

ONE2ONE CONSUMER INCIDENT REPORT

Please refer to One2One's Incident Management Policy, Incident Reporting and Investigation Procedures and the NDIS Quality And Safeguards Commission's [Reportable Incidents Guide](#). All incidents **must be** reported verbally to your Service Coordinator (initially) **within 3 hours of the incident**.

Consumer Name:		NDIS No:		<i>Manager can fill</i>
Incident Day & Date:		D.O.B:		
Consumer Address:				

Part 1 – PERSON COMPLETING WRITTEN REPORT

To be completed by the person involved in or a witness to an incident resulting in harm, injury or risk of harm or injury. This report **must be** forwarded to your Service Coordinator **within 12 hrs of the incident**

Name:	
Position:	
Date of Report:	

Part 2 – INCIDENT DETAILS

<i>What was the incident? (please dot point observations / facts / actions)</i>	
<i>(Attach statement if insufficient space)</i>	
Time of Incident:	<i>Include am/pm, or note as unknown</i>
Location of Incident:	
The person was in receipt of a service from One2One at the time of the incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Nature of Injury or Incident: *tick applicable items*

- No Obvious Injury
 Physical Injury
 Emotional/Psychosocial (*Stress*)
 Unauthorised Use of Restrictive Practice

Details of Injury:	
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Treatment required:

- No treatment
 1st Aid Req'd
 GP Medical Attention Req'd
 Hospitalised

If Hospitalised, which hospital? _____

Safeguarding Actions Immediately Implemented by Staff / Others:

Is a Staff Hazard/Accident Report HR08 required? Yes No

If yes please ensure this is submitted to your Service Coordinator

Signed: _____

Dated:

➔ FORWARD FORM TO SERVICE COORDINATOR (within 12 hours of incident)

Part 3 – INCIDENT INVESTIGATION

To be completed by the Service Coordinator **within 24 hours of receiving report of an incident.**
Forward completed investigation to the Service Manager.

Name:	
Position:	
Date:	
Contributing Causes and Sources of Incident	Comment on Contributing Causes & Sources
<p><u>Process and People</u> <i>What processes [or lack of] and people-related responses could have contributed to the incident?</i> <u>Consider:</u></p> <ul style="list-style-type: none"> • Competence/training/experience • Induction practices • Length of employment • Procedures and whether they were followed, or need review. • Pre-existing injury • Illness • Previous similar incidents • Individualised support plans. Are they in place? Do they need review? • Actions of person requiring support • Actions of Staff • Actions of a third party • Level of supervision and support provided? 	
<p><u>Home and Work Environment</u> <i>Are there any issues with the living environment?</i> <u>Consider:</u></p> <ul style="list-style-type: none"> • Space • Arrangement of furniture • Floor coverings • Heating, cooling • Noise • Changes to environment, people, supports • Safety risks • Security 	
<p><u>Psychosocial</u> <i>Consider social causes and include e.g. Mental Health issues heightened, Depressive disorder worsening, psycho social medication changes etc.</i></p> <ul style="list-style-type: none"> • Communication procedures • Support and supervision of staff • Team dynamics • Interpersonal issues • Action of others 	

Causes and Sources of Incident	Comment on Contributing Causes & Sources
<p>Equipment and Processes Is there any issues with specialised equipment or household items / gadgets / media systems that require review, renewal or pose a risk? <u>Consider:</u></p> <ul style="list-style-type: none"> • Need for equipment review, repair or modification • Are needs of person requiring support to change? • Are there consistent practices in place? • Are new staff trained in use of equipment and personal preferences? • Are household items in disrepair, require updating or pose risks? • Competence of user and understanding of safety 	

Part 4 - RESPONSE PLAN (to be completed by Service Coordinator)

Follow Up / Action	By Who	By When

Signed: _____

Dated:

 FORWARD FORM TO SERVICE MANAGER **within 24 hours of incident**

Part 5 - INCIDENT REPORT MANAGEMENT RESPONSE*To be completed by a Manager*

Name:	
Position:	
Date:	

Is this an NDIS COMMISSION Reportable Incident?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Initial Report Submitted via NDIS Portal:		
Lodger Name:		
Report Incident ID #:		
Were Other Statutory Agencies Involved?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please Specify: <i>(more than one option may apply)</i>		
<input type="checkbox"/> Police	Date notified:	
<input type="checkbox"/> Dept of Child Protection @ Family Services	Date notified:	
<input type="checkbox"/> Dept of Justice	Date notified:	
<input type="checkbox"/> Coroner	Date notified:	
<input type="checkbox"/> Office of the Public Advocate	Date notified:	
Was the consumer hospitalised?	- Visited Emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No
	- Admitted to a Ward	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date of discharge:	
	Name of Hospital:	
Additional information:		
Adequate safeguards in place:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Further action required:	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, note Actions below)</i>	
Actions:		
<i>Diarise - follow up in 3 mths</i>		
Manager signature:		

OFFICE USE ONLY*(Initial & Date)*

Electronic Copy files to Shared Drive (Incident Reporting Folder & Consumer Folder)

Incident Register Updated

Risk Register Updated Y/N

Staff Hazard Accident form Received if applicable