

INCIDENT MANAGEMENT POLICY

About this Policy

This policy applies to all staff, contractors, and subcontractors involved in the management of incidents related to the care and services of HomeMade consumers.

The purpose of this policy is to ensure that HomeMade safely and effectively manages all incidents and minimises the impact of any incident on consumers and staff. It is also to provide the reader with information about how HomeMade views and handles incidents so that we can be as transparent as possible about our actions.

It is also a requirement of the Aged Care Quality Standards that aged care providers have effective risk management systems and practices in place to manage and minimise the risk of harm to Customers.

Table of Contents

About this Policy	1
Aim	2
Introduction / Background	2
Policy Statements	2
Who And When To Notify?	3
Incident Management And The Serious Incident Response Scheme	3
Notifications To The Police	6
Roles And Responsibilities	6
How To Notify Us	7
Your Privacy	8
What You Can Expect From Us	8
How Are Incidents Managed?	8
Incident Management System (IMS)	9
Reporting Obligations	9
Continuous Improvement	10
What If You Are Still Not Satisfied With The Outcome Of An Incident?	11
Relevant Legislative / Compliance Items	12
Evidence Base	12

Aim

HomeMade is committed to delivering a platform that is responsive to the needs of its Customers, provides adequate safeguards, and serves the community in which it operates. This policy provides guidance to anyone who wishes to notify us or the Aged Care Quality and Safety Commission (“**Commission**”) of an incident. It sets out the approach we take when responding to such matters, the principles we apply, and highlights our commitment to consistency, quality, and continuous improvement.

Introduction / Background

An incident is any act, omission, event or circumstance that occurs in connection with the provision of care or services that:

- Has (or could reasonably be expected to have) caused harm to a Customer or another person
- Is suspected or alleged to have (or could have been reasonably be expected to have) caused harm to a Customer or another person
- The provider becomes aware of, and that has caused harm to a Customer.

(ACQSC 2021 p.11)

Incidents must be managed through an effective incident management system. This incident management system must:

- Identify incidents that caused harm to a Customer or other person
- Identify incidents that may have caused harm (near miss) to a Customer or other person.

The incident management system must be risk-based and used to:

- Identify an incident or a near miss when it occurs
- Assess an incident or a near miss and respond to the needs of Customers and others that have been impacted by the incident
- Respond to an incident or a near miss through an investigation, review and analysis to inform CI and minimise future occurrence. A root cause analysis approach fulfils this objective.
- Record all incidents or near misses in a manner that supports secure information management and ease of information retrieval that occur during the delivery of care and services to a Customer.

The principles of Open Disclosure underpin HomeMade incident management. Alignment to Open Disclosure is a mandate to maintain all privacy and confidentiality controls (Aged Care Act 1997 Section 62-1)

Policy Statements

HomeMade provides a safe environment for Consumers, all employees, partners in care,volunteers and contractors and others involved in the incident.

HomeMade has an effective incident management system in place.

HomeMade will provide a safe environment for Older People throughout the incident management process.

HomeMade will comply with all legislative and regulatory obligations in relation to the SIRS. As the Approved Provider, HomeMade will fulfil its obligation to:

- Report 'Priority 1' and 'Priority 2' incidents to the Quality and Safety Commissioner within specified periods of time;
- Take action in relation to reportable incidents;
- Authorise the provision of information relating to reportable incidents to the Minister, the Quality and Safety Commissioner or other specified bodies.

Who And When To Notify?

In order to keep our community safe and to support compliance with any relevant regulation or guidelines, HomeMade requires notification of any incident taking place during or in relation to the provision of a service via its platform. However, before notifying us, it is important to consider who else to notify about your incident.

It is also important to note that there are separate mandatory reporting requirements that may apply under the Aged Care Quality Standards and the Serious Incident Response Scheme ("**SIRS**").

You are able to directly contact the HomeMade Incidents and Complaints team by contacting us in one of the following ways:

- Via email to our incidents and complaints team: incidents@homemadesupport.com.au or feedback@homemadesupport.com.au
- By calling us on 1300 655 688
- By contacting your Support Partner directly

Incident Management And The Serious Incident Response Scheme

It is critical to follow legislative and regulatory processes and HomeMade policy and processes in relation to the Serious Incident Reporting Scheme (SIRS).

All approved providers of aged care services must identify reportable incidents, including allegations and suspicions of incidents occurring to the Aged Care Quality and Safety Commission.

The Serious Incident Response Scheme (SIRS) identifies eight (8) types of reportable incidents.

- **Unreasonable use of force** – for example, hitting, pushing, shoving, or rough handling a Customer
- **Unlawful sexual contact or inappropriate sexual conduct** – such as sexual threats against a Customer, stalking, or sexual activities without Customer consent

- **Neglect of a Consumer** – for example, withholding personal care, untreated wounds, or insufficient assistance during meals
- **Psychological or emotional abuse** – such as yelling, name calling, ignoring a Customer, threatening gestures, or refusing a Customer 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 staff member** – for example, if a staff member coerces a Customer to change their will to their advantage, or steals valuables from the Customer
- **Inappropriate use of restrictive practices** – where it is used in relation to a Customer in circumstances such as:
 - where a restrictive practice is used without prior consent or without notifying the Customer'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 Customer to influence their behaviour as a form of restrictive practice
- **Missing Customer** – this occurs when the Customer is absent during an episode of care. This may be during an outing or a shopping event.

Reportable Incidents must be reported to the Commission. They are classified as "Priority 1" or "Priority 2" Reportable Incidents. If either of these incidents occurs during your support session, you must notify HomeMade's Incidents & Complaints Team **as soon as possible**.

This is due to the fact that if HomeMade becomes aware of a Reportable Incident and has reasonable grounds to believe that the incident is a Priority 1 Reportable Incident, we must notify the Commission within **24 hours** of becoming aware of the Reportable Incident. Where required, these incidents must also be reported to the Police.

A "Priority 1" Reportable Incident is an incident:

- That is an unexpected death of a Customer;
- That caused (or reasonably have been expected to cause) a Customer physical or psychological injury or discomfort that requires medical or psychological treatment to resolve;
- Where there are reasonable grounds to report the incident to Police;
- Involving unlawful sexual contact or inappropriate sexual conduct inflicted on a Customer; or
- Where a Customer goes missing in the course of provision of home services.

A "Priority 2 Reportable incident is an incident that does not meet the criteria for a Priority 1 Reportable Incident, but is listed above as one of the Eight Types of Reportable Incidents. These incidents must be reported to the Commission by HomeMade for the Customer within **30 days** of it becoming aware of the incident.

The Commission's [SIRS decision support tool](#) will be used to help determine the classification of a reportable incident.

Obligations

The Serious Incident Reporting Scheme outlines compulsory obligations for the Approved Provider (AP) to fulfil. Obligations are as detailed in relevant Legislation and Regulations (Commonwealth, State and Territory).

As the Approved Provider, HomeMade fulfils its obligation to:

- Report 'Priority 1' and 'Priority 2' incidents to the Quality and Safety Commissioner within specified periods of time;
- Take action in relation to reportable incidents;
- Authorise the provision of information relating to reportable incidents to the Minister, the Quality and Safety Commissioner or other specified bodies.

Other actions may include:

- Providing an Older Person with information regarding the use of an advocate (including an independent advocate) in relation to an investigation into the reportable incident; and/or
- Arranging for, and covering the cost of, an independent investigation into the reportable incident within a specified period; and
- Providing a copy of any report of the independent investigation to the Quality and Safety Commissioner.

HomeMade meets the following legislative and regulatory requirements for the protection of people who disclose reportable incidents. Disclosure Qualifying for Protection applies to any person (the discloser) to who is, or was, any of the following:

- An Approved Provider, including Approved Provider's current and former key personnel, staff member and volunteers;
- An Older Person or their Substitute Decision Maker, including a family member, carer, advocate or another person who is significant to the Older Person.

The disclosure of the information by the discloser qualifies for protection if:

- The disclosure is made to one of the following:
 - The Quality and Safety Commissioner;
 - The Approved Provider, including Approved Provider's Key Personnel, staff member or another person authorised by the Approved Provider to receive reports of reportable incidents;
 - If the disclosure is reported to another person in accordance with the Quality of Care Principles—that person;
 - A police officer; and
- The discloser informs the person to whom the disclosure is made of the discloser's name before making the disclosure; and
- The discloser has reasonable grounds to suspect that the information indicates that a reportable incident has occurred; and
- The discloser makes the disclosure in good faith.

