

Aged care reforms – webinar Q&As

Serious Incident Response Scheme (SIRS) in home services

The information is current as at 30 November 2022. This document will be regularly updated. For more information on the SIRS in home services, please refer to the Commission’s [aged care reform](#) web page. The table below provides an overview of the service types that will be subject to each of the 4 reforms, including SIRS in home services, under the [Aged Care and Other Legislation Amendment \(Royal Commission Response\) Act 2022](#) that are directly relevant to the regulation of aged care.

Reforms from a regulatory perspective	Residential	Short-term Restorative Care – Residential	HCP	Short-term Restorative care – Home Care	CHSP	NATSIFAC	Transition Care	MPS	Explanatory Notes
Code of conduct	✓	✓	✓	✓			✓	✓	The Code of Conduct responsibilities under the Aged Care Act 1997 do not apply to service providers of CHSP and NATSIFACP or their workforce from 1 December 2022. This is because the responsibilities under the Aged Care Act apply to “approved providers”, and CHSP and NATSIFACP service providers are not approved providers. It is expected that similar provisions will be extended to all Commonwealth-funded aged care services as part of the planned introduction of a new aged care Act.
Strengthened Governance	✓	✓	✓	✓			✓	✓	This reform does not currently apply to CHSP and NATSIFAC services, which will be considered as part of the Support at Home reforms. This reform also does not apply to approved providers that are Aboriginal Community Controlled Health Organisations or state/territory or local government authorities (which may be some MPS services)
SIRS in home services	<i>Already in place</i>	<i>Already in place</i>	✓	✓	✓	✓	✓	✓	The Serious Incident Response Scheme is already in place for residential care services and settings.
Restrictive Practices consent provisions	✓								Applies to residential aged care only.

Serious Incident Response Scheme (SIRS) in home services – Q&As

The Serious Incident Response Scheme (SIRS) in home services applies from 1 December 2022 to providers of: Home Care Packages, Short-term Restorative Care (in a home setting), Commonwealth Home Support Programme, National Aboriginal and Torres Strait Islander Flexible Aged Care Program, Transition Care Program and Multi-Purpose Services Program.

The [Aged Care Legislation Amendment \(Incident Management and Reporting\) Instrument 2022](#) has now been registered. This legislative instrument includes details about how the SIRS will apply to home services. A user guide for home services providers and staff, '[How to access and use the Service and Support Portal for Serious Incident Response Scheme \(SIRS\): In-Home Care](#)', is available on the department's website.

The Commission has published the published [guidelines](#) on SIRS for home services providers. Stay up to date with the latest information on SIRS in home services on the Commission's [aged care reform](#) web page.

Scope

<p>1. Will the SIRS program in home services be similar to that in residential aged care? If not, what will the differences be?</p>	<p>SIRS for home services will be similar to SIRS for residential aged care.</p> <p>Home services providers are already required to establish and maintain an incident management system, and from 1 December 2022 they will also need to ensure that they notify reportable incidents to the Commission.</p> <p>Providers will notify the Commission of reportable incidents in the same way that residential providers do, through the My Aged Care Service and Support Portal. A user guide for home services providers and staff, 'How to access and use the Service and Support Portal for Serious Incident Response Scheme (SIRS): In-Home Care', is now available on the department's website.</p> <p>The main differences between SIRS in home services and residential services are:</p> <ul style="list-style-type: none">• The circumstances in which home service providers are required to report unexpected deaths are more limited than in residential care. Unexpected death is where the death is the result of care or services provided by the provider or a failure by the provider to provide care and services.• For home services providers, neglect is not a reportable incident where: the incident results from a choice made by the consumer about the care or services provided to them, or how the care or services are to be provided, and before the incident occurred, is alleged to have occurred, or is suspected of having occurred, the choice had been communicated by the consumer to the provider, and the provider
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	<p>had recorded the choice in writing.</p> <ul style="list-style-type: none"> • The definition of an ‘inappropriate use of restrictive practices’ reportable incident is different in home services because restrictive practice requirements in the Quality of Care Principles only apply to residential providers. • Missing consumers is a reportable incident type specific to the provision of home services and differs from the related reportable incident type for residential care (unexplained absence). <p>More information on each of these differences is provided in the Commission’s published guidelines on SIRS for home services providers.</p> <p>You can stay up to date by regularly visiting our SIRS webpage.</p>
<p>2. Is there any more clarity for SIRS commencement date for in home care? When is SIRS going live in home services and what will we need to train our staff in?</p>	<p>The SIRS extends to home services on 1 December 2022. SIRS responsibilities for home services will be similar to those applying to residential aged care services.</p>
<p>3. Where will home services report incidents?</p>	<p>Home service providers will notify reportable incidents to the Commission in the same way that residential providers do, through the My Aged Care Service and Support Portal which is operated by the Department of Health and Aged Care. A user guide for home services providers and staff, ‘How to access and use the Service and Support Portal for Serious Incident Response Scheme (SIRS): In-Home Care’, is now available on the department’s website.</p>
<p>4. How do we know what level of SIRS we are required to follow considering we are a CHSP service delivery provider only?</p>	<p>The expansion of SIRS to home services applies to providers of:</p> <ul style="list-style-type: none"> • Commonwealth Home Support Programme (CHSP) • National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) • Home care packages • Short-term Restorative Care – in a home setting (STRC) • Transition Care • Multi-Purpose Services (MPS).

	<p>Under the Aged Care Quality Standards, home services providers are already required to manage and prevent incidents, including through the use of an incident management system (refer to Quality Standard 8, requirement (3)(c) Effective organisation wide governance systems).</p> <p>From 1 December 2022, in addition to maintaining an incident management system, home services providers will also need to notify the Commission of reportable incidents. Home services providers will report in the same way that residential providers do, through the My Aged Care Service and Support Portal.</p> <p>SIRS for home services will be similar to SIRS for residential aged care. Refer to question 1 above for information on the differences.</p>
5. How do aged care assessment services fit into the SIRS?	<p>SIRS responsibilities do not apply to aged care assessment services.</p> <p>The Regional Assessment Services (RAS) and Aged Care Assessment Teams (ACAT) programs enable assessments of an older person, typically in the person’s home or hospital, to determine whether they are eligible for government-subsidised aged care.</p> <p>As the assessments take place prior to the potential commencement of aged care for an eligible older person, these aged care assessment service programs do not carry obligations to notify the Commission under the SIRS of incidents that might occur during their assessment visits to older people.</p>
6. Exactly what is required to be reported from Home Care services?	<p>Information about the types of reportable incidents in home service settings that must be notified to the Commission, and the reporting timeframes, is available in the Commission’s guidelines on SIRS for home services providers, published on the Commission website.</p>
7. Will SIRS be extended to CHSP and NATSIFAC as well?	<p>Yes. From 1 December 2022, SIRS extends from residential aged care to also apply to providers of home care packages, Commonwealth Home Support Programme (CHSP) services, and National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) services.</p> <p>The implementation of the SIRS for CHSP and NATSIFACP services has been achieved through changes made to Commonwealth grant agreements.</p>

