

Serious Incident Response Scheme (SIRS) Notice

Digital only form

You must complete this form digitally using a PDF reader application.

- Do not open the PDF in a web browser or on a handheld device.
- This form cannot be printed.

To submit your completed forms, email them to forms.sirs@agedcarequality.gov.au.

When to use this form

Use this form to notify the Aged Care Quality and Safety Commission (the Commission) of a reportable incident if the online form available via the My Aged Care Provider Portal is not available to you. A reportable incident is defined by section 16 of the *Aged Care Act 2024* and Chapter 1, Part 7, Division 1 of the Aged Care Rules 2025.

What serious incidents are reportable?

Reportable incidents include:

- Unreasonable use of force
- Unlawful sexual contact or inappropriate sexual conduct
- Psychological or emotional abuse
- Unexpected death
- Stealing or financial coercion by a staff member
- Neglect
- Inappropriate physical or chemical restraint
- Unexplained absence from care.

When reporting a serious incident 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

Why do I have to report these serious incidents?

All Australians have a right to live free from abuse or neglect. The Serious Incident Response Scheme (SIRS) also introduces explicit obligations for providers to report a broader range of serious incidents to the Commission. This will, in turn, help build providers' capability to respond to serious incidents promptly and decisively, and to ensure that aged care consumers have the support they need.

When do I have to report serious incidents?

Priority 1 (P1) incidents

You need to report all Priority 1 incidents within 24 hours 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 forms.sirs@agedcarequality.gov.au.

A Priority 1 reportable incident is a reportable incident:

- That has caused an individual physical or psychological injury or discomfort that requires medical or psychological treatment to resolve, or
- Where there are reasonable grounds to report the incident to police, or
- That is an unexplained absence in circumstances where there are reasonable grounds to report the absence to police, or
- That involves unlawful sexual contact or inappropriate sexual contact inflicted on an individual, or
- That is an unexpected death of the consumer; this includes death in circumstances where:
 - (a) Reasonable steps were not taken by the Registered Provider to prevent the death; or
 - (b) The death is a result of:
 - (i) Care or services provided by the Registered Provider; or
 - (ii) A failure of the Registered Provider to provide care or services.

Priority 2 (P2) incidents

All Priority 2 incidents need to be reported within 30 days of becoming aware of the incident. This includes all other reportable incidents that do not meet the criteria for a Priority 1 incident.

After submission

For Priority 1 notifications, 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 info@agedcarequality.gov.au, within 5 days of becoming aware of the incident.

Failure to notify reportable incidents within specified time frames may arise in compliance action from the Commission.

Provider guidelines

The [Serious Incident Response Scheme – Provider guidelines](#)  describes the responsibilities of providers in relation to the SIRS. It includes information on:

- The requirements relating to incident management, response, and prevention
- The types of incidents that must be notified to the Commission
- The requirements for making a notification, including what must be notified and when, and
- The role of the Commission in managing reports and ensuring providers are notifying and responding to reportable incidents.

Questions about this form?

Send your questions and contact details to info@agedcarequality.gov.au.

You can also contact the Commission's Customer Contact Team via phone at 1800 951 822.

For more information on this form visit the [Commission website](#) .

Notice of Collection

You must read the [Notice of Collection](#)  before submitting this form. This notice should be provided to all individuals whose information is being provided to the Commission in the incident notice.

In accordance with Australian Privacy Principle 5 (contained in Schedule 1 of the *Privacy Act 1988*) (APP5), when we collect personal information about an individual either from an individual or via a third party, we are required to take reasonable steps either to notify the individual of certain matters as are reasonable in the circumstances or to ensure that the individual is aware of certain matters. Those matters include:

- the APP entity's identity and contact details
- the facts and circumstances of collection
- the purpose of collection and the entities to who the information may be disclosed.
- whether the collection is required or authorised by law
- the consequences if personal information is not collected
- information about the entity's APP Privacy Policy
- whether the entity is likely to disclose personal information to overseas recipients, and if practicable, the countries where they are located.

