



# Serious Incident Response Scheme for Aged Care Policy

## 1. Purpose

The Serious Incident Response Scheme (SIRS) aims to prevent and minimise the risk and occurrence of abuse and neglect involving individuals receiving care through services subsidised by the Australian Government.

This policy outlines the process for reporting under the SIRS for WA Country Health Service (WACHS) staff and volunteers to meet the requirements of the *Aged Care Act 2024* (Cth).

Cultural safety is essential to preventing, responding to and learning from serious incidents in aged care. WACHS understands and respects that only a consumer or their nominated representative can determine if they have received culturally safe care.

Detailed information on SIRS reporting can be found on the Aged Care Quality and Safety Commission website, including the [SIRS Guidelines for providers of home services](#) and the [SIRS Guidelines for residential aged care providers](#).

## 2. Policy

This policy applies to residents and individuals receiving care in:

- Residential aged care settings including Multi-Purpose Service (MPS) sites
- Support at Home or Commonwealth Home Support Program (CHSP) services
- Flexible care in the home, community or MPS setting including Transition Care Programme (TCP).

### 2.1 Reportable incidents

A **reportable incident** is:

- an incident that has occurred, or is alleged or suspected of having occurred, in connection with the delivery of funded aged care services to an individual by a registered provider
- the incident has caused harm, or could reasonably have been expected to have caused harm, to an older person, and
- the incident is one of the following types of incidents:

Reportable incident type	Definition
Unreasonable use of force	Includes conduct ranging from a deliberate and violent physical attack to use of unwarranted physical force. Includes: <ul style="list-style-type: none"> <li>• shoving, pushing, hitting, punching, kicking or</li> <li>• rough handling of an individual.</li> </ul> Does not include:

Reportable incident type	Definition
	<ul style="list-style-type: none"> <li>• gently touching the individual for purposes of providing services</li> <li>• to attract their attention or guide the individual</li> <li>• to comfort the individual when distressed</li> </ul>
Unlawful sexual contact or inappropriate sexual conduct	<p>Includes:</p> <ul style="list-style-type: none"> <li>• any conduct or contact of a sexual nature inflicted on the individual including (without limitation) sexual assault, an act of indecency or the sharing of an intimate image of the individual</li> <li>• any touching of the individual's genital area, anal area or breast in circumstances where this is not necessary to deliver funded aged care services to the individual</li> <li>• any non-consensual contact or conduct of a sexual nature, including (without limitation) sexual assault, an act of indecency or the sharing of an intimate image of the individual</li> <li>• engaging in conduct relating to the individual with the intention of making it easier to procure the individual to engage in sexual contact or conduct.</li> </ul>
Psychological or emotional abuse	<p>Includes actions such as:</p> <ul style="list-style-type: none"> <li>• taunting, bullying, harassment or intimidation</li> <li>• threats of maltreatment</li> <li>• humiliation</li> <li>• unreasonable refusal to interact with the individual or acknowledge the individual's presence</li> <li>• unreasonable restriction of the individual's ability to engage socially or otherwise interact with people</li> <li>• repetitive conduct or contact which does not constitute unreasonable use of force but the repetition of which has caused, or could reasonably have been expected to have caused, the individual psychological or emotional distress.</li> </ul>
Unexpected death	<p>Includes death in circumstances where:</p> <ul style="list-style-type: none"> <li>• the individual was accessing funded aged care services and reasonable steps were not taken by the provider to prevent the death or</li> <li>• the death was a result of:               <ul style="list-style-type: none"> <li>○ funded aged care services delivered by the provider</li> <li>○ failure of the provider to deliver funded aged care services</li> </ul> </li> </ul>
Stealing or financial coercion	<p>Includes:</p> <ul style="list-style-type: none"> <li>• stealing from an individual by an aged care worker of the provider</li> <li>• conduct by an aged care worker of the provider that:               <ul style="list-style-type: none"> <li>○ is coercive or deceptive in relation to the individual's financial affairs</li> <li>○ unreasonably controls the individual's financial affairs</li> </ul> </li> </ul>