<p>8. Will the SIRS requirement apply to CHSP volunteers?</p>	<p>Yes. SIRS will be introduced for CHSP services from 1 December 2022, and for the purpose of provider responsibilities, staff members include volunteers.</p>
<p>9. We only provide Occupational therapy services to CHSP consumers (home modification specifically) so does SIRS still apply to us?</p>	<p>If you are a Commonwealth Home Support Programme provider, SIRS will apply to you.</p> <p>The SIRS establishes responsibilities for all Commonwealth-funded providers of aged care to prevent and manage incidents (focusing on the safety, health and well-being of consumers), to use incident data to drive quality improvement and to notify reportable incidents.</p>
<p>10. What are the obligations of in-home care providers in relation to the following:</p> <ul style="list-style-type: none"> • Clinical governance • SIRS • Restrictive Practices 	<p>Please refer to our aged care reforms web page which includes fact sheets setting out each of the reform measures and what they mean for approved providers. You will also find draft guidance resources on these reforms for approved providers.</p> <p>The Aged Care Quality Standards require aged care services that provide clinical care to use a clinical governance framework (Standard 8, requirement (3)(e)). Further resources on clinical governance are available on the Commission website in our resource library: https://www.agedcarequality.gov.au/resources/clinical-governance.</p> <p>New governance responsibilities being introduced for approved providers (separate from the SIRS) require at least one member of governing bodies to have experience in the provision of clinical care, and also require the existence of a Quality Care Advisory Body. Detailed information about these requirements is available on our website.</p> <p>SIRS for home services will be similar to SIRS for residential aged care. Home services providers are already required to effectively prevent and manage incidents, including through the use of an incident management system (Quality Standard 8, requirement (3)(d)(iv)).</p> <p>From 1 December 2022, they will also be required to notify reportable incidents to the Commission; that includes the inappropriate use of restrictive practices. Whether the use of a restrictive practice is a reportable incident (i.e. it is an inappropriate use of restrictive practice) depends on the circumstances in which it is used (as described in the Quality of Care Principles). Providers will notify reportable incidents to the Commission in</p>

	<p>the same way that residential providers do, through the My Aged Care Service and Support Portal.</p> <p>Other reforms dealing with consent and restrictive practices apply directly to residential care providers and providers of short-term restorative care in a residential setting. They do not apply to in-home care providers.</p>
<p>11. Will the new SIRS requirements apply to Meals on Wheels services?</p>	<p>Yes, the expansion of SIRS applies to providers of CHSP services.</p>
<p>12. Will small organisations only providing one service type (CHSP transport) be required to implement the Serious Incident Response Scheme?</p>	<p>Yes, the expansion of SIRS applies to providers of CHSP services including providers of one service type.</p>
<p>13. When consumers do not have a package and want some help at home, we give them some names of private carers they can call. We check references and do a criminal check but have nothing to do with any services that are then negotiated and provided. What responsibilities do we have regarding risk?</p>	<p>The SIRS responsibilities do not apply to non-Commonwealth funded aged care services. The exception would be if an organisation is brokering or sub-contracting a service on behalf of a Commonwealth-funded aged care service. In this instance, the Commonwealth-funded provider should make appropriate arrangements with the sub-contracted provider to ensure that the requirements of SIRS are met in the delivery of that care or service.</p>

<p>14. What protections will be in place for employees who do not have consent from the consumer to report a serious incident but do so anyway?</p>	<p>Providers have a responsibility to notify reportable incidents to the Commission regardless of whether the consumer and/or their representative or family seek to have the incident reported.</p> <p>The law provides protections for staff of approved providers who report suspicions or allegations of reportable incidents in good faith. Disclosure of information must meet certain requirements in order to attract the protections afforded for a reportable incident notification.</p>
<p>15. How will SIRS be benchmarked/ measured? Will the data be compared with SIRS data for residential aged care providers, or will it be compared with other home services?</p>	<p>The Commission publicly reports information about the operation of the SIRS in quarterly, annual and trend reporting (that is both quantitative and qualitative). The principal aims of this reporting are to inform consumers and their families, and also to assist the sector, policy makers and regulators understand current trends and emerging issues.</p> <p>Our current plans are to separate reporting of data on SIRS in home services from data on SIRS in residential services.</p>
<p>16. Considering the time it takes RNs in residential aged care to complete all the assessments and documentation as per the guidelines, has the SIRS process been tested in real settings, i.e. Have you actually trialed completing the assessments in a real facility and observed? (for example, time it takes to care for the resident, and report either a "witnessed or unwitnessed fall")</p>	<p>Serious incidents are incidents that have the potential to cause serious harm to consumers. The community in general, and aged care consumers in particular, have a right to expect that aged care providers will pay close attention to every single serious incident (and near miss). A provider's identification and management of serious incidents is critical to their effective governance. This work will enable providers to manage risks to consumers and improve the quality of care and services they provide. By systematically recording and investigating incidents, providers are better placed to respond to an incident, make changes to prevent any recurrence, and continuously improve services.</p> <p>Submitting a notification to the Commission on a reportable incident in one component of a set of incident management obligations that providers should already be meeting. In notifying the Commission of reportable incidents, providers enable the Commission to assess and respond to risk at a service level, as well as to identify and act on opportunities for education and improvement across the sector. Providers are expected to ensure that undertaking critical safety and regulatory compliance tasks like this do not take away from other important care delivery tasks</p>

<p>17. What if the client does not want you to report a suspected domestic violence incident? Do we need to get consent?</p> <p>How can home services providers report incidents, all of which occur in the consumer's home, and some of which will occur or involve the consumer and their family, given the privacy rights of the consumer? Are we to obtain the consumer's consent to report the incident as it contains private information they may not want revealed?</p>	<p>There are two issues here. First, incident management and prevention responsibilities apply to incidents that occur 'in connection with' the provision of care and services to a consumer.</p> <p>Second, providers have a responsibility to notify reportable incidents to the Commission regardless of whether the consumer and/or their representative or family seek to have the incident reported.</p> <p>The law provides protections for staff of approved providers who report suspicions or allegations of reportable incidents in good faith. Disclosure of information must meet certain requirements in order to attract the protections afforded to a reportable incident notification.</p> <p>Aged care providers and workers have responsibilities under the Code of Conduct for Aged Care to take all reasonable steps to prevent and respond to all forms of violence, discrimination, exploitation, neglect, abuse and sexual misconduct. If you see things which concern you, start by speaking with the consumer themselves to see if they need support to take some action. Whether or not you can speak with the consumer, it is always best to share your concerns with your employer, most likely with a manager. In some instances, it may be appropriate to speak with the police and your employer (as an aged care provider) might need to make a SIRS notification.</p>
<p>18. At the moment SIRS is when services are provided, but in HC you might only provide 2 hours every 14 days. Should some of those SIRS types be identified outside of service delivery hours, would you still need to report them within the timeframes?</p> <p>Does it include where you suspect clients' families/Enduring Power of Attorney of neglecting</p>	<p>Reportable incidents (whether actual, suspected or 'near misses') that meet the SIRS criteria must be notified to the Commission within the timeframes stipulated by the priority of the incident. For reportable incidents classified as Priority 1, this is within 24 hours of the provider becoming aware of it; for reportable incidents classified as Priority 2, this is within 30 days of the provider becoming aware of it. The provider must meet its responsibility to report within the appropriate timeframe regardless of whether they become aware of the reportable incident outside of service delivery hours.</p> <p>SIRS reporting responsibilities only apply to incidents that occur 'in connection with' the provision of services; as such, suspected incidents of neglect or abuse by non-staff members such as family members are not reportable under SIRS. However, providers must meet any other applicable responsibilities, including to:</p> <ul style="list-style-type: none"> ○ Capture any incidents (whether actual or suspected) that cause, or could cause, harm to any person in their Incident Management System ○ Report the incident (whether actual or suspected) to police within 24 hours if there are reasonable grounds to do so, and

