



NDIS Incident Report (Internal)

This form is for either:

- the initial reporting to the Hessel Group of an incident or allegation that may then require completion of the reportable incident notification form approved by the NDIS Quality and Safeguards Commissioner for the purposes of sections 20 and 21 of the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.
- or reporting an incident or allegation or disclosure that is not deemed reportable but still needs to be recorded, investigated and acted upon.

Part A:

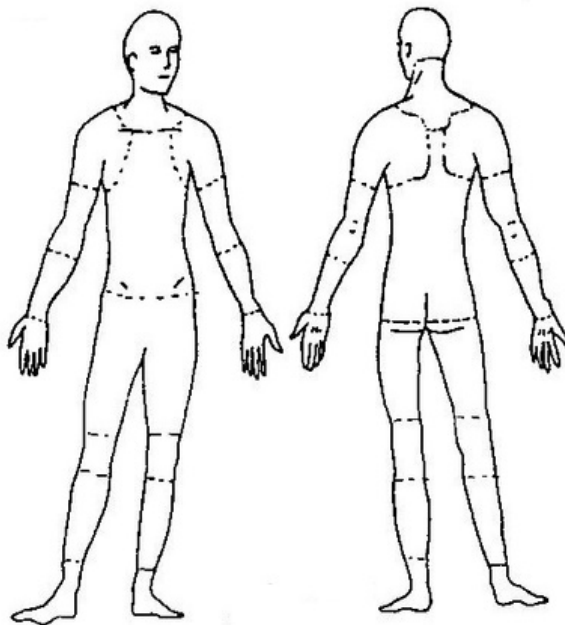
Title:	Surname:	Given Name(s):	
Address:	Phone:		
Date of Birth:	Email:		
Next of Kin:	Surname:	Given Name:	
Acts, omissions, events occurring in relation to providing supports Acts by person with a disability		Have or could have caused harm Have caused serious harm or risk of harm to another person	
Date of, or disclosure of, event:	Time:		
Location			
<p>Describe the incident</p> <p><i>Provide details of what happened, include tasks/ equipment/ tools/ people involved, operational issues. Include the impact on or harm caused to any person with disability affected by the incident, including actions to support or assist persons including independent advocates, to ensure their health, safety and wellbeing.</i></p>			

Injury – Nature of Injury

Contusion/crush	Burn	Dislocation	Amputation
Laceration/ open wound	Superficial injury	Foreign body	Internal Injury
Concussion	Sprain/ stain	Fracture	Dermatitis

Location of Injury

Head/ face	Eye	Internal organs
Hand/fingers	Shoulder/ arms	Trunk (other than back)
Hip/ leg	Foot/ toes	Back
Other:		



Shade on the diagram the location of the injury.

Was patient transferred to a doctor/hospital? Yes No
 (If yes, give details):

Immediate actions taken to make situation safe:	
Witness (for Notifiable incident attach signed witness statement or letters of complaint)	
Witness Name:	Witness Phone:
Email:	
Reportable incident to NDIS	https://www.ndiscommission.gov.au/document/661
CARL:	https://www.childprotection.sa.gov.au/reporting-child-abuse
SafeWork SA:	www.safework.sa.gov.au
If yes, Date of contact:	

Part B:

INVESTIGATION - to be completed by Operations Manager and/ or delegate: Always ensure the person/s affected by the incident are considered during the investigation		
Outcome of Investigation:		
Action/s to be taken to prevent further similar incidents from reoccurring or minimise their impact:		
Action:	Responsibility:	Completion Date:

Investigation Completed by:	
Name:	Signature:
Feedback to Reporter	Date
Incident Discussed at Team Meeting	Date
Chief Executive Officer Signature:	
<p>Comments:</p> <p><i>Could the incident have been prevented?</i></p> <p><i>How well was the incident managed and resolved?</i></p> <p><i>Any additional remedial action to be undertaken?</i></p> <p><i>Counselling provided for all parties as required.</i></p>	
Completed form to be sent to WHS and recorded in Incident Register	