myflex health International

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INCIDENT REPORT FORM

TO BE COMPLETED BY PERSON REPORTING THE INCIDENT

Please complete this form and forward to YOUR HEAD OF DEPARTMENT *immediately* following the incident, particularly in the case of injury.

Incident Severity

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**

Dates and Details of Person Reporting Incident

Name:	Manager:	Log No:
Date of report:	Date of Incident:	Time of Incident:
Facility / Hospital / place where incident occurred:		
Feedback to :		
Contact Details:		
Comments:		

1.1 Parties Involved in Incident

Which of these parties were involved in the incident? *(Please tick)*

☐ Staff member ☐ Client ☐ Patient / Resident ☐ Third Party

☐ DVA ☐ VHC ☐ Home Care ☐ Training ☐ Office ☐ Allocations

Please provide details of the main person involved/injured

Name:	Phone:
Name(s) of other persons involved or injured:	
Comment:	

1.2 Witnesses

Were there any witnesses that are able to verify the situation? ☐ Yes *(please provide details below)* ☐ No

Witness Name:	Contact No:
Address:	

Location of Incident

- ☐ 1. Office
- ☐ 2. Other workplace – *details below*
- ☐ 3. Client's home *(includes inside or outside of home)*
- ☐ 4. En route with client in vehicle
- ☐ 5. Other location *(please specify):*

Specific details (eg Bedroom, Lounge)

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1.3 Work or Activity being conducted *(at the time)*

1.4 The most serious outcome of the incident *(Select most appropriate option)*

☐ 1. *Injury to Field Worker ☐ 2. *Injury to Office Employee ☐ 3. *Injury to Client or Care recipient	☐ 4. Damage to client or worker property ☐ 5. Damage to company property ☐ 6. No injury or damage, incident only	☐ 7. Behaviour - Verbal, Physical, Sexual (specify) _______________ ☐ 8. Other *(specify):* ___________

1.5 Description and cause of the incident / accident*:*

PLEASE COMPLETE THE FOLLOWING SECTION ONLY IF INJURIES WERE SUSTAINED

1.6 Injury Classification

Bodily location *(The part of the body affected by the most serious injury sustained or suffered)*		
Nature of Injury *(The most serious injury sustained or suffered)*	☐ 1. Fracture/Dislocation ☐ 2. Sprains/Strain ☐ 3. Contusion/Crush ☐ 4. Skintear, Cut, scratch, puncture, sting, bite ☐ 5. Bruise ☐ 6. Burn	☐ 7. Internal Injury ☐ 8. Infection/Disease, Infectious condition ☐ 9. Skin condition ☐ 10. Damage to artificial aids ☐ 11. Poisoning and toxic effects of substances ☐ 12. Other or unspecific *(Comment)*
Mechanism of Injury *(The action, exposure or event that was the direct cause of the most serious injury eg. Hit by moving object, contact with heat)*	☐ 1. Falls, trips, slips ☐ 2. Body hitting object (*moving or stationary)* ☐ 3. Hit by object or person ☐ 4. Sound and pressure effects ☐ 5. Body stressing *(eg. muscular)* ☐ 6. Repetitive movement, low loads	☐ 7. Chemical factors - contact or exposure ☐ 8. Heat, radiation & electricity ☐ 9. Biological factors – contact or exposure ☐ 10. Exposure to mental stress factors ☐ 11. Vehicle accident ☐ 12. Other ____________________
Cause of Injury *(The object, person or circumstance that was most directly linked to the event or action causing the injury)*		
Comment: *(If other)*		

Employee Name: Date:	Employee Signature: