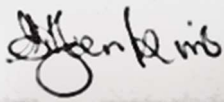


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Previous titles	N/A
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Signature by Management representative	
	Chairperson, Suzanne Jenkins



## AGED SERVICES: SERIOUS INCIDENT RESPONSE POLICY

Internal ECS References	
<i>In S:\0 CURRENT POLICY &amp; PROCEDURES:</i>	<i>In S:\1 CURRENT FORMS:</i>
	<i>Volunteer Worksheet</i>
<i>Duty of Care Policy</i>	<i>Aged Services Clients Attendance Log</i>
<i>WHS Policy</i>	
<i>Aged Services: Rights &amp; Responsibilities of Clients Policy</i>	
<i>Aged Services: Client Files Policy</i>	<i>SIRS Log</i>
	<i>Client notes in s:\2 current AGED SERVICES TEAM</i>

External References	
<a href="https://www.health.gov.au/resources/publications/commonwealth-home-support-programme-chsp-manual">https://www.health.gov.au/resources/publications/commonwealth-home-support-programme-chsp-manual</a>	<i>Aged Care Quality Standards at</i> <a href="https://www.agedcarequality.gov.au/providers/standards">https://www.agedcarequality.gov.au/providers/standards</a>
<a href="https://www.health.gov.au/resources/publications/commonwealth-home-support-programme-guidelines">https://www.health.gov.au/resources/publications/commonwealth-home-support-programme-guidelines</a>	<a href="https://www.ecs.org.au/abuse-collaborative">https://www.ecs.org.au/abuse-collaborative</a>
<a href="https://www.agedcarequality.gov.au/sirs/decision-support-tool">https://www.agedcarequality.gov.au/sirs/decision-support-tool</a>	

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## 1. POLICY STATEMENT

ECS is committed to meeting the obligations of its funded role through the Commonwealth Home Support Programme (CHSP) to provide specified supports to people frail from age. This Policy outlines how ECS will meet CHSP compliance requirements to have an effective Serious Incident Response System (SIRS) to empower management, staff and clients to drive a continuous improvement process throughout the service, by:

- helping to prevent incidents within ECS Aged Services
- supporting ECS with responding to alleged, suspected or witnessed incidents in a timely manner
- over time, lift the quality and safety of care and services provided to ECS clients

The ECS SIRS operates within the context of other key policies and procedures that ECS follows when exercising duty of care:

- Police and/or ambulance 000 should always be called first for serious injury or current threat
- Knowledge and understanding of relevant legislation by decision-makers and skills and capacity of workforce
- Compliance with funding agreements and quality standards by all, and participation in development of ECS services, policy and procedures
- Information gathering, storage and exchange by all that is lawful [ie. provides privacy, confidentiality and protection of vulnerable persons]
- Maintenance of a safe workplace environment by all that minimises risk of harm to clients [eg. all ECS personnel are cleared through background checks, including a Criminal Check and Working With Children Check]
- Individual workers to appropriately observe, and engage with, clients in order to identify and respond to any at risk of harm [specifics below]
- Everyone to provide information and advice within their area of expertise, and act according to their job roles when intervention is required, whether reporting to a supervisor or an external body [procedures detailed below]
- Everyone to work together as the ECS Team, sharing knowledge and experience, and in collaboration with colleagues in other organisations to benefit vulnerable clients
- Everyone to speak up and discuss concerns about the welfare of clients and/or the actions of colleagues that may cause harm

### 1.1 Definitions

abuse of older people = any behaviour, in a relationship where there is an expectation of trust between the person who has experienced abuse and the abuser, that causes physical, psychological, financial or social harm to an older person [consumer scams, harassment and criminal acts by strangers or more distant acquaintances, self-neglect or self-mistreatment are not included in the definition]

clients = term used across ECS programs and policy documents instead of “consumer”, which is specific to Aged Care

ECS workers = anyone who carries out work on behalf of ECS, including staff, volunteers [including management committee members], contractors and students on placement

incident = any act, omission, event or circumstance that occurs in connection with the provision of care to a client that has (or could reasonably have been expected to have) caused harm to the client or another person (such as a staff member or someone else involved in the incident)

serious reportable incident = identified by ECS Manager, under SIRS definitions and using

