|  |  |  |
| --- | --- | --- |
| **Details of person reporting the incident** | | |
| Name | Position / Relationship | Contact details |
|  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Incident Date** | |  | | **Incident Start Time:**  **Incident End Time:** | | |  |
| **Incident Location** | |  | | **Administration Only**  **Incident Register No.** | | |  |
| **Name of the Person (s) Impacted by Incident / Injury**  Worker  Participant  Public | | **Contact Details of the Person (s)** | | **Service** | | | **Gender** |
|  | |  | |  | | |  |
| **Type of Incident** | | | | | | | |
|  | Verbal threat to a participant |  | Fire | |  | Explosion | |
|  | Verbal threat to support worker |  | Physical assault of a support worker | |  | Physical assault of a participant | |
|  | Participant whereabouts unknown |  | Alleged harm or potential harm of a participant | |  | Emergency Services attended | |
|  | Minor injury to participant |  | Threat with an object/weapon | |  | Vehicle/car accident | |
|  | Incorrect medication taken |  | Assault with an object/weapon | |  | Electrocution | |
|  | Incorrect medication dosage |  | Participant self-harming | |  | Property damage | |
|  | Incorrect recording of medication |  | Dangerous behaviour in a vehicle | |  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Medication not taken |  | Seizure | |  | Any violation of human rights, abuse, harm or neglect of a participant Complete Reporting Abuse, Neglect and Exploitation Form | |
|  | Injury to worker member (Report to Directors) |  | Any other dangerous or potentially dangerous event not listed above | |

|  |
| --- |
| **NDIS Reportable Incidents** (for NDIS participants only) |
| The death of a participant  Serious injury of a participant (fractures, burns, deep cuts, extensive bruising, head or brain injuries, or any other injury requiring hospitalisation)  Abuse or neglect of a participant (physical, psychological, or emotional, financial, systemic abuse)  Unlawful sexual or physical contact with, or assault of a participant (excluding, in the case of unlawful physical assault, contact with, and impact on, the person that is negligible)  Sexual misconduct committed against, or in the presence of a participant, including grooming of the person for sexual activity  The use of a restrictive practice in relation to a person with disability, other than where the use is in accordance with an authorisation  Not causing serious injury  Resulting in serious injury  Alleged assault or neglect of a participant |

risk calculator

RISK RATING

|  |  |  |
| --- | --- | --- |
| **Risk Rating for Incident** (likelihood x consequence = risk rating e.g. Unlikely 2 x Minor 2 = 4 rating is “insignificant” | | |
| (Likelihood) | (Consequence) | (Risk Rating) |

risk rating actions

|  |  |
| --- | --- |
| Risk Rating | Action required: |
| **Insignificant 1-4** | Complete report and contact Director |
| **Minor 5-9** | Complete report and contact Director |
| **Moderate 10-14** | Refer to Director |
| **Major 15-19** | Refer to Director |
| **Extreme 20-25** | Refer immediately to Director |

|  |  |  |  |
| --- | --- | --- | --- |
| **Immediate Internal Reporting** | | | |
| Name of Director / On call  Incident reported to: |  | | |
| Date / Time incident reported | | Date: | Time: |
| **Advice Provided by Director / On call** | | | |
|  | | | |

|  |
| --- |
| **List of all the people involved in the Incident/Injury** |
|  |

|  |
| --- |
| **Details of how the incident occurred**  Antecedent (Describe what was happening before the incident) |
|  |

|  |  |
| --- | --- |
| **Nature and Location of Injury** (If applicable) | |
|  |  |

|  |
| --- |
| **Incident Details** |
| **Factual description of incident – DO NOT express opinions**   * Include what happened, where the incident occurred, the impact on/harm caused to the person and events leading to the incident. * Include names and details of witnesses. * List all emergency services, agencies/departments, contacted and their contact details (e.g. OPG, Child Safety, Carer, NDIS, Police, Ambulance). |

|  |
| --- |
| **Interventions, Assistance provided and Immediate Response** |
|  |

|  |
| --- |
| **List any breakages or damages that occurred during the incident** (including owner if applicable) |
|  |

|  |
| --- |
| **How the person we support would like to be involved in incident management?**  **Should anyone else be involved on their behalf?** |
|  |

|  |  |
| --- | --- |
| **First Aid Provided?** | Yes  No Initials: |
| **If Yes by whom?** |  |

