.*
7. *Whether you have used the outcome of any incident assessment, analysis, or investigation to identify/implement actions to improve the health, safety, wellbeing, and quality of life of all consumers.*

*REMINDER: If further information is available to you, then please ensure any P1 notifications are updated within five days with further relevant information once incident assessment, analysis or investigation is complete.*

Click to enter further information about specific actions taken.

1. What specific action(s) has been taken or is planned to manage or minimise the risk of reoccurrence of this or a similar incident in the future? **\***

*In providing your response consider the following which may refer to relevant aspects from your Incident Management System:*

1. *The actions you have taken or plan to take to identify the cause of the incident (e.g., assessment, used problem solving methodology, root cause analysis, internal/external investigation, other methods)*
2. *Have you investigated to understand the cause of the incident?*
3. *Describe what further actions are proposed to be taken in response to the incident. Include any open disclosure actions taken or proposed*
4. *Describe what actions have been taken or are being taken to reduce the occurrence of a similar incident in the future*
5. *Whether the incident has been assessed to determine whether it could have been prevented or caused less harm, and the outcome of that assessment*
6. *The preventative measures, including remedial actions that have been put in place to identify and manage similar risks. For example, details on planned updates to your processes and procedures to ensure the risk of reoccurrence of this or a similar incident, including near misses, in the future is minimised*
7. *Describe how you are embedding changes within the service and how you are measuring the effectiveness of the changes.*
8. *Describe the observable differences the Commission, consumers, family members and staff be able to see because of changes made?*
9. *Describe how you have ‘closed the loop’ by analysing any incident trends to identify and address any systemic issues*

*REMINDER: If further information is available to you, then please ensure any P1 notifications are updated within five days with further relevant information once incident analysis or investigation is complete.*

Click to enter further information about specific actions taken.

1. Is there any other information or details you wish to include in relation to this notice?

Click to enter any further information.

**H. Unexplained absence**

***Note****: This section only applies to the following incident type:*

* *Unexplained absence from care*
1. When was the unexplained absence reported to police?\*

 Click or tap to enter a date.

Enter time in 24-hour format HH:MM.

1. Has the Affected Care Recipient been located? \*

Yes [ ]

No [ ]

1. Where was the Affected Care Recipient located? \*

Choose from selection.

1. If “Other”, enter affected care recipient location details.

Click to enter further information, if the response to Q68 is “Other”.

1. Has the affected care recipient been returned to the Service? \*

Choose an item.

1. Please enter the date and time the affected care recipient was located: \*

 Click or tap to enter a date.

Enter time in 24-hour format HH:MM.

1. Has an unexplained absence involving this affected care recipient occurred in the past? \*

Yes [ ]

No [ ]

1. Please enter details of the actions being undertaken to locate the missing affected care recipient\*

Click to enter details about actions being undertaken.

1. Please provide a description of how it is believed the affected care recipient came to be absent from the service\*

Click to enter details about actions being undertaken.

**I. Statement**

**I declare** that the information I have provided in this form is complete and correct.

**I acknowledge** that by submitting this notice, I agree to provide further information regarding this incident upon request.

**Name:** Click to enter name.

**Date:** Click to enter a date.

**Before submitting this document**
to sirs@agedcarequality.gov.au, please confirm that you have marked the boxes in section C relating to the *Notice of Collection*.