To find out how we may use or disclose the personal information you provide to us, please read our [Notice of Collection](#)  The notice outlines the matters we are required to notify the individual of, for the purposes of APP5.

I have read and understood the Notice of Collection

Yes, I acknowledge the statement above

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, I acknowledge the statement above

Section 1: Your details

Section 1.1: Service provider details

1.1.1 Service Provider ID

The ID of the ACO (Aged Care Organisation) that manages/owns the Aged Care Facility or Service in question.

1.1.2 Service Provider

The name of the ACO (Aged Care Organisation) that manages/owns the Aged Care Facility or Service in question.

1.1.3 First name

1.1.4 Last name

1.1.5 Position/Role at provider

Your position, job title or role description at the provider in question.

1.1.6 Enter best contact email ID

Please ensure this is the most appropriate email address for any future correspondence from the Commission relating to this notice.

Contact numbers

At least one contact number is required.

1. Work number, or
2. Mobile number

1.1.7 Work number

1.1.8 Mobile number

1.1.9 Outlet

Section 1: Your details (continued)

1.1.10 Select the setting the incident being reported occurred in

Residential care home
Complete [Section 1.2: Residential care home](#).

Home or community support
Complete [Section 1.3: Home or community support](#).

Section 1.2: Residential care home

1.2.1 Residential Aged Care Facility

This is the Residential Aged Care Facility at which the individual impacted by the incident receives care.

1.2.2 Residential Aged Care ID

This is the RACS ID of the Residential Aged Care Facility.

1.2.3 Where did the incident occur?

Impacted individual's bedroom
Go to [Section 2: Incident details](#).

Subject of allegation's bedroom
Go to [Section 2: Incident details](#).

Hallway
Go to [Section 2: Incident details](#).

Common area
Go to [Section 2: Incident details](#).

Garden
Go to [Section 2: Incident details](#).

Hospital
Go to [Section 2: Incident details](#).

Public place
Complete [question 1.2.4](#).

Other
Complete [question 1.2.4](#).

1.2.4 Describe where the incident occurred

 **End of Section 1.2: Residential care home, go to [Section 2: Incident details](#).**

Section 1.3 Home or community support

1.3.1 Service Name

1.3.2 Service ID

This is the NAPS ID of the service.

1.3.3 Where did the incident occur?

Impacted individual's residence
Go to [question 1.3.5](#).

Hospital
Go to [question 1.3.5](#).

Other
Complete [question 1.3.4](#).

1.3.4 Describe where the incident occurred

Detail the address where the incident being reported occurred.

1.3.5 Care type

CHSP
Complete [question 2.1](#).

Flexible Care
Complete [question 2.1](#).

Home Care Package
Complete [question 2.1](#).

Support at Home
Complete [question 1.3.6](#).

1.3.6 Service type

Home Support

Allied health and therapy

Care management

Domestic assistance

Home or community general respite

Home maintenance and repairs

Meals

Nursing care

Nutrition

Personal Care

Restorative care management

Social support and community engagement

Therapeutic services for independent living

Transport

Assistive technology

Equipment and products

Home modifications

Home adjustments

Section 2: Incident details

For more information on the types of incidents that must be notified to the Commission see the [Serious Incident Response Scheme – Provider guidelines](#).

2.1 Is the reportable incident a Priority 1 or Priority 2?

Priority 1

Priority 1 reportable incidents are reportable incidents:

- that have caused or could reasonably have been expected to cause a consumer injury or discomfort requiring treatment to resolve, or
- where there are reasonable grounds to contact the police, or
- involving the unexpected death of a consumer or a consumer's unexplained absence from the service.

The following incident types are always reported as a Priority 1:

- unlawful sexual contact or inappropriate sexual conduct
- unexpected death
- unexplained absence in the course of the delivery of care services

Priority 2

Priority 2 reportable incidents are any reportable incidents that do not meet the criteria for a Priority 1 reportable incident.