Reportable incident type	Definition
Neglect	<p>Includes:</p> <ul style="list-style-type: none"> <li>• having provided a service that puts an older person at risk of serious injury or illness</li> <li>• caused or contributed to:               <ul style="list-style-type: none"> <li>○ a significant failure to provide a service an older person</li> <li>○ a systemic pattern of poor conduct (organisation wide poor behaviour)</li> </ul> </li> <li>• provided a completely inadequate service to an older person</li> <li>• been reckless in intentionally negligent in how a service is provided to an older person</li> </ul> <p>Does not include:</p> <ul style="list-style-type: none"> <li>• decline in the older person’s health because of disease, when all care has been taken to meet the older person’s needs e.g. weight loss during end-of-life care</li> <li>• When an older person makes an informed choice not to receive care or services</li> </ul>
Inappropriate use of restrictive practices	<p>Includes any practice or intervention that has the effect of restricting the rights or freedom of movement of an individual. Each of the following is included as a restrictive practice in relation to an individual:</p> <ul style="list-style-type: none"> <li>• chemical restraint</li> <li>• environmental restraint</li> <li>• mechanical restraint</li> <li>• physical restraint</li> <li>• seclusion</li> </ul> <p>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, and whether these are consistent with requirements as described in the Aged Care Act 2024 (Cth).</p>
Unexplained absence	<p>For an individual in a residential care home:</p> <ul style="list-style-type: none"> <li>• absence from the home in circumstances where there are reasonable grounds to report the absence to the police</li> </ul> <p>For an individual accessing services in a home or community setting:</p> <ul style="list-style-type: none"> <li>• absence of the individual from the setting during the delivery of funded aged care services where there are reasonable grounds to report the absence to the police. For example:               <ul style="list-style-type: none"> <li>○ a staff member has taken an individual to the shops, and they go missing during the outing</li> <li>○ an individual goes missing while in overnight respite, receiving care at a day centre, receiving transport services or on a scheduled outing with the provider</li> </ul> </li> </ul>

Reportable incident type	Definition
	<ul style="list-style-type: none"> <li>○ an individual goes missing while an aged care worker is delivering care and services in their home, and there is reason for concern (e.g. the individual could be harmed if they were wandering alone).</li> </ul>

For home services, a reportable incident may include any incidents:

- resulting from the action (or inaction) of a staff member of the provider. This includes associated providers (i.e. subcontracted individuals or organisations that deliver government funded aged care services on behalf of a registered provider), those managing care coordination, administration, and volunteers.
- that occur while care and services are being delivered to a consumer (e.g. where the consumer is participating in an activity outside of the consumer’s home organised by the provider and is bullied or harassed by another consumer).

The [SIRS decision support tool](#) provides general guidance to help decide whether an incident should be notified to the Commission.

## 2.2 Non-reportable incidents

An incident that is not one of the eight reportable incident types does not need to be reported under the SIRS. However, the incident may still need to be reported via Datix CIMS in accordance with the WA Health [Clinical Incident Management Policy](#).

If an incident involves a National Disability Insurance Scheme (NDIS) participant, see section 2.7 for other possible reporting obligations under NDIS.

## 2.3 Priority 1 reportable incidents

A Priority 1 reportable incident is any reportable incident:

- that **has caused** an older person 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
- involving unlawful sexual contact or inappropriate sexual conduct inflicted on an older person; or
- involving unexpected death of the older person resulting from care services delivered (or failure to be delivered) by the provider; or
- involving unexplained absence of the older person during the delivery of aged care services where there are reasonable grounds to call police – see also [Appendix B](#) for the reporting flowchart for a missing individual in a residential care home.

Reportable incidents will be Priority 1:

- regardless of whether the impact on the older person is temporary or permanent
- if it leads to a person needing medical or psychological treatment that **only** a medical practitioner, nurse practitioner, registered nurse, psychologist or social worker can provide.

## 2.4 Priority 2 reportable incidents

A Priority 2 reportable incident is:

- any reportable incident that does not meet the Priority 1 criteria, including any incident, allegation or suspicion that could reasonably have been expected to have caused harm to an older person receiving aged care services.

## 2.5 Reporting timeframes

**Priority 1** incidents must be reported to the Commission within 24 hours of the service becoming aware of the incident.

