CONSUMER INCIDENT MANAGEMENT POLICY AND PROCEDURE

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Purpose and Scope

This policy and procedure sets out Bilingual Care's system for identifying, responding to, managing and resolving incidents that happen in connection with providing services to consumers.

It applies to all Bilingual Care staff and meets relevant legislation, regulations and Standards.

Incidents involving staff or other stakeholders should be dealt with in accordance with Bilingual Care's *Workplace Incident Management Policy and Procedure*. Bilingual Care also has additional obligations if an incident is the subject of a complaint (see the *Feedback and Complaints Policy and Procedure*).

Failure to comply with the incident management requirements of the Aged Care legislation and Standards may lead to the Aged Care Quality and Safety Commission (Commission) taking compliance and enforcement action against Bilingual Care.

Applicable Strengthened Aged Care Quality Standards

- *Standard 1. The Person*
- *Standard 2. The Organisation*

Definitions[1]

Incident - any act, omission, event, or circumstance that has occurred, is alleged to have occurred, or is suspected to have occurred in connection with the provision of care or services to a consumer and has (or could reasonably be expected to have) caused harm to a consumer or another person (such as a staff member or visitor to the service).

Incident management system (IMS) - any system that helps an organisation to prevent, identify, respond to, and manage incidents that occur during the delivery of care and services to consumers. An IMS should be used in relation to all incidents, that are known, suspected, or alleged to have occurred in connection with the delivery of care and services.

Open Disclosure - open discussions and communication with each consumer/their representative when something goes wrong within the service that has caused harm or may potentially cause harm to a consumer. This harm may be physical, psychological, or social,

[1] *Serious Incident Response Scheme - Guidelines for Providers of Home Services*. (2022). Aged Care Quality and Safety Commission, Commonwealth of Australia, ACT, accessed 27 October 2025, https://www.agedcarequality.gov.au/resource-library/serious-incident-response-scheme-guidelines-providers-home-services

resulting in loss of quality of life, impairment, suffering, injury, disability, or death. The elements of open disclosure are an apology or expression of regret (including the word 'sorry'), a factual explanation of what happened, an opportunity for the consumer to relate their experience, and an explanation of the steps being taken to manage the event and prevent recurrence. Open disclosure is a discussion and an exchange of information that may take place over several meetings. Further information can be found in the *Aged Care Open Disclosure Framework and Guidance*.[2]

Reportable Incident – the following incidents, as described in Key Concepts (section 16) of the *Aged Care Act 2024 (Cth)* and section 16-5 of the *Aged Care Rules 2025 (Cth)*:

> ***Unreasonable Use of Force*** - includes conduct ranging from a deliberate and violent physical attack to use of unwarranted physical force, such as shoving, pushing, hitting, punching, kicking, or rough handling of a consumer. It does not include gently touching the consumer:
>
> - for the purposes of providing care
> - to attract the consumer's attention
> - to guide the consumer or
> - to comfort the consumer when they are distressed.
>
> It also does not include kind, considerate, and respectful care, which may include gentle touching of a consumer (with their consent and aligned with their preferences) that would be objectively appropriate and acceptable in the circumstances.
>
> ***Unlawful Sexual Contact or Inappropriate Sexual Conduct*** – including:
>
> - if the contact or conduct is inflicted by a person who is a staff member of the provider or a person who provides care or services for the provider (including volunteers):
> - any conduct or contact of a sexual nature inflicted on the consumer, including but not limited to sexual assault, an act of indecency or the sharing of an intimate image of the consumer or
> - 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
> - any non-consensual contact or conduct of a sexual nature, including but not limited to sexual assault, an act of indecency or the sharing of an intimate image of the consumer or
> - engaging in conduct relating to the consumer with the intention of making it easier to procure the consumer to engage in sexual contact or conduct.
>
> ***Psychological or Emotional Abuse*** – includes conduct that has caused, or that could reasonably have been expected to have caused, psychological or emotional distress to a consumer, 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

[2] Australian Commission on Safety and Quality in Healthcare, 2014, *Australian Open Disclosure Framework: Better Communication, a Better Way to Care*, ACSQH, Australian Government, accessed 28 August 2025, https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-open-disclosure-framework-better-communication-better-way-care.

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 been expected to have caused, the consumer psychological or emotional distress.

Unexpected Death – any death where the provider, including staff and health professionals engaged by the provider:
- did not take reasonable steps to prevent the death (in a residential setting) or
- delivered funded aged care services that resulted in the consumer's death or
- failure to provide funded aged care and services that resulted in death.

A consumer's death may occur immediately, or sometime after the care and services were provided or failed to be provided.

Stealing or Financial Coercion by a Staff Member – includes:
- stealing from a consumer by a staff member of the provider or
- conduct by a staff member of the provider that:
  - is coercive or deceptive in relation to the consumer's financial affairs or
  - unreasonably controls the financial affairs of the consumer.

Neglect of a Consumer – includes circumstances where a provider, responsible person of the provider or staff member has:
- exposed the consumer to risk of serious injury or illness in delivering funded aged care services or
- been reckless or intentionally negligent in delivering aged care services to the consumer or
- caused or contributed to, including recklessly or intentionally, a
  - significant failure to deliver aged care services to the consumer or
  - systemic (repeated and ongoing) pattern of poor conduct or
- delivered grossly inadequate aged care services to a consumer.

However, 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, the provider had communicated any risks associated with that choice to ensure the consumer was informed, and the provider had recorded the discussion and the choice in writing.

