Approved Provider Compulsory Reporting of Assault on Older People Policy

1. Background

The *Commonwealth Aged Care Act 1997* (referred to throughout this policy as the Act) offers some protection to older Australians who receive Commonwealth funded or subsidised aged care services. One example is that Approved Providers have specific responsibilities in relation to "reportable assaults" on older people to whom they provide Commonwealth funded or subsidised aged care services; that is residential care services.

WA Country Health Service (WACHS) is an Approved Provider in relation to some aged care services and as such, in respect of these services, must comply with these responsibilities which relate to the quality of care they provide, user rights for care recipients, and accountability for care that is provided and the basic suitability of key personnel (Chapter 4, the Act).

This policy specifically considers responsibilities under Part 4.3, Section 63-1AA i.e., Approved Providers are responsible for compulsory reporting requirements where older people are allegedly assaulted by a staff member, another care recipient (unless covered by exemption in Section 10) or any other person (this includes a family member, visitor, friend for example).

2. Definition of Reportable Assault

2.1 Section 63-1AA of the Act defines 'reportable assault' to mean:

*"**reportable assault** means unlawful sexual contact, unreasonable use of force, or assault specified in the Accountability Principles and constituting an offence against a law of the Commonwealth or a State or Territory, that is inflicted on a person when:*

(a) the person is receiving residential care in respect of which the provider is approved and

(b) either:

*(i) *subsidy is payable for provision of the care to the person; or*

(ii) *the person is approved under Part 2.3 as the recipient of that type of residential care."*

See Section 11 Definitions for further defined terms.

3. Scope

This policy applies to all WACHS staff (referred to hereafter as Staff) who provide care at the Approved Provider facilities, including any individual who is employed, hired, retained or contracted through WACHS (whether directly or through an employment or recruiting agency) to provide care or other services.

This policy is limited to reportable assaults in WACHS settings as defined in the Act. That is Residential Aged Care and Multi-Purpose Site residential aged care services.

4. Out of Scope

Care recipients receiving services through the Commonwealth Home Support Program (CHSP), Home Care Packages (HCP), Transition Care Packages (TCP) and Short-Term Restorative Care (STRC) are not covered under this policy.

Refer to WACHS Identifying, Preventing and Responding to Abuse of Older People Policy. This policy also covers alleged incidents of neglect, emotional, psychological and financial abuse.

Where assault occurs in a non-Approved Provider setting, it may constitute an offence under the *Criminal Code Act Compilation Act* 1913 (WA). Any circumstances where a staff member is alleged to have committed an assault or abusive act must be investigated. Refer to WA health system Code of Conduct MP124/19 (the Code).

5. Policy Statement

All Staff are obliged under the Act to report any suspected, witnessed or disclosed alleged assault on an older person in their care if perpetrated by any person, unless an exception applies (see section 10). The person to whom the report is made has a legal obligation to follow the correct procedure as set out by this policy.

The Approved Provider is responsible for taking measures to require each of its staff members who provide services to report (s.63-1AA(5))

Section 6 below sets out reporting that is required under the Act as well as reporting that may be required under other laws and policies.

6. Legislation

Aged Care Act 1997- S63-1AA (Cwth)	If the Approved Provider receives an allegation of, or starts to suspect on reasonable grounds, a reportable assault, unless an exemption applies, the Approved Provider is responsible for reporting the allegation or suspicion as soon as reasonably practicable, and in any case within 24 hours, to: a) a police officer with responsibility relating to an area including the place where the assault is alleged or suspected to have occurred; and b) the Secretary, Department of Health (Cth) (the Department).

