



SIRS notification example response

Unreasonable use of force

February 2022

These case studies cover a range of examples to provide **general guidance** to assist approved providers on the content and form of information that may be included in a notification to the Commission. They are intended to be illustrative but not exhaustive of approved provider reporting requirements. Any similarities to an actual reportable incident or individual is purely coincidental. The case studies do not constitute legal advice or other professional advice. Approved providers should seek legal or other professional advice on their legislative requirements, as appropriate.

SIRS notification example response

Unreasonable use of force

A good-quality incident notification requires more than simply transcribing the details taken from progress notes about the incident or copying text from the provider’s incident management system. It is important that the person making the notification is familiar with what happened, has applied a problem-solving approach to understanding the causes and risks involved and has a good understanding of how the response to the incident will be managed.

Here is an example response to questions in the MyAgedCare portal for reportable unreasonable use of force .

Web portal question	Answer
Type of incident	Unreasonable use of force
Victim first name	Nancy
Victim last name	Smith
Select the most relevant incident type	Unreasonable use of force
Please select the appropriate level of cognition of the victim	Severe cognitive impairment
Does the care recipient reside within a secure unit?	Yes

SIRS notification example response— unreasonable use of force

Following are the MyAgedCare portal questions and examples of possible responses. The blue numbers relate to the tips box on the pages following these questions on what details to include in your response.

Web portal question	Answer
<p>Please provide a detailed description of the incident.</p> <p>In your SIRS report please provide a detailed description of the incident that has occurred or is alleged or suspected to have occurred.</p>	<p>Example response:</p> <p>On Tuesday 12 October 2021 at 12:31 Personal Care Worker (PCW) Jane Johns witnessed consumer Earl Morley push consumer Nancy Smith against a wall in the dining room. Both Nancy and Earl have a severe cognitive impairment with a diagnosis of dementia and reside in a secure dementia unit. 1,2,3,4,5</p> <p>Both consumers had just entered the dining room for lunch, when Nancy walked across in front of Earl to head to her usual table in the dining room. Earl was agitated by this and used a lot of force to push Nancy against the wall. 1,3</p> <p>PCW Jane, who was just a few metres from the incident, immediately intervened and redirected Earl to his table where he settled quickly. Registered Nurse (RN) Amelia Scott entered the dining room immediately following the incident. PCW Jane reported the incident to RN Amelia, who then assisted Nancy to her table and checked her for injuries. 1,6,7,8</p>
<p>Harm</p> <p>Did the consumer suffer physical impacts?</p> <p>Level of physical impact.</p> <p>Did the consumer suffer psychological impacts?</p> <p>Level of psychological impact.</p>	<p>Example response:</p> <p>Due to Nancy not being able to communicate to RN Amelia if she was in pain or distress due to her cognitive impairment, RN Amelia considered the harm (physical and psychological) that could reasonably be expected to have been caused to a consumer from the use of force by Earl. RN Amelia therefore provided emotional support, and Nancy was commenced on neurological observations every 30 minutes. 7,8,9</p> <p>Staff were instructed to report any changes in Nancy’s usual behaviour that could indicate pain or distress. 9,10</p> <p>The GP reviewed Nancy around 14:00 on the same day, and no physical injuries were identified. 11</p> <p>No other staff witnessed the incident. The consumers that were in the dining room at the time appeared to be unaffected by the incident.</p>

Web portal question	Answer
<p>Harm Did the consumer suffer physical impacts? Level of physical impact. Did the consumer suffer psychological impacts? Level of psychological impact. (continued)</p>	<p>Nancy seemed teary and confused during the afternoon. Nancy is usually friendly and gregarious. Nancy became distressed when staff encouraged her to attend the dining room for the evening meal. She said she was very tired and not hungry. Nancy’s daughter visited after being advised of the incident, and said her mum was crying and seemed worried and clingy. 9, 10</p>

In response to the above questions, you should consider the following:

