**Incident Report #:**

**Participant Name:**

On commencement, ‘save as’ this form to participant file in k-drive (Behaviour Support\Incident)

**This form is for reporting the unauthorised use of a restrictive practice. The unauthorised restrictive practice (URP) will need to be reported to the NDIS Commission.**

**Step 1: Reporter Details**

|  |  |
| --- | --- |
| Reporting worker’s name |  |
| Position title |  |

**Step 2: Incident type: Unauthorised Restrictive Practice (URP) Details**

|  |  |
| --- | --- |
| Date of URP incident |  |
| Time of incident |  |
| Address/location of incident |  |
| Who administered the URP? |  |
| The reason for using the restrictive practice |  |

**Step 3: Description of the URP used.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of medication / URP used** | **Amount of medication administered** | **Time medication administered (am/pm)** | **Length of time URP used for eg. helmet** | **Medical professional required** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Step 4: Please describe any other investigations/findings and what will be done to prevent the recurrence of the incident (if relevant).**

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**Step 5: Finalising Report**

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| Name of manager/team leader: Date:  |
| Have you reported to the URP to the NDIS Commission? Yes [ ]  No [ ]   |
| Have you documented the URP on Incident Report Register (k-drive\general items for all staff\databases\incident report database)? 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 [ ]  |