Aged Care Quality and Safety Commission Act 2018 (Cwth)	The ACQSC Act defines "approved provider" at section 7 to mean: ***approved provider***: a person or body is an ***approved provider*** if: (a) the person or body: (i) has been approved as a provider of aged care under section 63D; or (ii) is taken, under paragraph 63F(2)(a), to be an approved provider; and (b) the approval of the person or body is in effect. Note: The approval of the person or body ceases to have effect if it is suspended or revoked under Division 4 of Part 7A or Part 7B.
Mental Health Act 2014 (WA)	Staff are obliged, under s.254(2) to report any reasonable suspicions of "reportable incidents" (unreasonable use of force by Staff or unlawful sexual contact) involving persons for whom the Chief Psychiatrist is responsible under section 515(1) of the *Mental Health Act 2014* (WA)
Health Practitioner Regulation National Law Act 2010 (WA)	It is mandatory for health practitioners and employers and health education providers to notify the National Agency as soon as is practicable if the registered practitioner has: a) practised the practitioner's profession while intoxicated by alcohol or drugs b) engaged in sexual misconduct in connection with the practice of the practitioner's profession c) placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment d) placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards.
	Anyone can make a voluntary notification (raise a concern) but under the National Law only registered health practitioners' employers and health education providers are required to report 'notifiable conduct' by making a mandatory notification.
Health Services Act 2016 (WA)	Division 3 Part 10 Criminal and misconduct matters concerning employees Responsibility of the Health Service – "A staff members responsible authority (i.e. WACHS) must report any conduct of the staff member that the responsible authority suspects on reasonable grounds constitutes or may constitute professional misconduct or unsatisfactory professional performance under the *Health Practitioner Regulation National Law* (WA)

MP0124/19 WA Health Code of Conduct (the Code) MP0040/16 WA Health Discipline Policy MP0083/18 Disputes about the professional conduct of Contracted Medical Practitioner engaged under a Medical Services Agreement Policy	Staff must immediately report any incident of clinical care which raises concerns to a more senior member of staff. All suspected breaches of the Code must be reported to Human Resources (HR) at the earliest possible opportunity. In consultation with Industrial Relations, HR will assess whether the suspected breach is reportable to the Corruption and Crime Commission (**CCC**), the Public Sector Commission (**PSC**) and/or the Western Australian Police. Reports must contain a description of the suspected breach, full details of the Staff involved and any relevant information. A Staff member can report any suspected breach of the Code directly to the CCC or the PSC. This Policy establishes the process by which each Health Service Provider will exercise its rights and obligations to enforce the terms of a Medical Services Agreement relating to the professional conduct of a Contracted Medical Practitioner (CMP). The Policy will ensure CMPs are afforded procedural fairness where disputes arise.

- Accountability Principles 2014 Part 7 - Circumstances in which requirements to report allegation or suspicion of reportable assaults does not apply.
- Records Principles 2014
- *Health Practitioner Regulation National Law Act 2010* (WA)
- Charter of Aged Care Rights July 2019
- *Criminal Code Compilation Act 2013* (WA)
- *Freedom of Information Act* 1992 (WA)
- State Records Act 2000 (WA)

7. Procedure for Compulsory Reporting of Allegations of Assault

The Act provides that:

- reasonable measures are taken to ensure all staff report any suspicions or allegations of reportable assaults unless exemptions apply (see section 10 of the policy)
- reports of allegations or suspicions must be made both to the WA police and to Aged Care Quality and Safety Commission, as soon as reasonably practicable, and in any case within 24 hours

- if a staff member makes a disclosure that qualifies for protection under the Act, WACHS, as an approved provider, must protect the staff member from victimisation as far as reasonably practicable
- where a person reports a suspected reportable assault to the approved provider, the provider is responsible for limiting the disclosure of that person's identity (s63-1aa (7))
- under the Act (s63-1aa), if WACHS, as an approved provider, fails to meet compulsory reporting requirements, the department may take compliance action
- compliance with compulsory reporting requirements is monitored by the Australian Aged Care Safety and Quality Commission (the Commission) in accordance with the *Aged Care Quality and Safety Commission Act 2018* and Rules..

7.1 Roles and Responsibilities

7.1.1 Regional Directors

Regional Directors are responsible for ensuring policy implementation across their region and have a responsibility to monitor and have oversight of any reports and subsequent investigations of alleged assault on an older person within WACHS according to the legislative requirements.

In the event of a suspected or alleged assault on an older person receiving aged care services, a 'Flash Brief' must be sent by the Regional Director to the Chief Executive; Chief Operations Officer, the Executive Director Health Programs and the Director of Aged Care as soon as the Regional Director is made aware of the alleged assault.

The Regional Director is responsible for ensuring that all required mechanisms have been completed; this includes providing a full report to the CE once the investigation has been completed.

7.1.2 Human Resource and Integrity Unit

HR and IU are responsible for:

- Liaising with the WA Police if the alleged perpetrator is a WACHS employee.
- Initiating disciplinary action if required (refer to Section 8)

7.1.3 Aged Care Managers

Aged Care Managers are responsible for supporting the aged care facility manager/staff and giving accurate advice regarding the process if required.