1. Who was directly involved in the incident (include full names)?
2. What time and date the incident occurred (or was alleged or suspected to have occurred)?
3. Where at the service did the incident occur (or was alleged or suspected to have occurred)?
4. Who else saw the incident (include their name, position, and contact details)?
5. What is the level of cognitive impairment of the consumers directly involved in the reportable incident? (e.g., Dementia substance-induce cognitive impairment, developmental disorders).
6. What was happening immediately before the incident occurred?
7. What occurred immediately after the incident? (your answer to this question must describe any actual harm that was caused to the consumer AND any harm that could reasonably have been expected to have been caused to the consumer).
8. Details of actual harm caused (type of seriousness of injury/illness, symptom and/or clinical observations).
9. Describe the consumer’s response (This could include any observed behaviours such as crying, shaking, throwing things, not speaking, not wanting to be around other people, or doing usual activities).
10. Explain how and why any behaviour identified is different from the person’s usual behaviour.
11. Describe any medical and/or psychological treatment provided.
12. Include enough information so that a person who wasn’t there can understand what happened.



When assessing and describing what harm an incident ‘could reasonably have been expected to have caused’.

(When considering whether an incident could reasonably have been ‘expected to have caused’ discomfort, physical or psychological injury, it is important to think about the general vulnerability of aged care consumers. Would it be reasonable to expect the incident would have caused discomfort, physical or psychological injury to other consumers in your service, such as instances where a consumer has medical or psychological limitations.)

Note: when you provide clear and comprehensive information early on, it is less likely that the Commission will need to ask for further details, or require you to conduct an investigation, or in some cases, directly investigate the matter itself.

Web portal question	Answer
<p>What specific action(s) has been and will be taken in response to the incident to ensure the immediate AND ongoing safety, health, well-being, and quality of life of the consumer affected by the incident?</p>	<p>Example response:</p> <p>Nancy was immediately assessed by RN Amelia following the incident. A thorough head-to-toe examination was conducted. Due to Nancy being unable to verbalise or provide non-verbal communication, RN Amelia ordered that, neurological observations commence every 30 minutes, as it was unclear if Nancy hit her head at the time of the incident. RN Amelia reported that Nancy did not appear to have any physical injuries; however, she displayed that she was upset as she appeared to be teary. 2</p> <p>Later that afternoon the locum GP also conducted a thorough examination and concluded there appeared to be no obvious injuries. The GP ordered that Nancy have regular observation for the following 24 hours, escalating any changes immediately. 1,2</p> <p>Nancy’s representative, daughter Karen Smith, was advised of the incident, and explained how the incident would be managed and resolved. Karen attended the service at around 14:45 and stated that her mum was crying and seemed worried and clingy. 3</p> <p>RN Amelia assigned a PCW to Nancy during the evening and provide her with emotional support.</p> <p>Nancy was encouraged to sit at a different table and staff instructed to monitor her for any interactions between herself and Earl in communal areas like the dining room. 4,5</p> <p>RN Amelia requested that Nancy receive well-being checks every hour over the next week, especially during mealtimes, and be include in communal activities to ensure she is comfortable and feeling secure. 2,4,5</p> <p>Earl Morley was reviewed by the GP at around 15:00 that same afternoon and referred to Dementia Support Australia (DSA) for an urgent review to be conducted within the next 14 days. 2,6,7</p> <p>Earl has shown signs of increased agitation and aggression over the past two weeks; however, he has no history of aggressive behaviour towards other consumers. Earl’s representative has been notified of the incident and it was explained how the incident would be managed and resolved. 3</p>

Web portal question	Answer
What specific action(s) has been and will be taken in response to the incident to ensure the immediate AND ongoing safety, health, well-being, and quality of life of the consumer affected by the incident? (continued)	<p>This incident was out of character for Earl but is a sign of his cognitive decline. It is possible that Nancy may have startled Earl and he was unable to recognise the absence of a threat. In future staff are to monitor Earl and redirect him or other consumers that may be walking to close to Earl. 4, 5, 6, 7</p> <p>Earl's care plan has been updated to reflect that Earl must be monitored closely and sighting chart to be completed when in communal areas. Staff are to attempt to ensure he has a clear path to get to his usual seat, by escorting him to the dining room early and redirecting him around other consumers if the pathway is blocked. A behaviour support plan was initiated, and any further changes in Earl's behaviours are to be recorded and escalated where appropriate. 4, 5</p>

