**SIRS notification form questions**

The sample questions below reflect the questions in the SIRS incident notification webform on My Aged Care and are current as of 3 October 2022 (R25 changes).

|  |  |
| --- | --- |
| **We need the following details from you**          | * Full details of the incident itself – what triggered the incident, what happened, and who was involved
* Clear details of the immediate actions you have taken to respond to the incident
* Clear details of the action you are putting in place to manage the risk of similar incidents happening again in the future
* Attach specific information relevant to this matter
 |
| **Before you begin** | * You need to report all Priority 1 (P1) incidents within 24hrs of becoming aware of the incident; however, if you do not have enough information to complete the notification you have 5 days to supply the further required information. The details can be supplied by email to sirs@agedcarequality.gov.au
* All Priority 2 (P2) incidents need to be reported within 30 days of becoming aware of the incident
* Additional information relating to a reported incident (or in response to a request by the Commission) can be supplied by email quoting the Case ID to sirs@agedcarequality.gov.au
* See example responses available on the SIRS Provider Resources page on the Commission Website
 |

**Fields marked with an asterisk (\*) are required.**

**A. Your contact details**

1. First name\* Enter your first name.
2. Last name\* Enter your surname.
3. Position/Role at aged care service\*

Enter your position, job title or role description at the Aged Care Service in question.
4. Contact numbers (at least one contact number is required)\*
	1. Work number Enter your work contact number.
	2. Mobile number Enter your mobile number.
5. Best contact Email ID\* 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\* Enter Outlet.
2. Service Provider\*
Enter the Name of the ACO (Aged Care Organisation) that manages/owns the Aged Care Facility in question.
3. Aged Care Facility (if applicable)\*

Enter the name of the RAC (Residential Aged Care) Facility at which the incident being reported occurred.

**C. Notice of Collection**

1. I acknowledge that I have read and understood the Notice of Collection **\***

Yes [ ]

1. 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 the concern/made the allegation\*?

 Choose an item.

1. If answer to Q12 is ‘Other’, please state here:

Enter further information if the response to Q12 is “Other”.
2. Date/Time Incident Reported?\* DD/MM/YY Enter time in 24-hour format: HH:MM
3. Date/Time the Alleged Incident Occurred?\* DD/MM/YY Enter time in 24-hour format: HH:MM
4. Has a death occurred as the result of this incident?\*

Yes [ ] No [ ]

1. Select the most relevant incident type\*

 Choose an item.

1. Where did the incident occur?\*

Choose an item.

1. If answer to Q18 is ‘Other’, please provide more details

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

Enter a detailed description.

*In providing your response consider the following:*

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

*See notification example responses available on the SIRS Provider Resources page on the Commission website.*

1. If the incident type is ‘Neglect’, how long has the affected care recipient been subjected to this form of neglect?\*

Enter how many days.

**E. Affected Care Recipient details**

1. System for the Payment of Aged Residential Care (SPARC) number

Enter the affected care recipient’s SPARC number.
2. My Aged Care ID number

Enter the affected care recipient’s My Aged Care ID number.
3. Aged Care Management Payment System (ACMPS) number

Enter the affected care recipient’s ACMPS number.
4. Affected Care recipient's First Name\*

Enter the affected care recipient’s first name.
5. Affected Care recipient’s Last Name\*

Enter the affected care recipient’s last name.
6. Affected care recipient’s Gender\*

 Choose an item.

1. If the answer to Q27 is ‘Other’, please enter the affected care recipient’s gender details\*

Enter gender details.
2. Please select the appropriate level of cognition of the affected care recipient\*

Choose an item.

1. If answer to Q29 is ‘Unknown’, please describe level of cognition\*

Enter further details here.

*See example notification responses available on the SIRS Provider Resources page on the Commission website*

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

Yes [ ] No [ ]

1. If answer to Q31 is ‘Yes’, please provide further information on the incident, including the SIRS notice reference number if known\*

Enter further details here.

 *Note: If the incident type is ‘Unexpected death’ skip to section H*

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

Choose an item.

*Answers to this 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.*

*See notification example responses available on the SIRS Provider Resources page on the Commission website.*

1. Please describe the psychological impact level, if answer to Q33 is ‘No impact’ (otherwise skip to Q35)\*

Describe psychological impact.
2. Select the appropriate level of physical impact to the affected care recipient\*:

Choose an item.

*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.*

*See notification example responses available on the SIRS Provider Resources page on the Commission website.*

1. Please describe the physical impact, if answer to Q35 is ‘No impact’ (otherwise skip to Q37)\*:

Describe physical impact.
2. If the incident type is ‘Restrictive practices’ or ‘Unexplained absence’ does the affected care recipient reside within a secure unit?\*

Yes [ ] No [ ]

**Note: The remaining sections that must be completed depend on the reportable incident type**

| **Incident type** | **Sections required** | **Incident type** | **Sections required** |
| --- | --- | --- | --- |
| Unreasonable use of force  | **F.** People Involved**H.** Actions Taken**J.** Statement | Stealing or financial coercion by a staff member  | **G.** Subject of allegation details**H.** Actions Taken**J.** Statement |
| Unlawful sexual contact or inappropriate sexual conduct | Psychological or emotional abuse |
| Neglect | Inappropriate use of Restrictive practices |
| Unexplained absence from care  | **I.** Unexplained absence from care**J.** Statement | Unexpected death | **H.** Actions Taken**J.** Statement |

**F. People Involved**

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

* *Unreasonable use of force*
* *Unlawful sexual contact or inappropriate sexual conduct*
* *Neglect*

*For other incident types, proceed to the first section indicated above in the table at the end of section E.*

1. Is subject of allegation an Aged Care Recipient?\* If Yes, skip to Q45.

Yes [ ] No [ ]

1. Subject of allegation first name\*

Enter first name.

1. Subject of allegation last name\*

Enter last name.

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

Choose an item.

1. If answer to Q41 is ‘Other’, please state here\*

Enter details.

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

Choose an item.

1. If answer to Q43 is ‘Yes’, please provide further information on the incident, including the SIRS notice reference number if known\*

Enter further information.

***Note****: Remainder of section does not apply if the answer to Q38 above was ‘No’, instead proceed to Section H*

1. Subject of allegation's System for the Payment of Aged Residential Care (SPARC) number

Enter subject of allegation care recipient’s SPARC number.

1. My Aged Care ID number

Enter subject of allegation care recipient’s My Aged Care ID number.

1. Subject of allegation's Aged Care Management Payment System (ACMPS) number

Enter subject of allegation care recipient’s ACMPS number.

1. Subject of allegation first name\*

Enter first name.

1. Subject of allegation last name\*

Enter last name.

1. Gender\*

Choose an item.

1. If the answer to Q50 is ‘Other’, please enter subject of allegation’s gender details\*

Enter gender details.

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

Choose an item.

1. If answer to Q52 is ‘Unknown’, please describe the level of cognition\*

Enter further details if the response to Q52 is ‘Unknown’.

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

Choose an item.

1. If answer to Q54 is ‘Yes’, please provide further information on the incident, including SIRS notice reference number if known\*

Enter further information.

1. Select the appropriate level of psychological impact to the subject of allegation (if care recipient)\*

Choose an item.

1. Please describe the psychological impact, if answer to Q56 is ‘No impact’ (otherwise skip to Q58)\*

Describe the psychological impact here.

1. Select the appropriate level of physical impact to the subject of allegation (if care recipient)\*

Choose an item.

1. Please describe the physical impact, if answer to Q58 is ‘No impact’ (otherwise skip to Section H)\*

 Describe the physical impact here.

 **G. Subject of allegation details**

*This section only applies to the following incident types:*

* *Stealing or financial coercion by a staff member*
* *Psychological or emotional abuse*
* *Inappropriate use of Restrictive practices*

*For other incident types, proceed to the first / next section indicated in the table at the end of section E.*

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

Yes [ ]

No [ ]

1. Is subject of allegation an Aged Care Recipient?\* If the answer is ‘No’, skip to Q77

Yes [ ]

No [ ]

1. Subject of allegation's System for the Payment of Aged Residential Care (SPARC) number

Enter subject of allegation care recipient’s SPARC number.

1. Subject of allegation's My Aged Care ID number

Enter subject of allegation care recipient’s My Aged Care ID number.

1. Subject of allegation's Aged Care Management Payment System (ACMPS) number

Enter subject of allegation care recipient’s ACMPS number.

1. Subject of allegation first name (if a care recipient)\*

Enter first name.

1. Subject of allegation last name (if a care recipient)\*

Enter last name.

1. Subject of allegation gender (if a care recipient)\*

Choose an item.

1. If the answer to Q67 is ‘Other’, please enter subject of allegation’s gender details\*

Enter gender details.

1. Please select the appropriate level of cognition of the subject of allegation (if a care recipient)\*

Choose an item.

1. If answer to Q69 is ‘Unknown’, please describe the level of cognition\*

Enter further details if the response to Q69 is ‘Unknown’.

1. Has the subject of allegation (if a care recipient) been named or described in any incident previously?\*

Choose an item.

1. If answer to Q71 is ‘Yes’, please provide further information on the incident, including the SIRS notice reference number if known\*

Enter further information.

1. Select the appropriate level of psychological impact to the subject of allegation (if a care recipient)\*

Choose an item.

