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# Form Incident Log Residential Care and Transition Services

Client name/s (add more rows if required)	D.O.B.
Click here to enter text.	enter text
Click here to enter text.	enter text
Click here to enter text.	enter text

Entry date	enter text	Hierarchy	Click here to enter text.
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Details of persons who have reported the incident to MC (including witnesses)		
Name of worker/person	Position/relationship	Contact details (if applicable)
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

General information			
Incident date	Click here to enter a date.	Incident time	enter text AM / PM
Incident end time	<input type="checkbox"/> End time noted in comments <input type="checkbox"/> Incident unresolved at time of reporting		
Location	Click here to enter text.		
Witnesses	Click here to enter text.		
Emergency assistance	<input type="checkbox"/> Ambulance <input type="checkbox"/> Fire Brigade <input type="checkbox"/> Police <input type="checkbox"/> Security Guards <input type="checkbox"/> Not required		
Police involvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Response from Police (if involved)	<input type="checkbox"/> Attended <input type="checkbox"/> Broadcast <input type="checkbox"/> Reported		
Police (QP or Job) no.	Click here to enter text.		
<a href="#">QPS Missing Child Form and Guidelines</a> Please refer to the link above for the Missing Child Form to be completed, saved and printed. A copy of the form must be provided to QPS when lodging the Missing Person Report. <a href="#">QPS Reporting Missing Children Guidelines</a> This link also contains further information in regards to the Guidelines for reporting a child/young person as missing.			
Person search?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Person room search?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Incident summary
Antecedent
Click here to enter text.
Behaviour
Click here to enter text.
De-escalation strategies
<input type="checkbox"/> Active listening <input type="checkbox"/> Reflective response <input type="checkbox"/> Behaviour support technique

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<b>Incident summary</b>
<input type="checkbox"/> Emotional first aid <input type="checkbox"/> Crisis co-regulation strategy <input type="checkbox"/> Other (please provide details): <a href="#">Click here to enter text.</a>
<b>Consequence</b>
<a href="#">Click here to enter text.</a>
<b>Possible function</b>
<a href="#">Click here to enter text.</a>

<b>Incident categories</b>
<p><b>Incident ratings</b></p> <p>Some incidents may span more than one category and include multiple category types. The below section helps assess the level of risk that was present during the incident, this is then finalised at the bottom by selecting the Incident Rating, which reflects the highest risk category type present during the incident. Where multiple categories are relevant, workers will identify the incident rating by the selected category that is the highest (in terms of level) and most significant.</p> <p>Further information in regards to categories and definitions for types of incidents are contained in the <a href="#">FS IP RCaTS Incident Category Definitions</a> and <a href="#">FS IP RCaTS Incident Management Learning Guide</a>. Refer to <i>GOV SOP Incident Management</i> for further information.</p>

<b>Medium – Category 2</b>	
<p><b>Definition</b></p> <p>Incidents which threaten the safety, wellbeing and best interests of the child, but do not result in a Category 1 incident (formerly Level 2 IR).</p> <p><b>Instructions</b></p> <p>Incident Log is completed (forwarded to the DCYJMA by 5pm the next business day); does not require contact with the CSAHSC.</p>	
Medical situation/injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alleged harm, neglect or exploitation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-injurious behaviour or plausible threats	<input type="checkbox"/> Yes <input type="checkbox"/> No
Escalating risk taking behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication error/refusal which has potential serious consequences	<input type="checkbox"/> Administration error <input type="checkbox"/> Handling error <input type="checkbox"/> Documentation <input type="checkbox"/> Refusal <input type="checkbox"/> No <input type="checkbox"/> Other (specify): <a href="#">Click here to enter text.</a>
Alleged or confirmed criminal behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No
Illicit substance or alcohol possession/use	<input type="checkbox"/> Yes <input type="checkbox"/> No
Absence from placement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Significant property damage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Problematic sexually reactive behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>High – Category 1</b>	
<b>Definition</b> Result in life threatening or serious injury/trauma to a child or young person, or to a staff member, which has the potential to impact the safety, wellbeing and best interest of the child or young person.	
<b>Instructions</b> First and foremost, respond to the incident and then report immediately to the line manager/on-call	
Missing person/child	<input type="checkbox"/> Yes <input type="checkbox"/> No
Serious medical situation/life threatening injury to child/young person or staff member	<input type="checkbox"/> Yes <input type="checkbox"/> No
Serious mental health episode/self-injurious behaviour/suicidal ideation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency use of Restrictive Practice	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, type of Restrictive Practice	<input type="checkbox"/> Environmental restriction <input type="checkbox"/> Physical restriction <input type="checkbox"/> N/A
Harm or suspected harm/risk of harm to child or young person (not by carer) – including disclosures with present risk	<input type="checkbox"/> Yes <input type="checkbox"/> No
High risk illicit substance or alcohol possession/use	<input type="checkbox"/> Yes <input type="checkbox"/> No
Serious assault (inc. alleged) to client – inc. physical and sexual assault	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alleged or confirmed criminal activity with legal/Police action	<input type="checkbox"/> Yes <input type="checkbox"/> No

