

SECTION 3: BEHAVIOUR

Not Applicable **Applicable** This section must be completed where an incident involves a Customer's behaviour.

Select Behaviour Type(s):

<input type="checkbox"/> Aggression - Physical	<input type="checkbox"/> Conflict with Other External Person	<input type="checkbox"/> Threat of Self Harm
<input type="checkbox"/> Aggression - Verbal	<input type="checkbox"/> Inappropriate Sexual behaviour	<input type="checkbox"/> Unsafe behaviour
<input type="checkbox"/> Conflict with other Customer	<input type="checkbox"/> Missing/Wandering/Lost	<input type="checkbox"/> Other
<input type="checkbox"/> Conflict with Staff	<input type="checkbox"/> Self harm	

Does the Customer have a Behaviour Support Plan? Yes No

Was PBSP followed? Yes No

Does the Customer have current PRN guidelines? Yes No

Was PRN medication required for this incident? *Yes No

*If yes, medication name _____ dose _____ and time _____

Was PRN medication effective? Yes No N/A

Does the Customer have a Restraint Authority? Yes No

Were restraints applied: No Yes If yes, select type:

Mechanical (eg. Onesie, seatbelt guard) **Environmental** (eg. Locked door, preventing access to TV, phone, etc)

Physical - escort or restraint, 1 person or 2 person Duration of restraint: _____ minutes

Describe additional Unauthorised Restrictive Practices used, not in the BSP:

SECTION 4: MEDICATION

Not Applicable **Applicable** This section is only completed where an incident occurs involving Medications.

What happened? *Missed Medication *Wrong Medication *Wrong Dose Pharmacy Error *Wrong Route *Not Signed *Wrong Person *Wrong Time *Other: _____

*An incident reflection form must be completed by the person who made the error **within 48 hours** of the incident

Name of medication/s involved:

Why/How did it occur? *(Please describe in detail, include the name of the person who made the error if it wasn't you):*

REPORT COMPLETED BY:

This section must be completed by the person completing the incident report.

Name in full, Signature:	Date:
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OFFICE USE ONLY

Incident Report entered in Incident Management Register: Yes No

Staff Name: _____ Date: _____

Investigation: Review Only Service Provision Review Investigation Required Risk Assessment Required

Authorised Restrictive Practices entered on NDIS Portal Yes No N/A

Unauthorised RP Reported on NDIS Portal within 5 Days of Incident Occurring Yes No Date: _____ N/A

Reportable Incident Reported on NDIS Portal within 24 hours of Incident Occurring Yes No Date: _____ N/A

Copy of Incident provided to PBSP Practitioner: Yes No N/A

Incident Discussed with Customer, their Guardian or Decision Maker: Yes No If no, reason:

Please use this section to include any additional notes for the incident reported: