Incident Management and Reporting Policy

1. Policy

My Help is committed to ensuring that incidents which occur in relation to the provision of services are managed consistently and effectively, and that workers can identify, manage, report and resolve incidents.

My Help collects and reviews data on incidents in order to inform improvement activities.

My Help regularly reviews its incident management system and processes to ensure that they are:

- Appropriate to the size of the organisation and the classes of supports it provides
- Well documented
- Readily accessible to all workers employed or engaged by the organisation
- Reflective and adaptive, with an intent to prevent incidents

2. Definitions

Incidents	Acts, omissions, events or circumstances that occur or could occur during or in relation to the provision of supports, or the alteration or withdrawal of supports, that cause harm, either physically or emotionally, to an Aged Care Worker, individual older people , or other stakeholder. Incidents also include acts, omissions, events or circumstances that have caused or could cause damage to property, the environment, material or cause public alarm.
Serious Incident Response Scheme (SIRS)	An initiative that helps prevent and reduce incidents of abuse and neglect in residential aged care services subsidised by the Australian Government. It became applicable to Residential Care and Flexible Care in April 2021, and Home Care in December 2022.
Reportable Incidents	Refers to the 8 reportable incidents under the SIRS. These include: ● Unreasonable use of force – for example, hitting, pushing, shoving, or rough handling a the individual / older people ● Unlawful sexual contact or inappropriate sexual conduct – such as sexual threats against a the individual / older people, stalking, or sexual activities without the individual / older people consent

	● Neglect of a the individual / older people – for example, withholding personal care, untreated wounds, or insufficient assistance during meals ● Psychological or emotional abuse – such as yelling, name calling, ignoring a the individual / older people, threatening gestures, or refusing a the individual / older people access to care or services as a means of punishment ● Unexpected death – where reasonable steps were not taken by the provider to prevent the death, the death is the result of care or services provided by the provider or a failure by the provider to provide care and services ● Stealing or financial coercion by a Aged Care Workers member – for example, if a Aged Care Workers member coerces a the individual / older people to change their will to their advantage, or steals valuables from the the individual / older people ● Inappropriate use of restrictive practices – where it is used in relation to a the individual / older people in circumstances such as: – where a restrictive practice is used without prior consent or without notifying the the individual / older people'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 the individual / older people to influence their behaviour as a form of restrictive practice ● Unexplained absence from care – where the the individual / older people is absent from the service without explanation and there are reasonable grounds to report the absence to the police.
Workers	Aged Care Workers, contractors and volunteers employed or engaged by My Help.
Abuse (in the context of this policy)	Verbal, physical and/or emotional mistreatment and/or lack of care of a person. Abuse can include bullying, physical abuse, sexual abuse, emotional and psychological abuse, racial, cultural and religious abuse and domestic violence.
Financial Abuse	Any act which involves misusing the money or property of a individual older people without their full knowledge and consent.

	This includes theft of money, pension cheques or property as well as misuse of a power of attorney.
Neglect	The failure to provide a person with the basic necessities of life, such as food, clothing, shelter, medical attention or supervision, to the extent that their health and development is, or is likely to be, significantly harmed.
Negligence	Doing, or failing to do, something that a reasonable person would, or would not do in a certain situation, and which causes another person damage, injury or loss as a result.
Offender or Perpetrator	A person who mistreats and/or harms another person.
Procedural Fairness	A principal that requires a fair and proper procedure be used when making a decision.
Restrictive Practice	Any practice or intervention that has the effect of restricting the rights or freedom of movement of a individual older people .

3. Procedures

3.1. Induction and Aged Care Workers training

All Aged Care Workers must be familiar with My Help's incident management system, understand the organisation's definition of a Reportable Incident, and understand the procedures they must follow for reporting all incidents to the organisation and an external body (if required).

My Help promotes a culture of open reporting and ensures that all workers understand that they are supported to report any incident or alleged incident, and that there will be no negative consequences for doing so.

3.2. Incident identification

If an Aged Care Worker observes an incident, or a individual older people or member of the public notifies an Aged Care Worker about an incident that does or could cause permanent or temporary detriment to a individual older people , Aged Care Worker or other stakeholder, then the Aged Care Worker must report the incident to the Clinical Advisor.

Aged Care Workers and older people will be protected against any adverse actions as a result of reporting or alleging that an incident has occurred.

3.3. Immediate response

First respondents (e.g. the Aged Care Worker on site and the Clinical Advisor or Case Manager (whoever can reach the site first)) understand that they must contact emergency services if the situation warrants. They must also preserve any physical or documentary evidence that may be critical to an investigation by the Police or My Help.

In the case of alleged sexual abuse that has 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 provide further instruction.

If Emergency Services are not required, but the individual older people 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 individual older people '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 Aged Care Workers member is accused or suspected of harming the individual older people , any medical practitioner called must be independent to My Help.

