**🞎 BRISBANE 🞎 TOWNSVILLE 🞎 CAIRNS NOT TO BE USED FOR A CRITICAL INCIDENT**

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| --- | --- | --- | --- | --- | --- |
| **CLIENT DETAILS** | | | | | |
| Name: |  | | | Date of Birth: |  |
| Address: |  | | | | |
| Home Phone: |  | Mobile: |  | Sex: | 🞎 Female 🞎 Male |

🞎 Medication Incident 🞎 Skin Management 🞎 Bowel Therapy 🞎 Hospitalisation

🞎 Vehicle Accident 🞎 Intoxication/Drug Misuse 🞎 Transfers 🞎 Other (Details below)

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| **INCIDENT DETAILS** | | | | |
| Date of Incident: |  | Time of Incident: | |  |
| Place where Incident occurred: |  | Date Incident Reported: | |  |
| Name & Role of Person reporting the Incident: |  | Name & Role of Person the incident was reported to | |  |
| Location of Incident: |  | Report given via: | | 🞎 Phone 🞎 Face to Face  🞎 Fax 🞎 Email |
| Please describe what happened: |  | | | |
| What happened next including your actions |  | | | |
| Was anyone injured? | 🞎 Yes 🞎 No If yes, please provide details and the treatment undertaken. | | | |
| Was any equipment being used when the incident occurred? | 🞎 Yes 🞎 No If yes, please list the equipment. | | | |
| Has a similar incident occurred before? | 🞎 Yes 🞎 No  If yes, please provide details. | | | |
| Please provide details of any witnesses to the incident. | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Incident Report lodged by:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name / Position | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | |

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| **Incident Follow Up - CSO / Team Leader to list follow up action.** | | |
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| **Referrals Required:**  🞎 Manager 🞎 SAHS 🞎 Workplace Assessor 🞎 WHS Manager    🞎 Other: Please identify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 No referral required | | |
|  | **Signature** | **Date** |
|  |  |  |
| **MANAGER** | **Signature** | **Date** |
|  |  |  |
| **Date Client Incident Closed:** |  |  |

Form to be filed in Client File.