7.1.4 Operations Managers

Ops Managers are responsible for:

- Following up with the Line Manager to ensure compliance with compulsory reporting.
- Reporting outcome of investigation to the Regional Director.

7.1.5 Line Managers

All managers have a responsibility to monitor compliance with this policy and ensure that Staff and volunteers are aware of their obligations for reporting assault under the Act. The Manager is also responsible for:

- Reporting to the WA Police within 24 hours. (If the alleged perpetrator is a staff member, this must be reported to the Integrity Unit who will involve the WA Police.)
- Reporting the alleged assault to the Aged Care Quality and Safety Commission within 24 hours by completing a reportable assault form online and email to: mailto:compulsoryreports@agedcarequality.gov.au or phone 1800 081 549. It is the Department's preference that an electronic form be submitted.
- Informing the Regional Director of the alleged incident and whether the assault has been reported to the WA Police and the Department.
- Seeking immediate advice and support from the WACHS Integrity Unit to ensure potential criminal or disciplinary investigations are not compromised. Continued liaison with the WACHS Integrity Unit is necessary to help staff understand and minimise the risks of witness collusion or contamination of evidence.
- Reporting any suspected breaches of the WA Health Code of Conduct to the WACHS Human Resources Unit and the WACHS Integrity Unit. (If the alleged assault is committed by a staff member, the staff member will need be suspended on full pay immediately.)
- Reporting any suspected alleged unprofessional conduct by a Contracted Medical Practitioner (CMP) to the Principal Medical Administrator (see definitions).
- Involving and supporting family and carers in providing advocacy or complaint information to the older person, family or carers.
- Arranging debrief for Staff/volunteers if required.
- Protecting Staff/volunteers who report the alleged assault from victimisation as far as reasonably practicable and limiting the disclosure of that person's identity.
- Notifying AHPRA Mandatory Reporting if required (*Health Practitioner National Law 2010)* (WA).
- Providing a full briefing, to the Regional Director and Aged Care Manager, of the investigation and the outcomes.

For Allegations of Sexual Assault - Mental Health - refer to: Responding to an Allegation of Sexual Assault Disclosed within a Public Mental Health Service Policy.

7.1.6 Senior Clinicians

When dealing with allegations of assault (as covered by this policy), all senior clinicians are to:

- Assess the risk and ensure that there is a management plan in place for the safety and care of the alleged victim ensuring no exposure or contact with the alleged perpetrator.
- Provide immediate safety and care for the alleged perpetrator if a mental health patient or aged care resident with impaired capacity.
- In the case of sexual assault, do not shower the care recipient or remove any items from the area- caution must be taken with regards to potentially interfering with a crime scene.
- Seek medical care for the alleged victim if required.
- Check the medical records to see if the older person has documented capacity (or is competent) to understand the circumstances and make informed decisions. If unsure, cognitive capacity will require determination by a medical practitioner.
- Report to the Line manager and inform the care recipient's treating clinician if appropriate.
- Collect any evidence and ensure accurate written record of circumstances in the person's health record including a timeline of events as they have occurred.
- Complete Form MR42C with staff member who is reporting the alleged incident and give to Line Manager.
- Support and protect the Staff member/volunteer who identifies and reports the abuse from victimisation where reasonably practicable, including providing them with access to debriefing and/or Employee Assistance Program (EAP) (in consultation with the Integrity Unit).

Note: Reporting for Approved Providers is consistent with s63-1AA, subsection 2, the Act.

7.1.7 All Staff

All Staff have an obligation to report any alleged or suspected incidents of assault on a care recipient. When it is first suspected that an assault has taken place, they are to:

- ensure the safety of the older person and reassure them.
- report immediately to their senior clinician and, complete form MR42C together.
- record any observations and discussions in the older person's health record.
- maintain confidentiality of the investigation and do not discuss with their colleagues.
- be aware that in most circumstances the law provides protection, where reasonably practicable, for staff who report in good faith any suspicions or allegations of assault.

Internal reporting process should always be followed, however if Staff feel they are unable to report their concerns to their line manager they can report anonymously to the Department of Health (Cth) on 1800 550 552.