<https://www.agedcarequality.gov.au/sirs/decision-support-tool>

### 1.2 Acronyms

CHSP = Commonwealth Home Support Programme

DSS = Australian Government Department of Social Services

ECS = Engadine Community Services

SIRS = Serious Incident Response Scheme

## 2. GENERAL POLICY

The Serious Incident Response Scheme (SIRS) started on 1 December 2022 for the Commonwealth Home Support Programme (CHSP) and requires identification, documentation and specific reporting and actions by ECS in response to abuse of older people and other incidents that may occur during service delivery. This policy acts connects to existing ECS policies, especially **Duty of Care Policy**, **WHS Policy** and **Aged Services: Risk Governance Policy**.

## 2.1 What is a Serious Incident?

Incidents are any acts, omissions, events or circumstances that occur in connection with the provision of care to a client and have (or could reasonably have been expected to have) caused harm to a client or another person (such as a staff member or someone else involved in the incident). Based on the above description, an incident has two core characteristics:

- it (an act, omission, event or circumstance) is connected to the provision of care to a client, and;
- it has caused harm, or could reasonably have been expected to cause harm, to a client or another person.

There are eight types of reportable incidents under the SIRS:

1. unreasonable use of force – for example, hitting, pushing, shoving, or rough handling a person who receives aged care
2. unlawful sexual contact or inappropriate sexual conduct – such as sexual threats against a person who receives aged care, stalking, or sexual activities without consent
3. neglect of a person who receives aged care – for example, withholding personal care, untreated wounds, or insufficient assistance during meals
4. psychological or emotional abuse – such as yelling, name calling, ignoring a person who receives aged care, threatening gestures, or refusing access to care or services as a means of punishment
5. unexpected death – 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
6. stealing or financial coercion by a staff member – for example, if a staff member coerces a person to change their will to their advantage, or steals valuables from them
7. inappropriate use of restrictive practices such as where a restrictive practice is used without prior consent or without notifying the person's representative as soon as practicable; where a restrictive practice is used in a non-emergency situation; when a provider issues a drug to a person to influence their behaviour as a form of restrictive practice
8. unexplained absence from care – where the person is absent from the service without explanation and there are reasonable grounds to report the absence to the police

As described in the **Duty of Care Policy**, all ECS workers have a responsibility to support clients without abuse [1, 2, 3, 4 and 6, listed above], but only as their job description dictates; ECS does not provide personal care, so some of the above reportable incidents are unlikely in ECS services [2, 3, 7].

## 2.2 ECS Responsibilities

Incident management is integral to risk management, continuous improvement, and the delivery of safe and quality care to aged care clients. All Commonwealth-funded providers of aged care have responsibilities regarding incident management, including as set out under the *Aged Care Quality Standards*:

- for “managing and preventing incidents, including the use of an incident management system” [*Requirement 3(d)(iv) of Standard 8*]
- to demonstrate that “an open disclosure process is used when things go wrong” [*Requirement (3)(c) of Quality Standard 6 and per the Charter of Aged Care Rights*]

An effective incident management system is a set of protocols, processes and standard operating procedures, in place and maintained, that staff are trained and expected to use. This means ECS is responsible for adopting a systematic approach to minimising the risk of incidents occurring, responding appropriately to alleged, suspected and witnessed incidents, and taking action to prevent reoccurrence.

## 3. RESPONDING TO SERIOUS INCIDENTS

This SIRS has been developed to support ECS to deliver safe, quality care and services for Aged Services clients. It:

- supports ECS to identify risks to clients and put strategies in place to mitigate risk and prevent incidents
- boosts the trust and confidence of people receiving aged care (and their family or representatives) that the care and services provided will keep clients safe and promote their wellbeing
- supports a ‘blame free’ culture with a focus on understanding, learning and improvement
- informs care assessment and planning
- can identify areas where training and development are needed for staff

### 3.1 Identification of Serious Incidents

ECS workers must follow a range of organisational policy to prevent harm to clients or others when providing ECS services; however, incidents may occur through either:

- accidental/unintentional acts or emissions or
- deliberate/intended ‘abuse’, involving a single act, repeated behaviour or a lack of appropriate action

As described in the **Duty of Care Policy**, all ECS workers have a responsibility to support clients without abuse [1–7] and report to the Aged Services Coordinator or ECS Manager if an accident occurs or if a client is hurt. The **WHS Policy** requires all ECS workers to follow relevant ECS policy and procedures to support clients in a safe way, avoid risk of harm and act immediately if someone is in danger or requires medical assistance [1, 2, 5].

While outside SIRS, suspected and actual abuse of older people by family and friends, or even another aged care service, is taken very seriously by ECS. We know that ECS workers observe clients and can learn more about them during the period of service delivery, so and must be reported to the Aged Services Coordinator or ECS Manager for investigation, as described in the **Duty of Care Policy**,

ECS Manager and the Aged Services Coordinator are responsible for the final classification of incidents for Reporting [below], but a serious incident at ECS may be identified as follows:

<b><i>Behaviours by person causing harm that ECS workers might observe or commit</i></b>	<b><i>Signs of abuse that could become apparent during client interactions with ECS</i></b>
1. Hitting, slapping & punching; burning; restraining; locking the person in a room or vehicle	1. Injuries or bruises, lacerations, abrasions & scratches; burns; broken bones; eye injuries; pressure sores from the use of restraints; hypothermia or dehydration; cringing or acting fearfully
2. Non-consensual sexual contact, language or exploitative behaviour; inappropriate touching; unwanted exposure to pornography; sexual harassment	2. Trauma or injury to face, neck; scratches, bruises, pain on touching, choke marks on throat, burn marks; anxiety when near the alleged perpetrator
3. Neglect of a person who receives aged care – for example, withholding personal care, untreated wounds, or insufficient assistance during meals	
4. Psychological or emotional abuse – such as yelling, name calling, ignoring a person who receives aged care, threatening gestures, or refusing access to care or services as a means of punishment; degrading, or otherwise treating an older person as if they are a child; threatening to harm the person, other people or pets; preventing the person from speaking; repeatedly telling the older person that they are not capable or have impairment; preventing the person from engaging in religious or cultural practices	4. Depression or tearfulness; feelings of helplessness; excessive fear; confusion or agitation; appearing ashamed or resigned; unexplained paranoia; changes in levels of self-esteem & marked passivity or anger
5. Unexpected death – 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	
6. Stealing or financial coercion by a staff member – for example, if a staff member coerces a person to change their will to their advantage (such as signing paperwork concerning property, wills or powers of attorney), or steals valuables from them (such as jewellery, credit cards, cash, equipment or other goods); using banking & financial documents without authorisation (such as credit cards)	6. Unexplained or sudden inability to pay bills; unexplained disappearance of possessions; lack of funds for food or clothing; disparity between living conditions & money
7. Inappropriate use of restrictive practices such as where a restrictive practice is used without prior consent or without notifying the person’s representative as soon as practicable; where a restrictive practice is used in a non-emergency situation; when a provider issues a drug to a person to influence their behaviour as a form of restrictive practice	
8. Unexplained absence from care – where the person is absent from the service without explanation and there are reasonable grounds to report the absence to the police	8. No reasonable answer or response when ECS worker does a <b>Welfare Check</b> [ECS delivers social support services that experience daily ‘absence from care’, requiring phone checks using the <i>Aged Services Clients Attendance Log</i> to determine if they are ‘unexplained absence from care’]

**Note to volunteers: Please do not under any circumstances conduct your own investigation - simply report to Coordinator.**

### 3.2 Immediate Actions

When a serious incident has occurred, safety is always the first concern of ECS workers. Any ECS worker is permitted to call 000 in the following circumstances:

- If someone has sustained a life-threatening injury or is unstable, an ambulance is called; First Aid can be applied while awaiting medical care [see **WHS Policy**], but ECS workers must not lift or move the seriously injured person/s.
- If there is further risk of harm to the victim, due to an uncontrolled human situation [eg. weapon, assault], Police are called; ECS workers must not intervene if their own safety is at risk.
- If there is further risk of harm to the victim, due to an environmental disaster [eg. fire, flood], Fire or Emergency Services are called; ECS workers must not intervene if their own safety is at risk.