**Priority 2** incidents must be reported to the Commission within 30 calendar days of the service becoming aware of the incident. This includes all other reportable incidents that do not meet the criteria for a 'Priority 1' incident.

## 2.6 Reporting process

All reportable incidents are to be notified to the Commission via the [My Aged Care Service and Support portal](#).

An incident must also be reported to the police when there are reasonable grounds to do so and reported to other relevant authorities when required.

For incidents involving an Aboriginal person:

- staff should engage Aboriginal Liaison Officers or Aboriginal Health Workers (or equivalent) early to support communication, advocacy and cultural safety. Local Aboriginal community context and priorities should be considered to ensure incidents are identified and reported in a culturally safe way.
- ensure communication with families and kinship networks is culturally appropriate. In Aboriginal communities decision-making is often shared, so staff should involve the right family members in discussions.
- be mindful of social and cultural factors that may affect how people engage. Some individuals and families may feel shame or mistrust because of past experiences with institutions.
- staff should respond with compassion, respect and a person-centred, trauma informed approach. Refer to the [WA Aboriginal Health and Wellbeing Framework 2015-2030](#) for further guidance.

Once completed, all incident notifications (including the SIRS confirmation email from the Commission) are to be forwarded to WACHS Aged Care program via [wachsagedcare@health.wa.gov.au](mailto:wachsagedcare@health.wa.gov.au).

All **Priority 1 reportable** incidents must be reported to the District Director and Regional Executive Director using the 'No Surprises' email escalation process – see [Appendix A](#) for the SIRS reporting process flowchart.

## 2.7 Other reporting obligations

### National Disability Insurance Scheme

If a reportable incident involves a resident who is also a National Disability Insurance Scheme (NDIS) participant, both the Commission and the NDIS Quality and Safeguards Commission must be notified – contact [wachsagedcare@health.wa.gov.au](mailto:wachsagedcare@health.wa.gov.au) for further advice.

### Staff misconduct

If the incident involves alleged misconduct of a staff member, the line manager or senior staff member must inform the place based Human Resources Manager to seek advice and support.

### Work Health and Safety

If a work health and safety (WHS) issue is identified or suspected, the local WHS team should be contacted, who will determine if the incident is notifiable under the *Work Health and Safety Act 2020* (WA).

### Whistleblower Protection

Under the whistleblower protection provisions of the *Aged Care Act 2024* (Cth), any individual – including employees, contractors, volunteers and family members – may report concerns anonymously and without fear of identification, should they choose to remain anonymous, and qualify for protection under the Act.

See Whistleblower Protections under Section 547 of the *Aged Care Act 2024* (Cth) for further guidance.

### Clinical incident

If a clinical incident is identified as part of the reportable incident notification, this should be reported via Datix CIMS in accordance with the WA Health [Clinical Incident Management Policy](#).

## 3. Roles and Responsibilities

**WACHS Aged Care Directorate** is responsible for:

- maintaining governance and oversight of all notifiable incidents
- providing summary reports to the WACHS Aged Care Program Committee and WACHS Executive, identifying trends or patterns of reportable incidents.

**District Director** is responsible for:

- ensuring implementation of this policy for their area of responsibility
- monitoring and oversight of reported incidents.

**Aged Care Managers and senior staff** are responsible for:

- monitoring of compliance with this policy
- ensuring staff are aware of reporting requirements according to roles and responsibilities

- informing the District Director and Aged Care Directorate of any reports of suspected or alleged abuse or neglect
- reporting SIRS incidents on the My Aged Care (MAC) service provider portal
- embedding Aboriginal cultural considerations in incident reporting, response and follow up.

The **WACHS Older Adult Program Committee** is responsible for:

- reviewing trends and patterns of reported incidents
- escalating issues to the Safety and Quality Executive Sub Committee and WACHS Executive as required.

**All staff** are responsible for:

- reporting to their line manager or senior staff member, alleged or suspected incidents in connection with the provision of care and services to an individual under the Act
- working within policies, guidelines and procedures to ensure WACHS is a safe, equitable and positive place to be
- providing culturally responsive care and respond to incidents in ways that respect Aboriginal cultural values, beliefs and protocols. This includes seeking guidance from Aboriginal health colleagues, using respectful language and ensuring families and communities are supported.

