Shaping better lives

INCIDENT INVESTIGATION REPORT FORM

INCIDENT DETAILS			
Date and time of the incident:			
Location of the incident:			
Name and details of the person who reported the incident to Shape Disability:			
Date and time incident was reported to Shape Disability:		**Who was the incident reported to, at Shape Disability?**	
Date and time incident was reported to Shape Disability key personnel:		**Who was the incident reported to?**	
Was this an NDIS Reportable Incident? **YES** ☐ **NO** ☐	**If YES, please select:** ☐ *Death of a person with disability* ☐ *Serious injury of a person with disability* ☐ *Abuse or neglect of a person with disability* ☐ *Sexual misconduct against, or in the presence of, a person with disability, including grooming* ☐ *Unlawful sexual or physical contact with, or assault of, a person with disability* ☐ *Unauthorised use of a Restrictive Practice*		

Date and time the incident was reported to the NDIS Commission:		**Details of person who reported the incident to the NDIS Commission:**	
Proda – NDIS Commission Reportable Incident Number:			
Was the incident reported to Worksafe? Provide details:			
Who was involved in this incident?	*(include name and role)*		*(include name and role)*
	(include name and role)		*(include name and role)*

DETAILS OF PARTICIPANT IMPACTED BY THE INCIDENT			
Participant Name and Contact Details	**NDIS Number**	**Date of Birth**	**Supports provided by Shape Disability at the time of the incident**

DETAILS OF WITNESSES	
Witness Name and Contact Details	**Witness Name and Contact Details**

DESCRIPTION OF THE INCIDENT – INCLUDING WHAT LED UP TO THE INCIDENT
(please include as much detail as possible)
IMMEDIATE RESPONSE TO THE INCIDENT
(please include as much detail as possible)
DETAILS RELATING TO THE INCIDENT

Were emergency services contacted? *(including ambulance or police)*	YES ☐ NO ☐	If YES please provide details:
Was First Aid applied?	YES ☐ NO ☐	If YES please provide details:

How was the impacted participant safeguarded?	*(please detail all steps taken to ensure the participant is safe)*	
Was the participant's representative contacted?	YES ☐ NO ☐	*(please provide details – who was contacted. If no representatives were contacted, explain why)*
Is there a subject of allegation?	YES ☐ NO ☐	If YES please provide details:
	YES ☐ NO ☐	If YES please provide details:
Is the subject of allegation a Shape Disability staff member?	YES ☐ NO ☐	If YES please provide details the steps taken to manage the staff member in relation to this incident.
INCIDENT INVESTIGATION		
Name and contact details of person conducting the investigation:		

INTERVIEWS CONDUCTED AS PART OF THE INCIDENT INVESTIGATION		
Date of Interview	**Details of Person Interviewed**	**Details of Interview**

DOCUMENTS REVIEWED AS PART OF THE INCIDENT INVESTIGATION			
Date Reviewed	**Document Type**	**Details of Document**	**Date Uploaded to Proda**

TIMELINE OF STEPS IN THE INCIDENT INVESTIGATION			
Date	**Action**	**Details**	**Date Completed**

SUMMARY OF OUTCOME OF INCIDENT INVESTIGATION
(please include as much detail as possible)

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COULD THIS INCIDENT HAVE BEEN PREVENTED?
(please include as much detail as possible)

SUMMARY OF CORRECTIVE ACTIONS			
Date to be completed	**Who is responsible**	**Actions**	**Date Completed**

FOLLOW UP WITH IMPACTED PARTICIPANT AND THEIR REPRESENTATIVE					
Was the impacted participant and their representative kept updated during the investigation?	YES ☐ NO ☐ *If no, please explain why:*	**Is the participant and their representative satisfied with the outcome of the investigation?**	YES ☐ NO ☐ *Please include feedback:*	**Has the participant and the representative been provided a copy of this report?**	YES ☐ NO ☐ *If no, please explain why*

RISK ASSESSMENT – INITIAL				
Date of Assessment	**Description of Risk/ Incident**	**Assessed Level of Risk**	**Action to Mitigate Immediate Risk**	**Revised Level of Risk**
RISK ASSESSMENT – FINAL				
Date of Assessment	**Description of Risk/ Incident**	**Assessed Level of Risk**	**Action to Mitigate Risk**	**Final Level of Assessed Risk**

RISK MATRIX

LIKLIHOOD	CONSEQUENCE				
	Insignificant No injuries or minor issue/ discomfort without treatment	**Minor** Minor injuries, first aid treatment	**Moderate** Medical treatment / some lost time	**Major** Long term injury or serious illness, hospitalisation	**Catastrophic** Fatality or multiple life-threatening injuries
Almost certain Expected to occur in most circumstances	Medium	High	High	Extreme	Extreme
Likely Will probably occur in most circumstances	Medium	Medium	High	Extreme	Extreme
Possible Should occur sometimes	Low	Medium	Medium	High	Extreme
Unlikely Could occur sometimes	Low	Low	Medium	High	High
Rare May occur in exceptional circumstances	Low	Low	Low	Medium	High

FINAL REPORT				
Date	**Name of Investigator**	**Signature**	**Incident Register Updated**	**All documents uploaded to Proda – if applicable**
			YES ☐	YES ☐