BEECHWORTH HEALTH SERVICE

Organisational Wide Policy

- Org 116 – Serious Incident Response Scheme reporting

Policy Statement

Beechworth Health Service (BHS) recognises that Australians have a right to live free from abuse and neglect as a matter of human rights, current law and reasonable community expectation. These rights, which do not diminish with age, include the right to live dignified, self-determined lives, free from exploitation, violence and abuse. In addition, consumers of Commonwealth-funded aged care services have specific rights and expectations for safe and quality care and services.

The Serious Incident Response Scheme (SIRS) is an Aged Care Quality and Safety Commission (ACQSC) sponsored program designed to help prevent and reduce the risk and occurrence of incidents of abuse and neglect in residential aged care services. SIRS has also been extended to include those who receive in home care services, such as CHSP services, home care packages and flexible care, transitional care programs and short-term restorative programs.

Beechworth Health Service (BHS) is committed to its obligations to report notifiable incidents under the scheme. This policy provides information to assist BHS staff and volunteers to report, manage and review reportable incidents, and to comply with the legislative requirements associated with SIRS. For the purposes of this policy, staff members shall include volunteers

Process

Definition of 'incident' for the purposes of incident management

An incident is any act, omissions, event or circumstance that occurs in connection with the provision of care and services to a consumer that has, or could reasonably be expected to have, caused harm to a consumer or another person.

Reportable Incidents
A reportable incident is any of the following incident types that have occurred, are alleged to have occurred, or are suspected of having occurred to a care recipient (consumer), in connection with the provision of residential or in-home care services:

Unreasonable use of force against a consumer;

includes conduct such as shoving, pushing, hitting, punching or kicking a consumer. The use of force can be unreasonable regardless of whether it causes injury or visible harm such as bruising. It will still be notifiable to the Commission even where the consumer does not require medical treatment.

The definition is not intended to capture kind, considerate and respectful care, which may include gentle touching of a consumer for the purpose of providing care, to attract the consumers attention, to guide the consumer, or to comfort the consumer when they are distressed, that would be objectively appropriate and acceptable in the circumstances.

Unlawful sexual contact, or inappropriate sexual conduct, inflicted on a consumer;

If the contact or conduct is inflicted by a person who is a staff member, volunteer or contractor of BHS, then any conduct or contact of a sexual nature inflicted on the consumer, including but not limited to sexual assault, an act of indecency or sharing of an intimate image of the consumer, any touching of the consumer's genital area, anal area or breast in circumstances where this is not necessary to provide care or services to the consumer is reportable. It is not a reportable incident where there is consensual contact or conduct of a sexual nature between the consumer and a person who is not a staff member, for example is another consumer at the service or a volunteer (other than while they are providing volunteer services).

Psychological or emotional abuse of a consumer;

Includes conduct that has caused, or that could reasonably have caused, the consumer psychological or emotional distress, including actions such as:

- taunting, bullying, harassment or intimidation
- threats of maltreatment
- humiliation
- unreasonable refusal to interact with the consumer or acknowledge the consumer's presence
- unreasonable restriction of the consumer's ability to engage socially or otherwise interact with people
- repetitive conduct or contact which does not constitute unreasonable use of force but the repetition of which has caused, or could reasonably have caused, the consumer psychological or emotional distress.

Unexpected death of a consumer

Unexpected death of a consumer includes death in circumstances where:

- reasonable steps were not taken to prevent the death
- the death is the result of the care or services being provided by BHS or a failure to provide care and services.
- appropriate steps to prevent or mitigate an incident which resulted in the death of a consumer were not taken
- appropriate action to assess and treat a consumer following an incident were not taken and the consumer died as a result of injuries related to the incident
- there was (or reasonably should have been) an awareness of a consumer's condition and timely and adequate steps were not taken to assess and treat the consumer
- clinical mistake(s) resulting in death were made
- care and services were not made in accordance with the consumer's assessed care needs or clinical care and services were provided that were poorly managed or not in line with best practice, resulting in death.

A death may occur immediately, or some time, after a 'mistake' was made or a 'failure' or incident occurred. Where the death could reasonably be considered to be related to a mistake, failure or incident, this should be notified to the Commission, even where a coroner has not yet determined the cause of death, or where the provider is advised of such a death which may not have occurred at the service.

Stealing from, or financial coercion of, a consumer by a staff member of the provider

Stealing from, or financial coercion of, a consumer by a staff member includes:

- stealing from a consumer by a staff member
- conduct by a staff member that:
  - is coercive or deceptive in relation to the consumer's financial affairs
  - unreasonably controls the financial affairs of the consumer.

