**Incident Report #:**

**Participant Name:**

On commencement, ‘save as’ this form to participant file in k-drive (Behaviour Support\Incident)

**Please complete and email to your manager or team leader within 24 hours of incident.**

Do not interview the person who is allegedly responsible for the incident.

**Step 1: Reporter Details**

|  |  |
| --- | --- |
| Reporting worker’s name |  |
| Phone number |  |
| Position title |  |
| Program area |  |

**Step 2: Incident Details**

|  |  |
| --- | --- |
| Date of incident |  |
| Time of incident |  |
| Address/location of incident |  |

**Step 3: Who was involved?**

1. Participant details - please complete for each participant involved in the incident. This includes participant witnesses.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Family Name** | **First name** | **Gender** | **Date of Birth** | **Involved, witness or victim** | **Injured**  **Yes / No** | **Medical professional required** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Worker or other (witness) details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Family name** | **First name** | **Position** | **Involved or a witness** | **Injured**  **Yes/No** | **Medical professional required** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Step 4: Incident Type (mark appropriate box)**

|  |  |
| --- | --- |
| Abscond | Medication Error |
| Behaviour - Dangerous | Physical Assault |
| Behaviour - Inappropriate | Poor Quality of Care |
| Breach of Privacy - Confidentiality | Property Damage - Disruption |
| Community Concern | Self-Harm |
| Drug - Alcohol | Sexual Assault |
| Illness | Suicide Attempt |
| Injury | Choking |
| Falls | Other (describe) ☐ |

**Step 5: Is the incident a NDIS reportable incident (see below)?**

* The death of a person with disability
* Serious injury of a person with disability
* Abuse or neglect of a person with disability
* Unlawful sexual or physical contact with, or assault of, a person with disability
* Sexual misconduct, committed against, or in the presence of, a person with disability, including grooming of the person with disability for sexual activity
* Unauthorised use of restrictive practices in relation to a person with disability.

|  |
| --- |
| **Yes** immediately report to manager/team leader and then go to Step 6  **No** continue to Step 6 |

**Step 6: What happened?**

Describe the incident and the immediate response of workers:

This section should be a brief factual account of the incident. Include impact on participant; who was involved; how, where and when the incident occurred; who did what; who (if anyone) was injured and the nature and extent of injuries (if applicable)

|  |
| --- |
|  |

|  |
| --- |
| Was any property or equipment damaged? Yes  No  If yes, give details of damage: |

**Step 7: Finalising Report**

|  |
| --- |
| Have you recorded minor injuries in the Register of Injuries book present at all sites? Yes  N/A |
| Name of reporter: Date: |
| **EMAIL TO YOUR MANAGER/TEAM LEADER** |

**Manager/Team Leader Report**

**Step 1: Details**

|  |  |
| --- | --- |
| Manager/team leader name |  |
| Phone number |  |
| Position title |  |
| Date of report |  |
| Time of report |  |

**Step 2: Describe the immediate response of worker to incident:**

|  |
| --- |
|  |

**Step 3: Please describe any other investigations/findings and what will be done to prevent the recurrence of the incident (if relevant)**

|  |
| --- |
|  |

**Step 4: Is the incident a NDIS reportable incident?** Refer to Incident Reporting Chart CCF-81

|  |
| --- |
| Yes  No  If yes, then report the incident to the NDIS Commission, police and/or other.  You must notify the NDIS Commission about a reportable incident that occurs or is alleged to have occurred. |

**Step 5: Is the incident an unauthorised restrictive practice?** e.g., Physical restraint

|  |
| --- |
| Yes  No  If yes, then complete BF-04 Debrief After Unauthorised Restrictive Practice |

**Step 6: Finalising Report**

|  |
| --- |
| Name of manager/team leader: Date: |
| Have you notified the relevant authorities? Yes  No  N/A |
| Have you documented the incident on Incident Report Database (k-drive\general items for all staff\incidents) Yes  No |
| Have you placed a hardcopy to Incident Report folder in participant filing cabinet? Yes  No |
| Have you saved incident report onto participant file in k-drive? Yes  No |
| On Carelink+ notes, have you added that an incident report was done? Yes  No |
| Has the Debrief After Unauthorised Restrictive Practice BF-04  been given to the relevant person to complete? Yes  No  N/A |