<p>care/abuse?</p> <p>Will Restrictive Practice be elaborated for Home Care?</p> <p>If notifying the police is a part of a client no response plan, would that still need to be a SIRS notification?</p>	<ul style="list-style-type: none"> ○ Support the health, safety and wellbeing of consumers, including by referring them to appropriate services such as the Older Persons Advocacy Network (OPAN) and 1800 ELDERHelp (1800 353 374). <p>Inappropriate use of restrictive practices is one of the eight reportable incident types under SIRS. Refer to the draft SIRS Home Services Provider Guidelines published on the Commission website for further information on restrictive practices.</p> <p>SIRS reporting responsibilities apply in addition to police reporting responsibilities. The Commission is required to be notified of reportable incidents.</p>
<p>19. How can you prevent clinical risks in the community? One technique doesn't work for all 200 clients.</p>	<p>It is the case that there is typically some level of risk associated with the delivery of clinical care, irrespective of the setting – even if that risk is very low. Providers and workers are expected to be aware of and manage any risks associated with the care they are providing to a consumer. The Aged Care Quality Standards require aged care services that provide clinical care to demonstrate the use of a clinical governance framework (Standard 8, requirement (3)(e)).</p> <p>It is definitely the case that different approaches may be required to manage and mitigate different risks, and different levels of risk to consumers. This may include things like providers specifying minimum staff qualifications and providing regular in-service training; providers supplying staff with particular equipment and training in its use.</p> <p>There are a range of resources relating to clinical governance which are located on the Commission's website.</p>
<p>20. What key findings and learning from residential SIRS have been taken into account before rolling out home services SIRS?</p>	<p>A number of actions have been taken as a result of the experience of implementing SIRS in residential aged care.</p> <p>The My Aged Care Service and Support Portal was amended after the introduction of SIRS in April 2021, based on the experience of residential service providers completing reportable incident notifications.</p> <p>Additional information is available to providers using the portal to ensure that a sufficient level of detail can be provided to demonstrate to the Commission both the nature of the incident and the provider's actions taken, and planned, to respond to the incident, manage the risk and prevent or minimise reoccurrence. Home services providers will benefit from this information in their implementation of SIRS.</p> <p>The Commission has published the guidelines on SIRS for home services providers to help them to understand</p>

	<p>their new SIRS reporting responsibilities. These guidance resources draw on our learning from SIRS in residential aged care.</p>
<p>21. Does the SIRS system's scope only include harm to the consumer or does it also include harm to support staff? (e.g. abusive behaviour or violence by the consumer towards support staff)</p>	<p>Incident management and prevention responsibilities apply to incidents that occur 'in connection with' the provision of care and services to a consumer. An incident is any act, omission, event or circumstance that occurs in connection with the provision of care or services that:</p> <ul style="list-style-type: none"> • has (or could reasonably be expected to have) caused harm to a consumer or another person (such as a staff member or visitor), or • is suspected or alleged to have (or could reasonably be expected to have) caused harm to a consumer or another person, or • the provider becomes aware of and that has caused harm to a consumer. <p>The above incidents (including where a staff member has been harmed) should be captured and managed through a provider's IMS and other relevant processes. However, incidents where only staff were harmed may not necessarily be reportable to the Commission under SIRS.</p>
<p>22. In Victoria, the under 65 program has a mandatory reporting system but it is focused on reporting the incident when a staff member is present at the time of the incident. Will this be the same or will we be reporting when a staff member is advised of an incident when the provider/ sub-contractor is not present?</p>	<p>Incident management and prevention responsibilities apply to incidents that occur 'in connection with' the provision of care and services to a consumer. These are not limited to situations when a staff member is present at the time the incident (or alleged or suspected reportable incident or near miss) occurred. For example, the failure of a staff member to attend a consumer's home where the consumer has time critical needs could meet the definition of a reportable incident.</p> <p>SIRS reporting timeframes (i.e. Priority 1 and Priority 2) apply from when a provider becomes aware of a reportable incident occurring. You are responsible for ensuring that your service staff who become aware of a reportable incident notify one of the following people as soon as possible:</p> <ul style="list-style-type: none"> • a member of your key personnel, or • that staff member's supervisor or manager, or • the person in your organisation who is responsible for notifying reportable incidents to the Commission. <p>You have a responsibility to ensure that staff are provided with education and are trained in how to recognise a situation that may need to be managed within your incident management system, notified to the Commission, the police, or both, and know how to respond and make notifications.</p>

<p>23. Will there be a specific clinical incident resource?</p>	<p>The Aged Care Quality Standards require aged care services that provide clinical care to demonstrate the use of a clinical governance framework (Standard 8, requirement (3)(e)).</p> <p>A range of resources relating to clinical governance can be found on the Commission’s website - www.agedcarequality.gov.au/resources/clinical-governance.</p>
<p>24. Repeat incidents like medication errors and unreported falls do occur. Why are previous incidents not investigated when the same reoccur?</p>	<p>An incident management system must enable the provider to respond to incidents, including to:</p> <ul style="list-style-type: none"> • identify and respond to an incident including immediately supporting those affected • report the incident internally, record the incident appropriately, and make necessary notifications externally (eg. Police, Commission) • review, analyse and, if necessary, investigate how and why it happened • implement changes to reduce the risk of recurrence and to make their care safer. <p>All disclosures relating to an incident must be taken seriously by the provider and appropriately assessed (and investigated where required by the provider’s Incident Management System) to determine whether an incident occurred.</p> <p>Providers are expected to practise open disclosure in their prevention and management of any incidents impacting consumers, and they should facilitate an open discussion with consumers (and their representatives) when something goes wrong that has harmed or had the potential to cause harm to a consumer.</p> <p>If a consumer or their representative is concerned that previous similar incidents are not being adequately investigated by a provider to reduce the risk of recurrence, and they have attempted to address this with the provider without satisfaction, they can contact the Commission to share information and/or commence a complaint resolution process (Tel. 1800 951 822).</p> <p>Where the Commission receives SIRS notices of similar reportable incidents (either connected to a single consumer, a single subject of allegation or within a service or provider), we will take this into account when assessing the risk to consumers; the adequacy of the actions being taken by the provider to manage and mitigate any such risk; other factors that may influence the Commission’s confidence in the provider’s ability to manage the risk and reduce the likelihood of reoccurrence. The Commission would then determine how to respond to a SIRS notice or a series of SIRS notices.</p>