2.2 Who initially raised the concern/made the allegation

Impacted individual

This is the care recipient that experienced the impact or consequences of an allegation.

Other Individual receiving care services (3rd party)

An individual that is receiving care from this provider.

Staff member

An individual employed or otherwise engaged (including as a volunteer) by the provider to deliver funded aged care services.

Sub-contractor (ONLY APPLICABLE TO Home or community support SETTING)

An individual employed by a registered provider as an independent contractor, or employed or otherwise engaged by an associated provider, to deliver funded aged care services.

Family or friend

Other (please enter)

Go to [question 2.3](#).

2.3 If other, please state here

2.4 Date the incident was reported

The date at which the concern or allegations were initially reported to staff of the organisation. Provide the date as DD/MM/YYYY.

2.5 Time the incident was reported

The time at which the concern or allegations were initially reported to staff of the organisation. Provide the time in 24-hour time format HH:MM.

2.6 Date at which the alleged incident was known, suspect, or alleged to have occurred

Provide the date as DD/MM/YYYY.

2.7 Time at which the alleged incident was known, suspect, or alleged to have occurred

Provide the time in 24-hour time format HH:MM.

2.8 Has a death occurred as the result of this incident?

Yes

No

Section 2: Incident details (continued)

2.9 Select the most relevant incident type

Stealing or financial coercion by a staff member

Unreasonable use of force

Neglect

Unexplained absence in the course of delivery of care

Inappropriate use of restrictive practices

Unlawful sexual contact or inappropriate sexual conduct

Psychological or emotional abuse

Unexpected death

📌 **If you selected CHSP, Flexible Care, or Home Care packages as the Care type, complete [question 2.10](#).**

📌 **Otherwise, go to [question 2.11](#).**

2.10 Care Subtype

Under the relevant care type, select the care subtype being delivered at the time of the incident.

CHSP

Allied health and therapy

Community cottage respite

Domestic assistance

Equipment and products

Hoarding and squalor assistance

Home adjustments

Home maintenance and repairs

Home or community general respite

Meals

Nursing care

Nutrition

Personal care

Social support and community engagement

Specialised support services

Therapeutic services for independent living

Transport

Flexible Care

Multi-Purpose Service – Residential

National ATSI Aged Care Program

Short-Term Restorative Care

Transition Care

Home Care Package

Home Care Package Level 1

Home Care Package Level 2

Home Care Package Level 3

Home Care Package Level 4

📌 **How to provide a detail description of the incident**

In providing your response consider the following:

1. Who reported the incident (include their name, position and contact details)?
2. What time and date did the incident occur (or was alleged or suspect to have occurred)?
3. Who was directly involved (including witnesses) in the incident (include full names and date of birth if available)?
4. What is the level of cognitive impairment of the consumers directly involved?
5. What was happening immediately before the incident occurred?
6. The harm that was (or could have been) caused to each person affected by the incident, and if known the consequences of that harm

2.11 Provide a detailed description of the incident that has occurred, is alleged, or suspected to have occurred

📌 **If the type of incident is 'Neglect', complete the following question.**

📌 **Otherwise, go to [Section 3: People involved](#).**

2.12 How long has the impacted individual been subjected to this form of neglect?

Provide your answer in days. If a single instance of neglect is less than one day, then please enter 1

Section 3: People involved



For SIRS notices involving multiple impacted individuals - please call the Aged Care Quality and Safety Commission on 1800 081 549.

Section 3.1: Impacted individual's details

3.1.1 First name

3.1.2 Last name

Enter only one of the following Unique Client IDs

At least one Unique Client ID is required.

1. (a) My Aged Care (MAC ID) Number
2. (b) Aged Care Management Payment System (ACMPS) number

3.1.3 My Aged Care ID number

3.1.4 Aged Care Management Payment System (ACMPS) number

3.1.5 Date of Birth

Provide the date as DD/MM/YYYY.

