

# Incident Report Form

## 1 Details of Person Reporting the Incident

Name	Position / Relationship	Contact Details
<input type="text"/>	<input type="text"/>	<input type="text"/>
Incident Date	Incident Start Time:	Incident End Time:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Incident Location	Administration Only - Incident Register No.	
<input type="text"/>	<input type="text"/>	
Name of the Person (s) Impacted by Incident / Injury		
<input type="text"/>	<input type="checkbox"/> Worker	<input type="checkbox"/> Participant <input type="checkbox"/> Public
Contact Details of the Person(s)	Gender	Service
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 2 Type of Incident

<input type="checkbox"/> Verbal threat to a participant	<input type="checkbox"/> Fire	<input type="checkbox"/> Explosion
<input type="checkbox"/> Verbal threat to support worker	<input type="checkbox"/> Physical assault of a support worker	<input type="checkbox"/> Physical assault of a participant
<input type="checkbox"/> Participant whereabouts unknown	<input type="checkbox"/> Alleged harm or potential harm of a participant	<input type="checkbox"/> Emergency Services attended
<input type="checkbox"/> Minor injury to participant	<input type="checkbox"/> Threat with an object/weapon	<input type="checkbox"/> Vehicle/car accident
<input type="checkbox"/> Incorrect medication taken	<input type="checkbox"/> Assault with an object/weapon	<input type="checkbox"/> Electrocution
<input type="checkbox"/> Incorrect medication dosage	<input type="checkbox"/> Participant self-harming	<input type="checkbox"/> Property damage
<input type="checkbox"/> Incorrect recording of medication	<input type="checkbox"/> Dangerous behaviour in a vehicle	<input type="checkbox"/> Any violation of human rights, abuse, harm or neglect of a participant
<input type="checkbox"/> Medication not taken	<input type="checkbox"/> Seizure	<input type="checkbox"/> Complete Reporting Abuse, Neglect and Exploitation Form
<input type="checkbox"/> Injury to worker member (Report to Directors)	<input type="checkbox"/> Any other dangerous or potentially dangerous event not listed above	
<input type="checkbox"/> Other	<input type="text"/>	

**3 NDIS Reportable Incidents**Not applicable ☐

- ☐ 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

**4 Risk Calculator**

LIKELIHOOD	CONSEQUENCE				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
	None or very minimal injuries / no property damage	Minor first aid treatment only / minimum property damage	Moderate medical treatment required / moderate property damage	Major medical treatment required / major property damage	Extreme life threatening injuries or death / extreme property damage
<b>5 Almost Certain</b> Expected to occur in most circumstances	5	10	15	20	25
<b>4 Very Likely</b> Could happen regularly	4	8	12	16	20
<b>3 Likely</b> Might happen at some time	3	6	9	12	15
<b>2 Unlikely</b> Could happen rarely	2	4	6	8	10
<b>1 Very Unlikely</b> Could happen, but probably never will	1	2	3	4	5

**5 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

**6 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

**7 Immediate Internal Reporting**

Name of Director / On call Incident reported to:

Date/time incident reported:

Date:

Time:

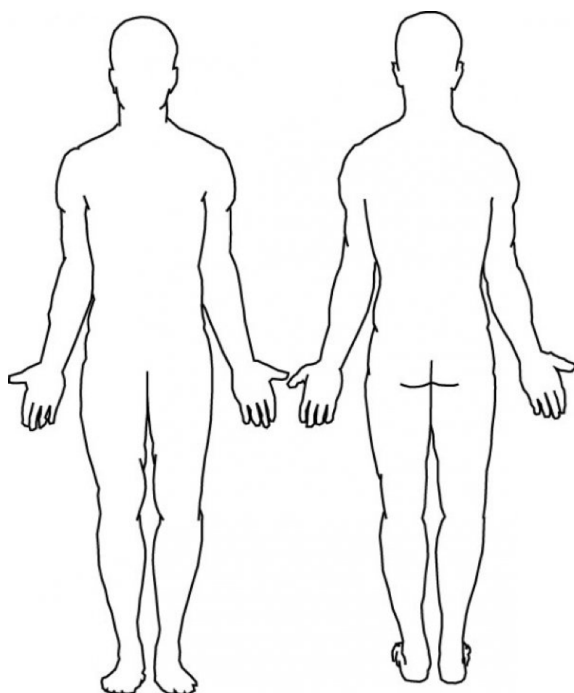
Advice Provided by Director / On call

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) - *mark the location on the image on the left hand side and provide additional written description in the box on the right hand side if necessary*



## 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?

	Yes	No	Initials	If yes, by whom?
First Aid Provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

	Yes	No	Initials						
Emergency Services Attended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Police	<input type="checkbox"/>	Ambulance	<input type="checkbox"/>	Fire

Police Contact / Hospital Contact (where applicable):

Police report number (where applicable):

Worker Completing Incident Report

Name of Worker Preparing Report

Signature

Date/time incident report prepared:

Date:

Time:

**8 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

Management Name

Signature

Date

Director Notified (where applicable)

☐ Yes ☐ No

Initials:

Date:

## 9 Directors Section

Name

Signature

Date

NDIS Commission Notified (where applicable)

☐ Yes ☐ No

Initials:

## 10 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

**11 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

**12 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 ☐ Online MeetingWas feedback given to all involved? ☐ Yes ☐ No

Comments

Were any problems identified? ☐ Yes ☐ No

Comments

List recommended additional actions to be taken

Action

By Who

By When



## Incident Report Form

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 w 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.