<p>25. Does our IMS need to have a registered nurse on monitoring to support clinical incidents?</p>	<p>Providers should consider the nature of the care and services they provide and their incident management and prevention responsibilities when determining how their IMS will operate, including any oversight or clinical advisory arrangements.</p> <p>The Aged Care Quality Standards require aged care services that provide clinical care to demonstrate the use of a clinical governance framework (Standard 8, 3(e)).</p> <p>A range of resources relating to clinical governance can be found on the Commission’s website - www.agedcarequality.gov.au/resources/clinical-governance.</p>
<p>26. I'm in charge of a Meals on Wheels Service. How does any of this relate to our service where we meet the client at the door, hand over the meal in a bag, enquire about their health, have a chat and move on?</p>	<p>If you are a Commonwealth Home Support Programme provider, SIRS will apply to you. It may be that because of the nature of your service, there are few incidents that need to be identified and managed through an incident management system. However, as an element of good organisational governance, you do need to have an effective incident management system (Quality Standard 8) to deal effectively with any incidents that do occur in the course of delivering your service for consumers. You also need to be prepared to make serious incident reports to the Commission if they occur.</p>
<p>27. Will a client fall be considered a serious incident under SIRS?</p>	<p>Where a consumer has a fall, the provider will need to consider the circumstances of the incident to determine whether it meets the definition of one of the reportable incident types.</p>
<p>28. Do you have any suggestions for tracking near misses? We find it difficult to get staff to track these.</p>	<p>A ‘near miss’ is when an occurrence, event or omission happens that does not result in harm to a consumer or another person but had the potential to do so.</p> <p>Near misses should be captured in your Incident Management System and you should consider the effect that the near miss could reasonably be expected to have had on a consumer.</p> <p>Being proactive about reporting internally on near misses is an opportunity for your organisation to build a safety culture and assess and learn from events so that you can understand risks and can put in place strategies to prevent incidents from occurring in the future.</p>

	<p>Staff should be supported to recognise and report near misses and see them as an opportunity to learn and make quality improvements to prevent harm in the future.</p> <p>Communicating with consumers and their families and representatives about your SIRS requirements and welcoming their interest, questions and reporting of incidents and near misses also strengthens your systems by enhancing the focus on consumers and expanding the potential for learning and continuous improvement.</p>
29. What are the preferred digital IMS systems please?	The Commission does not endorse any particular digital systems. Providers must ensure that whatever system is used for your IMS enables you to comply with your incident management and prevention responsibilities.
30. At home, clients live independently. Will the definition of those 8 SIRS categories and priorities be different from aged care facilities?	There are some differences in the definitions of reportable incident types for home service providers; refer to question 1 of this document.
31. Is it possible to get a sample of clinical governance framework for home care?	<p>The Aged Care Quality Standards require aged care services that provide clinical care to demonstrate the use of a clinical governance framework (Standard 8, requirement (3)(e)).</p> <p>A range of resources relating to clinical governance can be found on the Commission's website - https://www.agedcarequality.gov.au/resources/clinical-governance.</p>
32. Victorian legislation has been introduced for Victorian public health services. As an integrated Community Health Service, we will provide consumers with a duty of candour from 30/11/2022. Have considerations been made to home service providers, for example, who will have the aforementioned applicable? Further, are priority ratings	<p>The two Priority categories in SIRS relate to timeframes for notifying the Commission of reportable incidents.</p> <p>If a home service provider becomes aware of a reportable incident and has reasonable grounds to believe that the incident is a Priority 1 reportable incident, they are required to notify the Commission within 24 hours of becoming aware of the reportable incident.</p> <p>All Priority 2 reportable incidents need to be notified to the Commission within 30 calendar days of the provider becoming aware of the reportable incident.</p> <p>The SIRS applies to Commonwealth-funded aged care services. While it complements and reflects similar requirements as may apply at a state and territory level, it has not been designed to be inter-changeable with specific state-based requirements.</p>

<p>interchangeable with the Incident Severity Rating that we utilise within the Victorian Health Incident Management VHIM System?</p>	
<p>33. What about privately funded clients? Will this scheme apply to them?</p>	<p>The SIRS establishes responsibilities only for Commonwealth-funded providers of aged care to prevent and manage incidents.</p>
<p>34. Does the SIRS for home care have priority reporting segregated as P1 and P2?</p>	<p>Yes, home services providers will be required to classify a reportable incident as either:</p> <ul style="list-style-type: none"> • a Priority 1 reportable incident, or • a Priority 2 reportable incident. <p>The Priority categories relate to timeframes for notifying the Commission of reportable incidents.</p>
<p>35. How will SIRS work in relation to a consumer's right of dignity of risk?</p>	<p>The SIRS establishes responsibilities for all Commonwealth-funded providers of aged care to prevent and manage incidents (focusing on the safety, health and well-being of consumers), to use incident data to drive quality improvement, and to notify reportable incidents to the Commission. These responsibilities are consistent with a consumer's right to dignity of risk.</p> <p>Dignity of risk is another way of saying that aged care consumers have the right to live the life they choose, even if their choices involve some risk. For example, a person may choose to have a diet that is not recommended for their diagnosed health condition such as diabetes. This is included in the Aged Care Quality Standards under Standard 1 and is a core part of person-centred care.</p> <p>Consumers have the right to make decisions about their care and services. Aged care providers should support consumers and representatives to understand risks and manage them.</p>
<p>36. What action should be taken when you can see harm, discuss the harm and solutions with a consumer but the consumer refuses to</p>	<p>Consumers have a right to autonomy and to make choices about their living situation and their care and services. While different levels and types of care and services are provided in a person's home, it is acknowledged that many home service providers have limited control or influence over the consumer's living situation (as distinct from residential aged care settings).</p>

<p>act to reduce the harm or remove it, e.g. mats put on flight of stairs to keep them clean?</p>	<p>While incidents resulting from a consumer’s informed choice would not be considered reportable incidents, providers are still expected to support consumers to understand the risks associated with their choices, record this, and, where possible, to put measures in place to mitigate any risks to consumer safety, health and well-being.</p> <p>Although incidents resulting from a consumer’s decision not to accept certain care and services may not be reportable under the SIRS, providers are expected to record and manage any incidents in accordance with the incident management requirements.</p>
<p>37. Is there some concern that vulnerable clients won't apply for government support because of the intrusion into their own home and circumstances? Secondly, that family members may cancel if they feel they are being reported on (either rightly or wrongly)? Meals on Wheels taking meals are undertaking welfare checks and are a welcome visit – again is there a concern they will cancel if they feel intrusion? The main concern is a person’s perception of what is a reportable incident. Trust is such a huge part of home care – family involvement both good and bad</p>	<p>The SIRS establishes responsibilities for all Commonwealth-funded providers of aged care to prevent and manage incidents (focusing on the safety, health and well-being of consumers), to use incident data to drive quality improvement, and to notify reportable incidents to the Commission.</p> <p>Notification of reportable incidents to the Commission is only one component of a wider set of responsibilities that all providers are expected to fulfil – including adopting an ‘open disclosure’ approach with consumers when something goes wrong with their care.</p> <p>Reporting responsibilities apply to incidents that occur ‘in connection with’ the provision of care and services to a consumer, so the focus is on ensuring and improving the safety and quality of care. Consumers are generally supportive of this objective, and ensuring that providers are accountable for this.</p> <p>The Commission has published the draft guidelines on SIRS for home services providers to help them to understand their new SIRS reporting responsibilities and explain these to their workers and consumers.</p>
<p>38. Where can we find information on what is</p>	<p>The Commission has published the draft guidelines on SIRS for home services providers to help them to understand their new SIRS reporting responsibilities. The guidance describes the responsibilities of home</p>