If the disclosure of the information qualifies for protection, then the person making the disclosure:

- will be protected from any civil or criminal liability for making the disclosure
- will have qualified privilege in proceedings for defamation relating to the disclosure
- is not liable to an action for defamation relating to the disclosure
- is protected from someone enforcing a contractual or other remedy against that person based on the disclosure.

As the Approved Provider, HomeMade will ensure it implements and maintains an Incident Management System (IMS) that complies with Quality of Care Principles (2014) and any other

requirements for managing or preventing incidents specified in the Quality of Care Principles (2014).

Notifications To The Police

For Priority 1 incidents, there is also a requirement to notify the Police where there are reasonable grounds to do so, within **24 hours of becoming aware of the incident**. This includes scenarios where you 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).

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

If you are in any doubt about whether an incident is of a criminal nature, make a report to the Police.

For further information in relation to SIRS in Home Service, including examples of Reportable Incidents, please refer to the following website: <https://www.agedcarequality.gov.au/sirs/sirs-home-services>.

If you have a SIRS enquiry, you can:

- Call the Commission on 1800 081 549 between 9:00 am and 5:00 pm (AEST) Monday to Friday, or between 8:30 am and 5:00 pm (AEST) Saturday and Sunday
- Email the Commission at sirs@agedcarequality.gov.au.

Roles And Responsibilities

It is the responsibility of **all** staff to **identify, manage and resolve** incidents and to prevent incidents from occurring.

HomeMade has accountability for the care provided to the Older Persons, and the basic suitability of their key personnel.

As an Approved Provider, HomeMade will:

- Consistently promote a culture that encourages staff/contractors to raise suspicions, concerns or incidents when they occur;
- Prevent and manage incidents, ensuring Older Person safety and wellbeing;
- Report serious incidents in a timely manner; and
- Use incident data to drive continuous quality improvement.

For the purpose of notifying reportable incidents, HomeMade will ensure that staff who become aware of a reportable incident notify one of the following people as soon as possible:

- Key Personnel; and/or
- Staff member's supervisor or manager; and/or
- The person who is responsible for notifying reportable incidents to the Commission.

All HomeMade staff are required to carry out their duties in accordance with their job descriptions, with the knowledge and skills attained as part of their profession or any qualifications, and in accordance with any applicable codes of conduct, practice or standards expected by HomeMade. Staff are

expected to engage with Customers appropriately and respectfully, and to maintain professional boundaries.

Staff that do not have a universal professional code of practice or standards tied to their role, e.g. personal care workers, are subject to codes of behavior or practice relevant to their role under their terms of employment.

Staff who are subject to professional standards (e.g., medical, nursing and allied health professionals), will have a higher threshold of professional training and qualifications, knowledge and skills, and scope of practice, and hence a higher threshold of conduct expected.

The content of professional standards varies but may relate to:

- The manner in which a Customer is treated (including their rights to privacy and dignity);
- The need for tailored, frequent and clear communication with a Customer.
- Ensuring informed consent and good record keeping.
- Providing culturally appropriate care; and
- Providing quality care and services

Alignment to the Aged Care Quality Standards and Incident Management

Standard	Requirements
1 Consumer dignity and choice	(3) (a) (b) (c) (d) (e) (f)
2 Ongoing assessment and planning with Consumers	(3) (a) (b) (c) (d) (e) (f)
3 Assessment and planning	(3) (a) (b) (c) (d) (e) (f)
4 Services and supports for daily living	(3) (a) (b) (c) (d) (e) (f) (g)
5 Organisations service environment	(3) (a) (b) (c)
6 Feedback and complaints	(3) (a) (b) (c) (d)
7 Human resources	(3) (a) (b) (c) (d) (e) (f)
8 Organisational governance	(3) (a) (b) (c i, ii, iv, v vi) (d i, iii)

How To Notify Us

You may report an incident to us in a number of ways, including:

- [Feedback & Complaint Form](#) submitted via our website
- Telephone call to our Customer Support Team 1300 655 688
- Email to incidents@homemadesupport.com.au
- Email to feedback@homemadesupport.com.au
- Email to your Support Provider

Whilst we accept anonymous incidents, if we cannot identify you, it often makes it difficult for us to investigate and provide feedback.

