

Incident report form



Latrobe Community Health Service (LCHS) is dedicated to providing a safe environment for everyone.

What is an incident?

An incident is an event or circumstance that could have, or did, lead to harm.

Why do we report incidents?

Incident reporting helps us learn and minimise risk to clients and staff.

What do we do in an incident?

1. Prioritise the safety of yourself and others.
2. In an emergency, call triple-zero (0-0-0).
3. Alert your manager / coordinator of the incident.
4. Complete this form as soon as possible.

Who should complete this form?

Anyone who provides a service to our clients or attends any of our facilities can report an incident.

Please fill out this form if you witness or are involved in an incident and do not have access to our online incident management system.

1. Who is reporting this incident?

Reporter's name:

Reporter's organisation / business:

Role of reporter:

Reporter's contact details

Reporter's phone number:

Reporter's email:

Date reported:

2. Who was affected?

The incident relates to *(please select)*:

Worker / Contractor / Student / Volunteer

Patient / Client / Resident

Relative / Visitor

Property / Vehicle / Equipment

Name/s of person(s) or property affected:

Contact details of person(s) affected:

Address of person(s) affected *(if an LCHS client)*:

Client UR number *(if an LCHS client)*:

Client date of birth *(if an LCHS client)*:

Did the incident occur when you were delivering a service?

Yes No

Has anyone been injured (physically or otherwise)?

Yes No

3. When did the incident occur?

Incident date:

Incident time:

 am pm

4. Where did the incident occur?

Site: *(e.g. client's home, public space, LCHS site)*:

Setting / location: *(e.g. bathroom, hallway, waiting area, meeting room, car park)*:

Address:

5. What happened?

Details: Please provide a detailed account of what occurred. All information is to be relevant, factual and objective. We may contact you to gather more information.

If an LCHS vehicle was involved please provide registration number. Please indicate whether this incident is related to COVID-19. Please attach additional paper if required.

What activity was being undertaken at the time of the incident? (e.g: home support, transporting clients, home visit):

Were emergency services called?

Yes No

If yes, which service? (please select):

Ambulance Police Fire Department SES
Other

Emergency service notification date: Notification time:

am pm

If a physical injury has been sustained, please describe:

Describe any treatment given and by whom:

Were there any witnesses?

Yes No

Witness role (please select):

Employee Client Client relative Contractor
Other

Name and contact details of all witnesses:

Name/s:

Contact details:

Where and when to submit this form:

LCHS employees; please enter the information into VHIMS within 24 hours of the incident. If that's not possible, give this completed form to your manager / team leader to enter into VHIMS.

Your Care Choice staff; please give this form to your team leader as soon as possible following the incident. The team leader shall enter the incident into VHIMS.

Brokered service providers; please notify LCHS of any incidents or 'near misses' within 24 hours. If there is harm to a client, please call: 1800 242 696 and ask to speak to the relevant LCHS program manager. Please complete this form, or email your organisation's incident report form to agedcareservices@lchs.com.au

Anyone else; please give this form to a staff member or email feedback@lchs.com.au.

For office use only – VHIMS entry details

Date form received:

Date entered in VHIMS:

Entered by: