



# SIRS Management<sup>1</sup>

**POLICY STATEMENT**

**Caring Support @ Home responds to all incidents involving participants and adheres to the requirements of the Serious Incident Response Scheme (SIRS) to ensure reportable incidents are managed effectively.**

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<sup>1</sup> Australian Government Aged Care Quality and Safety Commission [Serious Incident Response Scheme Guidelines for providers of home services](#) November 2022.



## 1 PURPOSE

To provide guidance to workers in responding and reporting Serious Incident Response Scheme (SIRS) incidents.<sup>2</sup>

## 2 SCOPE

Home Care

## 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<sup>3</sup>, and together with our open disclosure, risk management and continuous improvement processes, support Caring Support @ Home to deliver safe, quality care to participants 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.

SIRS has two principal elements: incident management and compulsory reporting.

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<sup>4</sup>

The following incidents that occur, are alleged to have occurred, or are suspected of having occurred to a participant 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 participant ([HC Link](#))<sup>5</sup>
- **Unlawful sexual contact, or inappropriate sexual conduct:** contact or conduct of a sexual nature inflicted on the participant, including but not limited to sexual assault, an act of indecency or sharing of an intimate image of the participant; any touching of the participant's genital area, anal area or breast in circumstances where this is not necessary to provider care or services to the participant; 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 participant; engaging in conduct relating to the participant with the intention of making it easier to procure the participant to engage in sexual contact or conduct ([HC Link](#))
- **Psychological or emotional abuse:** including taunting, bullying, harassment or intimidation, threats of maltreatment, humiliation, unreasonable refusal to interact with the participant or acknowledge the participant's presence, unreasonable restriction of the participant'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 participant psychological or emotional distress ([HC Link](#))

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<sup>2</sup> See also [Incident Management](#).

<sup>3</sup> Australian Government Aged Care Quality and Safety Commission Strengthened Aged Care Quality Standards

<sup>4</sup> 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

<sup>5</sup> HC denotes Home Care



- **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 ([HC Link](#))
- **Stealing from, or financial coercion by a worker:** stealing from a participant by a worker of the provider; conduct by a worker of a provider that is coercive or deceptive in relation to the participant's financial affairs, unreasonably controlling the financial affairs of the participant ([HC Link](#))
- **Neglect of a participant:** a breach of the duty of care owed by the provider, or worker of the provider, to the participant; a breach of professional standards by a worker of the provider in providing care or services to the participant. ([HC Link](#)) (See [Abuse and Neglect](#))
- **Inappropriate use of restrictive practices:** restraint other than in the circumstances set out in the Aged Care Act and Rules ([HC Link](#)) (See [Restrictive Practices](#))
- **Missing participants:** a participant 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. ([HC Link](#)) (See [Missing or Not at Home Participants](#)).

**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 participants (including allegations or suspicions of abuse or neglect).<sup>6</sup>

## 5 PRIORITY OF INCIDENTS<sup>7</sup>

### 5.1 PRIORITY 1 INCIDENTS<sup>8</sup>

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 participant 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 participant
- That is an unexpected death of a participant, or
- Where a participant goes missing from the service environment.

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:

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<sup>6</sup> See also [Abuse and Neglect](#), for information on the management of elder abuse risks and responding to abuse and neglect.

<sup>7</sup> Australian Government Aged Care Quality and Safety Commission [Serious Incident Response Scheme Guidelines for providers of home services](#) November 2022 p 49

<sup>8</sup> Australian Government Federal Register of Legislation [Aged Care Rules 2025](#) 165A-25 Priority 1 notice must be given within 24 hours



- 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.<sup>9</sup>

Examples of Priority 1 incidents include:

- Participant distress requiring emotional support or counselling
- Cuts, abrasions, burns, fractures or other physical injury to a participant 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 participant, head or brain injuries which might be indicated by concussion or loss of consciousness
- Injury or impairment requiring the participant's attendance at or admission to a hospital
- The death of a participant.

## 5.2 PRIORITY 2 INCIDENTS<sup>10</sup>

A Priority 2 reportable incident includes any reportable incident that does not meet the Priority 1 criteria.