Unexplained Absence from Care – where a consumer is absent from a service without explanation and there are reasonable grounds to report the absence to the police.

Inappropriate Use of Restrictive Practices – in relation to a consumer in circumstances such as:
- where a restrictive practice is used without prior consent or without notifying the consumer's representative as soon as practicable
- where a restrictive practice is used in a non-emergency situation or
- when a provider issues a drug to a consumer to influence their behaviour as a form of restrictive practice.

Restrictive practice - any practice or intervention that has the effect of restricting the rights

or freedom of movement of a consumer.

Serious Incident Response Scheme (SIRS) - The scheme established to prevent, and reduce the risk of, incidents of abuse and neglect in Australian Government subsidised aged care. It requires providers to have an effective IMS in place, to manage and prevent incidents and to notify the Commission of all Reportable Incidents that occur or are alleged or suspected to have occurred.

Policy

Bilingual Care has a moral, ethical and legal responsibility to ensure all consumers are safe, and takes proactive steps to protect them from harm.

Bilingual Care's incident management system (IMS) identifies, assesses, manages, and resolves incidents that occur in connection with providing supports or services to a consumer and have, or could have, caused harm to them.

Bilingual Care will provide support and assistance to consumers affected by an incident (including information about access to advocates), to ensure their health, safety, and wellbeing.

As a registered aged care provider, Bilingual Care complies with best practice IMS processes and as well as compulsory reporting under the Serious Incident Reporting Scheme (SIRS).

Procedures

General

Bilingual Care's Leadership Team must promote best practice, continuous improvement and a service delivery culture that promotes and supports consumer safety. They must also promote a culture of integrity and accountability that encourages staff and others to disclose information in good faith about Reportable Incidents, to protect the ongoing health, safety, and wellbeing of consumers. This will be assessed in yearly Performance Reviews of Leadership Team staff.

The Managing Director is responsible for ensuring Bilingual Care's IMS is:

- documented in written policies and procedures
- available to staff, consumers, and their significant others
- accessible and
- clear on how the IMS operates, including incident reporting, assessing and investigating incidents, and actions to be taken in response to incidents.

As per Bilingual Care's *Training and Development Policy and Procedure*, all staff must undergo Induction, which includes training in:

- this policy and procedure
- Bilingual Care's IMS, including identifying, managing, and resolving incidents, and preventing incidents from occurring
- their serious incident reporting obligations
- which occurrences constitute Reportable Incidents, the categories and priorities of Reportable Incidents, and appropriate procedures to follow and
- who to speak to within Bilingual Care to initiate an appropriate, timely response to a serious incident, including making a notification to the Commission.

Staff knowledge and application of these areas are monitored on a day-to-day basis and through annual Performance Reviews. Additional formal and on-the-job training is provided to staff where required.

Meeting Agendas for Leadership Team and staff meetings include a standing item on Continuous Improvement, including with respect to consumer safety. This must consider the Leadership Team's regular review of Bilingual Care's *Incident Register*, *Risk Management Plans*, *Risk Register* and *Complaints Register*.

Bilingual Care uses its *Consumer Handbook,* and website to provide consumers, families, carers, and all other stakeholders with information about this policy and procedure, in an easy-to-understand format.

To ensure consumers understand this information, staff must provide information to them and their supporters in ways that suit their individual communication needs. Written information can be provided in different languages and Easy English or explained verbally by staff. Staff can also help consumers access accredited interpreters or advocates where required.

Privacy and Information Management

All personal information Bilingual Care collects to respond to and manage incidents must be handled in accordance with its *Privacy and Confidentiality Policy and Procedure*.

Staff must keep information about incidents confidential. They may only disclose necessary detail if they are required to do so by law, or if not disclosing is likely to place the safety, health, or wellbeing of any person at risk.

Staff must obtain consent for the collection of information when collecting personal or sensitive information from people impacted by incidents, whether this is for internal record keeping or reporting, or external notification to the Commission.

Bilingual Care's *Incident Register* must be used to record information about incidents and their management. All information regarding incidents must be kept securely in accordance with Bilingual Care's *Records and Information Management Policy and Procedure*. This includes retaining all records regarding incidents for at least 7 years from the date they were created.

Incident Reports are to be made available to the Commission upon request.

Incident Identification and Response

Assess the Situation

- Remove the consumer from danger if it is safe to do so. Ensure the consumer's immediate safety needs are met.

Call Emergency Services

- If the consumer requires immediate medical attention, a medical practitioner or ambulance must be called (call Emergency Services on **000**), or the consumer conveyed to the nearest hospital Emergency Department.

Preserve the Scene

- Preserve any physical or documentary evidence that may be critical to an investigation by the Police or Bilingual Care.
- In the case of alleged sexual abuse that has just occurred, to preserve any forensic evidence, the person should not be showered or bathed or offered drinks or food until after the Police have been contacted and provided further instruction.

Call a Medical Practitioner

- If Emergency Services are not required but the consumer requires medical attention (including for psychological trauma), call their treating GP to make an appointment. If the GP is not available (for example, after hours), with the consumer's consent make an appointment with an alternative local GP or after hours home visiting service, or take them to the nearest local Emergency Department.
- Where a staff member is accused or suspected of harming the consumer, any medical practitioner called must be independent to Bilingual Care.

Remove Alleged Perpetrators

- Where a staff member is accused or suspected of harming the consumer, they must be removed from contact with all consumers pending an investigation.
- If another consumer is accused or suspected of harming the consumer, where possible, they must be removed from contact with other consumers pending an investigation.