3.4. Remove alleged perpetrator/s

Where a Aged Care Workers member is accused or suspected of harming the individual older people, they must be removed from contact with all older people pending an investigation.

If another individual older people is accused or suspected of harming the individual older people, where possible, they must be removed from contact with other older people pending an investigation.

3.5. Notification requirements

Aged Care Workers must report incidents to various agencies and persons based on the following priority system:

- For serious incidents, Aged Care Workers must first contact emergency services
- Aged Care Workers must report all incidents internally to their direct manager
- If it is determined that the incident is serious, the Clinical Advisor is responsible for notifying supporters, guardians and advocates of the individual older people
- If an incident is a Reportable Incident, the Clinical Advisor will notify the relevant

external body within the expected timeframe of the external body (see below).

Where the individual older people consents, or does not have the capacity to consent, contact the individual older people 's next of kin.

3.6. Reporting procedures

The Aged Care Workers member who first becomes aware of an incident must report it as soon as practicable to the most senior Aged Care Workers member in the work area. The most senior Aged Care Workers 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.

Aged Care Workers must report all individual older people incidents to their direct Manager or another member of the Management Team as soon as practicable.

Details of all incidents, their investigation and review must be recorded in My Help's Incident Register. The register must include:

- a description of the incident, including the impact on, or harm caused to, any individual older people affected by the incident;
- the time, date and place at which the incident occurred (if known) or the time and date the incident was first identified;
- 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 assessment of the incident;
- the actions taken in response to the incident, including actions taken to support or assist the individual older people affected by the incident;
- any consultations undertaken with the individual older people affected by the incident;
- whether the individual older people affected by the incident or their representative have been provided with any reports or findings regarding the incident;
- if an investigation is undertaken, the details and outcomes of the investigation; and
- the name and contact details of the person making the record of the incident.

My Help must notify the Commission of all reportable incidents. This includes incidents that occur, or are alleged or suspected to have occurred, and includes incidents involving a care recipient with cognitive or mental impairment (such as dementia). Incidents should be reporting using the SIRS tile on the My Aged Care Provider Portal. My Help will ensure Aged Care Workers have training and access to the portal to submit reports on time.

Incidents that are not one of the 8 reportable incident types listed above are not required to be reported to the Commission. However, depending on the circumstances, they may need to be reported to another government body (e.g. Worksafe).

3.7. SIRS reporting timeframes

If a reportable incident occurs or is alleged or suspected to have occurred, My Help must immediately act to protect the safety and wellbeing of those involved and determine if the incident is either Priority 1 or Priority 2 based on:

- the incident type
- the harm and/or discomfort caused to the individual older people
- whether there are reasonable grounds to report the incident to the police.

The priority of the incident determines when it must be reported to the Commission.

3.8. Priority 1 Reportable Incidents

Priority 1 reportable incidents must be reported to the Commission within 24 hours of the provider becoming aware of the incident. Priority 1 reportable incidents are incidents:

- that have caused or could reasonably have been expected to cause, the individual / older people physical or psychological harm and/or discomfort that would usually require medical or psychological treatment to resolve, or
- if there are reasonable grounds to contact the police, or
- of unlawful sexual contact or inappropriate sexual conduct, or
- when there is the unexpected death of the individual / older people or a the individual / older people's unexplained absence from the service.

Aged Care Workers must also report an incident to the police where there are reasonable grounds to do so. This includes scenarios where they are aware of facts or circumstances that lead to a belief that an incident is unlawful or considered to be of a criminal nature (for example sexual assault). These incidents must also be reported to police within 24 hours of becoming aware of the incident.

Reporting to police in relation to criminal conduct should occur regardless of whether the incident is alleged or suspected to have occurred.

3.9. Priority 2 Reportable Incidents

Priority 2 reportable incidents are those that do not meet the criteria for a Priority 1 reportable incident.

My Help must report Priority 2 reportable incidents to the Commission within 30 days of becoming aware of it occurring.

3.10. Supporting older people

Throughout the incident management process, from initial response through to review, older people will be supported by the organisation through means of:

- Reassurance if the individual older people reported the incident;
- Trauma and counselling services, where required;
- Changes to regular supports, if necessary;
- Clear, ongoing communication regarding the progress and outcomes of the investigation.

Older people will be involved in the management and resolution of the incident where appropriate.

3.11. Assessment and investigation

The Clinical Advisor is responsible for creating an initial assessment of any incident, to determine the severity of an incident and to establish the need for, and scope of, an investigation. If an incident is a Reportable Incident, an internal investigation will take place. All investigations will be undertaken and conducted in accordance with principles of natural justice and procedural fairness.

Incidents involving criminal allegations will be reported to law enforcement, who will receive full support of the organisation in their investigations.