8. Procedure for Management of the Alleged Perpetrator

When the alleged perpetrator is a WACHS staff member, they may have committed a criminal act or a breach of the Code. The appropriate procedure and escalation process for investigation of assault should be immediately activated. Refer to WACHS Discipline Guide

Note: Compulsory reporting requirements under the Act above do not affect any obligation under state law to report an assault or an allegation or suspicion of assault.

If the incident relates to the alleged misconduct of an employee, a Decision Maker will undertake a preliminary assessment of the information available and will make a determination as to whether there are reasonable grounds to suspect a breach of discipline. If the incident relates to the alleged conduct of a Contracted Medical Practitioner (CMP), a Decision Maker will undertake a preliminary assessment of the information available and will make a determination as to whether there are reasonable grounds to suspect unprofessional conduct.

The above actions are reflective of compliance with the Act in relation to compulsory reporting of assault. WACHS investigation of alleged misconduct and subsequent actions (if any) are independent of any police action that may occur as a result of the report.

The range of consequences which may occur for breaches of the Code will depend on the nature and seriousness of the breach. Amongst other things a breach of the Code may result in:

- Improvement Action or Disciplinary Action in accordance with the *Discipline Policy*.
- Application of Breach of Discipline under Part 11, Division 3 of the *Health Services Act*; *2006* (WA).

Note: When the alleged perpetrator is another care recipient, please refer to section 10 of this policy. When the alleged perpetrator is any other person, (i.e. visitor, family member, carer or any other person), follow the compulsory reporting requirements in accordance with the Act.

9. Protecting Individuals who Report an Assault

Under section 63-1AA(7), an Approved Provider is responsible for taking reasonable measures to ensure that the identifying details of the person who made the report are not disclosed, except to one or more of the following:

(a) a police officer with responsibility relating to an area including the place where the assault is suspected to have occurred.

(b) the Aged Care Quality and Safety Commission.

(c) a person, authority or court to which the Approved Provider is required by a law of the Commonwealth or a State to disclose the fact.

(d) one of the Approved Provider's key personnel (this includes the integrity Unit and Human Resources).

Note: A Staff member may report an assault anonymously or confidentially to the Aged Care Quality and Safety Commission. However, protections outlined in the Act would not apply in these circumstances (s96-8 of the Act).

10. Discretion not to Report Suspected or Alleged Assaults.

The obligation to report does not apply to an Approved Provider in relation to an allegation or suspicion of a reportable assault if:

(a) within 24 hours after the receipt of the allegation, or the start of the suspicion, the Approved Provider forms an opinion that the assault was committed by a care recipient to whom the Approved Provider provides residential care; and

(b) before the receipt of the allegation or the start of the suspicion, the care recipient had been assessed by an appropriate health professional as suffering from a cognitive or mental impairment; and

(c) within 24 hours after the receipt of the allegation or the start of the suspicion, the Approved Provider puts in place arrangements for management of the care recipient's behaviour; and

(d) the Approved Provider has:
  (i) a copy of the assessment or other documents showing the care recipient's cognitive or mental impairment; and
  (ii) a record of arrangements put in place under paragraph(c); or

(e) the factual situation relating to the alleged assault is the same, or substantially the same as the factual situation which has already been reported (s.53).

(Legislative Reference – Part 7 Accountability Principles 2014 (Cth))

Note: These circumstances do not prevent an Approved Provider from reporting an assault to the WA Police nor to the Aged Care Quality and Safety Commission should they feel it is still appropriate and upon consent by the alleged victim or care recipient's representative.

11. Definitions

Accountability Principles 2014	Made under section 96-1 of the *Aged Care Act 1997* (Cwth)
Allegation	An unproved accusation or claim about a person's conduct.
Aged Care Safety and Quality Commission (ACSQC)	The Commission is a Cth Commission established under the *Aged Care Quality and Safety Commission Act* 2018; the Commission's functions are: • Receiving complaints from any source about concerns relating to an aged care (residential, home or flexible care) service provider's responsibilities under the Act of a provider's agreement with the Australian Government. The Commissioner has the power to direct a service provider to demonstrate that it is meeting its responsibilities under the Act or the agreement. The Commissioner can also refer matters to the Department, the ACSQC and other relevant agencies.
AHPRA	The Australian Health Practitioner Regulation Agency is the organisation responsible for the implementation of the National Registration and Accreditation Scheme
Approved Provider	An Approved Provider of aged care is an organisation that has been approved to provide residential care, home and/or flexible care under the Act.
Capacity **Impaired Capacity**	All adults are assumed to have capacity unless there is evidence to the contrary. A person has capacity when they are able to understand information or advice about the decision that is required, they understand the matters involved in the decision, they understand the effects of the decision, they are able to they weigh up the various factors for the purpose of making the decision and they can communicate the decision in some way. Capacity may be impaired as a result of disability, medication, emotional trauma and/or mental illness.
Cognitive impairment	Refers to diminishing ability in judgement, memory, learning, comprehension, reasoning and/or problem solving and can result from a number of conditions, including dementia, delirium and/or depression. This can also include substance abuse/misuse, including medication mismanagement/electrolyte imbalance. Cognitive Impairment can be temporary, fluctuating or permanent.

