MBC Nursing

Incident #.....

Incident/Accident/ Near Miss Report Form

INSTRUCTIONS: The person reporting is to follow the Incident and Accident Procedure. Identify the WHO, WHERE, WHEN, WHAT, WHY and HOW questions with regard to the incident. Complete this report and provide it to the WHS Manager as soon as practicable.

Section A: Details of the Incident/Near miss

Person reporting incident:	Contact:

Classification: Please tick all relevant or list other

	Injury - First Aid Only (Employee)		Injury – Ambulance (Employee)		Injury – Medical Hospital/Dr (Employee)
	Lost Time Injury		Environmental Incident		Motor Vehicle
	Near Miss		Property/Equipment Damage		
	Injury - First Aid Only (Client)		Injury – Ambulance (Client)		Injury – Medical Hospital/Dr(Client)
	Medication		Fall		Assault
	Verbal Abuse		Behaviour		

Describe:

Date and time of occurrence:	Location:
__ /__ /___ _____am/pm	☐ At Work ☐ To/From work ☐ During Break
	☐ Client home ☐ Facility ☐
Client Name and address:	Client Representative: Name: Phone:

Section B: Initial Investigation

Name of person/s injured/affected? (If relevant)	Injuries sustained?

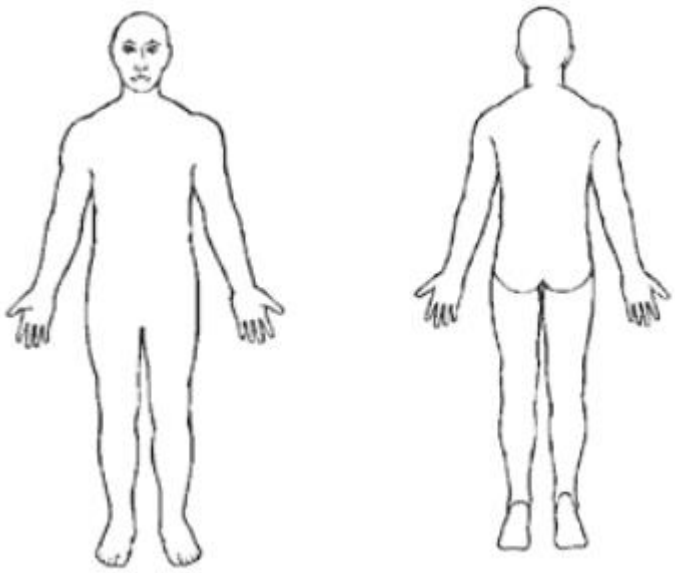
Details of injury if applicable: (supervisor may need to assist completion)

Cause of Injury:

- ☐ Lift/bend/push/pull Object
- ☐ Lift/bend/push/pull Person
- ☐ Static or Repetitive Posture or Arm Usage
- ☐ Workplace Violence
- ☐ Slip/Trip/Fall – Indoors
- ☐ Slip/Trip/Fall – Outdoors
- ☐ Superficial if not cause by above
- ☐ Psychological/Stress - Bullying/Harassment
- ☐ Psychological/Stress - Workload/Organisation
- ☐ Hazardous Substance/ Material
- ☐ Biological Agency
- ☐ Entrapment in Equipment/Machinery
- ☐ Strike/Struck by Equipment/ Machinery
- ☐ Involuntary Movement of client
- ☐ Surface/Material or Sun Exposure
- ☐ Electric Shock
- ☐ Hand Held Tools
- ☐ Contact with Animal/Insect
- ☐ Vehicle Accident - Work Vehicle
- ☐ Vehicle Accident - Own Vehicle
- ☐ Behaviour of client

☐ Other: _____

Nature of injury/illness (e.g. burn, sprain, cut etc.) _____



Location on body (please circle and specify):

How injury occurred (e.g. fall, grabbed by person, muscular stress):

What caused the injury (e.g. furniture, another person, hot water):

Treatment (If Injured)							
	First Aid		Ambulance/Hospital		Hospital/Dr		None

Section C: External Notification (if required)

