

Incident Register

This Incident Register should be interpreted and completed in accordance with the Incident Management and Reporting Policy

| Date, time and place of Incident or when first identified | Details of persons involved | Incident Form completed ? | Witnesses | A description of the Incident including the impact on, or harm caused to, any person with disability | Reportable Incident (or alleged Reportable Incident)? Reported to NDIS and relevant external bodies? | Details of assessment undertaken in accordance with requirements of Incident Management and Reporting Policy | Actions taken | Consultations taken with persons of disability | if an investigation is undertaken the details and outcomes of the investigation | Whether persons with disability affected by the Incident have been provided with any reports or findings regarding the Incident | Affected person response and any further action | Incident Manager details and signature |
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| <i>Date, time and place of incident or if unknown, time date and place incident first identified</i> | <i>Include names and contact details of persons involved</i> | <i>Y/N and provide location of form if stored electronically</i> | <i>Include names and contact details of any witnesses to the Incident</i> | <i>Include full description of the Incident including the impact on, or harm caused to, any person with disability affected by the Incident. Update as new information becomes known</i> | <i>Y/N and the reasons why</i> | <i>Set out full details of assessment undertaken in accordance with the requirements of the Incident Management and Reporting Policy</i> | <i>Set out actions taken in response to the Incident, including actions taken to support or assist persons with disability affected by the Incident</i> | <i>Y/N and the types of consultation. If no, the reasons why not.</i> | <i>Give details or reference investigation report</i> | <i>Y/N and by what mode(s) of communication and on what date(s). Include notes from communications.</i> | <i>Provide detailed notes of response</i> | <i>Details, signature and date of signature for Incident Manager</i> |
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| Approved By: | Beloved Care Services Pty Ltd | Version | 1 |
| Approval Date: | March 2022 | Next Scheduled Review | March 2024 |