Incidents of stealing or financial coercion notifiable under the SIRS are limited to the actions of a staff members of the service. A staff member is defined as an individual who is employed, hired, retained or contracted by BHS (whether directly or through an agency) to provide care or other services.

Neglect of a consumer

Neglect of a consumer includes:

- a breach of the duty of care owed by BHS, or a staff member, to the consumer. Neglect includes an action, or a failure to act, by BHS or a staff member towards a consumer that has resulted in harm, injury, poor health outcomes, emotional distress or the death of a consumer. It can be a single significant incident where, for example, a carer fails to fulfil a duty, resulting in actual harm to a consumer or where there is the potential for significant harm to a consumer. Neglect can also be ongoing, repeated failures to meet a consumer's physical or psychological needs.
- a gross breach of professional standards by a staff member of the provider in providing care or services to the consumer.

Use of physical or chemical restraint of a consumer

The use of physical and chemical restraint must be minimised where possible. Only when alternatives to restraint have been explored to full extent can restraint be used. Any use of restraint that applied in the absence of these and other requirements (as outlined in Org 3 Restraint Policy), must be reported to the Commission. This includes, for example

- where physical or chemical restraint is used without prior consent or without notifying the consumer's representative as soon as practicable;
- where physical restraint is used in a non-emergency situation; or when a provider gives a drug to a consumer to influence their behaviour as a form of chemical restraint.

Unexplained absence of a consumer from the service.

An unexplained absence means an absence of a consumer in circumstances where there are reasonable grounds to report the absence to police. This means that the Commission must be notified where:

- a consumer is absent from the service
- the absence is unexplained (i.e. the consumer is missing from the service and you are unaware of any reason for their absence), and
- there are reasonable grounds for reporting the absence to the police (whether or not the absence has been reported to the police).

The absence must be reported to the Commission as soon as reasonably practicable, and within 24 hours after becoming aware of the incident.

BHS has a responsibility to notify the Commission of all reportable incidents, even where it is believed that action and responses to the incident were appropriate, or where an internal or police investigation is underway. The requirement to report applies regardless of the whether the consumer or their representatives wish the incident to be notified.

Any allegation or suspicion of:

- A reportable incident, as described above, or
- A 'Reportable Incident' under the National Disability Insurance Scheme Act 2013 as per Appendix 2 'Reportable Incidents – Detailed Guidance for Registered Providers June 2019'
- any other adverse event of a residential aged care client (which is not a Reportable Incident), or of any other patient or client,

must be reported to the Manager, team leader, Nurse Unit Manager or delegate, who will ensure that the event is reported via the VHIMs incident reporting system.

The Manager, is responsible to ensure that the Director Clinical Services and the Chief Executive Officer are informed as soon as practicable once any reportable incident (actual or alleged) is uncovered but no later than 12 hours from the matter having come to their attention.

The reporting staff member is responsible for completing documentation of their allegations including the names of any witnesses in accordance with this Policy within the designated timeframes.

Responding to a reportable incident.

Staff members must take the following actions in response to any actual, alleged or suspected instance of the above events:

If there is an immediate threat to a resident, patient or client

1. Remain calm
2. Consider whether you can take immediate action to stop the event occurring, without endangering the client, yourself or other people.

3. Alert other staff via call bell or alarm system.
4. Report to person in charge or manager – if significant threat is present or injury has occurred it may require the staff member to notify Police immediately on '000' – this is especially so for community-based clients where no other help is available to assist the staff nor the client.
5. Reassure and comfort the client.
6. Once the situation is controlled, document the incident and complete a VHIMs incident report.
7. Do not disturb the area or remove any items involved in the incident.
8. In the event of a suspected or actual case of physical or sexual assault, do not wash or clean the client or their clothing in any way until the police state that you may. (The clothes worn at the time of the incident may be placed into a clean plastic bag.)
9. Report to the nurse in charge or manager any additional changes or concerns that you think of or observe later.

If there is no immediate threat to the resident, patient or client

1. Reassure and comfort the resident, patient or client
2. Report to nurse in charge or manager.
3. Document the incident and complete a VHIMs incident report.
4. Do not disturb the area or remove any items involved in the incident.
5. Report to the nurse in charge or manager any additional changes or concerns that you think of or observe later.