Contracted Medical Practitioners (CMPs)	A medical practitioner engaged by a Health Service Provider under a Medical Services Agreement to provide medical and other services in a Health Care Facility.
Decision Maker	The person occupying the nominated position authorised under the relevant Employing Authority's Authorisations Schedule, to commence the Disciplinary Management Process and take Disciplinary Action. The Decision Maker also undertakes a role in the Disputes Policy MP0083/18 with regard to unprofessional conduct by CMPs.
Health Professional	A person who is a health practitioner registered under the *Health Practitioner Regulation National Law 2010* (WA)
Key Personnel	For the purposes of this Act, each of the following is one of the key personnel of an entity at a particular time: (a) a member of the group of persons who is responsible for the executive decisions of the entity at that time (b) any other person who has authority or responsibility for (or significant influence over) planning, directing or controlling the activities of the entity at that time (c) if, at that time, the entity conducts an aged care service: (i) any person who is responsible for the nursing services provided by the service (ii) any person who is responsible for the day-to-day operations of the service; whether or not the person is employed by the entity. (d) if, at that time, the entity proposes to conduct an aged care service: (i) any person who is likely to be responsible for the nursing services to be provided by the service (ii) any person who is likely to be responsible for the day-to-day operations of the service; whether or not the person is employed by the entity.
Mental Impairment	This includes intellectual disability, mental illness, brain damage and severe personality disorder.

Misconduct	And act of misconduct means acts or behaviours that are unacceptable to the Employing Authority (WACHS), and may include but are not limited to: • Physical violence, unwanted or inappropriate physical contact • Dishonesty, theft or fraud • Bullying • Negligence or carelessness in the performance of work duties or functions • Contravening any legislative requirement, Public Sector Standard in HR Management, Code of Ethics, and WA Health Code of Conduct. • Discrimination or harassment
Perpetrator	The person suspected of alleged assault.
Principal Medical Administrator	The medical practitioner with delegated responsibility for a clinical governance and oversight of credentialing matters for a Health Care Facility – Regional Medical Director
Reportable Assault	The Act (s63-1AA): Unlawful sexual contact, unreasonable use of force, or assault specified in the Accountability Principles and constituting an offence against a law of the Commonwealth or a State or Territory, that is inflicted on a person when: (a) the person is receiving residential care in respect of which the provider is approved and (b) either: (i) subsidy is payable for provision of the care to the person or (ii) the person is approved under Part 2.3 as the recipient of that type of residential care.
Staff	An individual who is employed, hired, retained or contracted by the Approved Provider (whether directly or through an employment or recruiting agency) to provide care or other services. The Act, s63-1AA.
Suspicion	No active allegation, of where an actual assault may not have been witnessed, and where staff or a volunteer observes signs that an assault may have occurred.

Unprofessional Conduct as defined in MP0083/18	Means professional conduct that is of a lesser standard than that which might reasonably be expected of the Contractor (CMP) by the public or the Contractor's professional peers, and includes: a) a contravention by the Contractor of the National Law, whether or not the Contractor has been prosecuted for, or convicted of, an offence in relation to the contravention b) a contravention by the Contractor of: i) a condition to which the Contractor's registration was subject or ii) an undertaking given by the Contractor to the Medical Board; c) the conviction of the Contractor for an offence under another Act, the nature of which may affect the Contractor's suitability to continue to practise the profession; d) providing a person with health services of a kind that are excessive, unnecessary or otherwise not reasonably required for the person's wellbeing; e) influencing or attempting to influence, the conduct of another registered health practitioner in a way that may compromise patient care; and f) conduct or behaviours toward the public or a Contractor's peers that are inconsistent with the WA Health Code of Conduct and professional codes, guidelines and policies set by the Medical Board.
WACHS Integrity Unit	The WACHS Integrity Unit is available to provide staff with advice in relation to alleged breach of discipline issues and the gathering of evidence and can assist with the WA Police if required. The Unit's core function is to conduct preliminary assessments and disciplinary investigations at the direction of the delegated Decision Maker and in accordance with the Discipline Policy MP0040/16.