3.1.6 Gender

Male

Go to [question 3.1.8](#) (if required).

Female

Go to [question 3.1.8](#) (if required).

Other

Complete [question 3.1.7](#).

3.1.7 If other, please state here:



If you selected Home or community support as the setting the incident occurred in, complete [question 3.1.8](#).



Otherwise, go to [Section 3.2: Impacted individual's Level of cognition](#).

Impacted individual's address

3.1.8 Address

Residential address

Complete [question 3.1.9](#) to [question 3.1.13](#).

Address of incident

Go to [Section 3.2: Impacted individual's Level of cognition](#).

No fixed address

Go to [Section 3.2: Impacted individual's Level of cognition](#).

3.1.9 Address line 1

3.1.10 Address line 2 (Optional)

3.1.11 Suburb

3.1.12 State

3.1.13 Post code

Section 3.2: Impacted individual's Level of cognition

3.2.1 Does the care recipient reside within a secure unit? (If required)

Only applicable to the following incident types:

- Restrictive practices
- Unexplained absence
- Stealing or financial coercion by a staff member

Yes

No

3.2.2 Please select the appropriate level of cognition of the Impacted individual

No impairment

Go to [Section 3.3: Impacted individual's Previous incidents](#).

Mild impairment

Complete [question 3.2.3](#).

Moderate impairment

Complete [question 3.2.3](#).

Severe impairment

Complete [question 3.2.3](#).

Unknown

Complete [question 3.2.4](#).

3.2.3 Please describe the impact of the cognitive impairment, including any formal diagnosis

3.2.4 Please describe the level of cognition

Section 3.3: Impacted individual's Previous incidents

3.3.1 Has the impacted individual been named or described in any reportable incident previously?

Yes

Complete [question 3.3.2](#).

No

Go to [Section 3.4: Impacted individual's Psychological impact](#).

Unsure

Go to [Section 3.4: Impacted individual's Psychological impact](#).

3.3.2 Please provide further information on the incident/those incidents, including the SIRS notice reference number if known

Section 3.4: Impacted individual's Psychological impact

How to answer the psychological impact questions

When considering impact on an individual and whether it meets the threshold for requiring treatment, the Commission has developed an Impact Assessment Tool available at www.agedcarequality.gov.au.

In providing your response consider the following:

- How you approached assessing the impact based on the individual's needs. For example, if the individual is non-verbal did you speak to members of the usual care team and significant others to understand any change, assess over a longer period of time,
- The nature of the impact. For example, not wanting to be around other people which is out of character for the individual.
- How the assessment has informed whether treatment is required and if so, the type of treatment.

3.4.1 Select the appropriate level of psychological impact to the impacted individual

No impact requiring treatment

Complete [question 3.4.2](#).

Minor psychological injury or discomfort which were resolved without psychological interventions

Complete [question 3.4.3](#).

Psychological injury or illness requiring onsite psychological treatment

Complete [question 3.4.3](#).

Psychological injury or illness requiring a hospital admission (but not permanent)

Complete [question 3.4.3](#).

Permanent psychological injury or impairment

Complete [question 3.4.3](#).

Fatality or severe permanent psychological impairment

Complete [question 3.4.3](#).

3.4.2 To assist in the Commission's assessment of your notification, please include your reasoning to support your assessment of the level of harm that you have selected

3.4.3 Please describe why you selected the psychological impact level

Section 3.5: Impacted individual's Physical impact

How to answer the physical impact questions

When considering impact on an individual and whether it meets the threshold for requiring treatment, the Commission has developed an Impact Assessment Tool available at www.agedcarequality.gov.au.

In providing your response consider the following:

- How you approached assessing the impact based on the individual's needs. For example, a longer observation period as a fracture may not be evident immediately.
- The nature of the impact. For example, bruising, fracture, concussion.
- How the assessment has informed whether treatment is required and if so, the type of treatment.

