

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