*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** | |
| --- | --- |
| 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 / No  If 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 in  relation to providing supports | | ☐ | Have or could have caused harm | ☐ |
| Acts by person with a disability | | ☐ | Have caused serious harm or risk  of 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:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 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** | | |