

⚠ Reporting of ALL accidents or incidents is mandatory ⚠

IMMEDIATELY:

1. Notify your direct supervisor about any accident or incident
2. Document details of the incident on this form during the shift in which the accident/ incident occurred or within 24 hours of the incident occurring at the very latest.
3. Report any accidents involving injury, to the Client Services Manager who will determine whether if it is a Reportable Incident under the NDIS Reportable Incidents Scheme or if a WHS report needs to be made to the WorkCover Authority instead.
4. **If the incident is related to Covid-19, supervisors to notify NSW Health 137 788, SafeWork NSW (if employee): 13 10 50 and NDIS Commission: 1800 800 110**

What is a Reportable Incident?

NDIS reportable incidents include:

- 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 for sexual activity
- unauthorised use of a restrictive practice in relation to a person with disability.

All Reportable Incidents need to be reported within 24 hours of being made aware of the incident, except for restrictive practices.

If in doubt as about using this Accident / Incident Report, discuss with your manager / supervisor.

What other incidents do I report on?

- All incidents need to be reported on, even minor incidents like:
 - Vomiting
 - Trips and slips
 - Minor cuts
 - Minor illness
 - Anxiety
 - Equipment issues
 - Covid-19 infection of staff / volunteers / participants
 - Serious incidents involving a person with disability, who are not NDIS participants also need to be reported
 - The Client Services Manager will determine
 - Staff WHS injuries
 - Medication incidents should be recorded on the Medication Incident Report
- See the Incident Management System for more information on incidents, including Reportable Incidents.

What happens with the information provided in this form?

- **After this form is signed by the Client Services Manager, save in Salesforce against the client/member record and de-identified data is added to the Incident Register.**
- The client or their parent/guardian are to be consulted or kept informed of any resulting actions taken after the accident/incident.
- The Client Services Coordinator is responsible for ensuring all follow-up action is completed or under-way.
- The Incident Register is reviewed regularly by the Client Services Manager & CEO for trends that might require further action to be taken.
- If a vehicle is involved a copy is forwarded to the Finance Manager and the Office Manager.
- For more information, see the Incident Management System.

ACCIDENT / INCIDENT REPORT



Office use only. Identifying number from Incident Register:

Date and time of incident

Date	
Time	
Is this the time of the incident, or the time you were <i>informed</i> of the incident?	<input type="checkbox"/> Time of incident <input type="checkbox"/> Time <i>informed</i> of incident
Name of MDNSW Program / Service where incident occurred	

Details of all persons involved in accident/incident

Role	Name/s	Phone / email (so we can follow up)
Staff/Volunteer		
Client/s (include name and age of clients)		
Witnesses/ other		

Is it a Reportable Incident? (see page 1)

YES

→ An authorised RI Notifier will complete the relevant NDIS Form:

NDIS Reportable Incident Form - Immediate OR
NDIS Reportable Incident Form - 5 Day notification on the 'My Reportable Incidents' page in the NDIS Commission Portal

An Authorised RI Approver will review and submit the form to NDIS Commission

NO

Complete this form within 24 hours of the incident/accident occurring

UNSURE

Discuss with your manager/supervisor as soon as possible

ACCIDENT / INCIDENT REPORT



Office use only. Identifying number from Incident Register:

Details of Accident/Incident

NB These details need to be completed as soon as possible after the accident/incident occurred or within 24 hours.

What happened? Describe incident:	
NB. This information should include details of how the incident occurred including: <ul style="list-style-type: none">• the impact on, or harm caused to, any person with disability;• what were those involved doing at the time? Attach separate report if necessary.	
Is the person affected safe?	
Where did the incident occur?	
Specify the site and location: <i>eg. Gymnasium at 'Camp', Sydney Academy of Sport, Wakehurst Parkway, Narrabeen.</i> *Take photos of where the incident occurred or any property damage – this is useful for insurance purposes*	
What immediate actions were taken?	
Is the person impacted being kept informed of outcomes?	
Contact: Has Family/parent/ carer been contacted?	
Was an Ambulance called?	
Was a Supervisor/ Manager contacted?	

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Action: Was First Aid given? By whom?	
Was a Hospital/doctor visited?	
Has information taken from all parties involved? Obtain witness statements from all who saw the incident.	
Was the incident serious? (but not reportable)	
Did it occur when supports or services were being delivered?	
Does it require investigation? (see Incident Management System for procedure)	
Has a similar incident happen before?	
Was it a preventable incident?	
What needs to change to prevent a similar incident?	

What was the outcome of the accident/incident?

<i>Include details of whether anyone was given medical treatment, hospitalised, returned home, remained on outing, etc.</i>	
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Details of person completing this form

Name	
Role	
Contact details	
Date	
Signature	

Details of other person present at, or in the vicinity of the accident/incident

Name	
Role	
Contact details	

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I have read the details recorded in this document and confirm their accuracy, to the best of my knowledge

Signature	
Date	
Additional Comments	

Person responsible for follow-up action (Client Service Manager/Coordinator):

Name	
Role	
<i>To be signed once follow-up action is identified and/or initiated.</i>	
Signature	
Date	

Follow up action – to be initiated by the Client Services Coordinator and completed by the Client Services Manager

Areas to follow up	Specify action to be taken and persons to be advised	Who?	When?	Signature/Date Action Completed
Further communication with family/client				
Keep client/family informed throughout the process				
Property Maintenance issue				
Equipment issue				
De-identified data recorded in Incident Register				

ACCIDENT / INCIDENT REPORT



YOUR NEUROMUSCULAR SUPPORT COMMUNITY

Office use only. Identifying number from Incident Register:

Notification of keyworker/case manager				
Referral of individual/family to other agency				
Review of individual service use/provision				
Staff injury report				
Report (de-identified) for Board Finance Governance & Risk Committee				
Training implications				
Areas to follow up	Specify action to be taken and persons to be advised	Who?	When?	Signature/Date Action Completed
Complaint registration & reviewed				
Investigation conducted and findings reported				
Implications for procedural/policy review				
Trends detected and measures taken to address them				
Other identified issues				

ACCIDENT / INCIDENT REPORT



Office use only. Identifying number from Incident Register:

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Signature - Client Services Manager		Date	
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