Comprehensive Care Solutions Pty Ltd

Incident Report Form

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	☐

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		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)

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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:**

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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		

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