Adelaide Quality Care
Accident/Incident Form

NAME			**SURNAME**		
Status	☐ Employee	☐ Consumer	☐ Student	☐ Volunteer	☐ Visitor
Location		**Supervisor Manager**			
If Contractor: name and address of Contractor			**If Visitor or Volunteer**: name and phone number		
WITNESS (If any)					
Witness Name			**Mobile /Phone**		
Date of Incident	/ /	**TIME**	AM/PM	**Where it occurred**	
Date Reported	/ /	**TIME**	AM/PM		

MEDICATION INCIDENT				
☐ Missed Medication	☐ Wrong Dose	☐ Wrong Medication	☐ Other	☐
Details of incident				

CAUSE OF INJURY		
☐ Aggression/assault	☐ Consumer - manual handling	☐ Hitting an object
☐ Exposure to chemical	☐ Consumer – Aggression/assault	☐ Exposure to electricity
☐ Fall on even surface	☐ Hit by object/trapped by moving object	☐ Exposure to Radiation
☐ Fall from height	☐ Uncapped Needle/needle stick	☐ Noise
☐ Slip/Trip	☐ Mental Stress factors	☐ Repetitive work
☐ Insect/Animal bite	☐ Vehicle Accident	☐ Muscle stress /load
☐ Other:		
NATURE OF INJURY		
☐ Allergy/Sensitivity	☐ Hearing Loss	☐ Respiratory
☐ Bruising	☐ Post -Traumatic Stress	☐ Skin condition
☐ Burn/scald	☐ Fracture/Dislocation	☐ Internal injury
☐ Concussion	☐ Superficial wound/abrasion	☐ Nausea/Vomiting
☐ Contusion/crush	☐ Needle stick/sharps injury	☐ Sprain Strain
☐ Electric shock/effects	☐ Occupational overuse	☐ Psychological
☐ Exposure to heat/cold	☐ Poisoning/Toxic effect	☐ Vision impairment
☐ Fainting	☐ Laceration/Deep cut	☐ Other:

BODY LOCATION			
☐ Ankle	☐ Eye	☐ Hand	☐ Shin/Calf
☐ Back	☐ Face	☐ Head	☐ Shoulder
☐ Buttock	☐ Finger/Thumb	☐ Internal	☐ Stomach/trunk
☐ Chest	☐ Foot/Toes	☐ Knee	☐ Thigh
☐ Ear	☐ Forearm	☐ Neck	☐ Upper arm
☐ Elbow	☐ Groin/Hip	☐ Not applicable	☐ Wrist

TREATMENT OF INJURY	
☐ None required	☐ Attended A & E (treated as an outpatient)
☐ On site First Aid (remained at work)	☐ Counselling/ Debriefing
☐ On site First Aid (sent home)	☐ Hospitalised (admission)
☐ Medical Treatment (referred to GP)	☐ Other personal support

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DESCRIBE THE EVENT THAT LEAD TO THE INJURY AND HOW IT OCURRED (and any contributing factors)

IMMEDIATE ACTION TAKEN

Reported to:		**Position:**			
Completed by:		**Signature:**		**Date**:	

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MANAGEMENT INVESTIGATION			
Consumer type: HCP / NDIS / Private			
Date reported to me	/ /	**Time**	
Is this a notifiable incident that needs to be reported to SafeWork SA or Other? **Please refer to the Notifiable Incident Procedure**			☐ **NO** ☐ **YES**
INCIDENT INVESTIGATION What, When, Where, Who, How or Why?			

WHAT CAUSED THE ACCIDENT/INCIDENT		
☐ Lack of PPE	☐ Ineffective training	☐ Lack of preventative maintenance
☐ Unsafe work methods	☐ Weather	☐ Workplace design (layout, equipment)
☐ Consumer behaviour	☐ Poor Housekeeping	☐ Safety policy/procedure not followed
☐ Misconduct	☐ Inexperience	☐ Ineffective guarding
☐ Other		

ACTIONS TO BE TAKEN TO MINIMISE POTENTIAL FOR RECCURENCE		
Action	**Date**	**Responsible Person/s**
	/ /	
	/ /	
	/ /	
	/ /	

ADDITIONAL COMMENTS

Is a Worker Compensation Claim likely?	☐ **No** ☐ **Yes (inform the Manager by email info@adelaidequalitycare.com.au**		
Investigation discussed with and copy provided to Management	☐ **YES**		
	☐ **NO – Please explain why:**		
Manager Name			
Signature		**Date**	/ /

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Management Reviewed Date	Additional actions	Person responsible	Completed Date

Office Use only				
Entered date	/ /	**Name**		**RTW pack** ☐ **No** ☐ **Yes** **Signature** **Date**