H&H Care SA Pty Ltd	FORM4.Incident and Near Miss Report	
Doc No: Form04	Version No: 03	Version Date: 29/10/2026

Part A Support worker report | Pages 1 and 2

Make the person safe first. Call 000 for an emergency. Notify the Director or on-call manager immediately about urgent concerns; do not wait to finish this form. Complete Part A as soon as it is safe and before the end of the shift where practicable. Management completes Part B.

Tick all relevant boxes. Use "unknown" or "not applicable" rather than guessing. Attach a dated continuation sheet if more space is needed. Keep completed reports in the approved secure record system.

1 Incident details

Incident ID (office use): _____ Report date and time: _____

Service: ☐ NDIS ☐ Aged care / Support at Home ☐ Private ☐ Other: _____

Event date: _____ Time: _____ ☐ Exact ☐ Estimated ☐ Unknown

Date and time first discovered / disclosed: _____

Location and exact area _____

Report basis: ☐ Witnessed ☐ Disclosed to me ☐ Found afterwards ☐ Near miss

2 People involved

Client / participant name and client ID if known _____

Others involved and role: _____

_____

Witness name and contact / staff ID: _____

Reporting worker: _____ Role: _____

Worker contact: _____ Shift: _____

3 Type of incident

☐ Fall / mobility ☐ Injury ☐ Change in health ☐ Medication ☐ Choking / swallowing
☐ Behaviour / distress ☐ Abuse / neglect concern ☐ Sexual misconduct / assault concern
☐ Restrictive practice concern ☐ Missing person ☐ Death ☐ Financial / property loss
☐ Equipment / environment ☐ Privacy / information ☐ Other: _____

4 Immediate safety and response

Immediate risk remains: ☐ Yes ☐ No ☐ Unsure Person safe now: ☐ Yes ☐ No ☐ Unsure

Response: ☐ 000 ☐ First aid ☐ RN / GP advice ☐ Hospital ☐ Area / equipment made safe
☐ Additional supervision ☐ Other: _____

What you did, when, who assisted and the person's response

_____

_____

Current location / care handover to: _____ Time: _____

Remaining risk and immediate support needed: _____

Part A Worker account and handover

Incident ID: _____ Client / participant: _____

5 What happened

Record events in time order: before, during and after. Describe what you saw, heard and did. Separate direct observations from what others told you; identify the source. Use the person's exact words where helpful. Do not blame, diagnose or decide reportability.

Factual account with relevant times

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Injury or impact

Observed harm: ☐ None apparent ☐ Physical ☐ Emotional / psychological ☐ Unknown

Injury site / symptoms, property or financial impact, treatment and advice received

_____

_____

For medication / clinical incidents, include relevant medicine, dose, route and time, or other key details, in the account or an attachment. Record advice and action within your role.

6 The person's views and support

What the person said or wanted, support offered and any help they declined

_____

_____

Communication support: ☐ Not needed ☐ Interpreter ☐ Advocate ☐ Other: _____

7 Notifications and handover

Director / on-call manager notified: _____ Date / time: _____

Method: ☐ Phone ☐ In person ☐ Approved secure message Acknowledged: ☐ Yes ☐ No

If no response, escalation contact / action and time: _____

Other person / service notified, time and advice: _____

Family / representative informed: ☐ Yes ☐ No ☐ Management to arrange
Name, time and consent / authority or reason not informed: _____

Handover tasks, next worker / clinician and time: _____

Evidence attached: ☐ Statement ☐ Relevant chart ☐ Photo with authority ☐ Other: _____

Preserve original records and relevant evidence. Use approved devices and storage. Do not investigate allegations yourself or share reports through personal messaging or public web forms.

Worker signature / approved electronic sign-off: _____ Date / time: _____

Part B Director assessment and reporting

Director / authorised manager completes pages 3 and 4. Urgent escalation and external reporting must not wait for investigation or completion of this form.

