**🞎 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 🞎 NoIf 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.