Incident reporting in context: FAQs

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Aged Care Quality and Safety Commission

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On 11 August 2026, the Aged Care Quality and Safety Commission held a sector webinar: Incident reporting in context – what's changed. The key themes from the questions asked during the session have been summarised in the FAQs below.

Q: Do we have to report incidents which don't occur during the delivery of service? For example, staff arrive at an older person's home and are informed the older person fell the previous day.

A: An incident does not need to occur during the delivery of a service to be reportable. If there is a connection between the incident and the provider's delivery (or failure to deliver) aged care services, reporting obligations may still apply.

For example, if the fall is not connected to the delivery of services (or failure to deliver), the incident is not reportable to the Commission. However, should still be responded at part of the provider's incident management obligations.

Recording incidents in an Incident Management System (IMS) is important, even when an incident is not reportable to the Commission. An IMS helps providers identify emerging risks, monitor patterns and trends, review whether care plans or support arrangements need to change, and take action to reduce the likelihood of similar incidents occurring in the future.

Q: If interventions were in place and a wound still deteriorated due to age-related factors, poor oral intake, decline in care, etc., is this still reported as SIRS?

A: Not necessarily. The key consideration is whether there are reasonable grounds to believe a reportable incident, such as neglect, has occurred.

If neglect is alleged, the incident is reportable. If there is no allegation, providers should consider whether there are reasonable grounds to suspect neglect or another reportable incident category applies.

For example, if appropriate assessments, monitoring, care planning, treatment, and interventions were implemented and followed, and the wound nevertheless deteriorated because of underlying clinical factors, the person's health condition or informed consumer choice, there may not be reasonable grounds to suspect neglect.

However, if there is evidence that appropriate care was not provided, assessments were not undertaken or not followed, or deterioration was not appropriately monitored or responded to, providers should consider whether there are reasonable grounds to suspect neglect and whether a reportable incident notification is required.

Q: Are first aid measures provided by support workers considered medical treatment?

A: Generally, no. Current guidance explains that "medical or psychological treatment" refers to treatment that can only be provided by specific regulated professionals (i.e. medical practitioners, nurse practitioners, registered nurses, psychologists, and social workers). The determining factor is scope of practice.

Basic first aid measures such as:

- Applying a band-aid
- Applying an ice pack
- Cleaning a minor graze

would generally not be considered medical treatment for SIRS Priority 1 classification purposes.

Q: Is there an expectation that workers write incident reports? Does it have to be reported to an RN first, or should the RN write the incident?

A: Providers should have clear policies outlining responsibilities. Any worker who witnesses, discovers, or becomes aware of an incident should document and report it promptly according to organisational requirements.

The person documenting the incident does not necessarily need to be an RN. However, incidents requiring clinical assessment should be escalated promptly to the RN or appropriate clinician. Providers must also have systems that allow incidents to be identified, escalated and reported at any time, including weekends and public holidays.

Q: Is a Notice of Additional Information required for all Priority 1 SIRS even if all information was provided in the initial notification?

A: No. The requirement is to provide information that was unavailable at the time of the initial notification within the following five days. If all required information has already been supplied and no significant new information becomes available, an additional submission may not be necessary. For further detail on all the required information see sub-section 165A-25 (4) of the *Aged Care Rules 2025.*

As Priority 1 incidents are reportable within 24 hours it is common for providers to submit additional information to outline further actions proposed to be taken in response to the incident.

Q: Where the severity of impact takes greater than 24 hours to become evident and the incident changes from Priority 2 to Priority 1, would this be considered a late submission?

A: Reporting timeframes commence when the provider becomes aware of information that makes the incident reportable at that level. If an incident was assessed as Priority 2 initially and later clinical information demonstrates that it meets Priority 1 criteria, the provider should update the report promptly once that information becomes known.

The provider should maintain clear records explaining:

- The original assessment.
- The new information received.
- The time the reclassification decision was made.

This helps demonstrate that the provider acted reasonably based on the information available at each stage.

Resources:

- **Reportable incidents: Neglect: fact sheet**
- **Reportable incidents and SIRS: A quick guide to changes from 1 Nov 2025**
- **Support tool | Aged Care Quality and Safety Commission**
- Other SIRS fact sheets and provider guidance available through the Aged Care Quality and Safety Commission website: **The Serious Incident Response Scheme | Aged Care Quality and Safety Commission**

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