Notify Next of Kin

- Where the consumer consents, or does not have the capacity to consent, contact the consumer's next of kin.

Contact other Services

- Consider contacting specialist victim support services including crisis care, counselling, advocacy, legal, and advice services.
- Notify other service providers known to be working with the consumer, if appropriate.

Provide Support

- Consider the impact of the incident on other consumers within the setting and provide them with appropriate support.
- Provide ongoing support to all affected consumers and staff, taking into consideration that their ongoing needs may change.

Strategies to respond appropriately to incidents include:

- recognising and acknowledging the impact of the incident on the consumer,
- utilising Bilingual Care's open disclosure framework and providing a sincere and unprompted apology or expression of regret
- assuring the consumer the incident will be taken seriously and dealt with in a fair and equitable manner
- clearly educating the consumer about their rights and considering their wishes
- keeping the consumer informed of the progress, outcome, and any follow-up of incidents
- if appropriate, identifying an advocate or support person and helping the consumer to contact them
- involving the consumer in the process of reviewing or investigating the incident, including taking their account of what happened, with communication support if required and
- ensuring the consumer can provide feedback on the response to the incident.

Notifying Substitute or Legal Decision Makers

Following an incident, the Managing Director must notify the consumer's:

- substitute decision maker, if the consumer consents to them being contacted. If the consumer is unable to make an informed decision regarding contact and does not have an appointed legal decision maker, the Managing Director should contact the substitute decision maker if they believe it is appropriate or
- legal decision maker.

The Managing Director must explain to the decision maker:

- the nature of the incident or allegation
- the standard procedure for responding and reporting incidents and allegations, including to the police
- that the consumer may choose whether to participate in the police investigation and
- any action taken by staff.

The Managing Director must also utilise Bilingual Care's open disclosure framework and provide a sincere and unprompted apology, or expression of regret that is relevant to the nature of the incident, to the consumer's decision maker.

If an alleged perpetrator of an incident is the consumer's legal decision maker, the Managing Director must ensure the immediate needs of the consumer are protected. They should work with the police or other relevant support agencies to ensure an appropriate, planned response is undertaken.

Incident Reporting

The staff member who first becomes aware of an incident must report it as soon as practicable to the most senior staff member in the work area. The most senior staff member in the work area is responsible for reporting relevant incidents to the Police. The report must be made as soon as practicable, once immediate safety and medical needs are met.

Staff must report all consumer incidents as soon as practicable by submitting an *Incident Report*. Incident Reports must include:

- a description of the incident
- a description of harm caused, or that could reasonably have been caused, to any

person affected by the incident
- whether the incident is a Reportable Incident
- the time, date, and place the incident occurred (if known)
- the time and date the incident was first identified
- whether there are any previous incidents that should be referred to (staff should review Bilingual Care's IMS and consumer records, to support identification of and response to any patterns of abuse)
- the name, position, and contact details of the person completing the report
- the names and contact details of the people involved in the incident
- the names and contact details of any witnesses to the incident
- details of the initial assessment of the incident
- the actions taken in response to the incident, including actions taken to support or assist the consumer affected by the incident
- any consultations undertaken with the consumer (and their representative, where relevant) affected by the incident
- any consultation undertaken with any other consumers or other people who witnessed the incident
- whether police have been notified or the incident reported to any other authorities
- whether the consumer affected by the incident or their representative have been provided with any reports or findings regarding the incident
- actions taken to effectively resolve the incident
- actions taken to continuously improve internal systems, processes, and practices to better address, prevent, or mitigate similar incidents from occurring in the future and
- if an investigation is undertaken, the details and outcomes of the investigation.

Details of all incidents, their investigation and review must be summarised in Bilingual Care's *Incident Register*.

Reportable Incidents

Bilingual Care complies with the Commission's Serious Incident Reporting Scheme (SIRS) with respect to its incident management and reporting processes. More contextual information about SIRS is provided at **Attachment A**.

SIRS Reportable Incidents

Under the *Aged Care Act 2024 (Cth)* and *Aged Care Rules 2025*, a Reportable Incident is any of the following incidents that have occurred, are alleged to have occurred, or are suspected to have occurred to a consumer, in connection with the provision of aged care services:

1. unreasonable use of force, such as hitting, pushing, shoving, rough handling
2. unlawful sexual contact or inappropriate sexual conduct, such as sexual threats, stalking, sexual activities without consent
3. psychological or emotional abuse, such as yelling, name-calling, ignoring, making threatening gestures, refusing access to care or services as a means of punishment
4. unexpected death, such as not taking reasonable steps to prevent a death, or doing (or not doing) something directly that causes death
5. stealing or financial coercion by a staff member, such as convincing someone to change their will, or stealing valuables
6. neglect, such as withholding personal care, untreated wounds, insufficient assistance during meals that has exposed the consumer to risks of serious injury or illness, or delivering grossly inadequate care
7. inappropriate use of restrictive practices, such as using a restrictive practice without

prior consent or in a non-emergency situation, or using a drug to influence someone's behaviour and

8. unexplained absence, such as when someone is absent for services without explanation and there is reasonable grounds to report the absence to police.

These are defined in the 'Definitions' section of this Policy and Procedure. Further information to support decisions around whether an event or incident falls into one of the above categories is provided at **Appendix A**. Comprehensive guidance is provided on the Commission's website on *The Serious Incident Response Scheme*[3].