  

<b>Critical – Category 1</b>	
<b>Definition</b> Result in life threatening or serious injury/trauma to a child or young person, or to a staff member, which has the potential to impact the safety, wellbeing and best interest of the child or young person.	
<b>Instructions</b> First and foremost, respond to the incident and then report immediately to the line manager/on-call	
Death or fatal injury of a carer/community member	<input type="checkbox"/> Yes <input type="checkbox"/> No
Death or fatal injury of a client	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alleged/suspected unmet Standard of Care/Duty of Care or use of prohibited practice	<input type="checkbox"/> Yes <input type="checkbox"/> No
Major security incident or incident of reputational risk/media attention	<input type="checkbox"/> Yes <input type="checkbox"/> No
Serious public health risk	<input type="checkbox"/> Yes <input type="checkbox"/> No
Abduction or hostage of a child/young person	<input type="checkbox"/> Yes <input type="checkbox"/> No

  

<b>Rating of incident</b>
<b>Rating of Incident</b> Medium = Category 2, High = Category 1, Critical = Category 1) <b>Ratings mapping</b> Critical = Category 1 High = Category 1 Medium = Category 2

  

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<b>Rating of incident</b>
Low = <b>Please do not click this level</b>
<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Critical

<b>Physical intervention</b>	
Was a physical intervention required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of physical intervention?	<input type="checkbox"/> Deflection a swing <input type="checkbox"/> Release technique <input type="checkbox"/> Restrictive Practice (guides/holds) <input type="checkbox"/> Other (please specify): <a href="#">Click here to enter text.</a>
How long did the physical intervention last?	<a href="#">Click here to enter text.</a>
Client injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff injury	<input type="checkbox"/> Yes – major (complete WHS IR form) <input type="checkbox"/> Yes – minor (complete WHS IR form) <input type="checkbox"/> Near miss (complete WHS IR form) <input type="checkbox"/> No
MC motor vehicle damage	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Legal intervention</b>	
Has the client disclosed or made accusation of assault or abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the client been made aware of their rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the client contacted legal support/service provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Follow up</b>	
Follow up required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was an LSI conducted? If no, please provide reason.	<input type="checkbox"/> Yes <input type="checkbox"/> No: <a href="#">Click here to enter text.</a>

<b>PRN</b>	
<b>PRN information</b> PRN is the abbreviation for “pro re nata” which means, as the occasion arises; when necessary. PRN may refer to “nonprescription medication” such as those available over the counter, such as Panadol, Nurofen, cough syrups, Ventolin, etc. Additionally, PRN may refer to “prescribed medication” which is used when needed to respond to a behavioural need, such as anxiety medication or anti-psychotics.	
PRN provided	<input type="checkbox"/> Not provided <input type="checkbox"/> Provided <input type="checkbox"/> Refused
Type/name of PRN	<a href="#">Click here to enter text.</a>
Time PRN given	<a href="#">Click here to enter text.</a>
PRN approval required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
PRN notes	<a href="#">Click here to enter text.</a>

Reporting to Manager/On-call			
Reported to Manager/On-call	<input type="checkbox"/> Not provided <input type="checkbox"/> Provided <input type="checkbox"/> Refused		
Date	Click here to enter a date.	Time	enter text AM / PM
Name of person reported to	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Response provided including an advice or directions			
Click here to enter text.			

Completion and sign-off			
Staff member name	Click here to enter text.		
Signature		Date	Click here to enter a date.

Immediate intervention			
Click here to enter text.			
Signature		Date	Click here to enter a date.

Actions, investigations and comments			
Click here to enter text.			
Signature		Date	Click here to enter a date.

Incident notification and distribution – verbal reporting			
Was the incident verbally reported to CS?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, date and time <b>verbally reported</b>	Date: Click here to enter a date.	Time: enter text AM / PM	
Name of MC worker sending report	Signature		
Click here to enter text.			
Date	Click here to enter a date.		

Incident notification and distribution – written reporting			
Date and time written report sent to CS	Date: Click here to enter a date.	Time: enter text AM / PM	
Name of MC worker sending report	Signature		
Click here to enter text.			
Date	Click here to enter a date.		

<b>Incident closure</b>			
Click here to enter text.			
Signature		Date	Click here to enter a date.