**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 [ ]   |