Other incidents, while not required to be reported to the Commission, must still be recorded in Bilingual Care's IMS (as detailed in the 'Incident Reporting' section of this policy and procedure) and reported to other bodies where relevant.

SIRS Reporting Timeframes

Reportable Incidents are defined as either Priority 1, or Priority 2, and reporting timeframes vary based on the priority. Priority is dependent as to the incident type, extent of harm or discomfort, and whether police reporting is required.

Priority 1 Reportable Incidents

Priority 1 Reportable Incidents are incidents:

- that **has caused** a consumer physical or psychological harm or discomfort, that requires medical or psychological treatment to resolve
- where there are reasonable grounds to report the incident to the police
- involving unlawful sexual contact or inappropriate sexual conduct or
- where there is the unexpected death of a consumer or
- a consumer's unexplained absence from the service where there are reasonable grounds to call police.

Priority 1 Reportable Incidents require an initial report to be made to the Commission **within 24 hours** of Bilingual Care becoming aware of it. This must include all information that is known at the time of notification.

Further notification must then be made that includes any information not known or available at the time of initial notification within the following 5 days.

Additional, follow-up incident status reports (Further Notice notifications) may be required, and any new significant information must also be reported as soon as possible.

Bilingual Care must also report incidents to the police where there are reasonable grounds to do so, regardless of whether the incident did occur, or was only alleged to have occurred. Where staff are unsure, they can contact the police, who will be able provide advice as to whether a report should be made. Bilingual Care is also required to report to the police **within 24 hours** of becoming aware of relevant incidents.

[3] Aged Care Quality and Safety Commission (2025), *The Serious Incident Response Scheme*, Aged Care Quality and Safety Commission, accessed 28 October 2025, https://www.agedcarequality.gov.au/providers/serious-incident-response-scheme

All unexplained absences must be recorded in Bilingual Care's IMS and the consumer's *Care Plan*, so that their behaviours or wandering patterns can be understood and appropriately managed.

Priority 2 Reportable Incidents

Priority 2 Reportable Incidents are Reportable Incidents that do not meet the criteria for a Priority 1 Reportable Incident, including any incident, allegation or suspicion, but could have **reasonably been expected to** cause harm to the consumer. These incidents must be reported to the Commission **within 30 calendar days** of Bilingual Care becoming aware of them.

Priority 2 Reportable Incidents require only a single notification, however, further information may be requested by the Commission. The Commission must also be notified if any new significant information arises, as soon as possible.

Where the impact of the incident is uncertain, or where the impact appears low, but the consumer (or their supporters) expresses ongoing distress or concern, the incident should be treated as a Priority 1 Reportable Incident.

Reporting Incidents

The first staff member who becomes aware of a Reportable Incident, or who has reasonable grounds to believe an event is a Reportable Incident, must notify the Managing Director or a member of the Leadership Team as soon as practicable.

Staff should also encourage anyone who is concerned about an incident or a consumer's wellbeing (such as a consumer's supporters, or other service providers) to speak to Bilingual Care's Managing Director.

Bilingual Care's Managing Director is responsible for reporting Reportable Incidents electronically to the Commission online, within the timeframes outlined above.

The following information must be provided:

- the name and contact details of Bilingual Care and the service that was being provided
- the name, position, and contact details of the person making the notification,
- a description of the reportable incident (including the category)
- a description of the harm caused (or that could reasonably be expected to have been caused) to the consumer affected by the incident
- the consequences of the harm (including if a death has occurred)
- the immediate actions taken in response to the Reportable Incident, including actions taken to support the health, safety, and wellbeing of the consumer affected
- whether the incident has been reported to the police or any other body (including the coroner)
- any further actions proposed to be taken in response to the Reportable Incident
- the time, date, and place the incident occurred, or is alleged or suspected to have occurred (if known)
- details of the consumer affected by the incident
- details of any alleged offender (e.g., staff member or other consumer, and whether they have been involved in any previous incidents)
- whether the next of kin or consumer's representative have been notified
- the names of the people directly involved in the Reportable Incident

- the level of cognition of the consumer involved in the incident (if known)
- any other details relating to the Reportable Incident and
- any other information requested by the Commission.

Reports of unexplained absences must also include:

- the date and time the absence was reported to the police
- whether the consumer has been located
- details of how the consumer came to be absent
- whether the consumer returned or was returned to the service
- if the consumer has not been located, the actions taken to locate them (e.g., reporting to the police) and
- whether an unexplained absence has occurred for the consumer in the past.

A receipt and reference number will automatically be issued.

If staff do not feel comfortable reporting an incident within Bilingual Care or to the Managing Director, they are encouraged to make a report directly to the police or the Commission. Bilingual Care treats incidents and their response as opportunities for continuous improvement, and staff are assured they can make an external report without fear of reprisal.

Staff wishing to contact the Commission regarding a Reportable Incident, or with enquiries about SIRS, can phone 1800 081 549, or email sirs@agedcarequality.gov.au.

SIRS Record Keeping

In addition to the general information collected for all incidents (outlined in the 'Incident Reporting' section of this policy and procedure), for Reportable Incidents, Bilingual Care's Incident Register must also record:

- the category of the Reportable Incident
- the priority of the Reportable Incident and
- whether the incident has been reported to the Commission.

Investigating Incidents

The options for investigating incidents are:

- **No further investigative action** – This may be appropriate where it can be clearly established that the report of the incident is inaccurate or there is no basis for concern about the safety of the consumer or the quality of care the consumer is receiving. If the decision is not to undertake an investigation, the grounds for this decision must be supported and recorded with reasoning backed up by evidence. The incident must then be the subject of a review (detailed below).

