



Reportable Assault Assessment (for internal use only)

Using this form

This form is separated into two sections, **Initial Assessment** and **Detailed Assessment**. It documents decisions made about the response the department takes in relation to a report of a reportable assault.

The [Initial Assessment](#) section must be completed for each report.

The [Detailed Assessment](#) section, if required, is used to document further assessment of the report.

Escalating reports of a reportable assault to Central Office

For information on when to escalate a report of a reportable assault to Central Office, please see the QRG '[How to escalate a compulsory report to Central Office](#)'.

If an escalation of information is required, please complete the [escalation template at the bottom of this form](#) and send to it [Central Office](#).

Guidance Material

See QRG '[How to assess a compulsory report](#)'

Case No.	NF18/001695
Aged Care Service	George Vowell
Approved Provider	Japara Aged Care Services Pty Ltd

SECTION 1: Initial Assessment

- 1 Was the report made to department and the police within 24 hours of the approved provider or other person responsible for reporting reportable assaults becoming aware of the assault?

Yes **No - provide reasoning**

Date became aware of incident: 23/10/2017 1900

Date police notified: 24/10/2017 1510

Date department notified: 24/10/2017 1506

- 2 Has the approved provider taken appropriate action to ensure the health, safety and well-being of the care recipient involved in this reportable assault?

Yes **No - provide reasoning**

Representative notified

Medically assessed - no injury noted

Care plan reviewed

Staff member stood down pending investigation

- 3 Has the approved provider taken appropriate action to manage the circumstances relating to this reportable assault and minimise the risk of recurrence?

Yes **No - provide reasoning**

As above



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Assessment:

I have considered the information provided by the approved provider and make the following assessment:

The approved provider has:

- met its responsibilities related to reporting reportable assaults and no further action is required by the department.
- taken reasonable steps to address the issues relating to this reportable assault and no further action is required by the department.

OR

- further information and/or detailed assessment is required to establish whether the approved provider has met or is meeting its responsibilities related to:
 - reporting a reportable assault; and/or
 - providing appropriate care or a safe environment.

Initial assessment completed by:

Officer Name/position: [REDACTED] – Compulsory Reporting Officer

Insert Date: 31 October 2017

Details of report and Initial Assessment recorded in NCCIMS: Yes No



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SECTION 2: Detailed Assessment

- 1 If further information has been obtained and/or engagement has occurred with the approved provider, record the evidence and your findings of fact.

Click enter description.

- 2 Where concerns/issues are identified, describe how the evidence and findings of fact link with the relevant responsibilities under the *Aged Care Act 1997*.

Click to enter details.

- 3 Has the approved provider been non-compliant with the compulsory reporting requirements for reportable assaults/ unexplained absences at this or any of its other services during the past 6 months?

Yes

No

If yes, provide details – this may identify that the approved provider has been unable to sustain any actions implemented following a previous failure to comply with these responsibilities.

Click to enter details.

- 4 Should the information within the reportable assault report be disclosed to the Australian Aged Care Quality Agency or the Aged Care Complaints Commissioner because the information may assist either agency to perform its functions?

Yes

No

Click to enter details.

Proposed action

No further action required

Refer to Compliance Officer

Refer to the Quality Agency

Refer to the Aged Care
Complaints Commissioner

Detailed Assessment completed by:

Officer Name/Position: Click to enter name/position.

Insert Date: Click to enter a date.

Details of report and Initial Assessment recorded in NCCIMS: Yes No



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ESCALATION TEMPLATE

Blue text is for guidance only. Delete before sending email to:

[Redacted]

Email subject line in the following format: [Category] – [Issue] – [Provider & service name and location]

Category - insert one of the following

1. **Escalation** – The issue or concern is a high risk.
2. **Media** – There has been or there is expected to be media attention about the issue or concern
3. **For Information** – The issue or concern is important for Central Office to be aware of; however escalation may not be required.

Issue - *Reportable Assault*

Approved Provider name and state/territory - Name of the provider, the service and its location

Body of email: Use the headings below and include dot points in the email that are unbiased, factual and clear.
Avoid using emotive language.

Notification details:

- On [Day/Month/Year], the department received a compulsory report of a reportable assault occurring at [name of aged care service] in [state]. The approved provider of the service [insert name of provider] told the department [insert relevant details of the report].

Action/s taken by the service/legal authorities *[as applicable]*

- The approved provider has [insert details of actions taken in relation to this reportable assault] OR

Media attention: *Please attach any relevant media articles, emails or documentation and select one of the following.*

- There was media attention on [Day/Month/Year] about [service/outlet/s/approved provider]. OR
- There been no media attention in relation to this [incident/matter].

EXAMPLE:

Email subject: Escalation – Reportable assault – ABC Aged Care Pty Ltd, ABC Heights, Mount Smith, NSW.

Report details:

- On 1 January 2015, the department received a compulsory report of a reportable assault occurring at ABC Heights Mount Smith in NSW (the Service). The approved provider of the service, ABC Aged Care Pty Ltd told the department that the alleged offender is an enrolled nurse employed at the Service.

Action/s taken by the service/legal authorities:

- The approved provider has confirmed that the care recipient was reviewed by her doctor and there are no concerns relating to her health or wellbeing.
- They also advised that another member of staff at the Service (the witness) notified the approved provider that this alleged assault had occurred while the alleged offender was changing the care recipient's clothes. Following the alleged assault, ABC Aged Care Pty Ltd suspended the alleged offender's employment.
- On 2 January 2015, police charged the alleged offender with XX and the alleged offender has had their employment at ABC Heights, Mount Smith terminated.

Media attention:

- There has been no media attention in relation to this matter.