<p>going to be reportable under SIRS for at home?</p>	<p>service providers in relation to the SIRS, including:</p> <ul style="list-style-type: none"> • requirements relating to the management, response and prevention of incidents generally • the types of incidents that must be notified to the Commission (reportable incidents) • requirements for making a notification, including when and what must be notified • the role of the Commission in managing notifications and ensuring providers are meeting their responsibilities to notify and effectively respond to reportable incidents.
<p>39. Do we still need to record in our Incident Register a risk we identify in our normal practices even though there is no incident reported or suspected?</p>	<p>Incident management and prevention responsibilities apply to incidents that occur 'in connection with' the provision of care and services to a consumer.</p> <p>If the risk you have identified through your normal risk identification and recording practices does not relate to an incident, alleged or suspected incident, then you would not be expected to record that risk as part of your Incident Management System. However, as identified in your question, risk identification and management is a highly desirable activity that can impact the likelihood and occurrence of serious incidents. The Commission considers risk management activities to be a key part of a provider's usual operations.</p>
<p>40. We have had advice from the police that if the consumer does not consent, they cannot act on it. Will you be discussing this with the various police authorities as a requirement of them to act?</p>	<p>The Police Services in each jurisdiction operate under state and territory legislation. The Commission cannot require police authorities to decide to act on any particular matter or category of matters. Whether or not police decide to act on a reported matter does not alter a provider's incident management and prevention (and SIRS reporting) responsibilities.</p>
<p>41. Will your animation video for showing to clients be in various languages and for those hearing impaired?</p>	<p>Yes, the animation video will be close captioned and in various languages.</p>

<p>42. Will we need to inform clients and / or representative of the Notice of Collection as done in residential?</p>	<p>As part of your online notification of a SIRS reportable incident, you will be required to confirm that you have provided a notice of collection (where appropriate) to any person affected by the incident for whom you have recorded personal or sensitive information.</p>
<p>43. With regards to SIRS, I have been concerned with the amount of time our staff are spending on reporting. The reports come to the board, so we do see the well documented instances. I am hearing today you expect all SIRS instances to be documented and reported. This is still unclear on what falls into a SIRS. The cost of meeting this legislation is really concerning as we are not being funded to meet the policy. I believe our health professionals are trying to meet the rules as best they can. We are also more informed in relation to instances. Just want to understand the balance of getting this right without closing the doors.</p>	<p>Provider obligations to have an effective incident management system already exist in the Aged Care Quality Standards (Standard 8). Only a subset of incidents - ‘serious incidents’ as defined in the subordinate legislation - are reportable to the Commission.</p> <p>The SIRS aims to prevent and reduce incidents of abuse and neglect for consumers of government subsidised aged care. In addition to existing incident management responsibilities, under SIRS, providers have obligations to notify the Commission when 8 types of reportable incidents occur.</p> <p>The Commission has published the draft guidelines on SIRS for home services providers to help them to understand their new SIRS reporting responsibilities. https://www.agedcarequality.gov.au/resources/what-effective-incident-management-system-serious-incident-response-scheme https://www.agedcarequality.gov.au/resources/effective-incident-management-systems-best-practice-guidance.</p> <p>The Commission receives and assesses SIRS reportable incident notices to determine the type of response required. The Commission has the power to take regulatory action(s) if appropriate to address non-compliance with provider responsibilities. We also have the power to issue compliance notices for suspected non-compliance with the SIRS obligations.</p> <p>If you have a Serious Incident Response Scheme (SIRS) enquiry, you can:</p> <ul style="list-style-type: none"> • call us for free on 1800 081 549 between 9:00 am and 5:00 pm (AEST) Monday to Friday, or between 8:30 am and 5:00 pm (AEST) Saturday and Sunday • email us at sirs@agedcarequality.gov.au. <p>You can also find resources on the Commission’s website - https://www.agedcarequality.gov.au/sirs</p>

<p>44. Will our current incident management systems be able to link to SIRS so we can report in both systems at same time? Or will we have to manually enter incidents in to SIRS?</p>	<p>You will need to manually enter incidents into SIRS through the My Aged Care Service and Support Portal.</p> <p>Providers should ensure that staff have training and access to the portal to submit notifications within the time required. For information about using the Portal, visit the Department of Health and Aged Care’s My Aged Care – Service Provider Portal Resources webpage.</p> <p>The Quick reference guide - How to access and use the Serious Incident Response Scheme (SIRS) indicates how organisation and outlet administrators can ‘bulk upload’ details for certain multiple SIRS (Priority 2) notices to the Portal at once. The bulk upload function does not support SIRS notices that contain multiple alleged offenders.</p>
<p>45. What will be the time frames for reporting: ie does the time period starts when an employee is notified or is it when a key personal person is informed?</p>	<p>Reportable incidents (whether actual, suspected or ‘near misses’) that meet the SIRS criteria must be notified to the Commission within the timeframes stipulated by the priority of the incident. For reportable incidents classified as Priority 1, this is within 24 hours of the provider becoming aware of it; for reportable incidents classified as Priority 2, this is within 30 days of the provider becoming aware of it.</p> <p>Priority 1 reportable incidents are incidents:</p> <ul style="list-style-type: none"> • that have caused or could reasonably have been expected to cause, a consumer physical or psychological harm and/or discomfort that would usually require medical or psychological treatment to resolve, or • if there are reasonable grounds to contact the police, or • of unlawful sexual contact or inappropriate sexual conduct, or • when there is the unexpected death of a consumer or a consumer’s unexplained absence from the service. <p>Incidents that do not meet the Priority 1 criteria are classified as Priority 2.</p> <p>For the purpose of notifying reportable incidents, providers are responsible for ensuring that staff who become aware of a reportable incident – notify one of the following people as soon as possible:</p> <ul style="list-style-type: none"> • a member of your key personnel, or • that staff member’s supervisor or manager, or • the person in your organisation who is responsible for notifying reportable incidents to the Commission. <p>If one of the above are notified by a staff member of a reportable incident, they must ensure that the</p>