Whenever an investigation into an incident is conducted, it should establish:

- The cause of an incident
- The effect of an incident

- Any organisational processes that contributed to or did not function in preventing an incident
- Changes the organisation can make in order to prevent further incidents from occurring

Information related to incident investigations, including records of phone conversations, emails, documents and, where possible, records of face-to-face interviews will be recorded and kept in strict confidence.

3.12. Incident resolution

Based on the Clinical Advisor's assessment, the organisation may undertake remedial action proportionate to the severity of the incident, including but not limited to:

- Providing an apology
- Disciplinary action
- Financial compensation

The organisation will inform and involve older people, supporters and advocates in the process of incident management and resolution.

3.13. 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 individual older people or the quality of care the individual older people 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. My Help may manage these issues by monitoring and supporting affected Aged Care Workers members or older people and documenting this on relevant Aged Care Workers and individual older people files. The incident must then be the subject of a review (detailed below).
- Internal investigation – This option may be selected only where My Help has the capability to undertake an investigation independently.
- External investigation – In other cases, My Help will need to commission an

investigation by an external party to ensure the investigation is robust, objective and expert. The Person leading the investigation 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 CEO must appoint a Person leading the investigation to determine the appropriate investigative action for an incident and oversee the incident's investigation.

The person leading the investigation must determine the appropriate investigative action for all incidents within a maximum of 72 hours of My Help becoming aware of the incident. The Person leading the investigation may seek advice from other Aged Care Workers members if appropriate.

Investigations must take a person-centred and rights-based approach, taking into account what is important to the individual older people 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, remain impartial and independent at all times.

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

My Help must provide information on investigation progress and outcomes to the individual older people involved in the incident (or their supporters) and, with the consent of the individual older people or their representative, any other person.

An investigation report must be completed by the Person leading the investigation. 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.

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

3.14. Communication

My Help 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.

The person leading the investigation or Clinical Advisor should 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 person leading the investigation or Clinical Advisor 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.

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

3.15. 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 in order to safeguard the safety and wellbeing of individual older people, as well as improve the quality of supports.

The Incident Register must be reviewed at monthly Management Team meetings. The Clinical Advisor is responsible for monitoring the Incident Register in order to analyse and report on incident trends.

Reviews should consider:

- the causes, handling and outcomes of incidents;
- processes, timeframes and record keeping practices associated with incident

management; and

- feedback provided by Aged Care Workers and older people about incidents.

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

4. Sexual Abuse

Irrespective of gender, victims of sexual assault frequently experience negative outcomes including dissociation, posttraumatic stress disorder, depression and anxiety. Victims of physical assault also frequently experience shock, numbness, fear, depression and anxiety. In recognition of this, after an allegation of abuse, additional support and/or a review of supports provided to the individual older people may be required.

4.1. Indicators of Abuse

Indicators of abuse include, but are not limited to:

- a individual older people alleges that abuse has occurred, by a Aged Care Workers member, another individual older people, or other person;
- a Aged Care Workers member observes or is told about alleged abuse;
- a Aged Care Workers member suspects that abuse has occurred (for example, a individual older people may have unexplained injuries, a individual older people may be distressed or anxious, or clothes may have been ripped);
- a individual older people 's behaviour changes significantly (this might include self-destructive behaviour, sleep disturbances, acting-out behaviour, emotional distress, or persistent and inappropriate sexual behaviour); and
- a individual older people complains of physical symptoms, or a Aged Care Workers member observes symptoms (this might include bruising, abdominal pain, sexually transmitted disease or pregnancy).

4.2. Responding to Allegations of Sexual Abuse

Suspicions and allegations of abuse should always be treated seriously. The person's feelings about themselves may be influenced by initial reactions to their suspicion and/or allegation.

If abuse is disclosed, or a Aged Care Workers member is suspicious of abuse, or becomes aware of abuse, a helpful response may include:

- ensuring their immediate safety, health and wellbeing needs are met;
- ensuring their specific support needs are addressed including access to

communication aides and resources;

- listening carefully to them;
- reassuring them they did the right thing by telling someone;
- asking them what can be done to make them feel safe and explaining the actions you will take next;
- with their consent, engaging supporters, significant others or an advocate to support them and advocate on their behalf; and
- with their consent, notifying other service providers working with them, if appropriate.

4.3. Interpreting

For older people who are from culturally and linguistically diverse or Aboriginal and Torres Strait Islander communities, Aged Care Workers should consider referring them to specialist agencies or Aged Care Workers for additional support. It may also be necessary to arrange an interpreter. Interpreters of the same sex as the individual older people should be engaged wherever possible.

Some victims may be reluctant to speak to an interpreter because they fear that what they say may be passed on to their local community. In this case, it is possible to request a telephone interpreter from another state, or to not disclose the victim's name to the interpreter.

When using an interpreter directly, consideration should be given to arranging an interpreter who is not associated with the individual older people or their immediate cultural community.

5. Supporting documents

- Incident Report Form
- Incident Register