12. Record Keeping

The Records Principles 2014 have been developed under s96-1 of the Act. Section 8 of the Records Principles requires Approved Providers to keep consolidated records of all incidents involving allegations or suspicions of reportable assaults, in accordance with the Act. Section 8(2) states that the record for each incident must include:

- The date when the Approved Provider received the allegation, or started to suspect on reasonable grounds, that a reportable assault had occurred; and
- A brief description of the allegation or the circumstances that gave rise to the suspicion; and
- Information about:

(i) Whether a report of the allegation or suspicion was made to a police officer and the Secretary in accordance with subsection 63-1AA (2) of the Act; or
(ii) Whether the allegation or suspicion was not reported to a police officer or the Aged Care Quality and Safety Commission because of subsection 63-1AA (3) of the Act.

Section 88-1 of the Act refers to requirements to retain records. Staff should be aware that upon request, records may be reviewed by the the Commission.

WACHS must also ensure its record keeping practices comply with obligations under the *Health Services Act 2016* (WA), the *State Records Act* 2000 (WA) and WACHS Documentation Clinical Practice Standard.

Staff should keep in mind that access to records may be sought under the *Freedom of Information Act* 1992 (WA)

Non-Clinical:

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System.

Records Management Policy

Clinical:

Health Record Management Policy

13. Privacy and Confidentiality

Approved Providers are obliged to comply with provisions of the Act, which prohibit improper disclosure of protected information, which includes personal information (s.62-1). This is consistent with WACHS' obligations of confidentiality arising under other legislation including the *Health Services Act 2016* (WA). The *Privacy Act 1988* may also apply.

Disclosure of personal information collected through regulatory activities may be used by:

- the department officers for the purpose of performing regulatory functions
- another organisation in accordance with part 6.2 of the act or where otherwise permitted or required by law.

Referrals to another organisation are made where a concern raises issues that require, or may require, action by another organisation. The types of entities the Department may share information with include the police and those that monitor health and aged care professional standards, such as the AHPRA, the Commission, and State Coroners and Health Commissions.

The Commission will:

- only use personal information for a secondary purpose where it is able to do so under the *Privacy Act 1988* (Cwth). Procedures are in place to protect information against misuse and unlawful disclosure

- ensure that any request for confidentiality is complied with unless doing so will, or is likely to; place the safety, health or wellbeing of any person at risk. All reasonable steps will be taken to notify relevant individuals before deciding to not comply with a request for confidentiality
- take all reasonable steps to notify relevant individuals if they are required to or intend to disclose information to an overseas recipient.

The WA health system Information Management Policy Framework specifies the information management requirements that all Health Service Providers (HSPs) must comply with in order to ensure effective and consistent management of health, personal and business information across the WA health system.

14. Compliance

14.1 Education and Training

WACHS has a responsibility to ensure its Staff and volunteers are provided with education on how to recognise an incidence of alleged assault that may require reporting. This includes awareness of:

- The option to report to the Aged Care Quality and Safety Commission if they are concerned regarding anonymity where, for example, the manager or senior clinician may be the subject of the allegation; and
- The protections in place and the circumstances in which they would qualify for protection where this is practicable.

All mental health clinical staff must have completed the OCP / Mental Health Commission eLearning package and related education for the *Mental Health Act 2014* (WA).

14.2 Legislation and Policy

Under the Code all Staff must comply with all applicable state government policies, standards and Australian laws. Failure to comply with WA policies and associated policy documents may constitute misconduct under either the Discipline Policy MP0127/20 or Disputes about the professional conduct of Contracted Medical Practitioner engaged under a Medical Services Agreement Policy (MP0083/18.

Investigation and compliance action may be taken by the Department if WACHS fails to follow responsibilities as set out by the Act.

15. Evaluation and Monitoring

Each WACHS region is expected to monitor compliance with this policy through the collection of data on the completion of modules AOP1 and AOP2 EL2 via WACHS Capabiliti Learning Management System.

The Commission monitors compliance through its accreditation processes and WACHS Mental Health Directorate through its usual reporting processes ensures

staff/volunteers complete their compulsory training. WACHS Aged Care Directorate will maintain records of all incidents of alleged and substantiated reportable assaults.

WACHS Regional Patient Safety and Quality to undertake individual case reviews as an opportunity for lessons learned and quality improvement initiatives..

16. Standards

National Safety and Quality Healthcare Standards

- Clinical Governance Standard: 1.11, 1.12, 1.15 and 1.16
- Partnering with Consumers Standard: 2.3, 2.4 and 2.5

National Standards for Mental Health Services

- Standard 1 - Rights and Responsibilities: 1.1 and 1.5
- Standard 4 – Diversity Responsiveness: 4.5

Aged Care Quality Standards

- Standard 1: Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
- Standard 7: The organisation has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services.
- Standard 8: The organisation's governing body is accountable for the delivery of safe and quality care and services.

National Standards for Disability Services

- Standard 1 – Rights: The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence.

17. Learning & Development Clinical Resources

WACHS Learning Management System:

- Recognising, Responding and Reporting of Abuse of the Older Person (AOP1 EL2 and AOP2 EL2)
- Responding to Disclosures of Sexual Assault (CSA4 EL2)

Australian Government Department of Health. Guide for aged care staff-compulsory reporting

Mental Health Commission. Clinicians E Learning Package

The Office of the Chief Psychiatrist Clinicians Practice Guide.to *Mental Health Act* 2014

18. Related Policy Documents

WACHS

Documentation Clinical Practice Standard

Identifying, Preventing and Responding to Abuse of Older People Policy

MR42C WACHS Abuse of the Older Person Report Form

Occupational Safety and Health Policy

Open Disclosure Procedure

19. Related WA Health System Policies

OP0611/15 Clinical Incident Management Policy
MP0124/19 Code of Conduct
MP0127/20 Discipline Policy
MP0083/18 Disputes about the professional conduct of Contracted Medical Practitioner engaged under a Medical Services Agreement Policy
MP0125/19 Notifiable and Reportable Conduct Policy
OD0657/16 Consent to Treatment Policy
MP0130/20 Complaint Management Policy
MP0010/16 Patient Confidentiality Policy
MP0121/19 Responding to the Abuse of Older People (Elder Abuse) Policy

20. Other Related Resources

Chief Psychiatrist WA Policy for Reporting of Notifiable Incidents to the Chief Psychiatrist 2018
WACHS Authorisations Schedule
WACHS Manager Action Plan
WACHS Meeting Record Form

