H&H Care SA Pty Ltd	**Form09.** Incident Management and Serious Incident Response Scheme **Australian Government Support at Home Program**	
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Policy and procedure 9
H&H Care SA Pty Ltd | Support at Home services

This policy sets out how H&H Care SA identifies, responds to, records and learns from incidents and supports timely Serious Incident Response Scheme notifications. Protect the person first, report promptly and verify follow-up; do not wait for an investigation to establish proof.

Document control	Details
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Version and status	1.0 — Draft for Director approval
Prepared	24 October 2026
Policy owner	Director and Clinical Lead RN
Approved by	Huy Le, Director — signature: _____
Effective date	24 October 2026
Next review	12 months after approval, or earlier following relevant change
Applies to	Directors, managers, nurses, workers, administration and approved contractors involved in Support at Home services

1 Purpose and scope

H&H Care will respond to actual, alleged and suspected incidents and near misses connected with its services. The response must protect client and worker safety, preserve evidence, respect rights, support those affected and prevent recurrence. Staff must report concerns even where no injury is obvious or the client has difficulty explaining what happened.

This policy applies to funded aged care delivered on behalf of The Fig Trees and other separately approved registered providers. It covers all incidents in H&H Care's incident management system, not only SIRS-reportable events. Private care, NDIS and workplace incidents may have different notification pathways; identify the service and applicable obligations rather than substituting one scheme for another.

2 Incident management system

An incident includes an act, omission, event or circumstance causing harm or reasonably capable of causing harm. A near miss is an event where harm was avoided but could have occurred. All relevant incidents must be recorded and managed, while only incidents meeting the SIRS definitions are notified under SIRS. A complaint may also identify an incident and require both pathways.

Use a controlled incident register with a unique reference, response owner, awareness times, safety actions, reportability assessment, notifications, investigation, client support, corrective actions and verified closure. A case note alone is not the complete incident record.

Responsibilities and immediate response

3 Responsibilities and provider interface

Workers immediately protect the client, obtain emergency help where required, notify the manager directly and record facts. The Coordinator ensures safe ongoing coverage, gathers information, tracks actions and communicates with the registered provider. The RN assesses clinical risks within scope and arranges appropriate health care; staff must not make unsupported clinical or forensic conclusions.

The Director or delegated Incident Lead oversees risk controls, classification, police and other notifications, independent review where needed, open disclosure and corrective actions. Name a backup for absence or conflict of interest. The Privacy Officer manages related privacy breaches under Policy 3.

The Fig Trees is the registered provider responsible for its statutory SIRS notifications for services delivered on its behalf. Before implementation, agree in writing its designated SIRS contact, after-hours backup, portal notifier and process for confirming submission. H&H Care supplies information immediately and retains evidence of acknowledgement and notification. Do not assume an email has discharged either organisation's duties.

H&H Care must meet any separate legal duties applying to it and its workers. If H&H later acts as a registered aged care provider in its own right, establish its own notifier and accountabilities before delivering under that registration. This policy does not delegate or amend statutory duties or the brokerage agreement.

4 Immediate worker response

- Stop the unsafe activity and protect the client and others without exposing yourself to danger. Call 000 for an emergency, provide first aid within training and follow authorised clinical instructions.
- Seek urgent RN or medical review for injury, medication harm, deterioration or other clinical concern. Do not move an injured person or alter medicines outside the appropriate emergency or clinical direction.
- Listen calmly, take the person seriously, avoid blame and explain what will happen next. Ask only what is needed for immediate safety; do not conduct repeated or leading interviews.
- Immediately telephone the manager or on-call delegate; use the backup if unavailable or implicated. Report the client's location, event or allegation, harm, current risk and actions already taken.
- Preserve relevant records, messages, equipment and other evidence. Do not delete notes, clean a potential crime scene or confront an alleged perpetrator where this could increase risk. Follow police and clinical advice.
- Record facts as soon as safe, including exact words and information source where relevant. Protect confidentiality and follow instructions for ongoing care and evidence handling.

Internal reporting and safeguarding

5 Internal timeframes and escalation

For any serious, potentially reportable or uncertain incident, H&H Care requires immediate verbal escalation by the worker and prompt direct notification to the registered provider by the Incident Lead. As an internal maximum target, establish contact with the registered provider within one hour of H&H Care awareness, sooner for urgent danger. This target does not permit delay in emergency assistance, police contact or earlier notification required by circumstances.