Your Privacy

We protect your identity where practical and appropriate. Personal information that identifies you will only be used or disclosed in accordance with relevant privacy laws or our Privacy Policy. There are some limited circumstances where we may disclose your personal information without your consent. This may include matters involving allegations of violence, exploitation, neglect, abuse and sexual misconduct, which may be reported to the police and/or external regulators. For further information please refer to our [Privacy Policy](#).

What You Can Expect From Us

Our approach to incidents is governed by the following key principles:

1	Accessible	We provide a framework that is easy to understand and accessible to everyone. If you would like another person or organisation to assist you with an incident, we are happy to communicate with whoever you chose to represent you (e.g. a family member, advocate, legal or community member, etc.).
2	Responsive	There is a clear process for the timely handling of incidents, and you are kept informed of our progress.
3	Respectful	You are treated with dignity and respect and listened to with empathy and compassion.
4	Fair	We approach each matter in an equitable, objective, and unbiased manner. We act with integrity, transparency, and accountability.
5	Flexible	We are people-centered. Our process is flexible enough to respond to individual needs. Our people are empowered to act promptly and with as little formality as possible.

How Are Incidents Managed?

Assessment & Initial Response	Upon receipt, incidents are assigned an impact level on a scale of 1 (low) to 4 (major), depending on the estimated severity. Immediate actions to mitigate harm may also be required, including; providing support to those involved, notifying emergency services in the case of an emergency (e.g. police, fire, ambulance, etc).
Acknowledgement	We will acknowledge receipt of all incidents within two-working days, and those with an Impact Level of 3 (high) or 4 (major) will be acknowledged within 8 and 4 hours respectively.

<p>Actions & Decisions</p>	<p>We will develop a plan of action based on the Impact Level and the nature of the incident, which may include: the need for further dialogue with involved parties, the offer of trauma counseling or other support, an apology, escalation to Homemade’s Trust & Safety Committee, notifying external bodies, suggested actions to prevent recurrence of the incident, reminding users of Homemade’s Code of Conduct / Terms of Use, suspending or removing a user from the platform.</p>
<p>Mandatory Reporting</p>	<p>It is a requirement by law that some incidents are reported to the Aged Care Quality and Safety Commission. Details of the types of incidents that require reporting to each commission can be found here: Aged Care Serious Incident Reporting Scheme.</p>
<p>Closure</p>	<p>If appropriate, we will report the outcome of the incident to the reporting party and any other affected persons before closure.</p>
<p>Continuous Improvement</p>	<p>We are constantly improving our existing processes, policies, and products by using incident data to inform our future decisions and implementations.</p>

Incident Management System (IMS)

HomeMade’s IMS sets out the roles and responsibilities of staff members in identifying, managing and resolving incidents and in preventing incidents from occurring.

HomeMade requires that all staff are aware of the IMS and understand their responsibility to comply with this system’s requirements.

HomeMade includes the minimum expectation for incident management training, including the use and compliance with the IMS, at least during orientation and then annually according to section 15MD(3) of *The Quality of Care Principles (2014)*. The IMS must include requirements for the provision of training to staff in the use of, and compliance with the IMS.

Reporting Obligations

HomeMade provides its staff with training in how to recognise a situation that may need to be notified to the Commission, or another responsible body, and know how to respond and make notifications.

In addition to managing all incidents, HomeMade reports all serious incidents involving older people to the Commission, and police where the incident is of a criminal nature or an unexpected absence.

This reporting includes incidents that occur, or are alleged or suspected to have occurred, and will include incidents involving a care recipient with cognitive or mental impairment (such as dementia).

Incidents involving Older Persons who are also participants of the National Disability Insurance Scheme (NDIS) must also be reported to the Quality and Safeguards Commission (NDIS Commission).

Record Keeping Requirements including Privacy and Confidentiality

HomeMade will keep a record in relation to each incident that occurs in the service, regardless of whether it is a reportable incident. HomeMade will assure the secure storage of these records in accordance with our *Privacy Policy*.

