Incident Report Form

**Part 1: Reporter details**

|  |  |
| --- | --- |
| 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*

|  |
| --- |
|        |

|  |  |
| --- | --- |
| Body location of injury (indicate location of injury on the diagram)Complete a separate chart for each person injured |  |
| Was treatment given onsite? | Yes[ ] No[ ]  |
| If yes, describe the treatment given |       |
| Was medical attention required?  | Yes[ ] No[ ]  |
| 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? | Yes[ ] No[ ] If yes, please describe: |
| Was there any damage to property or equipment? | Yes[ ] No[ ]  |
| 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.*

|  |
| --- |
|        |

**Part 9: Reviewed by manager**

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

**What further actions are required?**

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

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