

Incident/Accident Reporting Procedure

In the case of any incident occurring in the course of a Community Connection employee's working day, it must be reported

Some examples of incidents that should be reported include:-

- Motor vehicle accidents regardless of the superficial nature of damage or injury
- Incidents with community members which could include verbal abuse, negative interactions
- Behavioural incidents that occur in any setting
- Injuries sustained (to the Support Worker or to the person receiving support) while at work even if the injury is not serious or was not caused by direct contact with anyone else
- Injuries that occur on your regular journey to and from work
- Interactions with the person you support and his or her family that are negative or abusive
- A death in care as provided under sections 7 and 9 of the *Coroners Act 2003* which imposes a duty to report a death in care even if the deceased died in hospital of natural causes. The death of a person receiving support MUST be reported even if:
 - The person died somewhere other than where they ordinarily lived
 - You think the person died of natural causes or
 - You think someone else may have already reported it.

Actions:

- In the first instance, the worker must phone the office and report the incident verbally to any member of the Management team. If it is outside of office hours and the matter is serious, you are required to call the "on call" number.
- The Management team member will discuss the required actions and assist with putting these into action. This may include:-
 - Arranging a medical appointment or a clearance for work
 - Informing family members of the incident
 - Arranging for transport or support for the staff member of the person he or she supports
- The staff member must report to the office and complete an Incident/Accident Form on the next working day.
- Any follow up action will be coordinated by a member of the Management Team in consultation with the individual and his or her family and the support worker – depending on the incident.
- In the event that a 'Death in Care' occurs, Disability Services at the Department of Communities will need to be contacted on 137468 within one business day.

INCIDENT/ACCIDENT REPORT

Date of Report

Registered Report No.....

FAMILY/INDIVIDUAL DETAILS			
FAMILY		LIFESTYLE ASSISTANT	
Christian Name:		Worker 's Name:	
Surname:			
Address:		Address:	
Phone:		Phone:	
Date of Birth:		Date of Birth:	
ACCIDENT/INCIDENT DETAILS			
Name of Person/s Injured/Involved:..... Signature of Employee: <div style="text-align: right;">Date:</div>		Time Injured/Incident:am/pm Date Injured/Incident:/...../20.....	
Location where Injury/Incident occurred:			
Description of Event/ Type of Incident/Potential risk : <div style="text-align: center;">Please report facts only – no interpretation of events please</div>			
Direct Cause of Injury: (e.g. slippery floor) /Behavioural triggers.....			
Bodily Location of Injury: (e.g. right lower arm- or please indicate location on attached body map) Please complete a body map for each person's injuries			
Type of Injury/disease/harm/damage: (e.g. open wound, sprain)			

Impact of Injury/disease: (Please tick one)		Description of actions: (Please tick one)	
Insignificant		Report Only	
Minor		First Aid Treatment	
Moderate		Medical Treatment	
Major		Hospitalization	
Catastrophic		Work Cover Claim	

Witness Details:	Phone Contact Details:
1.	
2.	
3.	

Action / Remedy /Preventative Measure Taken at the time of the incident:

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TO BE COMPLETED BY SUPERVISOR/ RETURN TO WORK PLACE HEALTH & SAFETY REPRESENTATIVE	
Formal Investigation Required:	Yes / No
Safety Alert or Other Notice Required:	Yes / No
Recommended preventative long-term action to be taken:	Yes/No
Work Cover Compensation Paper Work Required	Yes / No
If Work Cover Claim lodged, has a Medical Certificate been issued?	Yes / No
Does Workplace Health & Safety Queensland need to be notified?	Yes/No
Is this a critical incident – does Disability Services need to be notified?	Yes/No

Type of Incident	Action Taken

Type of Incident (M=no or minimal action; S =Serious - follow-up required; C=Critical - urgent attention required)

Report Completed and Signed Out Signature:	Date:
OFFICE USE ONLY	
Information Entered into Incident Registered by:	Date:

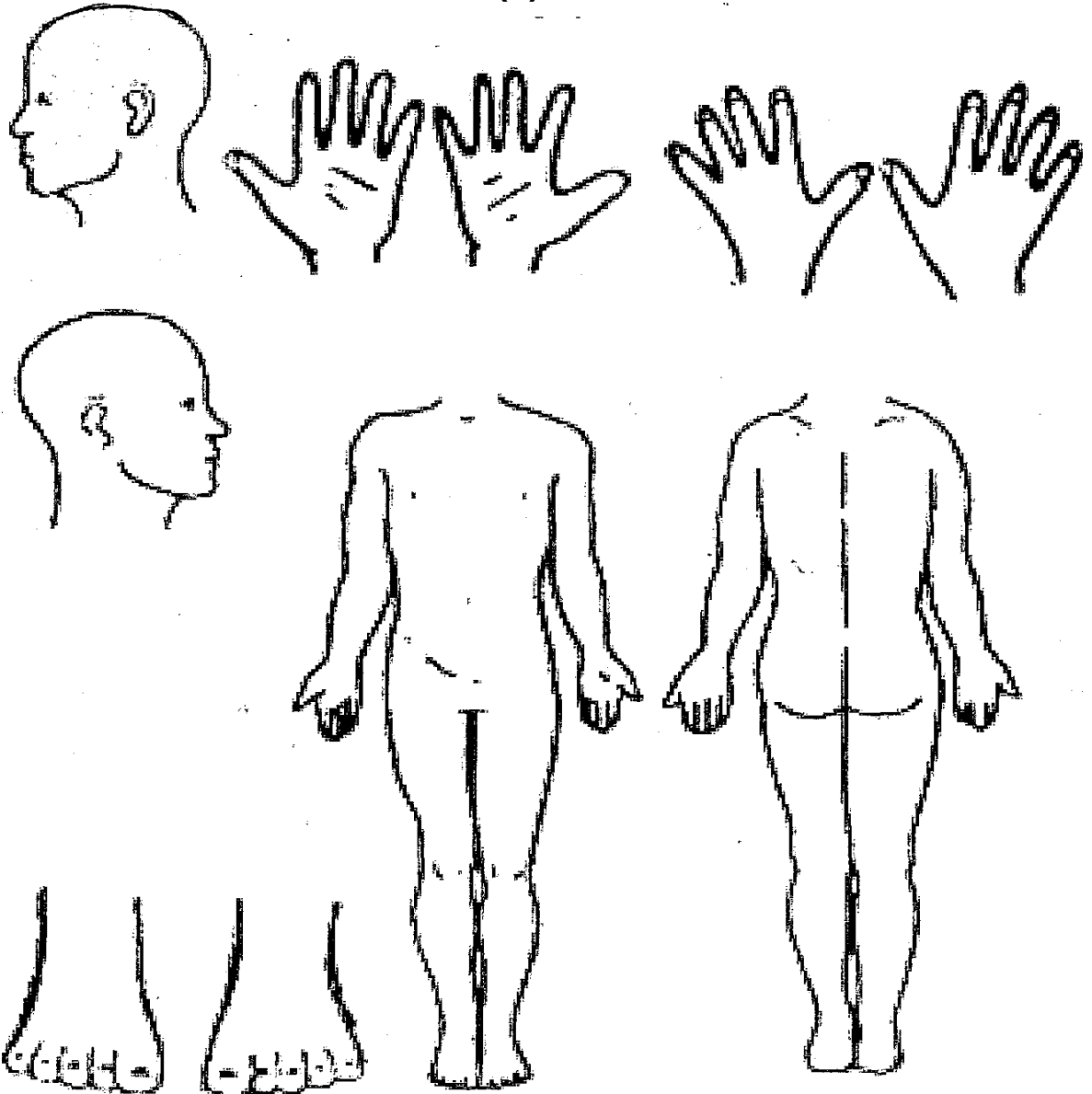
INCIDENT/ACCIDENT REPORT (Attachment)

Injury Report Body Map

Individual's Name _____

Date: _____

Mark Area(s) Affected



Name of Support Worker: _____

Signature of Support Worker: _____ Date: _____