Incident ID: _____ Reviewer: _____ Role: _____

Report received date / time: _____ Review started: _____

8 Safety review and responsibility

Safety confirmed: ☐ Yes ☐ No ☐ Further action needed Clinical review: ☐ Done ☐ Due ☐ N/A

Immediate controls and clinical follow-up owner and due time _____

Actual impact: ☐ No apparent harm ☐ Minor ☐ Moderate ☐ Serious ☐ Death ☐ Unknown

Ongoing risk under H&H risk matrix: _____ Risk assessment reference: _____

Investigation lead: _____ Next review date / time: _____

Conflict of interest identified: ☐ No ☐ Yes → Independent reviewer / escalation: _____

9 External reporting decision

Assess allegations and suspected incidents promptly. Record the applicable category and reasons, including where reporting is not required. Record awareness times separately; do not substitute the date this form was completed.

NDIS reporting required: ☐ Yes ☐ No ☐ Urgent assessment pending ☐ N/A

NDIS incident category and decision rationale _____

Registered NDIS provider awareness date / time: _____

NDIS prompt for incidents connected with supports: death, serious injury, abuse / neglect, unlawful contact / assault and sexual misconduct generally require notification within 24 hours. Unauthorised restrictive practice requires notification within 5 business days, or 24 hours where harm resulted. Additional information is generally due within 5 business days. Confirm current requirements. [1]

Aged care SIRS reporting required: ☐ Yes ☐ No ☐ Urgent assessment pending ☐ N/A

SIRS incident category and decision rationale _____

Priority: ☐ 1 ☐ 2 ☐ Assessment pending Registered provider aware: _____

SIRS prompt: assess the eight reportable incident types, including suspected or alleged incidents. Priority 1 notification is within 24 hours of awareness; Priority 2 is within 30 days. Use current guidance to assess priority, including potential harm. [2]

For subcontracted aged care: notify the registered provider immediately and obtain acknowledgement. Agree who will lodge and confirm submission; internal reporting alone is not regulatory notification.

Registered provider / contact: _____ Notified date / time: _____

Acknowledged by / time: _____ Lodgement owner: _____

Other reporting assessed: ☐ Police ☐ SafeWork SA ☐ Other: _____ ☐ Not required
Reason / urgent advice sought: _____

Notification and deadline tracker

Authority / report	Due date and time	Submitted date and time	By whom / receipt reference

Pending decision or missed deadline: action, owner and escalation time: _____

_____

Part B Investigation actions and closure

Incident ID: _____ Director / reviewer: _____

10 Findings and consultation

Evidence reviewed: ☐ Worker account ☐ Person's account ☐ Witnesses ☐ Care / medication records ☐ Training / roster ☐ Equipment / environment ☐ Clinical advice ☐ Other: _____

Findings, what remains uncertain and contributing factors supported by evidence

_____

_____

_____

Consider care planning, communication, staffing, competency, equipment, environment and systems. Distinguish findings from allegations. Do not record an unsupported cause.

Discussion with the person / representative, explanation or apology, views and agreed support

_____

_____

Discussion by: _____ Date / time: _____ ☐ Follow-up still required

11 Corrective and preventive actions

Give each action an owner and due date. Record completion evidence and whether it reduced the risk. Add a continuation sheet for further actions.

Action and intended outcome	Owner	Due date	Completed / evidence	Effectiveness check and date

Updates needed: ☐ Care plan ☐ Risk assessment ☐ Behaviour plan ☐ Training / supervision ☐ Procedure / equipment ☐ No change needed Record references: _____

12 Review and closure decision

☐ Ongoing safety and wellbeing follow-up checked ☐ Required notifications / updates confirmed ☐ Person informed of outcome, or reason recorded ☐ Actions completed and effectiveness checked ☐ Records secured and incident register updated ☐ Learning / trends reviewed

Outstanding actions or reason an item above is not complete: _____

_____

Status: ☐ Open ☐ Monitoring ☐ Closed Next review date: _____

Closure rationale / any residual risk and controls: _____

_____

Director name: _____ Signature: _____ Date: _____

Document authorisation before issue: Director approval _____ Date _____

Reporting guidance checked 29 October 2026. Use current requirements and H&H Care's incident policy. This record does not replace regulator forms.

[1] NDIS Commission reportable incidents[2] Aged Care Commission reportable incidents