1. Please describe the psychological impact, if answer to Q73 is ‘No impact’ (otherwise skip to Q75)\*

Describe the psychological impact.

1. Select the appropriate level of physical impact to the subject of allegation (if a care recipient)\*

Choose an item.

1. Please describe the physical impact, if answer to Q75 is ‘No impact’ (otherwise skip this question)\*

 Describe the physical impact.

***Note****: If the answer to Q61 above was ‘Yes’ and you have completed the previous questions about the subject of allegation (if a care recipient), now skip to section H.*

***Note****: The following questions in this section are only required if the answer to Q61 above was ‘No’, and the subject of allegation in the incident was not a care recipient.*

1. Subject of allegation first name\*

Enter first name.

1. Subject of allegation last name\*

Enter last name.

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

Choose an item.

1. If answer to Q79 is ‘Other, please state here\*

Enter details.

1. If answer to Q79 is ‘Staff member’, please provide further details\*

Provide further details here.

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

Choose an item.

1. If answer to Q82 is ‘Yes’, please provide further information on the incident, including the SIRS notice reference number if known\*

Enter further information.

**H. Action Taken**

***Note****: This section does not apply to ‘Unexplained absence from care’ incidents, which are instead covered by the questions in section I.*

1. Has the incident been reported to the police?\*

Yes [ ]

No [ ]

1. If the answer to Q84 is ‘No’, please provide a reason below and proceed to Q92.\* If answer is ‘Yes’, continue to Q86.

Enter a reason if the response to Q84 is ‘No’.

1. What is the date and time the police were contacted?\*

 DD/MM/YY

Enter time in 24-hour format: HH:MM

1. Police station reported to\*

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

1. Describe the method of contact used\*

Choose an item.

1. If answer to Q88 is ‘Other’, please enter further information\*

Enter further information if the response to Q88 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\*

Enter further information about the known police response to this incident.

1. Has the affected care recipient's representative(s) 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. If incident type is ‘Unexpected death’, has the death been reported to the Coroner?\*

Yes ☐

No ☐

***Note****:**If the incident type is ‘Unexpected death’, now skip to Q98*

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.*

*Please also see notification example responses for each incident type available on the SIRS Provider Resources page on the*[*Commission website*](https://www.agedcarequality.gov.au/sirs/submit-notifications)*.*

Enter further information about specific actions taken.

*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.*

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 conducted an investigation 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 as a result of changes made?*
9. *Describe how you have ‘closed the loop’ by analysing any incident trends to identify and address any systemic issues*

*Please also see notification example responses for each incident type available on the SIRS Provider Resources page on the* [[*Commission website*](https://www.agedcarequality.gov.au/sirs/submit-notifications)](https://www.agedcarequality.gov.au/sirs/submit-notifications)*.*

Enter further information about planned actions

*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.*

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

Enter any further information

**I. Unexplained absence**

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

* *Unexplained absence from care*
1. Does the affected care recipient reside in a secure unit?\*

Yes [ ]

No [ ]

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

 DD/MM/YY

Enter time in 24-hour format: HH:MM

1. Has the Care Recipient been located?\* If answer is ‘No’, proceed to Q107.

Yes [ ]

No [ ]

1. Where was the Care Recipient located?\*

Choose an item.

1. If answer to Q103 is ‘Other’, please state here\*

Enter further information if the response to Q103 is ‘Other’.

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

Yes ☐

No ☐

1. If answer to Q105 is ‘Yes’ enter the time and date the care recipient was located\*

 DD/MM/YY

Enter time in 24-hour format: HH:MM

As the answer to Q102 was ‘Yes’, now proceed to Q108.

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

 Enter details about actions being undertaken.

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

Yes [ ]

No [ ]

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

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\*

Enter details about actions being undertaken.

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

Yes ☐

No ☐

1. Has the affected care recipient's 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.*

*Please also see the notification example response for this incident type available on the SIRS Provider Resources page on the*[[*Commission website*](https://www.agedcarequality.gov.au/sirs/submit-notifications)](https://www.agedcarequality.gov.au/sirs/submit-notifications)*.*

Enter further information about planned actions.

*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.*

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 conducted an investigation 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 as a result of changes made?*
9. *Describe how you have ‘closed the loop’ by analysing any incident trends to identify and address any systemic issues*

*Please also see the notification example response for this incident type available on the SIRS Provider Resources page on the* [[*Commission website*](https://www.agedcarequality.gov.au/sirs/submit-notifications)](https://www.agedcarequality.gov.au/submit-sirs-notifications)*.*

Enter further information about planned actions.

*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.*

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

Enter any additional information

**J. 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 to the Commission about this incident upon request.

**Name:** Enter Name

**Date:** DD/MM/YY

**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*.