

Client Incident Report - How to Complete

There are three formats of the incident report form (IR form); word version, macro version and non macro version.

The incident report form can be downloaded from the Funded Agency Channel or Human Services hub

Part 1 – Reporter Details

<p>In this section record your name, phone number and position title.</p> <p>Select the region and the DHS program that funds the service/program. These are available in List A & B.</p> <p>Reference number if applicable</p> <p><u>Reporting organisation</u> of the name of agency reporting the incident or DHS.</p> <p><u>Facility/program name</u> is the name of the service reporting the incident eg: name of residential unit, foster care program, name of day centre, Families First, youth service.</p>	<table border="1"> <tr> <th colspan="2">Part 1: Reporter details</th> </tr> <tr> <td>Reporting officer's name:</td> <td><input type="text"/></td> </tr> <tr> <td>Telephone number:</td> <td><input type="text"/></td> </tr> <tr> <td>Position title:</td> <td><input type="text"/></td> </tr> <tr> <td>Region: <i>Refer to Regions (list A)</i></td> <td><input type="text"/></td> </tr> <tr> <td>Funding DHS Program: <i>Refer to Programs (list B)</i></td> <td><input type="text"/></td> </tr> <tr> <td>Reference number: <i>(f applicable)</i></td> <td><input type="text"/></td> </tr> <tr> <td>Reporting organisation: <i>DHS / CSO name</i></td> <td><input type="text"/></td> </tr> <tr> <td>Facility/Program name: <i>E.g. ABC Day Centre</i></td> <td><input type="text"/></td> </tr> </table>	Part 1: Reporter details		Reporting officer's name:	<input type="text"/>	Telephone number:	<input type="text"/>	Position title:	<input type="text"/>	Region: <i>Refer to Regions (list A)</i>	<input type="text"/>	Funding DHS Program: <i>Refer to Programs (list B)</i>	<input type="text"/>	Reference number: <i>(f applicable)</i>	<input type="text"/>	Reporting organisation: <i>DHS / CSO name</i>	<input type="text"/>	Facility/Program name: <i>E.g. ABC Day Centre</i>	<input type="text"/>
Part 1: Reporter details																			
Reporting officer's name:	<input type="text"/>																		
Telephone number:	<input type="text"/>																		
Position title:	<input type="text"/>																		
Region: <i>Refer to Regions (list A)</i>	<input type="text"/>																		
Funding DHS Program: <i>Refer to Programs (list B)</i>	<input type="text"/>																		
Reference number: <i>(f applicable)</i>	<input type="text"/>																		
Reporting organisation: <i>DHS / CSO name</i>	<input type="text"/>																		
Facility/Program name: <i>E.g. ABC Day Centre</i>	<input type="text"/>																		