Make the written initial record as soon as safe, ordinarily before shift end and earlier where needed for regulatory reporting. Routine low-risk events must also be reported before shift end and reviewed promptly. Register all incidents when received and record event time, worker awareness, H&H management awareness and registered provider awareness separately. Use the earliest relevant awareness conservatively for deadline management; do not restart the clock when a manager reads the report.

If the registered provider does not respond, contact its backup and H&H's Director, continue safety action and seek Commission advice urgently where notification may be missed. Escalate a looming deadline before it expires. Staff may contact police or the Commission directly and make a protected disclosure where applicable; they must not be told to remain silent because a manager has not approved reporting.

6 Specific protective responses

For suspected sexual assault, prioritise immediate safety, medical care, culturally appropriate support and police referral. Preserve evidence without delaying care and follow specialist advice; do not undertake forensic examination. Respect the person's choices and privacy while explaining any mandatory notifications.

For suspected abuse, financial coercion or neglect, consider safe private communication and prevent ongoing exposure. Do not automatically notify a family member who may be implicated. For allegations involving workers, management considers safe alternative duties or removal from the affected service pending assessment, with procedural fairness and employment advice. An allegation must not be dismissed solely because the person has dementia.

For unexpected death or serious unexplained harm, call appropriate emergency services, follow police and coroner directions, preserve records and arrange compassionate support. Do not certify death, decide its cause or treat it as a routine administrative closure outside professional authority.

For missing or no-answer situations, apply Policy 7 and the individual plan. Do not force entry or wait an arbitrary period where danger is suspected. Not every absence from home at a scheduled visit meets the SIRS unexplained-absence definition.

7 Fair treatment and protected reporting

Support affected clients, witnesses and workers with accessible information, interpreters, advocacy and appropriate wellbeing support. Do not retaliate against anyone who reports in good faith, coerce withdrawal or promise absolute secrecy. Share only necessary information and explain lawful limits of confidentiality. If the Director is implicated, use an unconflicted senior delegate or independent adviser and external reporting pathways.

SIRS reportability and priority assessment

8 Eight reportable incident types

The Incident Lead and registered provider assess the current legal definitions and connection with funded care, including allegations and suspicions. Category descriptions below are prompts, not the complete statutory tests. Do not assume every family or community incident is within SIRS; safeguard the person and assess the care connection and other reporting duties.

Type	Assessment prompt
Unreasonable use of force	Consider rough handling, pushing, hitting or other unreasonable physical force.
Unlawful sexual contact or inappropriate sexual conduct	Treat any suspected qualifying contact or conduct as urgent, including non-contact conduct within the definition.
Psychological or emotional abuse	Consider threats, humiliation, intimidation and other abusive conduct.
Unexpected death	Assess the connection with care delivered, omitted or a relevant service failure; do not classify every death automatically.
Stealing or financial coercion by a staff member	Assess suspected taking of money/property or coercion by workers. Other financial abuse still requires safeguarding and relevant referrals.
Neglect	Consider failure to provide necessary care or support, including omissions, missed essential visits and systemic failures.
Inappropriate use of restrictive practices	Assess restrictions against applicable legal requirements; family permission alone does not establish lawful practice.
Unexplained absence during delivery of care	Apply the actual care circumstances and statutory definition. A client simply being out at a home visit is not automatically this category.

9 Determine priority and document reasons

Priority 1 includes qualifying unlawful sexual contact or inappropriate sexual conduct and unexpected death. It also includes reportable incidents meeting the current serious impact or police-reporting criteria. Consider unexplained absence urgently, including grounds for police involvement. Apply the current Rules and Commission home-services guidance; do not use the risk matrix score alone to decide SIRS priority.

Assess actual physical and psychological impact, treatment needed, potential consequences where relevant to the legal test, police grounds, ongoing exposure and the client's ability to communicate harm. Some Commission resources describe potential harm and absence criteria differently; where uncertain, seek immediate clarification and manage notification within the shorter Priority 1 timeframe pending confirmation. Do not downgrade because treatment was not sought or harm is not readily visible.

Priority 2 is a reportable incident that does not meet Priority 1 criteria. It still requires prompt protection and action. Record the category, setting, relevant facts, decision-maker, priority, reasons, advice and review triggers. Do not dismiss a concern because it is alleged, already investigated by police, repeated or not supported by a formal complaint. Apply any legal exception only after documented qualified review.

