**What safety issue or event can be recorded?**

**Incidents that must be recorded include:**

* Those that have or could have, caused harm to a participant (Table 1 Incident Category).
* Acts by a participant that happened in connection with providing supports that caused serious harm or risk of harm, to another person (Table 1. Incident Category).
* Reportable incidents (see Step 6 below) that are alleged to have occurred in connection with the provision of NDIS supports
* Consider copying into participants progress notes/file

**Complaints that must be recorded include:**

* Those that seek a resolution/action
* Any participant expression of anything that is perceived to be unfair or makes them

unhappy with your service

* Anonymous complaints that allege concerns for participant safety and/or dissatisfaction

with a support or service.

**Suggestions from workers and participants about improvements to your supports (OFI)**

* You encourage staff to be on the lookout for how and where improvements, efficiencies

innovation in your supports can be made

* You have ways to demonstrate their input is valued and acknowledged, such as in staff

meetings, during performance reviews and statements in job roles.

**Worker Health and Safety - near miss or hazard reports**

**Workers can lodge a worker Health and Safety report to ensure you are aware of any**

**potential risks or manage any actual events**

**Register Number #:**  *(office use only)*

**Type of safety report**

Incident/accident  WHS/near miss/worker injury

Complaint  Opportunity for improvement suggestion

***Please complete and email to your manager or team leader within 24 hours of incident/safety event.***

**Step 1: Details**

|  |  |
| --- | --- |
| Participant name *(if relevant)* |  |
| Date of report: |  |
| Address/location of safety issue/event: |  |
| Date of safety issue/event: |  |
| Time of safety issue/event: |  |
| Report prepared by worker handling the matter (name): |  |
| Signature *(italics or online sig*): |  |

**Step 2: Who was involved (participant / supported employee / other)?**

1. Participant / supported employee / other details - please complete for each participant involved in the incident. This includes participant witnesses.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Family Name** | **First name** | **Gender** | **Date of Birth** | **Involved, witness or victim** | **Injured**  **Yes / No** | **Medical professional required** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Worker or other (witness) details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Family name** | **First name** | **Position** | **Involved or a witness** | **Injured**  **Yes/No** | **Medical professional required** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Step 3: What happened?**

What happened (brief description) and any impact / injuries to the participant / supported employee:

|  |
| --- |
|  |

Describe the immediate response of worker to incident:

|  |
| --- |
|  |

Was any property or equipment damaged? Yes  No

|  |
| --- |
| If yes, give details of damage: |

**Step 4: Participant / supported employee feedback / input**

What did the participant / victim affected by the incident want to happen (solutions):

|  |
| --- |
|  |

**Step 5:** What action or solution was chosen in response to the incident or complaint?

|  |
| --- |
|  |

**Step 6: Body region injured (if relevant).**

|  |
| --- |
| Name of injured person:  (*Circle injured area)* |

**Step 7: Is this a reportable incident (to the NDIS Commission)?**

* The death of a person with disability
* Serious injury of a person with disability
* Abuse or neglect of a person with disability
* Unlawful sexual or physical contact with, or assault of, a person with disability
* Sexual misconduct, committed against, or in the presence of, a person with disability, including grooming of the person with disability for sexual activity
* Unauthorised use of restrictive practices in relation to a person with disability.

|  |
| --- |
| **Yes** immediately report to manager/team leader and then go to Step 8  **No** continue to Step 8 |

**Step 8: Finalising Report**

|  |
| --- |
| Have you recorded minor injuries in the Register of Injuries book? Yes  N/A |
| Name of reporter: Date: |
| **Immediately EMAIL TO YOUR MANAGER/TEAM LEADER** |

**SUPPORT WORKERS STOP HERE, OFFICE USE ONLY BELOW**

**Manager/Team Leader Report** *(witnesses do not complete this section)*

**Step 1: Details**

|  |  |
| --- | --- |
| Manager/team leader name |  |
| Position title |  |
| Date of report |  |
| Time of report |  |

**Step 2: Investigation/Response**

When a full investigation is required, team leaders refer the incident to your manager (eg. police involvement, reportable incident, confidential reports)

|  |
| --- |
| N/A  If yes, reported to (name of manager): |

**Step 3: Outcomes from the investigation**

Participant or other indicates satisfaction with the outcome of the complaint / incident Yes  No

|  |
| --- |
| Comments: |

Participant/other indicates satisfaction with complaint / incident **handling** Yes  No

|  |
| --- |
| Comments: |

**Step 4: Feedback**

Debrief /feedback on the complainant’s (person giving feedback) experience of the complaint/incident handling process.

Satisfied? Yes  No

Areas for improvement?

|  |
| --- |
|  |

Family/Career notified: Yes  No  (if no, why?)

|  |
| --- |
| Details (who and how): |

**Step 5: Strategies for Improvement**

What strategies for improvement for the service, avoiding reoccurrence have been identified immediate and long term?

|  |
| --- |
|  |

Person responsible for and date these are implemented

|  |
| --- |
|  |

Recorded on a register (incidents / complaints) and / or elsewhere (HR, manager/CEO)?

|  |
| --- |
|  |

Outcome (eg. action plan, referral to manager, referral to external and date)

|  |
| --- |
|  |

**Step 6: Is the incident a reportable incident?** e.g. NDIS or WorkSafe

*Refer to Incident Reporting Chart CCF-81*

|  |
| --- |
| Yes  No  If yes, then report the incident to the NDIS Commission, police and/or other.  *You must notify the NDIS Commission about a reportable incident that occurs or is alleged to have occurred*. |

**Step 7: Is the incident an unauthorised restrictive practice?** e.g. Physical restraint

|  |
| --- |
| Yes  No  If yes, report the incident to the APO and complete BF-04 Debrief After Unauthorised Restrictive Practice |

**Step 8: Finalising Report**

|  |
| --- |
| Signature of manager/team leader: Date: |
| Have you notified the relevant authorities? Yes  No  N/A |
| Have you documented the report on: *Incident Register / Complaints Register* Yes  No |
| On Carelink+ notes, have you added that an incident report was done? Yes  No  N/A |
| Has the Debrief After Unauthorised Restrictive Practice BF-04  been given to the relevant person to complete? Yes  No  N/A |

**Step 9: Incident / Complaint / WHS Rectified Sign Off**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Manager / CEO: |  | | Date: | / / |
| OH&S Committee: |  | | Date: | / / |
| Which register has the event been added to? | | Incident Register Number *\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | |
| Complaints Register Number *\_\_\_\_\_\_\_\_\_\_\_* | | |

**Step 10: Finalise the record keeping** *(email to HR and / or OHS if required)*

|  |
| --- |
| Have you stored this form both electronically & as a hardcopy in the participant’s file?  Yes  No  N/A |
| Worker injury / complaint emailed to HR (*HR@kyeema.com.au*): Yes  No  N/A |
| Hazard / Near Miss emailed to OHS *(OH&S@kyeema.com.au):* Yes  No  N/A |

|  |
| --- |
| **Table 1: Incident Category *(from Incident Register dropdown)*** |
| Abuse (physical/emotional/sexual/verbal) |
| Assault (physical act to another) |
| Breach of Privacy |
| Conduct (inappropriate or unlawful behaviour) |
| Environment (chemical spill/impacts surrounds) |
| Financial Abuse |
| Harm (caused to someone) |
| Neglect (failure to provide nec care) |
| Physical (slip/fall/injuries/accidents) |
| Restrictive Practice (unauthorised RP) |
| Medication |
| Near Miss / Hazard |