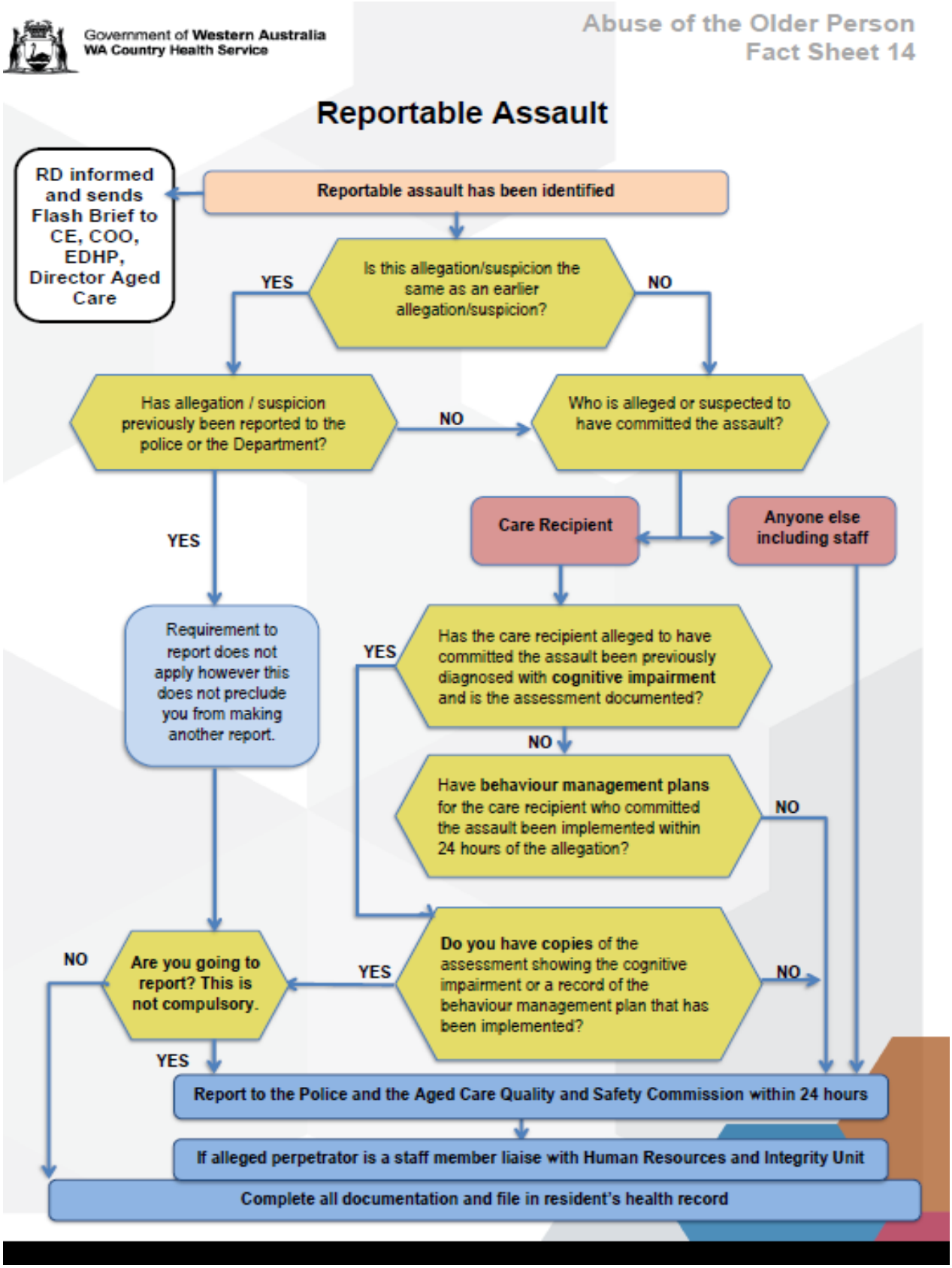
21. Policy Framework

Clinical Governance, Safety and Quality
Employment
Mental Health
Information Management

22. Appendices

Appendix 1: Reportable Assault Flowchart
Appendix 2: Signs and Indicators of Assault

Appendix 1: Reportable Assault Flowchart



Appendix 2: Signs and Indicators of Assault

Physical assault – signs may include:

- unexplained bruises
- cringing or acting fearful around certain staff members
- noticeable decline in physical wellbeing
- conflicting stories between residents/clients and staff members around the cause of injuries
- unexplained accidents
- increased agitation or significant change in behaviour patterns.

Sexual assault: is the general term used for a broad range of unwanted sexual behaviour, whether through physical force, emotional intimidation or any type of coercion and can include practices such as inappropriate administration of enemas, suppositories or genital cleansing. Sexual assault includes rape, indecent assault, sexual harassment and sexual interference. Sexual activity with any adult, who is incapacitated by a mental or physical condition that impairs his /her ability to grant informed consent, is defined as sexual assault.

Signs may include:

- bruising in genital areas, inner thighs or around the breasts
- unexplained vaginal or anal bleeding
- fear of certain people or places
- fingertip bruising to the upper arms
- torn, stained or bloody underclothing, continence pads and bed linen
- use of sexually explicit language or references by a resident/client
- changes in sleep patterns; sleep disturbance or recurring nightmares.

If an older person shows one or more of the possible signs of abuse; it does not automatically mean he/she is being abused, however it must still be reported if:

- you observe someone behaving towards a resident in a way that makes you feel uncomfortable
- a resident/client tells you that they are being abused
- a resident tells you that they are abusing another resident
- a resident/staff member or carer/family member tells you they have observed an abusive act
- you observe an action or inaction by a staff member that may be considered abusive.

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This document can be made available in alternative formats on request for a person with a disability

Contact:	Senior Project Officer Aged Care (C. Hunter)		
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