This form is to be used for reporting incidents, in accordance with [Insert name of your organisation’s incident management policy & procedure] which you can read here [insert hyperlink or location where policy & procedure can be retrieved].

Upon completion of this report, please [email/ forward] to [nominated person] via [email / other method].

If you are reporting on a **reportable incident**, or you are not sure whether this may be a reportable incident, please immediately contact [nominated person/s] via [phone/email].

**Part A- To be completed by staff member who has become aware or witnessed incident.**

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| **Report Details** | |
| Report Completed by | Name: [Full Name]  Position:  Contact Details: [Email]  [Phone] |
| Report Date |  |
| Details of person who incident was first reported to (if different from above) | Name: [Full Name]  Relationship to provider: (eg. Staff member/ carer/ advocate)  Contact Details: [Email]  [Phone] |
| Has this incident been reported to supervisor/ manager? | Yes/ No  If yes, please complete:  Supervisor/ Manager: [Full name]  Time & date notified:  Notified via: [Phone call/ Email/ Other] |

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| **Incident Details** | |
| Date of Incident |  |
| 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 Incident:  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  [Please note: providers may use this form to also capture non- NDIS incident reports, such as work health & safety issues, near-misses, incidents and other matters]  Other:  Work Health & safety incident  Infection  Hazardous Exposure  Other: [List] |
| Description of 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) |
| Is this a reportable incident? | Yes/ No  **If yes,** has [nominate person/s] been notified? 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. |

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| **Details of Person/s Injured** | |
| Person Injured/ Harmed | Name: [Full Name]  Relationship to provider: [Participant/ Staff/ Carer/ Volunteer/ Visitor]  Contact Details: [Email]  [Phone]  Next of Kin/ Nominee: |
| Details of Injuries/ Harm | [Insert brief description of harm or injuries suffered] |
| Details of medical treatment received | [Examples: First aid provided, taken via ambulance to hospital, booked appointment with GP, arranged counselling] |
| Details of assistance provided or offered | [Advocate/ contacted family/ friend/ nominee] |

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| **Persons Involved (including witnesses)** | |
| Staff Involved/ Assisting | [Full Name]  [Position]  [Email]  [Phone] |
| Staff Involved/ Assisting | [Full Name]  [Position]  [Email]  [Phone] |
| Witness | [Full Name]  Relationship to provider/ participant: [Staff/ Carer/ Visitor/ Participant]  [Email]  [Phone] |
| Other | [Full Name]  Relationship to provider/ participant: [Staff/ Carer/ Visitor/ Participant]  [Email]  [Phone] |

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| **Actions Taken** | |
| Summary of Initial Response |  |
| Were any external agencies notified? | Yes/ No  If yes, please identify who was notified, person spoken to, time of notification.   |  | | --- | | Agency: [Eg. Police/ Ambulance/ NDIS Commission/ Coroner]  Person Spoken to:  Date/ Time of notification:  Notified by: |  |  | | --- | | Agency: [Eg. Police/ Ambulance/ NDIS Commission/ Coroner]  Person Spoken to:  Date/ Time of notification:  Notified by: | |

**Part B to be completed by management**.

**Please note:** Consultation with participants involved in an incident is a requirement of the *National Disability Insurance Scheme (Incident Management and Reportable Incident) Rules 2018*.

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| **Incident Assessment** | |
| Assessment Undertaken by | [Full Name]  [Position]  [Email]  [Phone] |
| Have all relevant parties been spoken to and consulted? | Yes/ No  Details:  [Identify parties spoken to, including date & way of communication. |
| Is an investigation required? | Yes/ No  If yes, select reason/s from below:  To establish cause of incident  Determine effect or impact of incident  To identify any operational issues that may have contributed to incident occurring  Other: [Describe] |
| Date investigation completed: |  |
| Investigation completed by: | [Full Name]  [Title]  [Contact Details] |
| Action Taken | Interim Action:  Corrective Action:  Remedial Action:  ☐ Other Action: |
| Was the incident preventable? | Yes/ No  Reasons: |
| How well was the incident managed? |  |
| How well was incident resolved? |  |
| Do other parties/ external agencies need to be notified of outcome? |  |
| Communication with participant | 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  Comments: Please list any feedback from participant and details of consultations with participant |
| Other comments by management: | [Full name]  [Date]  [Comments] |