Residential Disability Support Services Severity Assessment Code (SAC) examples

The examples below are for **guidance only; they are not intended to be prescriptive or exclude other events from review.** The final SAC rating can be changed after the review based on the experience of harm for the consumer, not based on the number or type of learning opportunities developed. The viewpoints and experiences of consumers and whānau should be considered in the provisional and final SAC rating. See also the SAC rating and process tool.

Psychological, cultural and spiritual harm

Psychological, cultural and spiritual harm is dependent on the values and experiences of individual consumers, which makes identifying specific examples difficult. When rating an event, engage with the consumer and whānau to identify their perspective and ability to function as a result, for example, consider the psychological effect on a consumer when consent isn't obtained before an examination or procedure.

Psychological, cultural and spiritual harm can result from such events as unconsented student involvement, not being offered the opportunity for whānau support in the room during contact with the care provider, care providers not being supportive of tino rangatiratanga and providers dismissing or undermining consumer wishes.

SAC 1 – Severe: death or harm causing severe loss of function and/or requiring life-saving intervention

- Not related to natural course of illness or treatment
- Differs from the immediate expected outcome of care
- Can be physical, psychological, cultural or spiritual

- Suspected suicide by any disabled person receiving residential disability support services
- Death of a disabled person missing from a disability support service
- Fall during the provision of care resulting in death or a severe loss of function (includes falls from equipment)
- Delay in the planned provision of care for a disabled person resulting in death or requiring life-saving interventions (e.g cardiac arrest, aspiration)
- Medicine event resulting in death, or requiring life-saving interventions
- Departure from support plan resulting in death, or requiring life-saving interventions
- Departure from support plan resulting in death, or severe loss of function to another person
- Death or the need for immediate life-saving interventions during or, as a result of, restraint
- Death, or the need for immediate life-saving interventions during or, as a result of, seclusion
- An event where severe psychological, spiritual and/or cultural harm is experienced by the consumer and/or whānau
- An accessible advance directive[1] is not followed, that led to the delivery of unwanted treatment.

[1] An advance directive is consent to or refusal of a specific treatment that may or may not be offered in the future when the person no longer has capacity. A valid advance directive is legally binding. To be valid, the advance directive must have been created by a person with capacity, who was informed and undertook the process voluntarily. The directive only comes into play when the person has lost capacity, and it must relate to the current situation

SAC 2 – Major: Harm causing major loss of function and/or requiring significant intervention

- Not related to natural course of illness or treatment
- Differs from the immediate expected outcome of care
- Can be physical, psychological, cultural or spiritual

- Serious self-harm by any disabled person receiving residential disability support services
- Delayed recognition of disabled person deterioration resulting in unplanned transfer to hospital for higher-acuity care
- Departure in the planned provision of care, resulting in the disabled person requiring significant interventions or admission to hospital (e.g. recurring aspiration pneumonia)
- Serious harm requiring significant intervention for a missing person from a disability support service
- Fall during the provision of care resulting in fractured neck of femur or major bone (ie, femur, tibia, fibula, humerus, radius, ulna, pelvis), head injury or laceration requiring skin graft
- Medicine event resulting in significant intervention (eg, anaphylaxis from a known medication allergy).
- Departure from support plan resulting in major harm or severe loss of function to another person
- Need for additional significant intervention due to lack of documentation or communication of aspects of care
- Stage 3, 4 or unstageable pressure injury or a previous pressure injury that has deteriorated to this level
- An event where psychological, spiritual and/or cultural harm is experienced by the consumer and/or whānau requiring significant support
- An accessible advance care plan[2] not followed that led to unwanted significant interventions (eg, active treatment provided for disabled person on the palliative pathway)
- Serious harm requiring significant interventions as a result of, or during, seclusion
- Serious harm requiring significant interventions as a result of, or during, restraint
- Breach of privacy resulting in harm to disabled person or others (SAC rating depends on the harm that occurs for the disabled person)

[2] **Advance care planning** is a process of thinking and talking about your values and goals and what your preferences are for current and future health care. A person may write down what is important to them, their concerns and care preferences in an **advance care plan.** Some advance care plans contain an advance directive.

SAC 3 – Moderate: Harm causing short-term loss of function and/or requiring moderate additional intervention

- Not related to natural course of illness or treatment
- Differs from the immediate expected outcome of care
- Can be physical, psychological, cultural or spiritual

- Missing disabled person, with a risk of serious harm to self or others
- Fall during the provision of care resulting in minor fracture, dislocation of a joint, dental injuries or laceration
- Delayed referral for treatment or recognition of deterioration resulting in the need for moderate additional intervention
- Stage 2 pressure injury
- Need for minimal additional care due to a departure from care resulting in harm
- Need for minimal additional care due to a lack of documentation or communication of aspects of care
- An event where psychological, spiritual and/or cultural harm is experienced by the consumer and/or whānau requiring moderate support
- Breach of privacy resulting in harm to disabled person (SAC rating depends on the harm that occurs for the disabled person)

SAC 4 – Minor: harm causing no loss of function and requiring little or no intervention (includes near misses)
• Extra investigation or observation • Review by a clinician • Minor treatment • Can be physical, psychological, cultural or spiritual
• Medicine or treatment error where minor additional monitoring is required • Fall during the provision of care resulting in soft tissue injury, contusion, or no injury • Delayed referral or recognition of deterioration resulting in minimal loss of function (eg, additional monitoring, investigations or minor interventions) • Risk of additional intervention due to a lack of documentation or communication of aspects of care • An event where psychological, spiritual and/or cultural harm is experienced by the consumer and/or whānau requiring support • Breach of privacy resulting in harm to disabled person (SAC rating depends on the harm that occurs for the disabled person)

Published in June 2025 by Health Quality & Safety Commission Te Tāhū Hauora,
PO Box 25496, Wellington 6146, New Zealand. Updated November 2026.
Available at hqsc.govt.nz

New Zealand Government
Te Kāwanatanga o Aotearoa

Health Quality & Safety Commission
Te Tāhū Hauora