Section 4 of the **Aged Services: Risk Governance Policy** lists procedures for some scenarios. Each action may proceed in a slightly different way, but always includes a record in relevant *Client Notes*:

Observation of concern	Recommended action/communication with client [eg. monitoring, talk to client, emergency contact, referral]	Organisational response [eg. policy, workforce, documentation, external reporting]
Non response to friendly phone calls Non response to home visits or non attendance at care/groups	<ol style="list-style-type: none"> <li>1. Call client again</li> <li>2. Call next of kin/emergency contact</li> <li>3. Call ambulance, if client is located and found to be injured</li> <li>4. Call police, if no contact/can't find client</li> </ol>	<p>Callers are trained to leave a message on answering machines: "call back to the office so we know you are okay"</p> <p><b>Process in SIRS Log [if 3, 4]</b> see <b>WHS Policy</b> re impact on ECS worker</p>
Unexplained serious injuries eg. bruises Untreated wounds eg. skin tears, burns	<ol style="list-style-type: none"> <li>1. Call ambulance, if uncontrolled bleeding or head injury</li> <li>2. Suggest client seeks medical advice</li> <li>3. Monitor</li> <li>4. If condition is not explained/controlled by the client, call next of kin/emergency contact <i>or consider if abuse</i></li> </ol>	<p>see <b>WHS Policy</b> re First Aid, impact on ECS worker etc see <b>Duty Of Care Policy</b> in responding to suspected abuse <b>Process in SIRS Log [if 4]</b></p>
Signs of depression	<ol style="list-style-type: none"> <li>1. Call ambulance if injured</li> <li>2. Monitor for recurrence during ECS service delivery</li> <li>3. Suggest client seeks medical advice</li> <li>4. Monitor</li> <li>5. If condition is not explained/controlled by the client, call next of kin/emergency contact <i>or consider if abuse</i></li> </ol>	<p>see <b>WHS Policy</b> re First Aid, impact on ECS worker etc see <b>Duty Of Care Policy</b> in responding to suspected abuse</p>
Memory loss Confusion Slurring of speech	<ol style="list-style-type: none"> <li>1. Call ambulance, if sudden</li> <li>2. Monitor for recurrence during ECS service delivery</li> <li>3. Suggest client seeks medical advice</li> <li>4. Monitor for recurrence during ECS service delivery</li> <li>5. If condition is not explained/controlled by the client, call next of kin/emergency contact <i>or consider if abuse</i></li> <li>6. If dementia, refer to My Aged Care for reassessment</li> </ol>	<p>see <b>Duty Of Care Policy</b> in responding to suspected abuse <b>Process in SIRS Log [if 1]</b></p>
Negative impacts of alcohol consumption eg. sick, lack of balance	<ol style="list-style-type: none"> <li>1. Call ambulance, if poisoning suspected</li> <li>2. Monitor for recurrence during ECS service delivery</li> <li>3. Suggest client seeks medical advice</li> <li>4. Monitor for recurrence during ECS service delivery</li> <li>5. If condition is not explained/controlled by the client, call next of kin/emergency contact <i>or consider if abuse</i></li> <li>6. If addiction, refer to My Aged Care for reassessment</li> </ol>	<p>see <b>WHS Policy</b> re First Aid, impact on ECS worker etc see <b>Duty Of Care Policy</b> in responding to suspected abuse</p>
Constipation	<ol style="list-style-type: none"> <li>1. Suggest client seeks medical advice</li> <li>2. Monitor for recurrence during ECS service delivery</li> <li>3. If condition is not explained/controlled by the client, call next of kin/emergency contact</li> </ol>	<p>see <b>Duty Of Care Policy</b> in responding to suspected abuse</p>
Shortness of breath Difficulty breathing Choking Difficulty swallowing Pain Bleeding Dizziness Vomiting	<ol style="list-style-type: none"> <li>1. Call ambulance, if doesn't stop</li> <li>2. Suggest client seeks medical advice</li> <li>3. Monitor for recurrence during ECS service delivery</li> <li>4. If condition is not explained/controlled by the client, call next of kin/emergency contact</li> </ol>	<p>see <b>WHS Policy</b> re First Aid, impact on ECS worker etc</p>