Notifications deadlines and other authorities

10 SIRS notification controls

Requirement	Action and timing
Priority 1 initial notice	Registered provider notifies the Commission within 24 hours of awareness through the current My Aged Care SIRS pathway.
Priority 2 initial notice	Registered provider notifies within 30 calendar days of awareness. Do not wait until the deadline to begin response or information gathering.
Missing Priority 1 information	Track missing required information for submission within 5 days of awareness, subject to the applicable Rules and any Commission direction. This is not 5 business days or an automatic extension of the initial 24 hours.
Significant new information	Provide to the registered provider immediately so the Commission can be updated as soon as reasonably practicable, including changed harm, category, priority or material findings.
Further information or final report	Track the actual requirement and due date in the Commission notice and applicable Rules. A final report is not automatic for every incident; do not invent a standard 60-day deadline.
Submission evidence	Retain notification reference, date/time, submission acknowledgement, information supplied, notifier and outstanding follow-up dates.

Report with available facts and clearly identify unknowns; do not wait for a completed investigation, consent to notify or a confirmed diagnosis. Correct inaccurate information through the official follow-up process and retain an audit trail. No weekend, public holiday, leave or portal-access difficulty automatically extends a deadline. Use backups and seek urgent Commission guidance if access fails; keep evidence of the problem and actions.

11 Police and other reporting

Call 000 immediately for an emergency or ongoing danger. Where reasonable grounds exist to alert police about a reportable incident, arrange police notification within 24 hours of being alerted, and sooner when necessary. This is separate from SIRS and applies to alleged or suspected criminal conduct as appropriate. Record the police reference and receiving officer or service. Police determine criminal matters; internal investigation must not obstruct them.

Assess separate duties involving SafeWork SA, the coroner, professional regulators, public health, privacy breach notification, insurers or another funding scheme. Use the applicable criteria and deadlines, with competent advice where needed. Do not assume one notification covers all bodies or every injury is automatically a WHS-notifiable incident. Preserve a notifiable workplace incident site where legally required, subject to lawful rescue and safety exceptions.

The Incident Lead maintains a live deadline tracker, named notifier and backup. H&H Care and the registered provider must confirm who submits each notice and how compliance is verified. Direct client or worker reports do not automatically substitute for the registered provider's required notification.

Investigation disclosure improvement and closure

12 Proportionate and fair investigation

Once immediate risks and notifications are addressed, appoint an appropriately skilled, unconflicted investigator. Agree the scope, evidence, client involvement, external agency coordination, due dates and review checkpoints. Use independent expertise for serious, disputed or systemic matters. Separate the investigation from decisions on immediate protective controls and reporting.

Secure original records and document evidence sources and handling. Obtain factual accounts separately, avoid leading questions and respect interpreters and support needs. Do not pressure the client to repeat traumatic accounts unnecessarily. Give affected workers procedural fairness without exposing the client to further harm or sharing unnecessary information. Follow police directions about interviews and evidence.

Analyse what happened, contributing factors, staffing, communication, clinical directions, equipment, supervision, environment and system controls. Distinguish established facts, disputed evidence and unresolved questions. Failure to substantiate an allegation does not prove it was false or remove the need for risk controls.

13 Open disclosure and support

Coordinate timely open disclosure with the registered provider and appropriate clinician: explain known facts, acknowledge harm, apologise appropriately, describe immediate care and protective actions and agree further communication. Be honest about unknowns; do not speculate, blame or promise an outcome before findings. Record who participated, information provided, client questions, preferred supporters and next update date.

Communicate directly with the client in an accessible language and format, involve chosen supporters on a lawful basis and offer independent advocacy. Do not automatically disclose to an implicated family member. Support access to medical or psychological care and practical assistance. A client may make a complaint while incident management continues.

14 Corrective action and verified closure

Assign each action an owner, deadline and evidence of completion. Measures may include revised plans, competency checks, staffing or supervision changes, equipment controls, safer scheduling and communication improvements. Verify that the action works; training attendance or an updated policy alone may not show the risk is controlled.

The Incident Lead approves closure only when safety and ongoing care are addressed, required notifications and follow-ups are complete or explicitly tracked, client communication has occurred, findings and actions are recorded, and effectiveness is checked or scheduled with accountable oversight. Record unresolved matters and handover. Do not close solely because a SIRS notice was submitted.

Review new information and reopen where necessary. As internal controls, review open high-risk incidents and impending deadlines each service day and more often as required; management reviews all incident trends monthly and audits a risk-based sample quarterly. Analyse recurring missed care, harm, reporting delays and client feedback. Share lessons without identifying clients unnecessarily.

Initial incident report template

INC F01 | Complete as soon as safe. Immediate verbal escalation is still required. Expand fields; record facts, sources and uncertainties.

