

To be completed by staff member who has become aware or witnessed incident.
ALL INCIDENTS MUST BE REPORTED IMMEDIATELY

Participant Details	
Name: Angela Leahy.	
Address: 6 Dublin 24	
Reporter Details	
Name: Adelidh chepman	Position: Support Staff (support worker)
Phone number: 0415 175505	Reporting Date: 20/3/2025
Incident Details	
Incident Date: 20/3/2025	Time of Incident: 2032 AM / PM
Exact location of incident: Kitchen	Police Report Number:
Please tick one of the most relevant types of incidents from list below:	
<input type="checkbox"/> Incident resulted in harm or risk of harm to a participant.	
<input type="checkbox"/> Incident resulted in harm or risk of harm to a staff member.	
<input type="checkbox"/> Incident caused by participant resulted in serious harm or risk of serious harm to another person.	
REPORTABLE INCIDENT TO NDIS COMMISSION (Management to Report)	
<input type="checkbox"/> Death of a participant.	
<input type="checkbox"/> Serious injury to a participant.	
<input type="checkbox"/> Actual or alleged abuse neglect or exploitation of a participant.	
<input type="checkbox"/> Unlawful sexual or physical contact or assault of a participant.	
<input type="checkbox"/> Actual or alleged sexual misconduct committed against or in the presence of a participant.	
<input type="checkbox"/> Use of an unauthorised restrictive practice in relation to a participant.	
ADDITIONAL CATEGORIES OF INCIDENTS OR NEAR MISSES	
<input type="checkbox"/> Falls	<input checked="" type="checkbox"/> Medication incident
<input type="checkbox"/> Infection	<input type="checkbox"/> Behaviours of concern
<input type="checkbox"/> Hazardous Exposure	<input type="checkbox"/> Other:
<input type="checkbox"/> Motor Vehicle Accident	

Staff Name: <i>Helidon C</i>	Date: <i>20/03/2025</i>	Signature: <i>Ac</i>
<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> DESCRIPTION OF INCIDENT - SUMMARY </div> <p>Please give full details & include a diagram, if appropriate. Use a separate sheet if necessary. Please include your car registration number if reporting a Motor Vehicle Accident).</p> <ul style="list-style-type: none"> • Who was involved? • What happened before the incident? • How it occurred or was alleged to have occurred? • Why has it occurred? (if known such as triggers) • Include pictures of an injuries or damages. <p>Angela was offered her dinner medication. She then took two of the tablets and went to kitchen sink and to said she got choked and vomited the two tablets out. Angela then took other 2 tablets without vomiting.</p>		
<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> Immediate actions taken – Health Safety and Welfare </div> <p>Incident report</p> <p style="text-align: right;"><i>Immediate write an incident report.</i></p>		
<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> COMMUNICATION (e.g., Client, GP, Team Leader/On Call, Ambulance, Police) </div>		