Examples of Priority 2 incidents include:

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

If uncertain about the impact to the participant 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.<sup>11</sup>

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 participant, those who witnessed the incident, workers and supporters<sup>12</sup>. 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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<sup>9</sup> Ibid 165A-25(2A)

<sup>10</sup> Australian Government Federal Register of Legislation [Aged Care Rules 2025](#) 165A-30 Priority 2 notice must be given within 30 days

<sup>11</sup> Australian Government Aged Care Quality and Safety Commission [Serious Incident Response Scheme Guidelines for providers of home services](#) November 2022 p 49

<sup>12</sup> Supporters include registered supporters, substitute decision-makers, advocates, and other persons supporting the participant. Preferred supporters are those nominated by the participant. 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 participant



## 6 REPORTING INCIDENTS<sup>13</sup>

### 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 participant at the service; or if the person making the allegation has a cognitive impairment.

Reportable incidents involving another participant at the service must be reported irrespective of whether that participant 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 participant 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**.

### 6.2 MAKING A REPORT

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

Figure 1: Serious Incident Reporting Framework

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<sup>13</sup> Australian Government Aged Care Quality and Safety Commission [Serious Incident Response Scheme Guidelines for providers of home services](#) November 2022 p 54

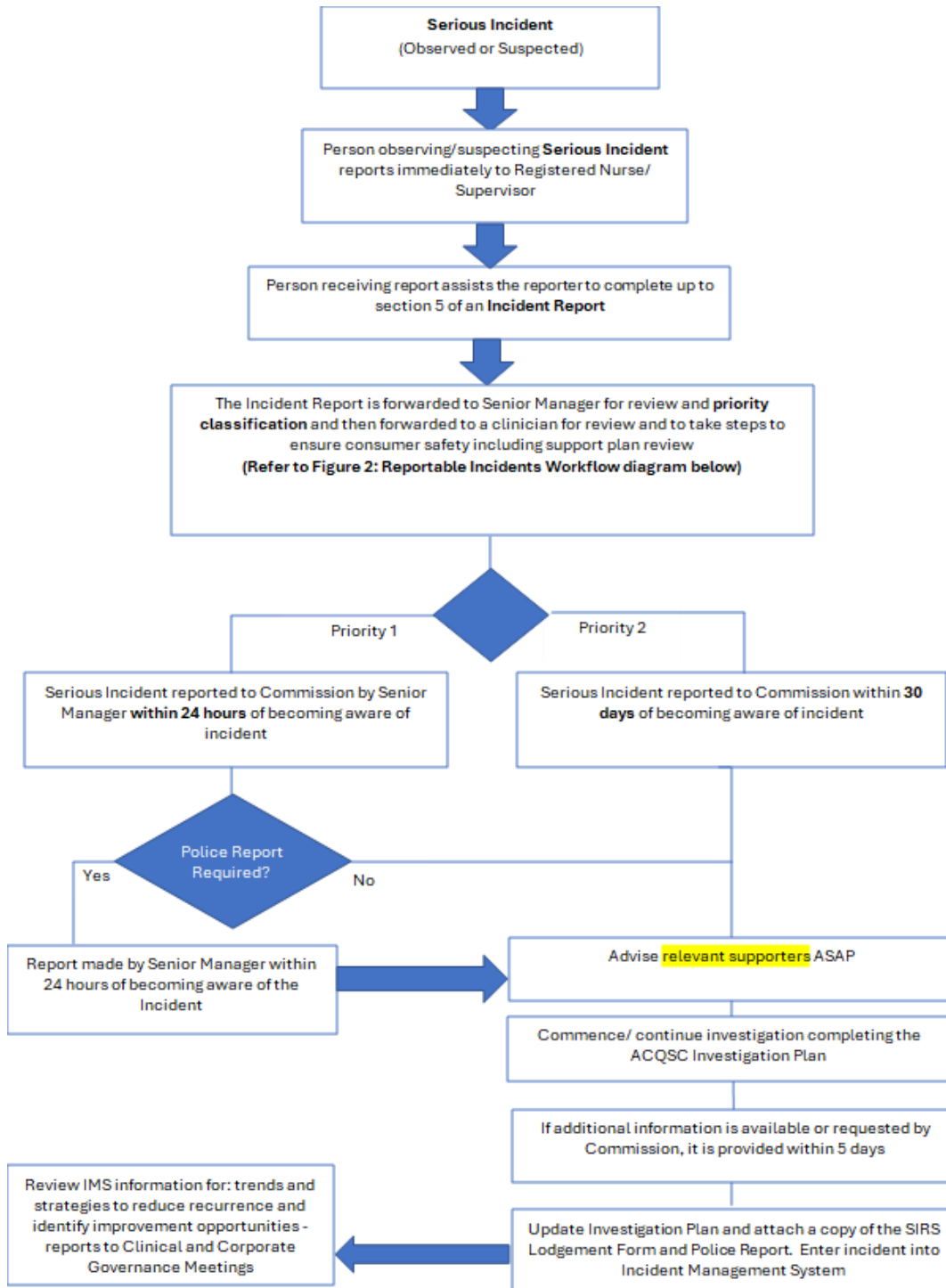


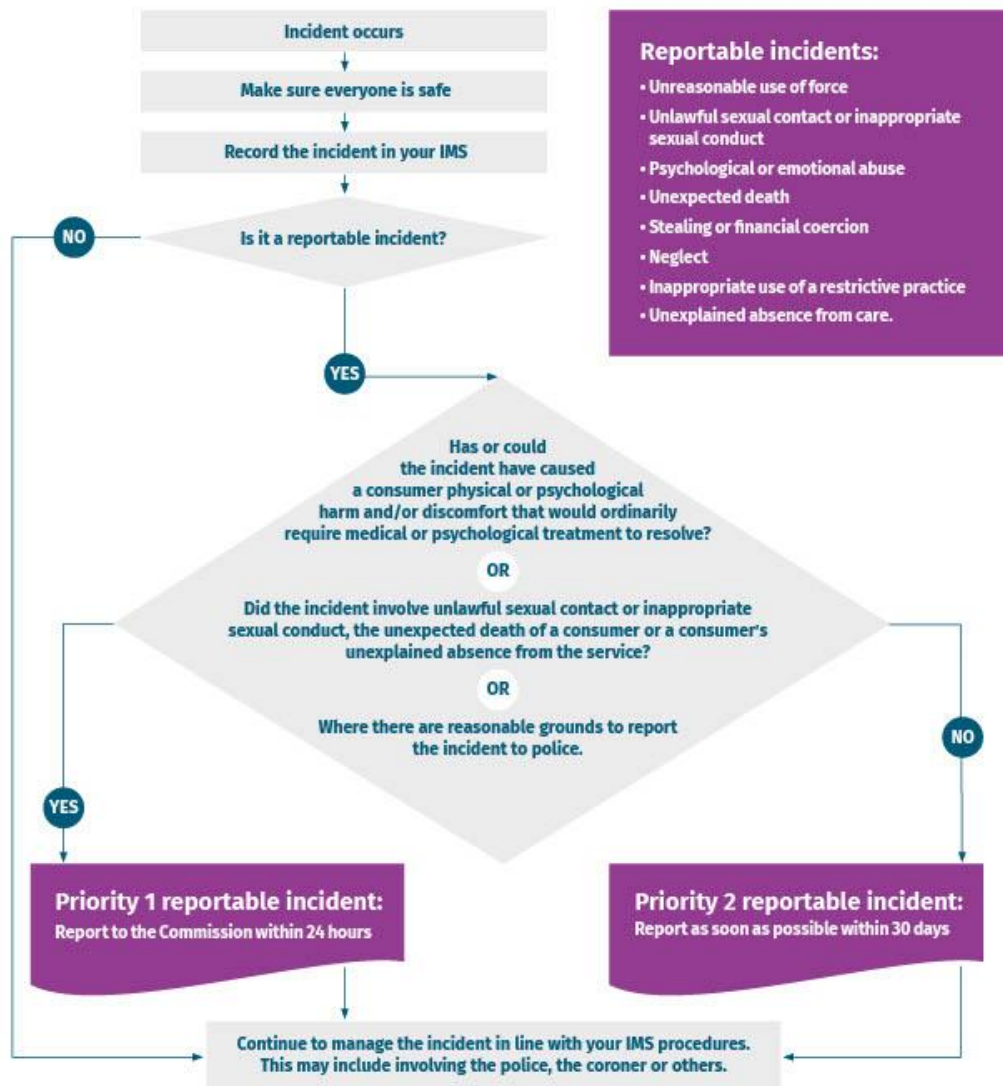


Figure 2: Reportable Incidents Workflow