- **Monitoring and support required** – Certain information may raise issues that do not necessarily warrant an investigation, but nevertheless require changes in practices. Bilingual Care may manage these issues by monitoring and supporting affected staff members or consumers, and documenting this on relevant staff and consumer files. The incident must then be the subject of a review (detailed below).

- **Internal investigation** – This option may be selected only where Bilingual Care has the capability to undertake an investigation independently.

- **External investigation** – In other cases, Bilingual Care will need to commission an investigation by an external party to ensure the investigation is robust, objective and expert. The Investigation Manager may commission an investigator, or a person from another organisation, with relevant expertise.

Regardless of the type of incident or investigation method used, incident investigation must focus on the incident only. All parties involved in an incident must be provided with procedural fairness and with the support and information necessary to participate in the investigation process.

For every Reportable Incident where there may be a conflict of interest, the Managing Director must appoint an Investigation Manager to determine the appropriate investigative action for an incident and oversee the incident's investigation.

The Investigation Manager must determine the appropriate investigative action for all incidents within a maximum of 72 hours of Bilingual Care becoming aware of the incident. The Investigation Manager may seek advice from other staff members if appropriate.

Investigations must take a person-centred and rights-based approach, considering what is important to the consumer impacted by the incident. The person and their supporters should be invited to participate in the investigation and be provided the support they need to do so. The investigation must, however, always remain impartial and independent.

All investigations must be completed (including report finalisation) within 28 working days.

An investigation report must be completed by the Investigation Manager. Investigation reports should include:

- details of any internal or external investigation or assessment that has been undertaken in relation to the incident, including:
    - the name and position of the person who undertook the investigation
    - when the investigation was undertaken
    - details of any findings made and
    - details of any corrective or other action taken after the investigation
- a copy of any report of the investigation or assessment and
- whether the person affected by the incident (or their supporter) has been kept informed of the progress, findings and actions relating to the investigation or assessment.

In some cases, Bilingual Care may need to submit a final report to the Commission detailing the findings from investigations of Reportable Incidents, and where relevant, how they were resolved. The final report will be due within 60 days of the incident occurring.

Once any actions required as a follow-up to the investigation have been implemented, the Investigation Manager can complete the incident investigation.

Culturally Safe, Trauma Aware and Healing Informed Investigation Process and Outcomes

Culturally safe care involves recognising and reflecting on one's own cultural identity and understanding how it may impact others, particularly when working with Aboriginal and Torres Strait Islander peoples. Trauma-aware practice acknowledges the widespread impact of trauma and integrates this understanding into care delivery to avoid re-traumatisation. It prioritises emotional and physical safety, trust, choice, collaboration, and empowerment.

Healing-informed care builds on these principles by recognising the importance of cultural connection, community, and identity in the healing process.

When responding to and investigating incidents, Bilingual Care will adopt a culturally safe, trauma-aware, and healing-informed approach to ensure that all communication and processes are respectful, inclusive, and supportive of the consumer's wellbeing. This means engaging with consumers in ways that honour their lived experiences, cultural backgrounds, and personal dignity, while ensuring that any follow-up actions acknowledge their previous experience and the impact of the incident, to promote recovery and wellbeing.

Communication and Open Disclosure

Bilingual Care must provide timely feedback to anyone who reports an incident, raises concerns, or makes a complaint about harm to another person. Feedback must be provided as soon as possible and within 7 days from the incident occurring.

If an incident cannot be responded to in full within 7 days, an update must be provided. This should include the date by which a full response can be expected. The update should be provided verbally in the first instance then confirmed in writing.

Bilingual Care must also provide information on incident investigation progress and outcomes to the consumer involved in the incident (or their supporters) and, with the consent of the consumer or their representative, any other person.

The Managing Director must discuss the outcome of an incident investigation verbally with those involved, where possible. This must be followed by written advice that provides people the opportunity to make further contact with the Managing Director if required.

The written advice must also include information on what further action may be available or taken at the conclusion of the incident investigation. This may include escalating the matter further with an external agency or seeking a further review within the business. Written advice should also seek feedback from the person regarding their experience of the incident management process.

In all cases, the approach set out in Bilingual Care's *Open Disclosure Policy and Procedure* must be followed when communicating with consumers about incidents and their resolution. This involves providing an apology or expression of regret, a factual explanation of what happened and the potential consequences, and what steps are being taken to manage this and prevent it from reoccurring.

Support must be provided to assist people's understanding of correspondence regarding incidents, where this is required (e.g., accredited interpreters, referral to advocates, etc.).

Incident Review

Incident review includes identifying, monitoring, and acting upon trends and systemic issues identified through the analysis of incident information. The purpose of analysing incident data is to learn from patterns of incidents to safeguard the safety and wellbeing of individual consumers, as well as improve the quality of supports.

The *Incident Register* must be reviewed at monthly Leadership Team meetings. The Managing Director is responsible for completing and monitoring the *Incident Register*, to analyse and report on incident trends.

Reviews should consider:

- analysis of the quantitative and qualitative data from Bilingual Care's IMS, to identify and act upon trends and systemic issues and support the ongoing safety and wellbeing of individual consumers
- the causes, handling, and outcomes of incidents
- processes, timeframes, and record keeping practices associated with incident management
- feedback provided by staff and consumers about incidents
- how the quality of supports provided could be improved and
- whether policies, procedures, systems and processes require refinement.