Escalating instances of Reportable events

Through their line manager, Program Managers or their delegate, staff and volunteers will ensure that the Chief Executive Officer is informed of any actual, alleged or suspected reportable events and of measures taken to prohibit future events. Suspected or actual reportable incidents must be reported to the Chief Executive Officer as soon as practicable but at least within 12 hours of becoming aware of the allegation or actual abuse, in order to meet client needs as soon as possible and enable BHS to meet reporting timeframes that are set under *Aged Care Act* for reportable incidents. It is recognised that at times external agencies (e.g. ACAT, VCAT, Police, etc.) may need to be involved to protect the elderly person from abuse.

Managing the allegation of unreasonable force or unlawful sexual contact

On receiving an allegation, the Chief Executive Officer or delegate shall, within the time frames required under legislation:

1. Seek further information as necessary.
2. Keep written records of the matter.
3. Notify police by phoning '000' where the incident is a Reportable incident, or otherwise where warranted and in accordance with privacy legislation.
4. Notify NOK/POA.
5. Notify the Aged Care Quality and Safety Commission where the incident is a reportable Incident and record the receipt number of the notification
6. Enable a medical review to be undertaken.
7. Ensure that the resident's /client's next of kin or guardian/ family is informed and engaged in the investigation of concerns and in the development of solutions as appropriate.
8. Enter the allegations into the BHS 'Mandatory Report Register'.
9. As necessary, consider leave provisions or arrangement of alternative duties for any alleged staff member, if the person is identified. This is an action to protect the staff member/volunteer from potential additional allegations as well as an action to protect the alleged victim. It is not an action determining guilt and should not be considered as such.
10. Offer counselling and support to the alleged victim, whistle-blower/s and if appropriate, next of kin or any other person materially affected by the event.

11. Undertake an investigation of the alleged events – this is to occur in parallel with any police investigation that may occur.
12. Ensure that the whistle-blower/s, alleged victim, their next of kin and alleged perpetrator (if a staff member or volunteer) have been asked to maintain confidentiality to reduce likelihood of gossip and untruths as well as maintain the reputation of all parties. This does not prevent any person involved seeking legal advice, participating in police or internal investigations or seeking counselling.
13. Seek legal advice as required.

Protection of disclosing person

Where the discloser of a reportable event is a staff member or volunteer, making a disclosure on reasonable grounds of a suspicion that elder abuse has occurred and that the disclosure is made in good faith to the executive of BHS, BHS will ensure that the staff member/volunteer is protected from victimisation. BHS will also ensure that the identity of the discloser of any reportable incident is protected, with the exception of providing information to the police, the Commonwealth Department of Health, to BHS key personnel (management and executive). where required by law, and disclosing where required by law.

Mandatory Reporting of Reportable Incidents Under the NDIS Act 2013

Any suspicion of elder abuse involving a client of the BHS NDIS service must be managed in accordance with Appendix 2 'Reportable Incidents- Detailed Guidance for Registered Providers June 2019' **Requirement to use the Incident Management System**
An incident management system that meets the requirements of the aged care legislation and the *Effective incident management systems: Best practice guidance* must be used to collect data relating to incidents in a way that enables:

- the identification of occurrences (or alleged or suspected occurrences) of similar incidents;
- the identification of systemic issues in the quality of care that is provided;
- the continuous improvement of the management and prevention of incidents;
- the provision of information relating to incidents to the Commission (as required).

All incidents will be recorded using the VHIMs incident management system, including those incidents subsequently reported to the commission.

Priority System during phased introduction
A reportable incident will be categorised as either a priority 1 reportable incident or a priority 2 reportable incident.

AS of 1st April 2021, all priority 1 incidents must be reported to the commission. As of 1st October 2021, priority 2 incidents must also be reported to the commission.

A priority 1 reportable incident is an incident:

- that causes, or could reasonably have been expected to have caused, a consumer 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 a consumer's unexpected death or;
- that is a consumer's unexplained absence from the service
- unlawful sexual contact or inappropriate sexual conduct

In addition, an incident will be regarded as priority 1 if the incident causes:

- distress requiring emotional support or counselling;
- cuts, abrasions, burns, fractures or other physical injury requiring assessment and/or treatment by a nurse, doctor or allied health professional;
- bruising, including large individual bruises or a number of small bruises;
- head or brain injuries which might be indicated by concussion or loss of consciousness
- injury or impairment requiring attendance at, or admission to a hospital
- death.

Priority 1 incidents must be reported to the commission within 24 hours of BHS becoming aware of the event.