	<p>Commission is informed of the reportable incident within the prescribed timeframes.</p> <p>A provider’s incident management system (IMS) must set out the roles and responsibilities of different staff members in preventing, identifying, managing and resolving incidents. This includes procedures that specify to whom incidents must be reported and who is responsible for notifying reportable incidents to the Commission.</p> <p>Providers have a responsibility to ensure staff are provided with education and are trained in how to recognise a situation that may need to be notified to the Commission, the police, or both, and know how to respond and make notifications.</p>
<p>46. When will the registration of CHSP service providers take place? And will the registrations be maintained through the Commission?</p>	<p>Reportable incidents must be lodged by providers using the SIRS Notice tile on the My Aged Care Service and Support portal. CHSP providers are already registered and use the portal for non-SIRS related reporting. The Department of Health and Aged Care operates and maintains provider registrations for the My Aged Care website and provides portal access for one administrator in each aged care organization. Administrators need to set up access for any additional staff who need to use the portal to notify the Commission of reportable incidents and maintain the correct information for their organisation.</p> <p>Roles and responsibilities around submitting notifications need to be clear and understood. Providers must also ensure staff who are responsible for notifying reportable incidents to the Commission understand how to access and use the portal to submit reports on time.</p> <p>A user guide for home services providers and staff, ‘How to access and use the Service and Support Portal for Serious Incident Response Scheme (SIRS): In-Home Care’, is available on the department’s website.</p> <p>For information on using the My Aged Care Service and Support Portal visit the Department of Health and Aged Care website.</p>
<p>47. Where does SIRS start and stop for reporting in home care settings. E.g. if you provide a two-hour service a fortnight are you then also responsible for reporting things that occur in the other 6 days and 22</p>	<p>SIRS reporting responsibilities only apply to incidents that occur ‘in connection with’ the provision of care and services. Should you become aware of a reportable incident that occurs between occasions of service delivery, this must be reported only if it occurred (or is suspected to have occurred, or nearly occurred) in connection with the delivery of your services.</p> <p>If the incident meets the SIRS reporting criteria, including the requirements for it to be in connection with the services you provide, it must be reported to the Commission within the appropriate timeframe.</p>

<p>hours? And what about where multiple service providers involved in care? Who reports what and when?</p>	<p>Where there are multiple providers delivering services, it is the responsibility of the provider whose services are 'in connection' with an incident to report it under the SIRS, within the appropriate timeframe.</p>
<p>48. Would like to find out the timelines expected for reporting an incident if it is in the middle of the night, weekend or public holiday? Also keen to understand who can report an incident and what standardised formal language we need to adopt?</p>	<p>Reportable incidents (whether actual, suspected or 'near misses') that meet the SIRS criteria must be notified to the Commission within the timeframes stipulated by the priority of the incident. For reportable incidents classified as Priority 1, this is within 24 hours of the provider becoming aware of it; for reportable incidents classified as Priority 2, this is within 30 days of the provider becoming aware of it. The provider must meet its responsibility to notify the Commission within the appropriate timeframe, regardless of whether they first become aware of the reportable incident outside of service delivery or office hours.</p> <ul style="list-style-type: none"> ○ Priority 1 reportable incidents are incidents: <ul style="list-style-type: none"> ▪ that have caused or could reasonably have been expected to cause, a consumer physical or psychological harm and/or discomfort that would usually require medical or psychological treatment to resolve, or ▪ if there are reasonable grounds to contact the police, or ▪ of unlawful sexual contact or inappropriate sexual conduct, or ▪ when there is the unexpected death of a consumer or a consumer's unexplained absence from the service. ○ Incidents that do not meet the Priority 1 criteria are classified as Priority 2. <p>Your incident management system must establish procedures to be followed in identifying, managing and resolving incidents, including procedures that specify the following:</p> <ul style="list-style-type: none"> ○ how incidents are identified, recorded and internally reported ○ to whom incidents must be reported internally ○ the person who is responsible for notifying reportable incidents to the Aged Care Quality and Safety Commission. <p>There is no standardised formal language required to report incidents under the SIRS, as notifications of reportable incidents must be lodged by providers electronically through the My Aged Care Service and Support portal.</p>
<p>49. I would be interested to understand the specific</p>	<p>From 1 December 2022, the SIRS will apply to providers of the following services in addition to residential services:</p>

<p>impact of the upcoming changes to SIRS in relation to our service. Our organisation is responsible to door-to-door transport services to the community (no requirement to provide direct care).</p>	<ul style="list-style-type: none"> • Home Care Packages (HCP) • Commonwealth Home Support Programme (CHSP) • Flexible care delivered in home and community settings, including via: <ul style="list-style-type: none"> ○ Multi-Purpose Services (MPS) ○ Short Term Restorative Care (STRC) ○ The Transition Care Program (TCP) and ○ The National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP). <p>If your services are delivered through any of the above programs, the SIRS requirements will apply.</p> <p>Providers have responsibilities to establish incident management system procedures to identify, manage, resolve and report (where required) incidents. Consider the circumstances specific to your service when establishing these procedures. To assist providers, the Commission has guidance on incident management systems on our website, and will release SIRS reportable incident guidance.</p>
<p>50. I would like to know if the SIRS applies in the wellness centre.</p>	<p>From 1 December 2022, the SIRS will apply to providers of the following services in addition to residential services:</p> <ul style="list-style-type: none"> • Home Care Packages (HCP) • Commonwealth Home Support Programme (CHSP) • Flexible care delivered in home and community settings, including via: <ul style="list-style-type: none"> ○ Multi-Purpose Services (MPS) ○ Short Term Restorative Care (STRC) ○ The Transition Care Program (TCP) and ○ The National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP). <p>If any of the above services be delivered in your wellness centre, then SIRS requirements will apply.</p> <p>Providers have responsibilities to establish incident management system procedures to identify, manage, resolve and report (where required) incidents. Consider the circumstances specific to your service when establishing these procedures. To assist providers the Commission has guidance on incident management systems on our website, and has published draft SIRS reportable incident guidance for home services.</p>
<p>51. I would like to understand if there is a hierarchy, or if there are protocols, around reporting of serious</p>	<p>Where you are one of multiple providers delivering aged care services to a consumer, you (or your staff) may become aware that an incident may have occurred, be alleged or suspected of having occurred in connection with the care and services delivered by another provider.</p>

<p>incidents when there are several providers in a client's support circle. Otherwise, you could potentially receive several notifications from different providers for the same incident.</p>	<p>Where there are multiple providers delivering services, it is the responsibility of the provider whose services are 'in connection' with an incident to report it under the SIRS (Provider A). Should another provider (Provider B) become aware that Provider A may not be meeting its SIRS and incident management responsibilities, they are expected to:</p> <ul style="list-style-type: none"> • raise their concerns with Provider B so that the responsible provider can assess the incident and report under the SIRS if applicable • check in with the consumer to provide support for their safety, health and wellbeing. <p>It should be noted that contractors including agency staff are not considered to be 'multiple providers'; it is the responsibility of the provider that has contracted their services to ensure they comply with the SIRS.</p>
<p>52. Is the proposed approach proportionate to the level of engagement that home service staff have with clients, noting that in some situations staff may only be in the home for say one visit per fortnight to assist with cleaning.</p>	<p>From 1 December 2022, the SIRS will apply to providers of the following services in addition to residential services:</p> <ul style="list-style-type: none"> • Home Care Packages (HCP) • Commonwealth Home Support Programme (CHSP) • Flexible care delivered in home and community settings, including via: <ul style="list-style-type: none"> ○ Multi-Purpose Services (MPS) ○ Short Term Restorative Care (STRC) ○ The Transition Care Program (TCP) and ○ The National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP). <p>Should your services include any of the above, the incident management and prevention requirements will apply to incidents that occur in connection with the provision of care, including the notification of certain serious incidents to the Commission under SIRS.</p>
<p>53. Is this transferrable for both NDIS registered & non-registered businesses?</p>	<p>The extension of SIRS to home services will apply to all relevant approved providers under the Aged Care Act as well as to service providers funded under grant agreements with the Department.</p> <p>Under SIRS, providers will notify reportable incidents to the Commission through the My Aged Care Service and Support Portal. This is a separate reporting system from the one used by NDIS registered businesses to notify the NDIS Quality and Safeguards Commission of reportable incidents involving their NDIS participants.</p>