Incident reference: _____ Client and identifier: _____
Service location and funding arrangement: _____
Event date/time or estimated period: _____
Worker first awareness date/time: _____
H&H manager awareness date/time: _____
Registered provider awareness date/time: _____
Reporter name role and contact: _____

What happened and immediate risk

Actual / Alleged / Suspected / Near miss: _____
Factual description and source of information: _____
_____
_____
Client's relevant words and wishes: _____
_____
People involved and witnesses: _____
Injury symptoms or other impact observed/reported: _____
_____
Current danger and immediate protection: _____
_____

Response and contacts

Emergency/first aid/clinical care and times: _____
_____
Manager RN and provider contacts with times: _____
_____
Police contact reference and time if applicable: _____
Evidence preserved and location: _____
Ongoing care and safeguarding arrangements: _____
Client support interpreter and advocacy needs: _____
Case note clinical chart or other record reference: _____
Written entry date/time and author authentication: _____
Immediate follow-up owner and due time: _____

Do not delay this report because priority or reportability is uncertain. Refer it to the Incident Lead and registered provider. Do not record an allegation as proven or promise confidentiality that law does not allow.

SIRS assessment and notification tracker

INC F02 | Complete jointly with the registered provider's authorised decision-maker. Retain current guidance and reasons. This form is not the Commission notification.

Incident reference and client: _____
Incident Lead and registered provider assessor: _____
Earliest relevant awareness used for deadlines: _____
Care connection and setting: _____
Possible reportable categories: _____
Criteria assessed facts and reasons: _____
_____
Actual/potential impact and clinical advice: _____
_____
Police grounds action and reference: _____
Reportable / Not reportable / Urgent clarification: _____
Priority and reasons: _____
Decision-maker date/time and source/advice: _____

Notification or update	Due date/time	Submitted reference and owner
Priority 1 or Priority 2 initial notice	_____	_____ _____
Missing Priority 1 information	_____	_____ _____
Significant new information	_____	_____ _____
Commission requested information	_____	_____ _____
Final report if required	_____	_____ _____
Police or other authority	_____	_____ _____

Named portal notifier and backup: _____
Submission acknowledgement verified by/date: _____
Outstanding information and action owner: _____
If delayed or uncertain escalation and interim action: _____
Next deadline check and responsible person: _____

Client communication and review

Open disclosure lead and date: _____
Client support and communication preferences: _____
Next update due: _____
Reclassification or new information and notification: _____
_____

A documented non-reportable decision still requires incident response and review. If uncertain, seek urgent clarification and protect the shorter reporting timeframe; do not await the next routine meeting.

Investigation action record and implementation

Investigation and corrective action record

INC F03 | Incident reference: _____ Investigator: _____
Scope conflict check and review dates: _____
Client involvement and support: _____
Evidence reviewed and agency coordination: _____
Findings established disputed or unresolved: _____
_____
Contributing factors and preventability: _____
_____

Action and intended outcome	Owner and due date	Completion and effectiveness evidence
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____

Client feedback and final communication: _____
Notifications complete or outstanding tracker reference: _____
Residual risk ongoing owner and review: _____
Closure authorised by/date: _____ Effectiveness recheck: _____

15 Implementation and records

Before approval, agree The Fig Trees' reporting responsibilities, live contacts, backups, portal access and acknowledgement process; name an unconflicted escalation route; approve the register and templates; and train workers with home-care scenarios. Retain incident, evidence and notification records securely with limited access, preserving audit history and applicable legal holds. Apply Policy 8 retention controls; do not destroy records because a contract ends or an allegation is unsubstantiated.

16 References and review

Aged Care Act 2024 and Aged Care Rules 2025, including sections 165A-25, 165A-30, 165A-40 and 165A-45; relevant South Australian police, coronial and WHS duties; Privacy Act 1988; H&H Policies 1 to 8; safeguarding, clinical, complaints and open disclosure procedures; The Fig Trees agreement and current variations.

- Commission — About reportable incidents and Provider Handbook section 3G. https://www.agedcarequality.gov.au/providers/serious-incident-response-scheme/reportable-incidents/about-reportable-incidents
- Commission — SIRS provider resources, current home-services guidance and notification forms. https://www.agedcarequality.gov.au/providers/serious-incident-response-scheme/sirs-provider-resources
- Commission — Priority 1 additional information form, updated 5 November 2025. https://www.agedcarequality.gov.au/resource-library/sirs-notice-additional-information-form-priority-1

Guidance checked 24 October 2026. Confirm current Rules and Commission directions for each notification. Review annually and after legal changes, serious events or reporting failures.

Director approval: _____ Effective date: _____
Version 1.0 — Draft prepared 24 October 2026; approval and implementation pending.