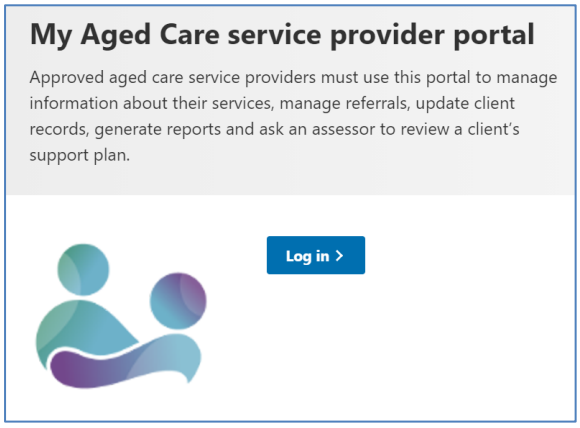
A priority 2 reportable incident includes any reportable incident that results in a low level of harm. Examples of low impact may include where the consumer is momentarily shaken or upset or where there are temporary redness or marks that do not bruise.
In these cases, where medical or psychological treatment for the consumer is not required, the reportable incident will be a priority 2. Where there is uncertainty as to the impact, or where the impact appears low, but the resident (or their representative) expresses ongoing distress or concern, the incident must be treated as a priority 1.

Priority 2 incidents must be reported to the commission within 30 days of BHS becoming aware of the event.

How to report the Incident to the Commission

The Incident must be reported to the commission via the My Aged Care Providers Portal located at:

https://www.health.gov.au/resources/apps-and-tools/my-aged-care-service-provider-portal



Only key personnel with a My aged Care account linked to BHS can submit reportable incidents. In the first instance this will be the CEO the Director of Clinical Services and/or the team leader of DNS.

All documentation received from the commission in response to the submitted report, including receipt numbers, must be documented in, or attached to, the VHIMs report.

Outcome

All reportable incidents will be reported to the commission within the required timeframe.

Definitions

Nil

Appendix

Appendix 1	Org 116 Serious Incident Response Scheme reporting - Appendix 1 Guidelines May 2021
Appendix 2	Org 116 Serious Incident Response Scheme - Appendix 2 NDIS Reportable Incident Guide
Appendix 3	Org 116 Serious Incident Response Scheme - Appendix 3 Reportable Incident Flowchart

Quality & Risk Management

Goal	Risk	Rating (with controls as per this policy)	Required actions
All reportable incidents will be reported to the commission within the required timeframes	Reportable incidents are not reported within the required timeframes.	Freq= Occasional Conseq = Moderate Rating = Medium (8)	• Specify Management accountability and responsibility • Monitor Trends • Develop Quality improvement plans

Policy Quality Improvement Action Plan

Specify accountability and responsibility	• Governance and responsibility for this policy is assigned to the Quality and Safety Committee (QSC)
Monitor Trends	• Incident KPI's will be collated and regularly analysed to reveal incident trends (if any).
Education	• This Policy will be displayed on the staff intranet • The QSC will monitor the use of this policy • Education will be conducted at staff orientation • Education sessions will be conducted from time to time as deemed necessary
Quality Improvement	Quality Improvement to this policy will be informed at review by: • Feedback (if any) • Audit results • Department Policy • Industry Guidelines • Incident reports

Document Control

Standards	• Aged Care Standards: Standard 8 - Organisational Governance • NSQHSS: Standard 1 Clinical Governance Standard • NDIS- 2.6 Incident Management
References	• AS/NZ ISO 31000:2009 • Occupational Health and Safety Act 2004 • Aged Care Act 1997 • Aged Care Legislation Amendment (Serious Incident Response Scheme and Other Measures) Act 2021 • BHS 134 Open Disclosure policy • BHS Org 62 Risk Management • BHS Org 64 Incident Management and Reporting • BHS Org 57 Information Privacy Policy • BHS Org 139 Prevention and Management of Workplace Bullying, Harassment and Discrimination • BHS HR 57 Grievance Procedure • Aged Care Quality and Safety Commission. (2021) Serious Incident Response Scheme; Guidelines for residential aged care providers Australian Government • Victorian Department of Health. (2011). Victorian Health Incident Management Policy Guide. Victoria • NDIS Quality and Safety Commission. (2018). Reportable incidents Detailed Guidance for Registered NDIS Providers June 2019. • NDIS Quality and Safeguards Commission (2018). NDIS Practice Standards and Quality Indicators July 2018
Approving Committees	Quality and Safety Committee (QSC) Approval Date: 18/05/2023
Contact Point	Director of Clinical Services
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