Diarrhoea		
Incontinence Weight loss	<ol style="list-style-type: none"> <li>1. Suggest client seeks medical advice</li> <li>2. Monitor for recurrence during ECS service delivery</li> <li>3. If condition is not explained/controlled by the client, call next of kin/emergency contact</li> </ol>	see <b>WHS Policy</b> re First Aid, impact on ECS worker etc see <b>Duty Of Care Policy</b> in responding to suspected abuse
Not eating	<ol style="list-style-type: none"> <li>1. Monitor for recurrence during ECS service delivery</li> <li>2. Suggest client seeks medical advice</li> <li>3. If condition is not explained/controlled by the client, call next of kin/emergency contact</li> </ol>	
Hearing loss	<ol style="list-style-type: none"> <li>1. Suggest client seeks medical advice</li> <li>2. If condition is not explained/controlled by the client, call next of kin/emergency contact</li> </ol>	

This list is not exhaustive. Other issues concerning clients' health and wellbeing that are observed by ECS workers must be reported to the Aged Services Coordinator for action. ECS Manager must be notified as soon as practicable.

**The role of ECS workers stops here; Coordinators and ECS Manager only beyond this point**

Once no one is in immediate danger, ECS Manager will make the necessary calls and follow steps outlined in at least one of the following:

- section 5.5 and 5.6 of the **Duty of Care Policy**
- section 9 and 10 of the **WHS Policy**
- section 4 of the **Aged Services: Risk Governance Policy**

The ECS Manager and/or the Aged Services Coordinator will use the SIRS decision support tool to determine the difference between Priority 1 and Priority 2 reportable incidents [per 4.1, below], then report [per 4.2, below] any Priority 1 incidents to the Aged Care Quality and Safety Commission within 24 hours of becoming aware of an event:

- Physical or psychological injury or discomfort needing some form of medical or psychological treatment by a nurse, doctor or allied health professional
- Unlawful sexual contact and inappropriate sexual conduct
- Unexpected death
- Unexplained absence from care
- Uncertainty about the impact on the consumer
- Reasonable grounds for report to Police

Providers must also file a police report within 24 hours of incidents that are unlawful or considered to be of a criminal nature, such as an assault.

#### 4. DOCUMENTATION & COMMUNICATION

ECS has a specific *SIRS Log* from which information is drawn for reporting of serious incidents that meet SIRS criteria. The *SIRS Log* is the product of several recordkeeping processes [detailed in *Aged Services: Client Files Policy*] and sits on the Coordinators' H drive.

##### 4.1 ECS Recordkeeping

ECS workers maintain a range of records to document their exchanges with Aged Services clients and changes in conditions that affect individual clients and the service in general in the s: drive]. In relation to reportable serious incidents there are three documents mostly likely to be used as part of the documentation and communication process:

- *Volunteers Worksheet* – This is completed by volunteers that do Individual Social Support. Any incidents would also be discussed with the Aged Services Coordinator immediately.
- *Client Notes* – This document is a day-to-day record of any exchanges with each clients; notes would be added if an incident occurred or a process begins per 3.2 [eg. if a client does not attend a Social Support group when expected, a phone call is made to check on the client each time]
- *WHS Incident Report* – This is completed for any incident or near miss, particularly those that involve physical injury per **WHS Policy**

##### 4.2 Reporting Requirements

Priority 1 incidents to the Aged Care Quality and Safety Commission within 24 hours of becoming aware of an event; Priority 2 incidents must be reported within 30 days. Reportable incidents for ECS can be lodged by the Aged Services Coordinator for ECS

Manager only using the SIRS Notice tile on the My Aged Care Service and Support portal. If they have a Serious Incident Response Scheme (SIRS) enquiry, they can:

- Call 1800 081 549 between 9:00 am and 5:00 pm seven days a week
- email [sirs@agedcarequality.gov.au](mailto:sirs@agedcarequality.gov.au)

If reporting there was no impact from an incident, providers need to explain to the Commission the rationale behind the assessment.