3.5.1 Select the appropriate level of physical impact to the Impacted individual

No impact requiring treatment

Complete [question 3.5.2](#).

Minor physical injury or discomfort (including bruising or redness) which was resolved without medical intervention

Complete [question 3.5.3](#).

Physical injury or illness requiring onsite medical treatment

Complete [question 3.5.3](#).

Physical injury or illness requiring a hospital admission (but not permanent)

Complete [question 3.5.3](#).

Permanent physical impairment

Complete [question 3.5.3](#).

Fatality or severe permanent physical impairment

Complete [question 3.5.3](#).

3.5.2 To assist in the Commission's assessment of your notification, please include your reasoning to support your assessment of the level of harm that you have selected

3.5.3 Please describe why you selected the physical impact level

Section 3.6: Unexplained absence in the course of delivery of care

⬇️ If the type of incident is 'Unexplained absence in the course of delivery of care', complete the following questions.

↻ Otherwise, go to [Section 3.7: Subject of allegation's details](#).

3.6.1 Date the unexplained absence was reported to Police

Provide the date as DD/MM/YYYY.

3.6.2 Time the unexplained absence was reported to Police

Provide the time in 24-hour time format HH:MM.

3.6.3 Has the impacted individual been located?

Yes

Complete [question 3.6.4 to 3.6.8](#).

No

Go to [question 3.6.9](#).

3.6.4 Where was the impacted individual located?

Hospital

Family home

At the service

Other, not listed above

Complete [question 3.6.5](#).

3.6.5 If other, please state here

3.6.6 Has the impacted individual been returned to the service?

Yes

Complete [question 3.6.7 and 3.6.8](#).

No

Go to [question 3.6.10](#).

3.6.7 Date the impacted individual was located

Provide the date as DD/MM/YYYY.

3.6.8 Time the impacted individual was located

Provide the time in 24-hour time format HH:MM.

3.6.9 Enter details of the actions being undertaken to locate the missing impacted individual

3.6.10 Has an unexplained absence involving this impacted individual occurred in the past?

Yes

No

3.6.11 Provide a description of how it is believed the impacted individual came to be absent from their residential care home, home or community support

Section 3.7: Subject of allegation's details

⦿ If the type of incident is 'Unexplained absence in the course of delivery of care' OR 'Unexpected death', go to [Section 4: Action taken](#).

⦿ Otherwise, complete the following questions.

General details

3.7.1 First name

3.7.2 Last name

3.7.3 Date of Birth

Provide the date as DD/MM/YYYY.

3.7.4 Is the subject of allegation an individual receiving aged care services?

Yes

No

Subject of allegation is NOT an Aged Care Recipient

3.7.5 Subject of allegation relationship to the Registered Provider

Staff member

Go to [Section 3.9: Subject of allegation's previous incidents](#).

Sub-contractor

Go to [Section 3.9: Subject of allegation's previous incidents](#).

Family or friend of impacted individual

Go to [Section 3.9: Subject of allegation's previous incidents](#).

Unknown

Go to [Section 3.9: Subject of allegations previous incidents](#).

Other

Complete [question 3.7.6](#).

3.7.6 If Other, please state here:

⦿ If the subject of allegation is NOT Aged Care Recipient receiving services, go to [Section 3.9: Subject of allegation's previous incidents](#).

⦿ Otherwise, complete the following questions.

Subject of allegation is an Aged Care Recipient

Enter only one of the following Unique Client IDs

At least one Unique Client ID is required.

1. (a) My Aged Care (MAC ID) Number
2. (b) Aged Care Management Payment System (ACMPS) number

3.7.7 My Aged Care ID number

3.7.8 Aged Care Management Payment System (ACMPS) number

3.7.9 Gender

Male

Go to [Section 3.8: Subject of allegation's level of cognition](#).

Female

Go to [Section 3.8: Subject of allegation's level of cognition](#).

Other

Complete [question 3.7.10](#).