# Reportable incidents workflow

Take the following steps when an incident occurs in your residential aged care service:



Reportable incidents should be reported to the Commission using the My Aged Care Provider Portal.

1800 951 822  
agedcarequality.gov.au/sirs



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

- Senior Manager
- General Manager
- 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](#).

We also designate a worker to support the participant 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 Senior Manager. Criminal offences may include physical and sexual assault, theft and acts of a sexual nature.

The Senior 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<sup>14</sup>

### 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 participant(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.

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<sup>14</sup> 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.<sup>15</sup>

### 6.3.2 REPORT TO THE POLICE<sup>16</sup>

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](#).
- A participant's absence from their care environment remains unexplained after all reasonable measures to locate the participant have been exhausted. The report is made within a reasonable timeframe so an appropriate response and action can be taken to locate the participant. (See [Missing or Not at Home Participants](#).)

### 6.3.3 REPORT TO THE CORONER

The Director Care Services in consultation with the Medical Practitioner contacts the Coroner of Victoria (through the Coronial Admissions and Enquiries<sup>17</sup> (CA&E) office on 1300 309 519, 24 hours-a-day, 7 days-a-week) if a participant dies unexpectedly and takes advice as to next steps.

## 6.4 NOTIFYING PRIORITY 2 INCIDENTS<sup>18</sup>

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.<sup>19</sup>

## 6.5 FINAL REPORT TO THE COMMISSION<sup>20</sup>

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

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<sup>15</sup> Australian Government Aged Care Quality and Safety Commission [Serious Incident Response Scheme Guidelines for providers of home services](#) November 2022 p 54