	Fire Brigade		Gas/Electricity		NSW Health
	Ambulance		Telecommunications		Catchment Authority
	Police		Heritage		DEC (EPA,NPWS)
	Local Council		Client /Principal		ICare (WorkCover)

Section D: Witnesses

Name/s of Witnesses:		Contact:	
Name/s of Witnesses:		Contact:	
Name/s of Witnesses:		Contact:	

Section E: Full Description of Incident

Describe what happened including the sequence of events:

What conditions were present at time of incident:

What was involved, what activity (if any) was taking place at the time of incident:

What hazards was the injured person exposed to:

Did equipment contribute?	**Yes ☐ No ☐ N/A ☐**
Was the equipment used designed for activity?	**Yes ☐ No ☐ N/A ☐**
Was the equipment properly maintained?	**Yes ☐ No ☐ N/A ☐**
Did the equipment fail?	**Yes ☐ No ☐ N/A ☐**

What may have contributed to the incident occurring:

Did the incident occur as part of the involved person's normal activities?	**Yes** ☐	**No** ☐	**N/A** ☐
Had a risk assessment been undertaken?	**Yes** ☐	**No** ☐	**N/A** ☐
Did safety instructions accompany activity?	**Yes** ☐	**No** ☐	**N/A** ☐
Are there documented safe work procedures (SWP) for activity?	**Yes** ☐	**No** ☐	**N/A** ☐
Were these SWP followed?	**Yes** ☐	**No** ☐	**N/A** ☐
Was appropriate PPE used?	**Yes** ☐	**No** ☐	**N/A** ☐
Was the involved person trained in this activity?	**Yes** ☐	**No** ☐	**N/A** ☐
Did a known behaviour problem contribute?	**Yes** ☐	**No** ☐	**N/A** ☐
Was there a known behaviour management plan?	**Yes** ☐	**No** ☐	**N/A** ☐
Was it followed?	**Yes** ☐	**No** ☐	**N/A** ☐
Did poor housekeeping contribute?	**Yes** ☐	**No** ☐	**N/A** ☐
Did the work environment contribute?	**Yes** ☐	**No** ☐	**N/A** ☐

Section F: Investigation Recommendations *Outline recommended corrective action/s (i.e. solution/s) to prevent the recurrence of the incident eg. Engineering solution? Substitution? Safe Work Procedures etc.-*

TO BE COMPLETED BY SUPERVISOR OR MANAGER

Remedial actions recommended:

☐ Conduct task analysis	☐ Re-instruct persons involved	☐ Improve design/construction/ Guarding
☐ Conduct hazard systems audit	☐ Improve skills mix	☐ Add to inspection program
☐ Develop/review task procedures	☐ Provide debriefing and/or counselling	☐ Improve communication/ reporting procedures
☐ Improve work environment	☐ Request maintenance	☐ Improve security
☐ Review OHS policy/programs	☐ Improve personal protection	☐ Temporarily relocate employees involved
☐ Replace equipment/tools	☐ Improve work congestion/ Housekeeping	☐ Falls Prevention Assessment
☐ Improve work organisation	☐ Investigate safer alternatives	☐ Request MSDS
☐ Develop and/or provide training	☐ Other (specify)	

Recommendation:	Person to action:	Completion date:

Section F: *Attachments. E.g. Photos, witness reports etc.- Please tick and attach*			
	Photos		Medical/Doctor Report
	Witness Statements		Client Incident Report
	Certificate Of Capacity (Please ensure all 4 pages are attached and completed)		Incident/Accident Investigation
	Police Report		

Supervisor/manager Notes:

Section G: Office Use Only

CI #		**For Further Details – Please refer to CI Form**

Date Reported to WHS Manager:

Person Reporting:	**Signature:**
WHS Manager Reported to Insurer: Y N	**Date Reported:**

If no explain why:

Lodged on Register: Y N	**Date Lodged:**

If no, when will this be done:

All Corrective Actions Taken: Y N	**Date Completed:**

Outstanding Actions:

WHS Manager:	**Date:**	**Signature:**