**All staff** are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS, and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

#### 4. Monitoring and Evaluation

It is the responsibility of each District Director to monitor compliance with this procedure by:

- monitoring compliance of staff training via the WACHS My Learning System
- recording, investigating and monitoring reported incidents at a district level
- monitoring continuous improvement action plans relating to reported incidents of abuse or neglect.

It is the responsibility of each District Director to evaluate:

- compliance with incident reporting under SIRS
- trends and patterns of reported incidents
- quality of the incident reporting documentation
- adherence with open disclosure procedures following an incident
- satisfaction of the individual and supporter(s) with response to the incident
- compliance with this policy and the WACHS Incident Management System (Datix CIMS)
- feedback from Aboriginal staff, stakeholders and community partners on culturally safe practice.

## 5. References

Aged Care Quality and Safety Commission. Serious Incident Response Scheme: Guidelines for Providers of Home Services. October 2022. [Accessed October 7 2025]. Available from: <https://www.agedcarequality.gov.au/resource-library/serious-incident-response-scheme-guidelines-providers-home-services>

Aged Care Quality and Safety Commission. Serious Incident Response – Guidelines for Residential Aged Care Providers. October 2022. [Accessed October 7 2025]. Available from <https://www.agedcarequality.gov.au/resource-library/serious-incident-response-scheme-guidelines-residential-aged-care-providers>

Aged Care Quality and Safety Commission. The Serious Incident Response Scheme. [Accessed October 7 2025]. Available from: <https://www.agedcarequality.gov.au/providers/serious-incident-response-scheme>

## 6. Definitions

Term	Definition
<b>Aboriginal</b>	Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.
<b>Registered Provider</b>	In Section 10 of The Act registered providers are defined as: (2) A registered provider means an entity registered under paragraph 67(1)(a) in one or more provider registration categories and with effect in relation to one or more service groups. (3) A registered provider is registered in one or more provider registration categories which are: (a) the residential care category; and (b) any other category prescribed by the Rules.
<b>Commonwealth-funded residential aged care and home services</b>	This includes: <ul style="list-style-type: none"> <li>• residential care homes including Multi-Purpose Services (MPS) sites</li> <li>• Support at Home</li> <li>• Commonwealth Home Support Programme (CHSP)</li> <li>• Flexible care delivered in a home or community setting, including Multi-Purpose Services (MPS), Short Term Restorative Care (STRC) and the Transition Care Program (TCP)</li> </ul>

## 7. Document Summary

<b>Coverage</b>	WACHS wide
<b>Audience</b>	Chief Executive, Chief Operating Officer, Executive Director Health Programs, Director Aged Care, Regional Directors, Safety and Quality, Operations Managers, Health Service Managers, Aged Care Managers, Aged Care staff, WACHS Senior Project Officer – Aged Care.
<b>Records Management</b>	Clinical: <a href="#">Health Record Management Policy</a>
<b>Related Legislation</b>	<p><a href="#">Aged Care Act 2024</a> (Cth)  <a href="#">Aged Care Rules 2025</a> (Cth)  <a href="#">Carers Recognition Act 2004</a> (WA)  <a href="#">Criminal Code Act Compilation Act 1913</a> (WA)  <a href="#">Guardianship and Administration Act 1990</a> (WA)  <a href="#">Health Practitioner Regulation National Law (WA) Act 2010</a> (WA)  <a href="#">Health Services (Information) Regulations 2017</a>(WA)  <a href="#">Health Services Act 2016</a> (WA)  <a href="#">Work Health and Safety Act 2020</a> (WA)</p>
<b>Related Mandatory Policies / Frameworks</b>	<ul style="list-style-type: none"> <li>• MP 0124/19 <a href="#">Code of Conduct</a></li> <li>• MP 0122/19 <a href="#">Clinical Incident Management Policy</a></li> <li>• MP 0130/20 <a href="#">Complaints Management Policy</a></li> <li>• MP 0175/22 <a href="#">Consent to Treatment Policy</a></li> <li>• MP 0015/16 <a href="#">Information, Access, Use and Disclosure Policy</a></li> <li>• MP 0121/19 <a href="#">Responding to Abuse of Older People (Elder Abuse) Policy and Guideline</a></li> <li>• <a href="#">Clinical Governance, Safety and Quality Framework</a></li> </ul>
<b>Related WACHS Policy Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">Adults with Impaired Decision Making Capacity Procedure</a></li> <li>• <a href="#">Clinical Documentation Policy</a></li> <li>• <a href="#">Cognitive Impairment Clinical Practice Standard</a></li> <li>• <a href="#">Open Disclosure Policy</a></li> <li>• <a href="#">Restraint Minimisation Policy</a></li> <li>• <a href="#">Work Health and Safety Policy</a></li> <li>• <a href="#">Working in Isolation - Minimum Safety and Security Standards for all Staff Policy</a></li> <li>• Whistleblower provisions under the Aged Care Act Policy (under development)</li> <li>• <a href="#">Aged Care Services Policy</a></li> <li>• Community Aged Care Guidelines (under development)</li> </ul>
<b>Other Related Documents</b>	<ul style="list-style-type: none"> <li>• DoH <a href="#">WA Aboriginal Health and Wellbeing Framework 2015-2030</a></li> <li>• <a href="#">Aboriginal and Torres Strait Islander Aged Care Framework 2025–2035</a></li> <li>• <a href="#">United Nations Organisation, Universal Declaration of Human Rights, Geneva, 1948</a></li> <li>• WACHS <a href="#">Cultural Governance Framework</a></li> </ul>