Where preventative or improvement measures are identified, these must be tracked in the *Continuous Improvement Plan*.

Ongoing Support

After a serious and traumatic incident, it is likely that high levels of stress will be experienced by those connected with the incident.

General arrangements to support consumers may include allocating a safe place for retreat and communicating with and supporting them, their representatives, and their families. Affected consumers may also require trauma or counselling services and staff are expected to assist them to access these services where required.

Consumers have a right to complain about Bilingual Care's services and should be alerted to Bilingual Care's *Feedback and Complaints Policy and Procedure*.

General arrangements to support staff may include allocating a safe place for retreat, giving staff the option of being immediately and temporarily relieved of their duties, providing communication with families, and offering to organise transport home.

Supporting Documents

Documents relevant to this policy and procedure include:

- *Consumer Rights Policy and Procedure*
- *Open Disclosure Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*
- *Records and Information Management Policy and Procedure*
- *Training and Development Policy and Procedure*
- *Workplace Incident Management Policy and Procedure*
- *Incident Report*
- *Incident Register*
- *Risk Management Plans*
- *Risk Register*
- *Continuous Improvement Plan*
- *Complaints Register*
- *Consumer Handbook*

Monitoring and Review

This Policy and Procedure will be reviewed at least annually by the Leadership Team. Reviews will incorporate staff, consumer and other stakeholder feedback.

Bilingual Care's feedback collection mechanisms, such as consumer satisfaction surveys, will assess:

- consumer awareness of their rights and the extent to which they feel able and supported to exercise them
- consumer satisfaction with Bilingual Care's complaints processes and
- the extent to which consumers feel safe and protected in their dealings with Bilingual Care.

Bilingual Care's *Continuous Improvement Plan* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of Bilingual Care's service planning and delivery processes.

APPENDIX A - SERIOUS INCIDENT REPORTING SCHEME (SIRS)

SIRS Overview

The Commission's Serious Incident Reporting Scheme (SIRS) for government-funded Aged Care Providers commenced in April 2021. SIRS places greater obligations on providers to have an effective IMS in place and to inform the Commission if a Reportable Incident occurs.

SIRS sits alongside several other aged care compliance requirements, such as the *Strengthened Quality Standards*, *Aged Care Code of Conduct*, and *Statement of Rights*. Bilingual Care must uphold consumer rights and meeting the SIRS requirements by proactively preventing, identifying, and responding to abuse and neglect, and upholding the principles and requirements of open disclosure.

The 2 key components of SIRS are:

1. incident management obligations and
2. compulsory reporting obligations.

Incident management consists of identifying, responding to, managing, and recording incidents, and making improvements to prevent similar occurrences. Compulsory Reporting requires providers to submit reports to the Commission within a specified time frame, depending on the severity of an incident.

The Commission has been provided with increased regulatory powers that will support a proportionate response to non-compliance with these obligations.

Quality, Safety and Continuous Improvement

The key goals of SIRS are to:

- support providers to engage in risk management and continuous improvement activities to deliver safe and quality care to consumers. This involves providing feedback and training to staff
- drive learning and improvement at a system and service level to reduce the number of preventable serious incidents in the future
- encourage providers to use the quantitative and qualitative data collected from their incident management recording processes to refine their policies and procedures, and identify and address any systemic issues in the quality of care provided
- minimise the likelihood of incidents re-occurring and
- improve the overall quality and safety of service delivery.

Detailed Definitions

The below information provides detailed definitions of SIRS Reportable Incidents, including examples that are identifiable (disclosed) as well as additional signs (undisclosed) that may indicate a consumer has been affected by what might be a Reportable Incident.

This section should be read in conjunction with the Definitions provided in the *Consumer Incident Management Policy and Procedure*.

If you are unsure of the nature of the incident and whether it is a Reportable Incident, always refer to the latest guidance provided by the Aged Care Quality and Safety Commission, on the Commission's website - *The Serious Incident Response Scheme*[4].

Unexplained Absence

Home care providers do not have to report to the Commission where a staff member arrives for a scheduled visit and the consumer is not present, or where a consumer leaves their home while home maintenance services are being provided and the provider is aware of the consumer's location.

However, it is a Priority 1 Reportable Incident if the consumer is in the physical care of the provider prior to going missing, and there are reasonable grounds to report that fact to the police.

Unexpected Death - Different Definition for Home Care

Home care providers are required to notify any death where the provider (including staff and health professionals engaged by the provider):

- did not deliver care and services in line with a consumer's assessed care needs, resulting in death or
- provided care and services that were poorly managed and not in line with best practices, resulting in death.

This definition differs from the definition used in residential care. Home care providers have limited control and visibility over a consumer's day-to-day living, when compared to residential care settings. They may not become aware of a consumer dying until after the death occurs and may never be aware of the circumstances of the death. Home care providers are not required to notify the Commission of deaths where the cause was unrelated to the services provided (or a failure to provide services) by the provider.

Inappropriate Use of Restrictive Practice

Under the SIRS, the use of restrictive practices is **not** reportable if:

- before the restrictive practice is used, the following are set out in the consumer's Care Plan:
    - circumstances where the restrictive practice is to be used, including the consumer's behaviours of concern that relate to the need for the use and
    - the way the restrictive practice is to be used, including duration, frequency, and intended outcome
- the restrictive practice is only used:
    - in the circumstances set out in the *Care Plan*
    - in the manner set out in the *Care Plan* and
    - in accordance with any other provisions of the *Care Plan* that relate to the use and
- details about the use of the restrictive practice are documented in the consumer's records as soon as practicable after the restrictive practice is used.