|  |  |
| --- | --- |
| **Emergency Services attended?** | Yes  No Initials: |
| Police  Ambulance  Fire |  |

|  |  |
| --- | --- |
| **Police Contact / Hospital Contact** (where applicable) | |
| Details |  |
| Police report number (where applicable) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Worker Completing Incident Report** | | | |
| Name of the worker preparing report | |  | |
| Date/time incident report prepared | | Date: | Time: |
| Signature |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Management Section** | | | | | |
| Is there a Behaviour Support Plan in place?  (if applicable) | | Yes  No | |  | |
| What strategies were implemented in relation to the incident? | | | | | |
|  | | | | | |
| **Actions/Comments (including incident investigation outcomes and recommendations)** | | | | | |
| Training and Education of Worker/s |  | | | | |
| Modification of the environment |  | | | | |
| Development or amendment of policy or procedure |  | | | | |
| Changes in the way support or services are provided |  | | | | |
| Other practice improvements |  | | | | |
| Disciplinary action for worker involved |  | | | | |
| Providing on-going support to the participant impacted in the incident |  | | | | |
| Apology to the participant |  | | | | |
| Other actions or suggestions on how the incident could have been prevented or resolved |  | | | | |
| **Behavioural Specialist Notified** (where applicable) | | Yes | No | |  |
| **Current Risk Assessment needs to be updated** | | Yes | No | |  |
| **OPG Notified** (where applicable) | | Yes | No | |  |
| **Emergency Contact Notified** (where applicable) | | Yes | No | |  |
| **Support Team Notified** (where applicable) | | Yes | No | |  |
| **Director Name** | |  | | | |
| **Signature** | |  | **Date:** | |  |

|  |  |
| --- | --- |
| **Director Notified** (where applicable) | Yes  No Initials: Date: / / |

| **Directors Section** | | | |
| --- | --- | --- | --- |
|  | | | |
| **Name** |  | | |
| **Signature** |  | **Date** |  |

|  |  |
| --- | --- |
| **NDIS Commission Notified** (where applicable) | Yes  No Initials: |

|  |  |  |  |
| --- | --- | --- | --- |
| **NDIS Quality and Safeguards Commission – Immediate Notification**  *This section to be completed by the Director for Reportable Incidents which are reported to NDIS Quality and Safeguards Commission (ASAP and within 24 hours).* | | | |
| **Email address report sent to** |  | | |
| **Person sending report (name/position)** |  | | |
| **Signature** |  | **Date report sent** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **NDIS Quality and Safeguards Commission – 5 Day Notification**  *This section to be completed by the Director for Reportable Incidents which are reported to NDIS Quality and Safeguards Commission (ASAP and within 24 hours).* | | | |
| **Email address report sent to** |  | | |
| **Person sending report (name/position)** |  | | |
| **Signature** |  | **Date report sent** |  |

Office use only

|  |
| --- |
| **Was debriefing offered to all involved?**  Yes  No |
| Comments: |

|  |  |
| --- | --- |
| **If Yes: Who carried out the debriefing?** |  |

|  |  |  |
| --- | --- | --- |
| **Date and time of debrief:** | Date: | Time: |

|  |  |
| --- | --- |
| **How was debriefing performed?** | Face to face  By phone |

|  |  |
| --- | --- |
| **Was feedback given to all involved?** | Yes  No |
| Comments: | |

|  |  |
| --- | --- |
| **Were any problems identified?** | Yes  No |
| Comments: | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **List recommended additional actions to be taken** | | | | | |
| Action | | By Whom? | | By When? | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
| Director Signature |  | | Incident Form  Completion Date: | |  |

The Director must confirm that this form is completed correctly and that the actions and strategies identified are appropriate and all necessary parties have been informed.

|  |  |  |
| --- | --- | --- |
| **Directors to confirm full data from the Incident is Recorded in the Incident Register** | | Yes  No |
| **Manager Name:** |  | |
| **Title:** |  | |
| **Signature:** |  | |
| **Form Processed Date:** |  | |

**Privacy Notice:** Personal information collected on this form will be used for the purpose of identifying and recording incidents as authorised by the NDIS Act 2013 and the Privacy Act 1988. It may also be used for the purpose/s of investigating whether intervention or additional resources may be required. Without this information ICAS may be unable to ensure the safety and wellbeing of both participants and worker. The information collected on the form may be disclosed to The NDIS Commission.