



Australian Government

Aged Care Quality and Safety Commission

Incident reporting in context – what's changed

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Complaints Commissioner

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Acknowledgement of Country

In the spirit of reconciliation, the Aged Care Quality and Safety Commission acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, water and community. We pay our respect to their Elders, past, present and emerging and extend that respect to all Aboriginal and Torres Strait Islander peoples.

Artwork by Dreamtime Creative





Session overview

The Serious Incident Response Scheme: post new Aged Care Act 2024

- What has changed and what remains the same?
- What does this mean in practice?
- Scenarios
- Q and A



Recent changes to SIRS

Under the *Aged Care Act 2024* and the Aged Care Rules 2025, as of 1 November 2025

Update to the
definition of a
Priority 1 incident

Update to the
definition of neglect

Combining
of unexplained
absence and
missing person
incident

Changes to the
terms we use



Updates to the definition of a Priority 1 incident

- The phrase 'could reasonably be expected to have caused (harm)' has been removed.
- Medical or psychological treatment for a Priority 1 incident is treatment that can **only** be provided by a:
 - Medical practitioner
 - Nurse practitioner
 - Registered nurse
 - Psychologist
 - Social worker.



Definition of Neglect

Neglect was formerly defined in broad terms, such as “breach of duty of care,” and “breach of professional standards.”

The new definition of Neglect focuses on:

Exposing an older person to risk of serious harm.

Significant failures in care.

Patterns of poor conduct across the organisation.

Grossly inadequate service.

Reckless or intentionally negligent care.

Neglect does not include:

Decline in an older person’s health because of disease.

When an older person makes an informed choice to not receive care or services



What do auditors consider when assessing compliance?

They:

- Gather information from multiple sources
- Review policies, procedures and other documentation
- Speak with older people and their supporters
- Speak with governing body members, senior leaders, service managers, workers and clinicians
- Observe care and service delivery

We look for evidence that incidents are identified, reported, investigated and addressed appropriately.

Scenario 1:

A worker identified a pressure injury, and the nurse assessed it as a Stage 2 pressure injury.

- Appropriate interventions were implemented, including a wound care chart, repositioning schedule, requested installation of an air mattress and commencement of a high protein diet.
- Ten days later it was noted the wound had deteriorated and now unstageable.
- The wound chart had not been followed and there was no air mattress in place.
- An investigation found there had been 4 additional older people who had developed pressure injuries in the previous month. In 3 of these cases, wound management had not been provided as per chart.
- It was noted the incidents involved different workers.





Open Disclosure

Providers must have open, honest and empathic conversations with the older person when something goes wrong.

- **Acknowledge** what went wrong.
- **Apologise** to the older person for what went wrong and how they were impacted.
- **Find out** what happened, why it happened, and how you can stop it from happening again.
- **Explain** what happened and why to the older person, in a way that they understand.
- **Communicate** openly and respectfully throughout the open disclosure process.

Scenario 2:

- Elizabeth was heard calling out from her room.
- A worker found the door was locked and unable to be opened.
- Verbal reassurance was provided and the RN attended with keys to unlock the door.
- Elizabeth was found sitting on her bed, stating, 'I couldn't get out'.
- RN assessment completed; no physical injuries noted.
- Elizabeth had been incontinent.
- Elizabeth appeared distressed by the incident.
- The worker provided hygiene care and emotional support.
- Elizabeth settled during breakfast and later reported feeling much better.





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Questions





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