[4] Aged Care Quality and Safety Commission (2025), *The Serious Incident Response Scheme*, Aged Care Quality and Safety Commission, accessed 28 October 2025, https://www.agedcarequality.gov.au/providers/serious-incident-response-scheme

In residential care, use of restrictive practices must be documented in a Behaviour Support Plan. Providers of home care services must still implement a *Care Plan* for each consumer that satisfies the requirements set out in the *Strengthened Aged Care Quality Standards*.

Neglect - Incidents of Neglect in the Home Care Setting That Are Not Reportable

Despite neglect being a Reportable Incident under the *Aged Care Act 2024 (Cth)*, SIRS provides for circumstances that are not Reportable Incidents under the scheme.

An incident relating to neglect is **not** a Reportable Incident if:

- the incident occurred, or is alleged or suspected of having occurred, in connection with the provision of home care services
- it resulted from a choice made by the consumer about the care or services the provider is to provide to them, or how the care or services are to be provided by the provider and
- before the incident occurred, or is alleged or suspect to having occurred, the choice had been communicated by the consumer to the provider, and the provider has recorded the choice in writing in the consumer's Care Plan.

This approach empowers consumers to maintain choice and autonomy over their living situation. However, the home care provider must also be satisfied the consumer has the capacity to make this decision.

Unreasonable Use of Force

This includes conduct ranging from a deliberate and violent physical attack to use of unwarranted physical force, e.g., hitting, punching, kicking, or making threats of physical harm. Other possible indicators (undisclosed) include the consumer:

- avoiding activities or areas of the service
- being overly compliant where it is out of character
- appearing drowsy (associated with head injuries)
- displaying out of character aggression, or
- being withdrawn, sad, emotional, or depressed.

Unreasonable use of force does not include kind, considerate, respectful care, which may include gentle touching of a consumer to provide care, attract their attention, guide them, or comfort them when distressed.

Unlawful Sexual Contact or Inappropriate Sexual Conduct

This includes:

- if the contact or conduct is inflicted by a person who is a staff member of the provider or a person who provides care or services for the provider and is providing such care and services at the time of the incident (e.g., while volunteering):
    - any conduct or contact of a sexual nature inflicted on the consumer, including but not limited to sexual assault, an act of indecency or the taking and/or sharing of an intimate image of the consumer or
    - 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

- any non-consensual contact or conduct of a sexual nature, including but not limited to sexual assault, an act of indecency or the taking and/or sharing of an intimate image of the consumer or
- engaging in conduct relating to the consumer with the intention of making it easier to procure the consumer to engage in sexual contact or conduct.

Other possible indicators (undisclosed) include the consumer:

- dropping hints about abuse or making vague references to unlawful sexual contact
- displaying sudden changes in behaviour, such as depression, agitation, anger, violence, absconding, distress, or seeking comfort and security
- having bruises, pain, or bleeding, including:
    - redness or swelling around the breasts, thighs, or genitals,
    - urinary tract infection or unexplained sexually transmitted disease
    - torn or stained clothing or bedding
- avoiding or being fearful of a staff member, another consumer or other person
- having disturbed sleep or refusing to go to bed
- refusing to shower or
- requesting a lock on their room door.

The following are **not** unlawful sexual contact or inappropriate sexual conduct:

- helping a consumer wash and dry themselves, where staff are acting within applicable professional standards and it is in the consumer's *Care Plan*
- gestures of comfort or affection (e.g., a kiss on the cheek or hug) with the consumer's consent, and
- consensual sexual relations between consumers or between a consumer and their partner who is not a consumer at the service.

Psychological or Emotional Abuse

This includes conduct that has caused, or that could reasonably have been expected to have caused, psychological or emotional distress to a consumer, including actions such as:

- taunting, bullying, harassment, or intimidation
- threats of maltreatment
- humiliation
- disparaging comments
- 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 been expected to have caused, the consumer psychological or emotional distress.

Other possible indicators (undisclosed) include the consumer:

- displaying depression, withdrawal, crying, or emotional behaviour
- trying to hide information or personal belongings
- displaying speech disorders, weight gain or loss, or low self-esteem
- feeling worthless
- engaging in self-abuse, suicidal ideation, or attention seeking, disruptive, or aggressive behaviour or
- being overly compliant with staff.

It **does not** include raising voice to attract the attention a consumer, minor disagreements between consumers, asking a consumer to cooperate, or encouraging a consumer to eat their meal.

Unexpected Death

This is any death where the provider, including staff and health professionals engaged by the provider:

- made a mistake resulting in death
- did not deliver care and services in line with a consumer's assessed care needs, resulting in death or
- provided care and services that were poorly managed or not in line with best practice, resulting in death.

A consumer's death may occur immediately, or after the care and services were provided or failed to be provided.

Unexpected death also includes:

- where a consumer falls while being moved, with injuries sustained resulting in the cause of death
- assault by another consumer, staff member, or family member, resulting in death of the consumer
- poor clinical care, delayed medical assessment, or treatment contributing to or resulting in a consumer's death and
- unexpected deaths where police have been contacted and need to involve the coroner.

This Reportable Incident category does **not** include death resulting from:

- an on-going illness, or receiving palliative care
- an unrelated condition or illness after being involved in an incident or
- outbreaks of disease e.g., COVID 19.

