A close up of a sign

Description automatically generated

*This form gives effect to the ICH FIS Incident Reporting and Management Policy.**This form relates to all reportable incidents in relation to service users. Before using this form read the ICH FIS Incident Reporting and Management Policy and ICH FIS Incident Reporting Procedure.*

|  |  |
| --- | --- |
| Name of service user/s involved in incident |  |
| Name and age/dob (if known) of other people involved in the incident |  |
| Date and Time of incident |  |
| Location of incident |  |
| Witnesses to the incident (including contact information if possible) |  |
| Name of Worker completing the report form |  |
| Date and Time notified of incident |  |
| Category of Incident (Refer to the policy for incident definitions) | Critical - Category 1  Critical – Category 2 |

|  |  |
| --- | --- |
| **Type of Critical Incident** | |
| **Category 1:** | **Category 2:** |
| Death | Injury requiring medical attention |
| Life threatening injury (hospitalisation) | Mental health episode (immediate medical  treatment but not hospitalisation) |
| Major security incident | Alleged harm, neglect or exploitation (mandatory  reporting) |
| Rape, sexual assault or other serious assault | Self-injury |
| Significant mental health episode (immediate  medical treatment and hospitalisation) | Serious threat |
| Motor vehicle incident (hospitalisation required) | Domestic and family violence |
|  | Missing service user or child |
|  | Motor Vehicle incident (medical treatment  required but no hospitalisation) |

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| Does a risk management plan need to be completed?  Yes  No |

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| **Description of the Incident** |
| *Describe the incident and circumstances surrounding the incident, including a detailed description of the precipitating factors, support being provided, precautions taken, early warning signals, specific behaviours and early crisis intervention techniques applied.* |
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| **Actions taken (during incident and follow up)** |
| *What action was taken and by whom? Detail any medical treatment/attention provided. Describe follow up actions and include recommendations for further follow up.* |
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| **Continuous Improvement** |
| *Reflect on relevant policies, procedures and practices that need be considered/reviewed to minimise future occurrences* |
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| **Additional Forms Required** | | |
| Motor Vehicle Damage Report Form (if an ICH vehicle is involved) | Yes  No | *Additional Information:* |
| Incident Report Form (for workers) | Yes  No | *Additional Information:* |
| Worker Signature |  | |
| Date report complete |  | |

| **Notification – key people to be notified prior to formal report** | | | |
| --- | --- | --- | --- |
| **Position** | **Date & Time** | **Name of person contacted** | **Who contacted them** |
| ICH FIS - Manager |  |  |  |
| Child Safety |  |  |  |
| CEO Advised (if Category 1) |  |  |  |

| **Signature** | | | |
| --- | --- | --- | --- |
| **Position** | **Date & Time** | **Name** | **Signature** |
| ICH FIS - Manager |  |  |  |

| **Areas Requiring Follow-Up** | | |
| --- | --- | --- |
| **Task** | **By Whom** | **By When** |
| Completed form to be uploaded to the service user’s SRS file | ICH FIS Worker who is completing this form | By 5pm the business day following this report being submitted to the Department |
| Details of incident to be recorded in ICH FIS Incident Register | ICH FIS Manager | As soon as practicable |
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