The following Incident report form is required to be completed for all client/staff incidents that do not fulfil the requirements of CIMs reporting systems. If unsure of which reporting system to utilise please refer to Better2gether’s Incident reporting process flow charts.

|  |
| --- |
| Category of Incident – please circle |

Client – staff Staff injury related to client incident

Client to other Staff other

Client behaviour tracking

|  |
| --- |
| Which area of support did the incident occur – please circle |

IYH – In Your Home. B&B – Bed and Breakfast

Shared learning – Community based activities 1:1 – specific goal activities

|  |
| --- |
| Name of staff and position reporting the incident |

|  |
| --- |
| Date of incident – disclosure of incident |

Actual Estimated

|  |
| --- |
| Names of other people involved – staff/witnesses/people |

|  |  |
| --- | --- |
| Name | Role |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| Name and Date of Birth of Main Client involved |

Name:

DOB:

|  |
| --- |
| Names and Dates of Birth of other Clients involved: |

Name:

DOB:

Name:

DOB:

Name:

DOB:

|  |
| --- |
| Who did you report the incident to? Please document name, date and time |

|  |
| --- |
| Address/location of the incident |

|  |
| --- |
| Details of the incident – if there is not enough room please use the back of this form and/or attach a second sheet of paper with details on it. You are asked to not use case notes to document incident report details. |

|  |
| --- |
| Where police notified? - Please circle. If yes, please provide details |

Yes No

Station location and contact number:

Contact name and rank:

|  |
| --- |
| Immediate actions taken to provide support |

|  |
| --- |
| Did this incident involve client behaviour that is being monitored? – Please circle |

Yes No

|  |
| --- |
| Which of the following best describes the intensity of behaviour? – Please circle |

Known behaviour and strategies used successfully

Known behaviour worse than usual

New behaviour able to be redirected

New behaviour difficult to manage

Involved client – client assault

Involved client to staff assault

|  |
| --- |
| Was PRN used? - Please circle |

Yes No

|  |
| --- |
| Were injuries sustained? – Provide details below |

|  |
| --- |
| If injuries were sustained what treatment was required? - Please circle |

First aid DR/Locum

Hospitalisation Ambulance

|  |
| --- |
| Was there any equipment damage? – Please circle |

Yes No

|  |
| --- |
| If yes was a maintenance request completed and provided to the Practice Manager – Please circle |

Yes No

|  |
| --- |
| To be completed by the Practice Manager |

|  |
| --- |
| Have support networks where applicable been notified? – Please circle and note who, date, time |

Yes No

|  |
| --- |
| Is there any follow up that is required? If so, please document below |

|  |
| --- |
| Important : if injury - physical or psychological has been sustained this incident must be reported as per CIMS reporting processes |

**DHHS Standards**

Standard 1, 1.1, 1.2

Standard 2, 2.1

Standard 3, 3.1, 3.2, 3.3, 3.4, 3.5  
Standard 4, 4.1, 4.6

**NDIS Standards**

Standard 1 Rights

Standard 2 Participation and Inclusion

Standard 3 Individual Outcomes

Standard 4 Feedback and Complaints

Standard 5 Service Access

Standard 6 Service Management