Stealing or Financial Coercion

Stealing or Financial Coercion are defined as:

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

It includes situations where a staff member coerces a consumer to change their will in their favour, steals money or valuables from the consumer, coerces the consumer to buy something for them or another person, uses power of attorney to steal money from the consumer, and when items go inexplicably missing and cannot be found and the consumer (or their family) are concerned.

Other possible indicators (undisclosed) include:

- a consumer reporting a sudden decrease in their bank balance
- a consumer having no financial records, or incomplete records
- the person controlling a consumer's finances having no legal authority to
- sudden changes in a consumer's banking practices
- sudden changes in a consumer's will or other financial documents

- unexplained disappearance of money or valuables
- a sudden lack of funds or a consumer being unable to participate in outings and
- a consumer borrowing, begging, or stealing money.

It is **not** stealing or financial coercion where a consumer willingly buys a staff member a gift to thank them for their support, or when items go inexplicably missing but are quickly found.

Neglect

This includes:

- depriving a consumer of basic necessities including food, drinks or clothing
- withholding personal care (such as showering, toileting, or oral care)
- failing to supervise a consumer in an environment that leaves them susceptible to injury, for example:
    - leaving them out unprotected in the sun, resulting in significant burns,
    - leaving them in a vehicle on a hot day, causing significant harm to them or
    - failing to supervise them, whereby they may wander into unsafe environments, e.g., busy roads, or bodies of water.
- failing to appropriately dress a consumer for the weather conditions
- failing to monitor a consumer's nutrition and hydration, resulting in rapid weight loss and clinical complications
- failure to seek timely and appropriate medical treatment and assessments when a consumer is unwell, including:
    - treatment of injuries or wounds
    - assessment and management of pain
    - seeking a medical diagnosis if the consumer shows signs of illness
    - transfer to hospital for care when the consumer's injuries or illness require hospital treatment and
    - failure to ensure timely and regular review by health professionals or specialists in line with their documented care needs
- not appropriately modifying meals to account for consumers' swallowing difficulties
- not giving sufficient assistance to assist consumers to eat their food, resulting in them being unable to eat meals, or choking and
- lack of consistent clinical oversight, exacerbating conditions that require acute care, such as contractures, lymphedema, catheter care, and infections.

Other possible indicators (undisclosed) include:

- weight loss
- requesting food more often and being hungry and thirsty
- constant fatigue or listlessness
- poor hygiene and grooming
- inappropriate or inadequate clothing to suit the weather
- unattended physical problems, dental or medical needs, e.g., wounds not healing, dirty dressings, or continence pads not changed
- the consumer dropping hints about neglect,
- the consumer displaying extreme longing for company
- social isolation or
- loss of social and communication skills.

An event is **not** neglect if:

- it is an isolated incident, e.g., a missed or late medication which has no significant impact on the consumer
- rapid weight loss is a result of a disease process and where all reasonable efforts have been made to ensure adequate nutrition
- a consumer chooses not to receive care and services in line with their assessed needs, e.g., a consumer:
    - with dysphagia chooses not to eat a liquified diet,
    - with diabetes chooses not to eat a diabetic diet
    - with liver disease chooses to drink alcohol
    - with a chronic condition chooses not to undergo clinical treatment
    - chooses to smoke despite having a respiratory condition or
    - chooses not to shower or brush their teeth or hair.

Note: Providers remain responsible for ensuring choices are informed, and discussions and considerations are appropriately documented, where a consumer chooses not to receive care or services and staff respect their rights, including their autonomy and choice.

Inappropriate Use of Restrictive Practices

This includes the following inappropriate physical restraints:

- situations where a consumer's movement is restricted other than in line with the appropriate use of physical restraint (e.g., inappropriate use of bed rails, a lowered bed that makes it difficult to get out, placing a table in front of a consumer to limit their movement, using vortex illusions (such as floor rugs) that prevent the consumer from moving out of fear of the illusion)
- seclusion or confinement
- use of lap restraints or bed belts
- physically blocking consumers' paths or holding a consumer down
- putting aids out of reach
- removing batteries from an electric wheelchair, to limit movement.

It also includes any drug used to control, sedate, or restrict the behaviour or movement of the consumer instead of for the treatment of a diagnosed health condition (chemical restraint).

Other potential indicators (undisclosed) include:

- red marks, bruising, tears or grazing of the skin that appear to be associated with physical restraint
- tiredness, drowsiness, or confusion
- increased frustration, anger, or complaints
- refusal to take medication or fearing medications.

It is **not** inappropriate physical or chemical restraint where a provider uses a physical restraint without consent in an emergency and informs the consumer's representative as soon as practicable after the restraint is used.

It is also **not** a Reportable Incident where a provider administers a drug to a consumer as prescribed for the treatment of a diagnosed health condition, this is documented, and the consumer's representative is informed in advance of administering the drug.

Unexplained Absence from Care

This Reportable Incident category relates to when a consumer is absent from the service, the absence is unexplained, and there are reasonable grounds for reporting the absence to the police so that an appropriate response and actions can be taken to locate them.

This is a Priority 1 Reportable Incident and requires notification to the Commission within 24 hours of becoming aware of the incident. Absent consumers who are returned by the police to the service must also be notified to the Commission.

However, if someone is missing for a period, and then is later found on the property or nearby, and the lapse of time and consequence were insignificant (such as someone moving into the next aisle at the shops and the staff member not being aware for 5 minutes), this would **not** be a Reportable Incident under the SIRS.

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