Part 2 – Incident Details

<p><u>Date of incident</u>, record the actual date and time the incident occurred.</p> <p><u>If you did not see the incident</u>, record the date and time you were first told about the incident.</p> <p><u>Address/location</u> the actual address/location the incident occurred. Eg: street address, park, room in house.</p>	<table border="1"> <tr> <th colspan="3">Part 2: Incident details</th> </tr> <tr> <td>Date of incident: <i>DD/MM/YYYY</i></td> <td><input type="text"/> / <input type="text"/> / <input type="text"/></td> <td>Time of incident: <input type="text"/></td> </tr> <tr> <td>If you did not see the incident: Date you were first told about the incident: <i>DD/MM/YYYY</i></td> <td><input type="text"/> / <input type="text"/> / <input type="text"/></td> <td>Time first told of incident: <input type="text"/></td> </tr> <tr> <td>Address/location of incident: <i>Where did it happen?</i></td> <td colspan="2"><input type="text"/></td> </tr> </table>	Part 2: Incident details			Date of incident: <i>DD/MM/YYYY</i>	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time of incident: <input type="text"/>	If you did not see the incident: Date you were first told about the incident: <i>DD/MM/YYYY</i>	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time first told of incident: <input type="text"/>	Address/location of incident: <i>Where did it happen?</i>	<input type="text"/>	
Part 2: Incident details													
Date of incident: <i>DD/MM/YYYY</i>	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time of incident: <input type="text"/>											
If you did not see the incident: Date you were first told about the incident: <i>DD/MM/YYYY</i>	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time first told of incident: <input type="text"/>											
Address/location of incident: <i>Where did it happen?</i>	<input type="text"/>												
<p><u>Incident type</u>, choose one incident type, the most serious. The incident that best describes what happened in the incident or the behaviour/circumstance that had the greatest impact upon the client.</p> <p><u>Assault</u> if selected physical or sexual assault you must select the box indicating who the alleged perpetrator was and who the alleged victim was. Carer/volunteer recorded as staff.</p>	<table border="1"> <tr> <td>Incident type <i>Refer to the Incident types (list C). Choose and write down ONE (the most serious) incident type only. Copy exact wording from the list.</i></td> <td><input type="text"/></td> </tr> <tr> <td>For incidents involving assault: <i>Please mark one only. 'Other' refers to those who are not clients, staff or carers but who were involved in the incident.</i></td> <td> <input type="checkbox"/> client to client <input type="checkbox"/> client to staff/carer <input type="checkbox"/> staff/carer to client must be marked as Category 1 below <input type="checkbox"/> client to other <input type="checkbox"/> other to client </td> </tr> </table>	Incident type <i>Refer to the Incident types (list C). Choose and write down ONE (the most serious) incident type only. Copy exact wording from the list.</i>	<input type="text"/>	For incidents involving assault: <i>Please mark one only. 'Other' refers to those who are not clients, staff or carers but who were involved in the incident.</i>	<input type="checkbox"/> client to client <input type="checkbox"/> client to staff/carer <input type="checkbox"/> staff/carer to client must be marked as Category 1 below <input type="checkbox"/> client to other <input type="checkbox"/> other to client								
Incident type <i>Refer to the Incident types (list C). Choose and write down ONE (the most serious) incident type only. Copy exact wording from the list.</i>	<input type="text"/>												
For incidents involving assault: <i>Please mark one only. 'Other' refers to those who are not clients, staff or carers but who were involved in the incident.</i>	<input type="checkbox"/> client to client <input type="checkbox"/> client to staff/carer <input type="checkbox"/> staff/carer to client must be marked as Category 1 below <input type="checkbox"/> client to other <input type="checkbox"/> other to client												

Select one category for the incident.

Category 1 is an incident that has resulted in a serious outcome such as client death or severe trauma. Category 2 is an incident that threatens client or staff safety/health and wellbeing. To make further decisions about which category to select, refer to the DHS Incident reporting categorisation table

Incident category:

Refer to Incident types list (C). For items with an asterisk * you must select as Category 1. To make further decisions about which category to select, refer to the DHS Incident Reporting Categorisation Table (list D)

Category 1

Category 2

Part 3 – Who was Involved

Client details:

In this section record the details only of client/s, involved in the incident.

The first client listed is the client most involved in the incident.

Medical professional includes allied health, ambulance, doctor.

Clients: details

Please complete for each client involved in the incident. This includes client witnesses.

	Family name	First name	Sex (M/F)	Aboriginal or Torres Strait Islander (circle one)	Date of Birth	Address	Participant/Witness/Victim/ (P/W/V) (circle one only*)	Injured (circle one)	Medical professional required (circle one)
1				Y N			P W V	Y N	Y N
2				Y N			P W V	Y N	Y N
3				Y N			P W V	Y N	Y N
4				Y N			P W V	Y N	Y N

* Only mark 'victim' when incident involves assault.

Staff/Carer or other details

The first name listed is the person most involved in the incident.

In this section record the details of staff/carers/others involved in the incident.

Paid staff includes an employee/ casual employee, carer includes foster care/kinship carer/permanent carer.

DINMA is the department's workplace safety reporting system for DHS only.

Staff/carers or others: details

Please complete for each staff member/carers or others involved in the incident, including any witnesses.

	Family name	First name	Position/title or Kinship/foster carer or other	Paid staff/ Carer (circle one)	Participant/Witness/Victim/ (P/W/V) (circle one only)	Injured (circle one)	Medical professional required (circle one)	DINMA completed (DHS only)
1				P C	P W V	Y N	Y N	Y N
2				P C	P W V	Y N	Y N	Y N
3				P C	P W V	Y N	Y N	Y N
4				P C	P W V	Y N	Y N	Y N

Part 4 – What Happened

Describe the incident, what happened, impact on client. Details should be brief, factual account of the incident.

