

Incident Report

An incident requiring investigation is defined as an incident that occurred in relation to care resulting in unexpected or avoidable death, abuse, harm, injury to a client, representative, carer, staff or visitor.

NB: You should also notify HomeWise Health and put a notice in the shift notes.

Was there a client involved? *

Yes

No

Key Detail

Client's Name *

Fred Nirk

Key Dates

Date of Incident *

DD MM YYYY Time

04 / 05 / 2022 05 : 00

Reported By

Carer: Jane Smith

Date Reported *

DD MM YYYY

04 / 05 / 2022

Observer Details

List the main observer/witness if not the person reporting

Observer's Name

Helen Nirk

Contact Number:

0415997455

Incident Location

Location *

Client's Home

Other: _____

Type of Incident

Activity engaged in at time of incident: *

- Abuse/Assault
- Breach of Privacy
- Medication
- Personal care
- Manual handling
- Driving & Travel
- Domestic Assistance
- Nursing Activities
- Preparing Meals
- Social Support
- Exercise
- Other:

Details of the incident: *

Did not take his morning medications.
.....

Medication Incident

Type of medication incident

- Incorrect Medication
- Expired Medication
- Missed Medication
- Incorrect dose
- Incorrect time
- Blister pack (absent or breached)
- Sign Sheet (missing or incorrect)
- Other:

Where injuries sustained? *

- Yes
- No Obvious Injury

Injuries sustained

Type of Injury Sustained? *

- Fracture dislocation
- Sprain/strain
- Crush injury
- Internal injury
- Infection/Disease
- Skin condition
- Cut, scratch, puncture, sting or bite
- Bruise
- Poisoning & effect of toxic chemicals
- Burn
- Other:

Bodily Location *

- Head
- Neck
- Upper Limbs
- Trunk
- Lower limbs
- System and internal organs
- Other:

How was it caused? *

- Falls, trips, slips
- Body hitting an object
- Hit by object or person
- Sound or pressure effects
- Lifting
- Repetitive movement
- Vehicle accident
- Medication Issue
- Heat, radiation & electricity
- Other:

Action Taken

Describe what actions you have taken: *

- Administered first aid
- Called 000 (Emergency Services)
- Contacted HWH on 1800 717 590 (24hrs)
- Notified relevant CCM
- Recorded in Shift Notes
- Offered Advocacy Services
- Other: Gave it to him straight away.

This form was created inside HomeWise Health.

Google Forms