<b>Related Forms</b>	<ul style="list-style-type: none"> <li>• <a href="#">MR42C WACHS Abuse of the Older Person Report</a></li> <li>• <a href="#">RC29 My Choices – Dignity of Risk (Residential Aged Care)</a></li> </ul>
<b>Related Training</b>	<p>Available from <a href="#">MyLearning</a>:</p> <ul style="list-style-type: none"> <li>• Aged Care: Serious Incident Response Scheme – Home and Community Services (SIRSC EL2)</li> <li>• Aged Care: Serious Incident Response Scheme – Residential Care (SIRSR EL2)</li> <li>• Datix Clinical Incident Management System (CIMS) WA Health Introductory Module (DATNO EL1) and Closing the Loop (DATSS EL1)</li> </ul> <p><a href="#">Aged Care Quality and Safety Commission</a></p> <ul style="list-style-type: none"> <li>• ALIS SIRS online education</li> </ul>
<b>Aboriginal Health Impact Statement Declaration (ISD)</b>	4689
<b><a href="#">National Safety and Quality Health Service (NSQHS) Standards</a></b>	1.11, 1.12, 1.15, 1.16, 2.3, 2.4, 2.5
<b>Integrated Health and Aged Care Services (IHACS) Module</b>	Item 2, 5, 7
<b><a href="#">Strengthened Aged Care Quality Standards</a></b>	2.4, 2.5
<b><a href="#">Chief Psychiatrist's Standards for Clinical Care</a></b>	Nil
<b>Other Standards</b>	<a href="#">NDIS Practice Standards</a> – 1 & 2 <a href="#">NSQHS Aged Care Module</a> – Actions: 1 & 6

## 8. Document Control

Version	Published date	Current from	Summary of changes
6.00	20 April 2026	20 April 2026	<p>Key changes:</p> <ul style="list-style-type: none"> <li>• policy title changed from Approved Provider compulsory Reporting on Older People Policy to support legislative requirements</li> <li>• inclusion of information relevant to managing Aged Care resident</li> <li>• inclusion of updated priority reporting process.</li> </ul>