In response to the above question, you should consider the following:

1. Whether the incident was reported to a relevant authority (e.g., coroner, AHPRA).
2. How the consumer 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 onsite or offsite counselling session.
3. Whether the consumer's representative was immediately contacted regarding the incident; for e.g., 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 e.g., development or update to a risk management plan for the consumer and subject of allegation (if also a consumer).
5. Any immediate or planned changes to the duties/supervision of any staff members.
6. Whether you assessed immediate risk 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 safety, health, well-being, and quality of life to all consumers.

Web portal question	Answer
<p>What specific action(s) has been taken or is planned to manage or minimise the risk of re-occurrence of this or a similar incident in the future?</p>	<p>Example response:</p> <p>Over the last two weeks, Earl has shown increased aggression towards other consumers. Earl was reviewed by his GP on 1 October 2021, who made some minor adjustments to Earl’s medications and instructed staff to monitor whether the adjustments have decreased Earl’s aggression. 1</p> <p>Staff reported on 11 October 2021 that they had not seen any significant difference in Earl’s aggression when other consumers were in his path or too close to him.</p> <p>Earl’s behavioural changes will require more engagement and supervision of Earl, and a behaviour support plan was initiated. Any further changes in Earl’s behaviours are to be recorded and escalated where appropriate. 3, 4</p> <p>We believe that we had implemented appropriate clinical action in relation to escalating and managing Earl’s recent behavioural changes; however, we have taken the opportunity to reflect on the incident and given Earl’s increased aggression towards other consumer’s we believe we should have implemented environmental and physical changes (i.e., staff assistance for escorts to the communal areas, ensuring Earl has clear passage free from other consumers). 4, 5, 6</p> <p>We have implemented changes to our internal policy on ‘Managing Consumer Behaviours and Clinical Decline’ to ensure staff are assessing areas of clinical, environmental, and physical nature. Staff have been provided with an email advising of the update and managers are required to verbally explain the changes at morning meetings to ensure staff can ask questions or provide feedback. 4, 6, 7</p> <p>We plan to measure the effectiveness of these continuous improvements through our incident management system to minimise the risk of re-occurrence and will revisit them on a fortnightly basis. 7, 8, 9</p>

In response to the above question, you should consider the following which may refer to the relevant aspects from your Incident Management System:

- 1.** The actions you have taken or plan to take to identify the causes of the incident (e.g., assessment, used problem solving methodology, root causes analysis, internal/external investigation, other methods).
- 2.** Describe what further actions are proposed in response to the incident. Include any open disclosure actions taken or proposed.
- 3.** Describe what actions have been taken or are being taken to reduce the risk of a similar incident occurring in the future.
- 4.** Whether the incident has been assessed to determine whether it could have been prevented or caused less harm, and the outcome of that assessment.
- 5.** 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 re-occurrence of this or a similar incident, including near misses, in the future is minimised.
- 6.** Describe the observable differences the Commission, consumers, family members and staff will be able to see as a result of changes made.
- 7.** Describe how you are embedding changes within the service and how you are measuring the effectiveness of the changes.
- 8.** 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 Priority 1 notifications

are updated within five days with the further relevant information once incident analysis or investigation is complete.

The information is to be provided in the form located on the Commission website:

agedcarequality.gov.au/sirs/provider-resources#approved-forms

The purpose of this document is to give practical guidance to providers when making reports about serious incidents via the SIRS tile on the My Aged Care Provider Portal.

We have chosen four of the most important questions from the portal to help demonstrate the type of information that should be included in a notification.

The Aged Care Quality and Safety Commission acknowledges the Traditional Owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to Elders both past and present.



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