rehabilitation support services

PARTICIPANT INCIDENT FORM

Please ensure you fill in this form ***during the shift the incident occurs*** and email through to incident@networkcms.com.au alternatively click on this link https://forms.gle/RtkT11iHmwaaoGdY8
Please refer to the **Incident Management Policy and Procedure, the Restrictive Practices Policy and Procedure** and your **Handbook** if you require further information.

Employee's Details			
Name:		Mobile:	
Position Title:			
Participant's Details			
Name:		Mobile:	
Address:			

Incident Details			
Date of Incident:		Time of Incident:	
Incident Location:			
Location Type:	☐Residential Address ☐In the community ☐Specialist disability accommodation ☐Service outlet ☐Other Click or tap here to enter text.		
Did the incident take place during a scheduled shift? ☒Yes ☐No			
Witness: ☐Yes ☐No	Name:	Mobile:	
Would you categorise the incident as a: ☐Near miss ☐Harm ☐Minor injury ☐Major injury ☐Other			
What treatment did the participant received?	☐First Aid ☐Doctor ☐Hospital ☐Other		
Would you categorise the incident as a reportable incident as per Subsection 73Z(4)? ☐Restrictive Practice ☐Serious injury requiring hospitalisation ☐Death ☐Abuse or neglect ☐Unlawful sexual or physical contact ☐Grooming of the Participant ☐Sexual misconduct committed against or in the presences of the Participant ☐Other			

rehabilitation support services

Incident Information

Please provide information regarding the incident; what occurred prior to the incident, the incident itself, what physical or psychological injury occurred to the Participant, the Participants physical or psychological state after the incident

Support provided to the Participant

Please provide information regarding the support you provided to the Participant, how you handled the situation, the actions you undertook, any first aid applied, or emergency services called, actions taken after the incident to calm or support the Participant

Reflection

On reflection do you believe anything could have prevented the incident from occurring? What do you believe will prevent the incident from occurring again?

Declaration			
I declare that: • I am duly authorised by Rehabilitation Support Services (RSS) to submit this incident form. • To the best of my knowledge, the information provided in this form is true, correct and accurate.			
Full Name:		Signature:	
Position:			