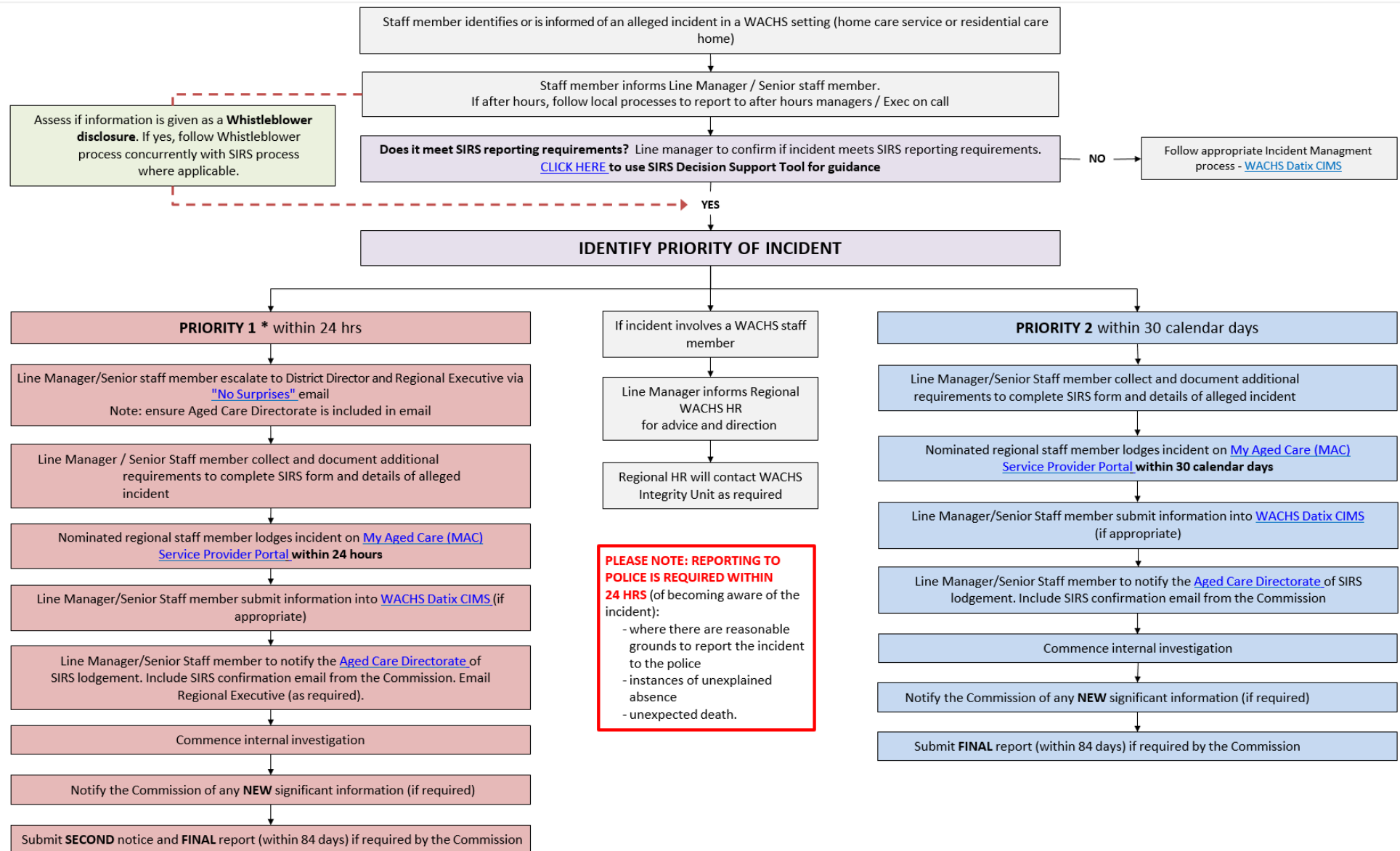
## 9. Approval

<b>Policy Owner</b>	Chief Operations Officer - Rural
<b>Co-approver</b>	Executive Director Clinical Excellence Executive Director Nursing and Midwifery Service
<b>Contact</b>	Safety & Quality Coordinator - Aged Care
<b>Business Unit</b>	Aged Care
<b>EDRMS #</b>	ED-WA-25-458445
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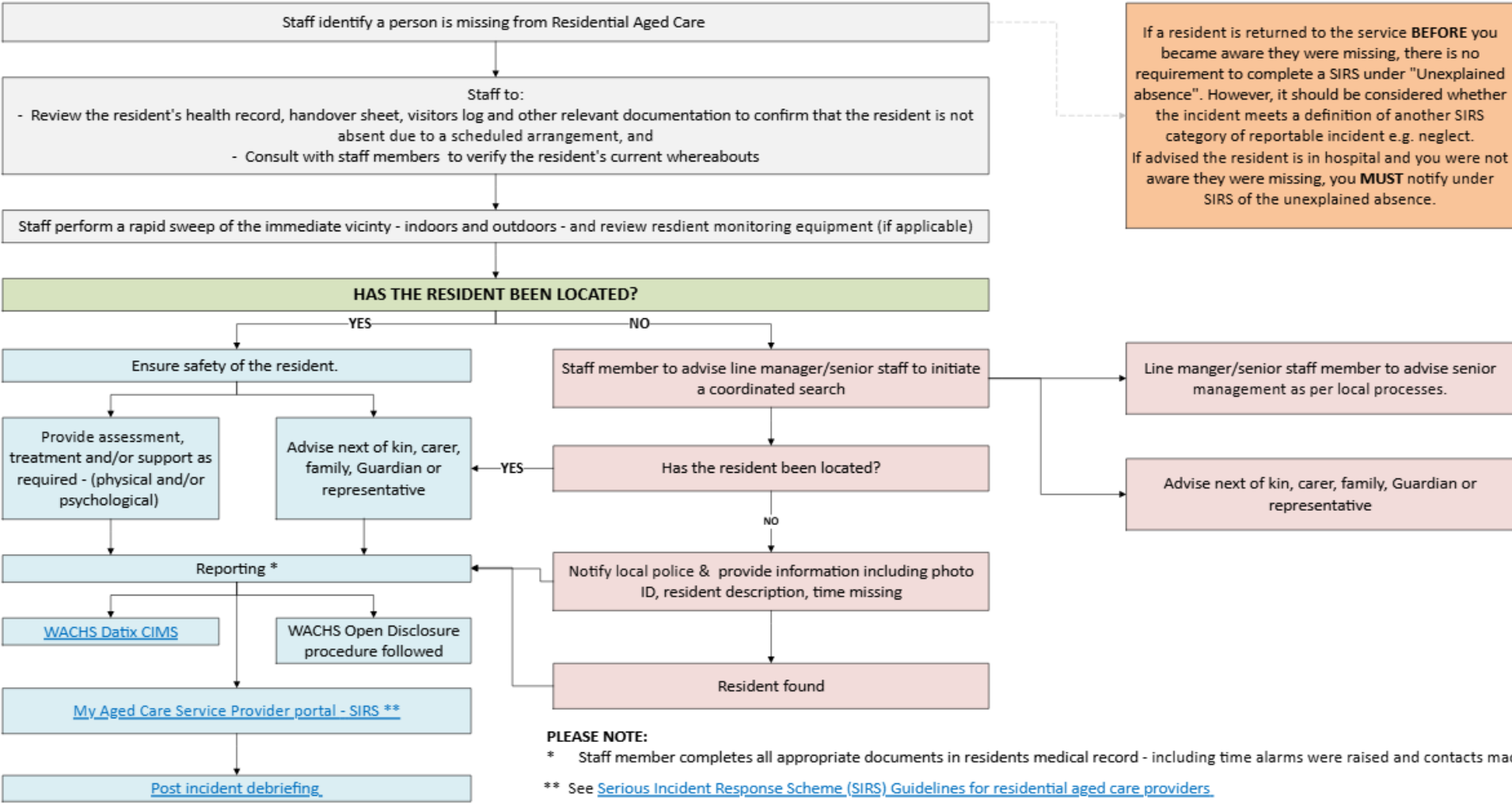
**This document can be made available in alternative formats on request.**



## Appendix A: Serious Incident Response Scheme (SIRS) Priority Reporting Process



### Appendix B: Suspected or missing resident response procedure



If a resident is returned to the service **BEFORE** you became aware they were missing, there is no requirement to complete a SIRS under "Unexplained absence". However, it should be considered whether the incident meets a definition of another SIRS category of reportable incident e.g. neglect. If advised the resident is in hospital and you were not aware they were missing, you **MUST** notify under SIRS of the unexplained absence.

Individual sites may have specific procedures to include local responses and/or information for missing residents.

For further information see [SIRS Guidelines for residential aged care providers](#)

For further information, see [SIRS Guidelines for Residential Aged Care Providers](#).