

COMPETENCIES

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Communication

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Critical Thinking & Decision Making

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Accountability

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Teamwork & Collaboration

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Leadership

SCOPE

This guideline applies to the provision of paid support services in the community. They are relevant Australia-wide or when a participant is travelling overseas with their Australian team of support worker/s.

DISCLAIMER

This guideline is provided to help guide best practice in the disability, aged care and community support industry. This information does not in any way replace legislative, regulatory, or contractual requirements. Users of this document should seek appropriate expert advice in relation to their circumstances. ACIA does not accept any liability on the use of this guideline.

PURPOSE

This guideline is to assist:

- Service providers (organisations and individuals), participants, stakeholders and funders in the process of dealing with adverse events that occur while providing community supports or services

DESIRED OUTCOME

- To maintain a quality and safe standard of care
- To assist in the appropriate planning of services to bariatric people in the community

BACKGROUND

- In the course of delivering a support or service, a service provider, support worker or a participant may be involved in or be made aware of an adverse event.
- Adverse events should be recorded and responded to with due diligence to maintain the ongoing safety of participants and support workers. The response should also consider if any further actions should be taken to prevent further similar events from occurring.
- All service providers are to have a documented process for handling adverse events and that they provide training on adhering to this process to all employees including support workers. Training should have a focus on the employee's role and responsibilities in response to an adverse event.

DEFINITIONS & SUPPORTING INFORMATION

Support Worker - A paid person who assists people to perform tasks of daily living so as to participate in social, family and community activities in the person's home and their community. Support Workers have been commonly known in the past as attendant care worker, disability worker, aged care worker, community worker, homecare worker, care worker or paid carer.

Service Provider - Organisation or person accountable for the delivery of supports to Clients.

Carer - a person that provides supports to the Client at no cost (generally family or friend).

Support Worker Competency - trained and assessed as competent by a Registered Nurse or a person deemed competent by the provider to safely and appropriately perform a specified task as a support worker.

Client means the service user, participant, user, care recipient, consumer or person receiving the nursing or support services.

Plan means a Service Plan, Support Plan or Individual Plan (however titled – the plan) is a document developed in response to a request for service. It is developed by a Registered Nurse or a person deemed competent by the provider from the service provider, prior to the commencement of service delivery. It outlines the expected outcomes of the requested care/services and the tasks, duties and interventions required to meet the care and service needs of the client (within the parameters of the funding program). The plan guides and directs the individual support worker or Registered Nurse in their day-to-day delivery of the services.

Adverse Event is an unplanned incidence which resulted in harm to a participant, support worker or other member of the community.

GUIDELINE

Any adverse event that occurs during the time when a participant is in the care of a service provider or a support worker should be recorded and responded to.

Service providers should have a clear policy and procedure for recording and responding to adverse events. The policy should require all support workers to report adverse events to their supervisor or management team immediately.

The Provider policy must highlight:

- the role of each employee in reporting the occurrence of an adverse event to their supervisor or manager including the expected timeframes that the report should occur in;
- the requirements and process for recording adverse events;
- how follow up investigations should be handled;
- consideration for when a participant's family or next of kin should be contacted.

Service Providers should also refer to the requirements of the funding body under which a participant is funded and ensure all guidelines set out within the funding agreement for the participant are followed. Service Providers should also follow any requirements for Serious Incident Reporting set out by the funding agency.

Any adverse event that results in an immediate threat to a participant, support worker or other member of the community should be reported to the appropriate emergency service.

Mandatory Reporting typically includes (Andrews et al., 2002; Bird, 2011; "Compulsory reporting of suspected abuse of residential aged care residents," 2007; Crawford, 2016; Ho et al., 2017; Kuruppu et al., 2018; MacCormick, 2018; Sarkar et al., 2020):

- Unexpected deaths
- Serious Injuries
 - Fracture
 - Burn
 - Extensive Bruising
 - Head or Brain Injuries
 - Any injury requiring hospitalization
 - Unreasonable force
- Restrictive Practices
- Unlawful sexual contact or inappropriate sexual conduct
- Abuse or Neglect
 - Physical abuse
 - Emotional abuse
 - Neglect
 - Financial abuse including stealing or financial coercion
 - Sexual abuse
 - Systemic abuse

RESOURCE DOCUMENTS

- External ACIA Guidelines 002 – Care and Service Provision in the Community
- *NDIS (2019) Reportable Incidents Detailed Guidance for Registered NDIS Providers*
- *ACQSC (2021) Serious Incident Response Scheme: Guidelines for Residential Aged Care Providers*
- Andrews, G., Gould, B., & Corry, J. (2002). Child sexual abuse revisited. *Med J Aust*, 176(10), 458-459. <http://www.ncbi.nlm.nih.gov/pubmed/12065007>
- Bird, S. (2011). Child abuse - mandatory reporting requirements. *Aust Fam Physician*, 40(11), 921-926. <https://www.ncbi.nlm.nih.gov/pubmed/22059225>
- Compulsory reporting of suspected abuse of residential aged care residents. (2007). *Qld Nurse*, 26(4), 11. <http://www.ncbi.nlm.nih.gov/pubmed/17879601>
- Crawford, D. (2016). Mandatory reporting of abuse. *Nurs Stand*, 31(3), 30. <https://doi.org/10.7748/ns.31.3.30.s30>
- Ho, G. W., Gross, D. A., & Bettencourt, A. (2017). Universal Mandatory Reporting Policies and the Odds of Identifying Child Physical Abuse. *Am J Public Health*, 107(5), 709-716. <https://doi.org/10.2105/AJPH.2017.303667>
- Kuruppu, J., Forsdike, K., & Hegarty, K. (2018). 'It's a necessary evil': Experiences and perceptions of mandatory reporting of child abuse in Victorian general practice. *Aust J Gen Pract*, 47(10), 729-733. <https://doi.org/10.31128/AJGP-04-18-4563>
- MacCormick, N. A. (2018). To Mandate or Not to Mandate: A Review of Mandatory Reporting of Suspected Child Abuse and Neglect. *J Law Med*, 26(2), 334-340. <https://www.ncbi.nlm.nih.gov/pubmed/30574722>
- Sarkar, R., Ozanne-Smith, J., & Basset, R. (2020). Mandatory reporting of child physical abuse and dental neglect by Australian dentists. *Forensic Sci Med Pathol*, 16(1), 134-142. <https://doi.org/10.1007/s12024-019-00180-9>