	Where an incident that is reportable under the SIRS involves a consumer who is also an NDIS participant, you will be required to notify both the Aged Care Commission and the NDIS Commission.
54. Once a report is made especially in relation to elder abuse within a family what is the process and is there likely an outcome that facilitates a change for the client?	<p>SIRS reporting responsibilities only apply to incidents that occur 'in connection with' the provision of care and services. Given this provision, suspected incidents of neglect or abuse by non-staff members such as family members are not reportable under SIRS. However, providers must meet any other applicable responsibilities, including to:</p> <ul style="list-style-type: none"> • capture any incidents (whether actual or suspected) that cause, or could cause, harm to any person in their Incident Management System • report the incident (whether actual or suspected) to police within 24 hours if there are reasonable grounds to do so, and • support the health, safety and wellbeing of consumers, including by referring them to appropriate services such as the Older Persons Advocacy Network (OPAN) and 1800 ELDERHelp (1800 353 374).
55. Please clarify Serious Incident Reporting responsibilities for a) subcontractors to a HCP provider, b) provision of services outside of the CHSP/HCP funding model (separate from or in addition to), and c) any forecast differences in obligations in self-managed and/or flexibility under the Support at Home Program.	<p>From 1 December 2022, the SIRS will apply to providers of the following services in addition to residential services:</p> <ul style="list-style-type: none"> • Home Care Packages (HCP) • Commonwealth Home Support Programme (CHSP) • Flexible care delivered in home and community settings, including via: <ul style="list-style-type: none"> ○ Multi-Purpose Services (MPS) ○ Short Term Restorative Care (STRC) ○ The Transition Care Program (TCP) and ○ The National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP). <p>Should your services include any of the above, the SIRS requirements will apply in full, noting slight variations in the obligations between residential services and home services. Further information about this is available on our website.</p> <p>Where these services are delivered by contractors and/or sub-contractors, the SIRS requirements still apply and it is the responsibility of the provider to ensure they are met.</p>
56. Will the Commission acknowledge the receipt of, respond to each incident	Notifications of reportable incidents must be lodged by providers electronically through the My Aged Care Service and Support portal. Once a notification has been submitted, you will receive an email confirming receipt of your submission. This email is automatically issued and will include a SIRS notification number (e.g.

<p>submitted and provide feedback and notification of incidents being closed?</p>	<p>NF23/012345).</p> <p>When the Commission receives a notification of a reportable incident, the Commission undertakes an assessment and has the power to take regulatory action(s) where appropriate in dealing with SIRS notifications and to address non-compliance with provider responsibilities. If the Commission makes contact regarding a reported SIRS incident, the Commission will refer to the notification number to which the request for further information relates.</p> <p>Providers will be notified where the Commission’s review of the notification is complete or where the Commission is satisfied that the provider has taken appropriate action in relation to the incident.</p>
<p>57. What protection do home care workers have in reporting suspected abuse?</p>	<p>For approved providers, the aged care legislation describes protections for those making specified kinds of disclosures. Sections 54-4 to 54-6 of the Aged Care Act afford protections against detriment, threat, victimisation and protection of identity for people who make protected disclosures about reportable incidents. This also extends to existing and former staff members as well as current and past consumers, their families and others supporting them, including volunteers and advocates.</p> <p>We understand similar protections will also be reflected by the Department of Health and Aged Care in the funding agreements and program manuals for CHSP and NATSIFACP service providers. Further guidance is provided in the SIRS Home Services Provider Guidelines.</p>

Incident types

<p>58. Can you provide examples of the types of incidents that would apply under SIRS?</p>	<p>A reportable incident is:</p> <ul style="list-style-type: none"> • an incident that has occurred, or is alleged or suspected of having occurred, in connection with the provision of care to a consumer • the incident has caused harm, or could reasonably have been expected to have caused harm, to a consumer, and • the incident is one of the following types of incidents: <ul style="list-style-type: none"> ○ unreasonable use of force ○ unlawful sexual contact or inappropriate sexual conduct ○ psychological or emotional abuse ○ unexpected death
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	<ul style="list-style-type: none"> ○ stealing or financial coercion ○ neglect ○ inappropriate use of restrictive practices, or ○ missing consumers. <p>The guidelines on SIRS for home services providers (published on the Commission website) includes examples of each of the reportable incident types.</p>
<p>59. Are all the reportable incident types going to be the same 8 incidents that are considered reportable in residential aged care?</p>	<p>There are some differences in the definitions of reportable incident types between residential aged care and home services; please refer to the above question.</p>
<p>60. Will the Priority 1 and 2 approach to SIRS reporting be used and if so, will the definitions currently being used for residential services remain the same?</p>	<p>Reportable incidents must be notified to the Commission within the timeframes stipulated by the priority of the incident. For reportable incidents classified as Priority 1, this is within 24 hours of the provider becoming aware of it; for reportable incidents classified as Priority 2, this is within 30 days of the provider becoming aware of it.</p> <ul style="list-style-type: none"> ○ Priority 1 reportable incidents are incidents: <ul style="list-style-type: none"> ▪ that have caused or could reasonably have been expected to cause, a consumer physical or psychological harm and/or discomfort that would usually require medical or psychological treatment to resolve, or ▪ if there are reasonable grounds to contact the police, or ▪ of unlawful sexual contact or inappropriate sexual conduct, or ▪ when there is the unexpected death of a consumer or a consumer’s unexplained absence from the service. ○ Incidents that do not meet the Priority 1 criteria are classified as Priority 2.
<p>61. If an incident has occurred outside of our delivery of care (not done by internal staff or contractors), would it be a reportable incident the moment we were made</p>	<p>Incident management and prevention responsibilities apply to incidents that occur ‘in connection with’ the provision of care and services to a consumer. This includes any acts, omissions, events or circumstances:</p> <ul style="list-style-type: none"> ● that occur, are alleged to have occurred, or are suspected of having occurred in connection with the provision of care and services to a consumer, and ● that have, or could reasonably have been expected to have, caused harm to a consumer or another person.

