Incident Report Form

**Part 1: Reporter details**

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| --- | --- |
| Name of employee: |  |
| Position title: |  |
| Date completed: |  |

**Part 2: Incident details**

|  |  |  |
| --- | --- | --- |
| Date of incident: | DD/MM/YYYY | Time of incident: |
| Location of the incident |  | |
| Source of report: | Staff observed the incident  Client report/disclosure | |
| Incident Category *(refer below)* | Category 1  Category 2  Category 3  Near Miss | |
| Medication incident or error? | Yes  No | |
| Parent/Guardian notified? | Yes  No  Date notified: | |

|  |  |
| --- | --- |
| **Category 1 incidents**   * Serious injury to employees requiring medical treatment/hospitalisation * Serious injury to clients and/or carers requiring medical treatment/hospitalisation * All incidents that are considered *NDIS reportable incidents* * Any incident involving the police, fire or ambulance services * Events with health and safety implications, e.g. fire hazards such as the storage of chemicals or an attempted break and enter | **Category 2 incidents**   * Injuries to employees requiring First Aid * Injuries to clients and/or carers requiring First Aid * Significant property damage   **Category 3 incidents**   * Minor injury to a client and/or their carer – First Aid not required * Minor injury to an employee – First Aid not required * Verbal abuse * Minor property damage |

**Part 3: Details of who was involved (client)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Family name | First name | Contact details | Participant/  Witness/ Victim (P/W/V) | Injured?  Yes / No | If yes, provide details of medical treatment provided |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |

**Part 4: Details of who was involved (employee)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Family name | First name | Contact details | Participant/  Witness/ Victim | Injured?  Yes / No | If yes, provide details of medical treatment provided |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |

**Part 5: What happened?**

Describe the incident and the immediate response of staff

*Include a brief, factual account of the incident - how, when, where and at what time the incident occurred. What happened, who did what, if there were any injuries and the nature of the injuries and immediate action taken*

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|  |  |  |  |
| --- | --- | --- | --- |
| Body location of injury (indicate location of injury on the diagram)  Complete a separate chart for each person injured | |  | |
| Was treatment given onsite? | | YesNo | |
| If yes, describe the treatment given | |  | |
| Was medical attention required? | | YesNo | |
| If yes, name of treating doctor or hospital | |  | |
| Is this a Workcover related incident? | | Yes No If yes, attach a copy of the certificate | |

|  |  |
| --- | --- |
| Is this an incident involving infectious material, body substances or hazardous substances? | YesNo  If yes, please describe: |
| Was there any damage to property or equipment? | YesNo |
| If yes, describe the damage: |  |

**Part 6: Submitted by**

|  |  |
| --- | --- |
| Name of employee**:** |  |
| Signature: |  |

**Part 7: NDIS Quality and Safeguard Commission**

|  |  |
| --- | --- |
| Is this a ***reportable incident*** notifiable to the Commission? | **Yes**  **No** |
| If yes, date the Commission was notified |  |

**Part 7: Notifiable Incidents**

|  |  |  |
| --- | --- | --- |
| Is this a ***notifiable incident*** to the SafeWork authority? | | **Yes**  **No** |
| If yes, date SafeWork authority was notified | |  |
| State or Territory jurisdiction: |  | |

**Part 8: Manager‘s report: post-incident review**

**What actions have been taken in response to the incident?**

*Include an assessment of the incident and its impact, including:*

* *whether the incident could have been prevented*
* *how well the incident was managed and resolved;*
* *what, if any, remedial action needs to be undertaken to prevent further similar incidents from occurring, or to minimise their impact, and*
* *whether other persons or bodies need to be notified of the incident.*

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**Part 9: Reviewed by manager**

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| --- | --- |
| Name of manager**:** |  |
| Signature: |  |

**What further actions are required?**

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| --- | --- | --- | --- |
|  | Action required | Person responsible | Timeframe for completion |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Office Use Only | | | |
| Incident Number: |  | Date logged onto *Incident Register:* |  |