Aged care incident report form

FORM TEMPLATE

Check this template against your local regulations and your own policies before you use it.

Name _____ Role _____ Date _____

* Required

Make sure the person is safe and cared for first. If the incident may be reportable, tell your care manager straight away, because the reporting timeframe may be as short as 24 hours.

Date *

_____

Time *

_____

Resident or client *

Their name or ID.

_____

Type of incident *

○ Fall ○ Medication error ○ Behaviour ○ Suspected abuse or neglect ○ Missing person

○ Pressure injury ○ Other

What happened *

Stick to the facts: what you saw or were told, and when.

_____

_____

_____

Was the person injured? *

☐ Yes ☐ No

Injury details

_____

_____

_____

Could this be reportable? *

If yes or unsure, tell your care manager now. Some incidents must be reported within 24 hours.

○ Yes ○ No ○ Unsure

What was done straight away *

_____

_____

_____

Was the family or representative told? *

☐ Yes ☐ No

Signature *

This report is true to the best of my knowledge.

Signature _____ Name _____ Date _____

For the reviewer

Reviewed by _____ Decision _____ Date _____ Notes _____