3.7.10 If other, please state here:

Section 3.8: Subject of allegation's level of cognition

- Ⓣ If the subject of allegation is an Aged Care Recipient receiving services, complete the following questions.
- ↻ Otherwise, go to [Section 3.9: Subject of allegation's previous incidents](#).

3.8.1 Select the appropriate level of cognition of the subject of allegation

No impairment

Go to [Section 3.9: Subject of allegation's previous incidents](#).

Mild impairment

Go to [Section 3.9: Subject of allegation's previous incidents](#).

Moderate impairment

Go to [Section 3.9: Subject of allegation's previous incidents](#).

Severe impairment

Go to [Section 3.9: Subject of allegation's previous incidents](#).

Unknown

Complete [question 3.8.2](#).

3.8.2 Please describe level of cognition

Section 3.9: Subject of allegation's previous incidents

3.9.1 Has the subject of allegation been named or described in any incident previously?

Yes

Complete [question 3.9.2](#).

No

Go to [Section 3.10: Subject of allegation's psychological impact](#).

Unsure

Go to [Section 3.10: Subject of allegation's psychological impact](#).

3.9.2 Please provide further information on the incident/those incidents, including the SIRS notice reference number if known

Section 3.10: Subject of allegation's psychological impact

⬇️ **If the subject of allegation is an Aged Care Recipient receiving services, complete the following questions.**

🔄 **Otherwise, go to [Section 4: Action taken](#).**

i **How to answer the psychological impact questions**

When considering impact on an individual and whether it meets the threshold for requiring treatment, the Commission has developed an Impact Assessment Tool available at www.agedcarequality.gov.au.

In providing your response consider the following:

- How you approached assessing the impact based on the individual's needs. For example, if the individual is non-verbal did you speak to members of the usual care team and significant others to understand any change, assess over a longer period of time,
- The nature of the impact. For example, not wanting to be around other people which is out of character for the individual.
- How the assessment has informed whether treatment is required and if so, the type of treatment.

3.10.1 Select the appropriate level of psychological impact to the subject of allegation

No impact requiring treatment

Complete [question 3.10.2](#).

Minor psychological injury or discomfort which were resolved without psychological interventions

Complete [question 3.10.3](#).

Psychological injury or illness requiring onsite psychological treatment

Complete [question 3.10.3](#).

Psychological injury or illness requiring a hospital admission (but not permanent)

Complete [question 3.10.3](#).

Permanent psychological injury or impairment

Complete [question 3.10.3](#).

Fatality or severe permanent psychological impairment

Complete [question 3.10.3](#).

3.10.2 To assist in the Commission's assessment of your notification, please include your reasoning to support your assessment of the level of harm that you have selected

3.10.3 Please describe why you selected the psychological impact level

Section 3.11: Subject of allegation's physical impact

⌵ **If the subject of allegation is an Aged Care Recipient receiving services, complete the following questions.**

↻ **Otherwise, go to [Section 4: Action taken](#).**

i **How to answer the physical impact questions**

When considering impact on an individual and whether it meets the threshold for requiring treatment, the Commission has developed an Impact Assessment Tool available at www.agedcarequality.gov.au.

In providing your response consider the following:

- How you approached assessing the impact based on the individual's needs. For example, a longer observation period as a fracture may not be evident immediately.
- The nature of the impact. For example, bruising, fracture, concussion.
- How the assessment has informed whether treatment is required and if so, the type of treatment.

3.11.1 Select the appropriate level of physical impact to the subject of allegation

No impact requiring treatment

Complete [question 3.11.2](#).

Minor physical injury or discomfort (including bruising or redness) which was resolved without medical intervention

Complete [question 3.11.3](#).

Physical injury or illness requiring onsite medical treatment

Complete [question 3.11.3](#).

Physical injury or illness requiring a hospital admission (but not permanent)

Complete [question 3.11.3](#).

Permanent physical impairment

Complete [question 3.11.3](#).

Fatality or severe permanent physical impairment

Complete [question 3.11.3](#).