Include immediate actions taken to meet client's wellbeing, who was involved, how, where and when the incident occurred; who was injured and the nature and extent of injuries (if applicable).

Who was contacted eg family, police, ambulance doctor.

Explain who each person is (ie: Mary (client) was found by John (staff) on the floor.

Describe the incident and the immediate response of staff.

This section should be a brief, factual account of the incident. Include who was involved; how, where and when the incident occurred; who did what; who (if anyone) was injured and the nature and extent of injuries (if applicable).

Property or equipment damaged and details if applicable

Signature of reporting officer, person completing steps 1 – 4

Was any property or equipment damaged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Details of damage:	<input type="text"/>		
Signature of reporter:			Date: / /

Part 5 – Manager’s report

Completed by house supervisor, coordinator, manager, CEO, DAS manager.

As delegated in agency/ house.

Part 5 to be completed by house supervisor/coordinator, line manager, CEO, or agency manager.

Print Name:	<input type="text"/>	Telephone:	<input type="text"/>
Position:	<input type="text"/>		

Brief Summary of Incident to consolidate the incident in 20 words or less. The summary is an overview of who was involved and the context of the incident.

Eg: Client 1 caused property damage by continuously hitting the walls/ client 1 attempted suicide by ... /client disclosed to staff she had been assaulted / client 1 crashed the units car.

Brief summary of incident (for all incidents)

Provide a brief summary of incident in 20 words or less.

<input type="text"/>
<input type="text"/>

Actions taken in response to the incident, to address safety risks and what will be done to prevent incident from happening again.

Include steps taken to address the client’s wellbeing, safety and support provided.

Include who has been contacted eg; family, advocate, police.

What actions have been taken and what follow-up actions will be taken in response to the incident?

Please describe what actions have been taken to address safety risks and what will be done to prevent recurrence of the incident.

<input type="text"/>
<input type="text"/>

Staff to Client Assault/ Abuse in care

This section is for Child Protection and Disability Service clients.

These refer to alleged or actual physical or sexual assault where a client in care is the victim, and the perpetrator is a staff member, a carer or a member of the carer's household.

Provide details relating to actions taken in relation to the incident, staff/carers stood down, change of placement, quality of care review recommended.

Staff to client assault and/or Abuse in care

These refer to alleged or actual physical or sexual assault where a client in care is the victim, and the perpetrator is a staff member, a carer or a member of the carer's household.

Is this an incident of staff to client assault?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If yes, complete remaining items in this section.</i>
Have immediate client safety needs been met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has an investigation been initiated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is this an incident of abuse in care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Please provide details:

e.g. staff or carer stood down or client removed from placement, Quality of Care review or other review recommended.

Compulsory treatment for Disability client only subject to compulsory treatment under Disability Act (2006) involved or impacted upon by the incident. Eg Supervised treatment order, registered treatment order, parole, custodial supervision order

Compulsory treatment (for Disability Services clients only)::

Are any of the clients subject to compulsory treatment under the Disability Act (2006)? <i>(STO, RTO, ESO, parole, custodial supervision order)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Other areas informed:

Complete as required

Other areas informed

Local CASA support offered:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> N/A
Line manager/CEO informed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /	Time: <input type="text"/>	<input type="checkbox"/> N/A
Police contacted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /	Time: <input type="text"/>	<input type="checkbox"/> N/A
Police officer's name:	<input type="text"/>			Telephone:	<input type="text"/>
Police investigation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /		<input type="checkbox"/> N/A
Coroner contacted:	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	Date: / /	Case number:	<input type="text"/>
WorkSafe Victoria notified:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /		<input type="checkbox"/> N/A

Quality checked by manager all sections are completed and brief description completed.

Sign, date time.

Report quality checked:	<input type="checkbox"/> Yes			
Signature of Manager:	<input type="text"/>	Date:	/ /	Time: <input type="text"/>

Forward completed incident report to the Designated Point in DHS Regional Office

Forward completed incident report to the Department of Human Services