*This form is to be used for reporting incidents, in accordance with the Incident Management Policy which you can read here.*

*If you are reporting on a reportable incident, or are not sure whether this may be a reportable incident, please immediately contact the incident manager or other key personnel.*

*Part A- To be completed by a worker who has become aware or witnessed the incident.*

# **Part A:**

| **Incident Report Details** |
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| Details of Worker who incident was first reported to | Name: Position:Contact Details:  |
| Report Date |  |
| Has this incident been reported to the Incident Manager? | Yes / NoIf yes, please complete:Incident Manager:Time & date notified: Notified via: [Phone call/ Email/ Other] |

| **Name of the NDIS Participant affected by the incident** |
| --- |
| Title: | Surname: | Given Name(s): |
| Address: | Phone: |
| Date of Birth | Email |
| Next of Kin: | Surname: | Given Name: |
| **Incident (select applicable)** |
| Acts, omissions, events occurring inrelation to providing supports | ☐ | Have or could have caused harm | ☐ |
| Acts by person with a disability | ☐ | Have caused serious harm or riskof harm to another person | ☐ |
| **Incident Details** |
| Date of, or disclosure of, event: | Time: |
| Location: |
| **Type of incident**Please tick the most relevant type of incident from list below:☐ Incident that resulted in harm or risk of harm to a Participant☐ Incident caused by Participant resulting in serious harm or risk of serious harm to another person **Reportable Incidents:** ☐ Death of a Participant☐ Serious injury to a Participant☐ Abuse of neglect of a Participant☐ Unlawful physical contact or assault of a Participant☐ Unlawful sexual contact with or sexual assault of a Participant☐ Sexual misconduct committed against or in presence of a Participant☐ Use of an unauthorised restrictive practice in relation to a Participant**Non- NDIS/Other incident:**☐ Work Health & safety incident☐ Infection☐ Hazardous Exposure☐ Child Safety☐ Other |
| **Describe the incident***Please include a detailed description of the incident, including information regarding:**Who was involved**What and how it occurred or was alleged to have occurred**Why it occurred (if known)* |
| Is this a **reportable incident**? | ☐ Yes☐ No |
| Is this an incident regarding child safety? | ☐ Yes☐ No |
| If yes, has the Incident Manager been notified?  | ☐ Yes☐ No |

|  ***(For Injuries)*** – Nature of Injury |
| --- |
| ☐ Contusion/crush | ☐ Burn | ☐ Dislocation | ☐ Amputation |
| ☐ Laceration/open wound | ☐ Superficial injury | ☐ Foreign body | ☐ Internal Injury |
| ☐ Concussion | ☐ Sprain/strain | ☐ Fracture | ☐ Dermatitis |
|  ***(For Injuries)*** – Location of Injury |
| ☐ Head/face |  ☐Eye | ☐ Internal organs | ☐ Other: |
| ☐ Hand/fingers | ☐ Shoulder/arms | ☐ Trunk (other than back) |
| ☐ Hip/leg | ☐ Foot/toes | ☐ Back |

| Immediate actions taken to make situation safe (including any medical treatment received, or assistance provided/offered): |
| --- |
| Witnesses (*for Notifiable incident attach signed witness statement or letters of complaint*) |
| Witness Name: | Witness Phone: |
| Witness Name: | Witness Phone: |
| Witness Name: | Witness Phone: |
| Email: |

**Part B:**

| **INVESTIGATION - to be completed by Incident Manager and/ or other Key Personnel****Always ensure the person/s affected by the incident are considered during the investigation** |
| --- |
| **Outcome of Investigation**: |
| **(For Reportable Incidents)** Reported incident to NDIS?If yes, Date of contact: | ☐ Yes☐ No |
| **(For Child Safety Incidents)** Reported incident to Child Safety’s local regional intake service or Child Safety Service Centre?If yes, list Service Centre and date of contact: | ☐ Yes☐ No |
| Reported incident to any other external agencies?If yes, List Agency and Date of contact: | ☐ Yes☐ No |
| Please note: NDIS reportable incidents must be reported to the NDIS Quality & Safeguards Commission within 24 hours, except in the case of an unauthorised restrictive practice where no harm or injury has resulted which must be reported in 5 days. |
| **Action/s to be taken to prevent further similar incidents from reoccurring or minimise their impact:** |
| **Action:** | **Responsibility:** | **Completion Date:** |
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| Have all relevant parties been spoken to and consulted? | Date: \_\_\_/\_\_\_/\_\_\_ |
| Was the incident preventable? |  |
| How well was the incident managed? |  |
| How well was the incident resolved? |  |
| Do other parties/ external agencies need to be notified of the outcome? |  |
| Has Participant been consulted and feedback sought regarding: | ☐ How well the incident was managed☐ Whether they received adequate support☐ Expectations for appropriate resolution☐ Updated on the investigation/ outcomes/ findings☐ Informed of actions taken |
| Feedback From Participant | Please Describe: |
| Incident Discussed at Team Meeting? | Date: \_\_\_/\_\_\_/\_\_\_ |
| **Investigator Details** |
| Name: | Signature: |
| Incident Manager Signature |
| **Completed form to be stored and Incident to be recorded in Incident Management Register** |