3.11.2 To assist in the Commission's assessment of your notification, please include your reasoning to support your assessment of the level of harm that you have selected

3.11.3 Please describe why you selected the physical impact level

Section 3.12: Subject of allegation's representative

- ⤵ **If the subject of allegation is an Aged Care Recipient receiving services, complete the following questions.**
- ↻ **Otherwise, go to [Section 4: Action taken](#).**

3.12.1 Where the subject of the allegation is also a care recipient, has their representative been contacted about the incident?

Yes

Complete [question 3.12.2](#).

No

Go to [Section 4: Action taken](#).

3.12.2 Where the subject of the allegation is also a care recipient, has their representative expressed any ongoing concerns regarding the incident?

Yes

No

Section 4: Action taken

- ⊕ If the type of incident is 'Unexplained absence in the course of delivery of care', go to [Section 4.2: Safeguarding of care recipients](#).
- ↻ Otherwise, complete the following questions.

Section 4.1: Police report

4.1.1 Has the incident been reported to the police?

Yes

Go to [question 4.1.3](#).

No

Complete [question 4.1.2](#).

4.1.2 If no, please provide reasons why not

- ⊕ If the incident has been reported to the police, complete [question 4.1.3](#) to [question 4.1.9](#).

- ↻ Otherwise, go to [Section 4.2: Safeguarding of care recipients](#).

4.1.3 Date the police was contacted

Provide the date as DD/MM/YYYY.

4.1.4 Time the police was contacted

Provide the time in 24-hour time format HH:MM.

4.1.5 Police station reported to:

4.1.6 Method used

Telephone

Station visited

Other

4.1.7 Method used - details

4.1.8 Have the police arrested or charged a person in relation to this incident?

Yes

No

4.1.9 Provide any details known of the police response to the incident

Section 4.2: Safeguarding of care recipients

4.2.1 Has the impacted individual's representative been contacted about the incident?

Yes

Complete [question 4.2.2](#).

No

Go to [question 4.2.3](#).

4.2.2 Has the impacted individual's representative expressed any ongoing concerns regarding the incident?

Yes

No

4.2.3 Has the death been reported to the Coroner?

Yes

No



How to answer the following question

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.

REMINDER: If further information is available to you, then please ensure any P1 notifications are updated within 5 days with further relevant information once incident assessment, analysis or investigation is complete.

4.2.4 What specific actions have been taken to ensure the health, safety and wellbeing of the aged care recipient(s) involved?

Please do not include any personal information.



How to answer the following question

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 investigated 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 because of changes made?
9. Describe how you have 'closed the loop' by analysing any incident trends to identify and address any systemic issues

REMINDER: If further information is available to you, then please ensure any P1 notifications are updated within 5 days with further relevant information once incident analysis or investigation is complete.

4.2.5 What specific actions have been taken to manage or minimise the risk of recurrence of this or a similar incident in future?

Please do not include any personal information.

➕ **If the type of incident is 'Inappropriate use of restrictive practices', complete the following [question 4.2.6](#).**

↻ **Otherwise, go to [Section 4.3: Additional information](#).**

4.2.6 Has the Service returned to compliance regarding the method of restraint used?

Yes

No

Section 4.3: Additional information

4.3.1 Is there any other information or details you wish to include in relation to this notice? (optional)

Please do not include any personal information.

Section 5: Acknowledgement

Before submitting this document

Please confirm that you have marked the boxes on page 2 relating to the Notice of Collection before submitting this document to forms.sirs@agedcarequality.gov.au.

5.1 I declare that the information I have provided in this form is complete and correct

Yes, I acknowledge the statement above

5.2 By submitting this notice, I agree to provide further information regarding this incident upon request

Yes, I acknowledge the statement above

5.3 First name

5.4 Last name

5.5 Date of statement acknowledgement

Provide the date as DD/MM/YYYY.

End of form

To submit your completed forms, email them to forms.sirs@agedcarequality.gov.au.