<sup>16</sup> Australian Government Aged Care Quality and Safety Commission [Serious Incident Response Scheme Guidelines for providers of home services](#) November 2022 p 23

<sup>17</sup> Victoria State Government Coroners Court of Victoria [Report a death or fire For healthcare professionals](#) Website accessed September 2024

<sup>18</sup> Australian Government Federal Register of Legislation [Aged Care Rules 2025](#) 165A-30, 165A-40

<sup>19</sup> Government Aged Care Quality and Safety Commission Submitting a SIRS notification/[Example responses Website](#) accessed August 2024

<sup>20</sup> Australian Government Federal Register of Legislation [Aged Care Rules 2025](#) 165A-45



- Be submitted in writing, using the approved Commission form
- Include the specific information requested by the Commission.

## 6.6 DIRECT REPORTING TO THE COMMISSION OR POLICE

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

## 7 INVESTIGATIONS OF INCIDENTS

The Senior Manager is responsible for investigating all SIRS incidents and completes the [ACQSC Investigation Plan template](#). (See [Incident Management](#).)

### DOCUMENT INFORMATION

<b>Owner**</b>	Director Care Services
<b>Date Approved</b>	1 August 2024
<b>Applicable Aged Care Programs</b>	SAH
<b>Review History</b>	Developed: 1 August 2024
Date of review and summary of changes	12 March 2024. Document control, Registered Nurse changed to Clinical Care manager, process updated to meet home care requirements
Date of review and summary of changes	June 2025 – added reference to the <a href="#">ACQSC Investigation Plan</a>
Date of review and summary of changes	July 2025: added references to <a href="#">My Aged Care Service and Support Portal</a> , SaH and the Statement of Rights
Date of review and summary of changes	12 December 2025: added changes from the Act and Rules
Date of review and summary of changes	
Date of review and summary of changes	

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