This includes incidents investigated and recorded in compliance with incident management requirements. HomeMade will review and collate data from the IMS to enable the review and analysis of recurrent issues, and continuous improvement, the prevention and management of incidents.

HomeMade will ensure that these records are available to the Commission upon request. Privacy and confidentiality is maintained when reports are required to be shared with the Commission or any other agency.

Continuous Improvement

HomeMade collects information relating to incidents to ensure continuous improvement in the prevention and management of incidents, including

- identifying and addressing systemic issues in the quality of care provided;
- provision of feedback and training to staff about the prevention and management of incidents.

HomeMade regularly reviews this information to assess the effectiveness of prevention and management of incidents and determine what, if any, actions could be taken to improve our approach.

HomeMade undertakes any actions identified to ensure continuous improvement.

What If You Are Still Not Satisfied With The Outcome Of An Incident?

You may consider using our internal appeals process. Appeals are escalated to, reviewed by, and determined by our Trust & Safety Committee. Appeals need to be submitted in writing to: feedback@homemadesupport.com.au.

The appeal submission must state the reason(s) you are appealing the decision or outcome and provide the complaint case reference number (if this has been provided to you). The time limit for lodging an appeal is three months from the original decision or outcome. Appeals are determined within 21 days of the date of submission, and you will be notified in writing of the outcome. The Board reviews all appeals on a regular basis.

If you remain unsatisfied with the outcome following the conclusion of the appeals process, then you may wish to refer the matter to an appropriate external body such as:

- Aged Care Quality & Safeguards Commission, Ph: 1800 951 822 Web: www.agedcarequality.gov.au
- Health and Community Services Complaints Commissioner in your State or Territory.



Updated May 2023

Relevant Legislative / Compliance Items

Aged Care Quality Standards 2019

Aged Care Act 1997 (Cth)

Aged Care Quality and Safety Commission, Rules 2018

Charter of Aged Care Rights 2019

Privacy Act 1988 and Privacy Principles

Workplace Health & Safety Act 2011

Workplace Health & Safety regulations 2012

Various State and Territory Legislation and Regulations

Evidence Base

Aged Care Quality and Safety Commission (2019) Aged Care Quality Standards and Guidance Material

Aged Care Quality and Safety Commission (2019) Charter of Aged Care Rights (under User Rights Principles 2019)

Aged Care Quality and Safety Commission (2019) Glossary of Terms

Aged Care Quality and Safety Commission (2019) Language Aged Care Quality and Safety Commission Glossary

Aged Care Quality and Safety Commission Rules

[Aged Care Quality and Safety Commission \(2021\) Effective IMS Guidance](#)

[Aged Care Quality and Safety Commission \(2021\) Recording Incidents in a Incident Management System](#)

[Aged Care Quality and Safety Commission \(2021\) Reportable Incidents Workflow](#)

[Aged Care Quality and Safety Commission \(2021\) Reporting Serious Incidents - Using a Problem Solving Approach to Enhance Effective Incident Management](#)

Anchor Excellence Fact Sheets (2020) Anchor Excellence High Impact Risk

Assessment-Elders (HiRA-E) (2020)

Australian Health Practitioners Registration Agency & International Council of Nurses (2018)

Australian Health Practitioners Registration Agency (2016) Registered Nurse Standards for Nursing Practice

Australian Health Practitioners Registration Agency (2016) Registered Nurse Standards for Nursing Practice Fact Sheet

Australian Health Practitioners Registration Agency (2018) Nursing and Midwifery Board Code of Conduct

Australian Health Practitioners Registration Agency (2018) Nursing and Midwifery Board Code of Conduct

Australian Health Practitioners Registration Agency (2020) Decision-making framework summary Nursing

NSW Health Policy Directive PD2005_234, Effective Incident Response Framework for Prevention and Management in the Health Workplace

NSW Health Policy Directive PD2013_050, Workplace Health and Safety: A Better Practice Guide

Nursing and Midwifery Board Code of Ethics for Nurses

Pharmacy Board of Australia (2014) Code of Conduct for Pharmacists

Various State medication and poisons legislation and regulation

DOCUMENT CONTROL

Version No.	Issue Date	Document Owner
2	05/06/2023	Design and Review Committee
Version History		
Version No.	Review Date	Revision Description
1	20/03/2020	Legislative changes incorporated into new version