<p>aware, such as if the client’s carer informed us?</p>	<p>‘In connection with’ does not include suspected, alleged or witnessed incidents that did not occur in connection with the provision of care. Depending on the nature of the incident, and the circumstances in which it is suspected or alleged to have occurred, you may also need to report matters to the police or other authorities.</p> <p>While these types of incidents are not captured by the SIRS, any mistreatment of an older person is unacceptable and should not be ignored. As a provider of aged care in regular contact with consumers, you are in a unique position to be able to support and assist consumers who may be subjected to abuse.</p> <p>You may also be able to provide information for consumers, their carers and loved ones on a range of services that offer support, information, education and advice about identifying and responding to elder abuse such as the Older Persons Advocacy Network (OPAN) and the free national elder abuse phone line, 1800 ELDERHelp (1800 353 374).</p>
<p>62. What's the email address to report to the Commission in NSW?</p>	<p>Home services providers will report in the same way that residential providers do, through the My Aged Care Service and Support Portal. The Department of Health and Aged Care operates the My Aged Care website.</p> <p>A user guide for home services providers and staff, ‘How to access and use the Service and Support Portal for Serious Incident Response Scheme (SIRS): In-Home Care’, is now available on the department’s website.</p>
<p>63. If the serious incident involves the consumer and someone other than a staff member, will it need to be reported? For example, family and domestic violence or concerns regarding financial abuse?</p>	<p>Reporting responsibilities apply to incidents that occur ‘in connection with’ the provision of care and services to a consumer.</p> <p>‘In connection with’ refers to the relationship or association between the incident and the provider. It includes all incidents that have occurred (or are suspected to have occurred) during the course of providing care and services or due to the provision (or lack thereof) of care and services.</p>
<p>64. How can effective analysis be done in the home services sector when a large number of incidents would happen when support staff are not in the</p>	<p>Incident management and prevention responsibilities apply to incidents that occur ‘in connection with’ the provision of care and services to a consumer. This includes any acts, omissions, events or circumstances:</p> <ul style="list-style-type: none"> • that occur, are alleged to have occurred, or are suspected of having occurred in connection with the provision of care and services to a consumer, and

<p>home of the consumer? This is especially difficult when the consumer has dementia, and their recall or explanation of the incident may not be reliable.</p>	<ul style="list-style-type: none"> • that have, or could reasonably have been expected to have, caused harm to a consumer or another person. <p>A consumer’s cognitive abilities do not affect a provider’s incident management or reporting responsibilities.</p> <p>A provider’s incident management and prevention responsibilities cover any incidents, allegations or suspicions of incidents relating to any consumer, including those cognitive deficits that may be dementia-related.</p>
<p>65. If a home services consumer absconds from a day centre (under the Commonwealth Home Support Programme), does it count as a SIRS incident?</p>	<p>Yes, SIRS requirements apply to CHSP service provision. It is a reportable incident (under the Missing Consumer incident type) if a consumer was in your physical care immediately prior to their absence, you were unaware of any reason for them going missing and hold/held concerns, and there are/were reasonable grounds for reporting the missing consumer to police (whether or not you actually contacted police).</p> <p>This definition is intended to capture situations where a provider has the consumer in their physical care immediately prior to their absence. For example:</p> <ul style="list-style-type: none"> • a staff member has taken a consumer to the shops and the consumer has gone missing during the outing, or • a consumer goes missing while in overnight respite, receiving care at a day therapy centre, receiving transport services or on a scheduled outing with the provider.
<p>66. In the scenario with the consumer who has fallen in the bathroom – if the support worker was only providing domestic assistance (under CHSP) and making the bed/providing cleaning and the consumer is not assessed nor provided any personal care under a Home Care Package – is this still an incident as it does not fall under the definition described in the Commission’s Effective incident management</p>	<p>The SIRS establishes responsibilities for all Commonwealth-funded providers of aged care to prevent and manage incidents (focusing on the safety, health and well-being of consumers), to use incident data to drive quality improvement and to notify reportable incidents.</p> <p>If you are a Commonwealth Home Support Programme provider, SIRS also applies to you from 1 December 2022.</p> <p>If an incident resulting in harm to a consumer occurs while service staff are present yet the provider considers the incident to be a “client event”, and not in connection with the provision of (a particular type of) care and services, then the provider and worker do have a responsibility to respond and follow-up, and make any necessary referrals (through their duty of care to the consumer).</p> <p>It is expected that in these circumstances, the response and actions would be documented by the provider. However, these may or may not relate to an incident that is reportable to the Commission under SIRS.</p>

<p>systems: Best practice guidance which states: ‘An incident is any act or omission, event or circumstances that occurs in connection with the provision of services...’. The provision of services was domestic assistance. Therefore, the fall could be viewed as a client event not associated with the provision of services. Does the approved provider and the worker still need to respond and follow up and make any necessary referrals?</p>	
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Education, training and resources


<p>67. Can you please provide a timeframe for when educational information will be available to support the implementation of SIRS in home services?</p>	<p>Home services providers are already required to maintain an incident management system (under Standard 8 of the Quality Standards) and from 1 December, have to report reportable incidents to the Commission.</p> <p>The Commission has published guidelines on SIRS for home services providers.</p> <p>As more information becomes available, we will continue to update our SIRS webpage.</p> <p>Detailed information related to incident management systems is also available on our SIRS provider resources web page. These include the What is an effective incident management system? factsheet and the comprehensive Effective incident management systems: Best practice guidance resource.</p>
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<p>68. Could we have clarity on single service low risk outdoor (home maintenance) provider's SIRS requirements as these are different to personal care & indoor providers who have more client contact.</p> <p>Could you provide recommended training for all workers high- low, medium and high risk min SIRS training requirements.</p>	<p>SIRS reporting requirements apply to providers based on service type, not the degree of consumer contact. Staff members who work in any role type for providers of the below service types are required to comply with SIRS:</p> <ul style="list-style-type: none"> ○ Residential aged care services ○ Home Care Packages (HCP) ○ Commonwealth Home Support Programme (CHSP) ○ Flexible care delivered in home and community settings, including via: <ul style="list-style-type: none"> ▪ Multi-Purpose Services (MPS) ▪ Short Term Restorative Care (STRC) ▪ The Transition Care Program (TCP) and ▪ The National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP). <p>The Aged Care Quality and Safety Commission has developed a range of resources about the SIRS for the aged care sector, including webinars, guidance documents, videos and factsheets, which are available via our website. However, it remains the responsibility of providers to ensure that their staff understand the SIRS requirements and their responsibilities in relation to incident management. Additional training for service staff should be developed or procured by providers as required.</p>
<p>69. Will home services have a SIRS decision tool similar that used in residential aged care, and if so when will this be available?</p>	<p>Yes, there will be a decision support tool to support home services providers with their SIRS reporting decisions.</p>

<p>70. What training will be provided by the Commission for CHSP providers on SIRS reporting? Will this be online or face-to-face?</p>	<p>The Commission has published guidelines on SIRS for home services providers, and a wide range of resources are available on our website's SIRS provider resources page.</p> <p>Learning modules on the SIRS is accessible via our free online learning platform, Aged Care Learning Information Solution (Alis)</p> <p>Please also refer to the recordings of the webinar series we hosted on SIRS for home services providers, which are available on our website's aged care reforms web page.</p> <p>Home services providers will report in the same way that residential providers do, through the My Aged Care Service and Support Portal. The Department of Health and Aged Care operates the My Aged Care website. A user guide for home services providers and staff, 'How to access and use the Service and Support Portal for Serious Incident Response Scheme (SIRS): In-Home Care', is now available on the department's website.</p>
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