#### 4.3 Communication With Clients and their Families

As required by the Aged Care Standards and ECS' contract, ECS has a policy of open disclosure regarding incidents. The affected client/s will receive verbal and written apologies containing details of errors, but no information that would breach privacy obligations to individual ECS workers or clients, or create further risk. Clients can choose to involve a family member, friend or advocate, if they wish [see ***Aged Services: Rights & Responsibilities of Clients Policy***].

### 5. ASSISTING THE PEOPLE AFFECTED

ECS recognises that abuse of older people exists in the community and that, in the course of its work, workers may encounter suspected and actual abuse situations involving either care recipients or carers. ECS is also an active member of [and Secretariat for] Collaborative Against Abuse of Older People in Sutherland Shire [see <https://www.ecs.org.au/abuse-collaborative>], which produces assistive materials for workers and clients.

#### 5.1 Support of ECS Workers

ECS is committed to providing information and training on protection and abuse issues and continuing support of staff and volunteers who encounter situations involving ECS clients, including:

- informing all volunteers and paid staff about agency policy and procedures to be followed in cases of suspected or actual abuse and harm
- making a copy of the policy available to all staff on request
- encouraging staff to participate in available training
- offering continuing support, supervision and debriefing to all workers identifying abuse situations
- ensuring that staff reporting abuse situations are free from retribution or retaliation

In the case of allegations of abuse and neglect made by someone against ECS workers, ECSs complaints and grievance resolution policies and procedures will be adhered to (see ***Complaints Policy***). Any allegation of abuse or neglect must be investigated and dealt with as a priority and as expeditiously as possible and must be reported to the ECS Management Committee.

People will be encouraged and supported to report allegations of criminal conduct to the police. Support will be offered and the ECS Manager's role and the role of the Aged Services Coordinator is the same as above, in 4.5. Where appropriate, it will be recorded in the *Feedback & Complaints Register*.

#### 5.2 Support of Clients

As independent adults with entry-level needs [see ***Aged Services: Access to Services Policy***], older people who are at risk of or have experienced abuse will be:

- provided with information about available options
- encouraged and assisted to make their own decisions
- respected and given the choice to refuse services if competent to make the decision

Each ECS client has the right to be free from abuse. ECS staff and volunteers are required to treat all clients and everyone else who comes into contact with the organisation with respect and consideration at all times (see *ECS Team Agreement*). Where a sub-contractor is engaged, such as an exercise instructor, s/he is regarded as an ECS worker [see also ***WHS Policy***]. Support will be provided per section 3.2.

## 6. REVIEW & IMPROVE

ECS has a process for analysing all incidents to determine:

- what occurred
- whether the incident could have been prevented
- how well the incident was managed and resolved
- what action (if any) needs to be taken to minimise the impact of an incident
- what action (if any) needs to be taken to prevent similar incidents from occurring in the future
- whether other bodies need to be notified of an incident

A specific panel will be convened following a SIRS report consisting of ECS Manager, the Aged Services Coordinator and a Management Committee member to conduct an investigation will be undertaken to establish:

- the causes of an incident
- the effects of an incident
- any operational issues that may have contributed to the incident occurring
- if any remedial action is required

Affected clients will be interviewed as part of the investigation and consulted regarding any potential actions; they can choose to involve a family member, friend or advocate, if they wish [see ***Aged Services: Rights & Responsibilities of Clients Policy***].

ECS Management Committee [and ECS team, as appropriate] will be given a report on the incident and circumstances in which remedial action may be required, including where:

- an incident may have been prevented (or the severity of the impact lessened) by an adjustment to a standard practice or process and/or some decision or action by a staff member
- there is an ongoing risk to consumers, staff or others
- a decision or action taken immediately after an incident in order to mitigate impact and ongoing risk has unintended consequences