



Incident Management and Reportable Incidents

This form is to be used to report incidents that must be recorded and managed, including but not limited to -

1. incidents that have, or could have, caused harm to a person with a disability receiving supports or services from Empower Golf Australia; and
2. acts by a person with a disability that happen in connection with the provision of supports or services from Empower Golf Australia, and that have caused serious harm, or a risk of serious harm, to another person; and
3. reportable incidents as defined by the NDIS that are alleged to have occurred in connection with the provision of supports or services from Empower Golf Australia.

This form consists of four parts.

Part A – must always be completed.
Part B – only complete if someone is injured.
Part C – relates to REPORTABLE Incidents.
Part D – Incident Assessment – to be completed by the CEO or other responsible person.

PLEASE NOTE: This completed form must be returned to James Gribble or Judy Smith (details below) within 24 hours of the incident. If the incident is a REPORTABLE INCIDENT defined in Part C, it must be returned within 8 hours and you must notify by phone immediately.

PART A – MUST BE COMPLETED

Date Completing the Form	
Name and contact details of person completing this Report	
Names, contact phone numbers and addresses of anyone involved	
Names, contact phone numbers and addresses of witnesses	
People involved – circle. Add if not listed	<ul style="list-style-type: none"> • NDIS Participant • Non NDIS Participant • Participants companion / carer / family member • EGA Staff • EGA Volunteer • Golf Course or Driving Range staff or volunteer • General Public
Type of Incident – circle. Add if not listed	<ul style="list-style-type: none"> • Fall • Golf club / golf ball injury • Paragolfer accident / breakdown • Violent or Aggressive Behaviour • Near miss incident
Location of incident	

<p>Date and time of the incident</p>	
<p>What was happening just before the incident occurred?</p>	
<p>Describe what happened in as much detail as you can remember.</p> <p>If insufficient space please use the separate blank page 8 (following Part B).</p>	
<p>Detail the actions undertaken in response to the incident, including actions undertaken to support or assist persons with a disability affected by the incident.</p>	

<p>Do you think there were contributing causes? For example:</p> <ul style="list-style-type: none"> • Paths / course slippery • Inclement weather • Paragolfer used inappropriately *speed, *incline too great. • Insufficient distance between players / onlookers / volunteers • Too many Participants relative to Staff / volunteers. 	
<p>Do you think the incident could have been avoided – if so what would need to have been done to avoid it?</p>	
<p>Sketch or any other information</p>	<p>There is a blank page 7 following Part B. Please add a sketch or any additional information you feel would be useful.</p>
<p>Did you engage, discuss or consult with any person with a disability affected by the incident? This can be any level of formality. If yes, please detail here.</p>	

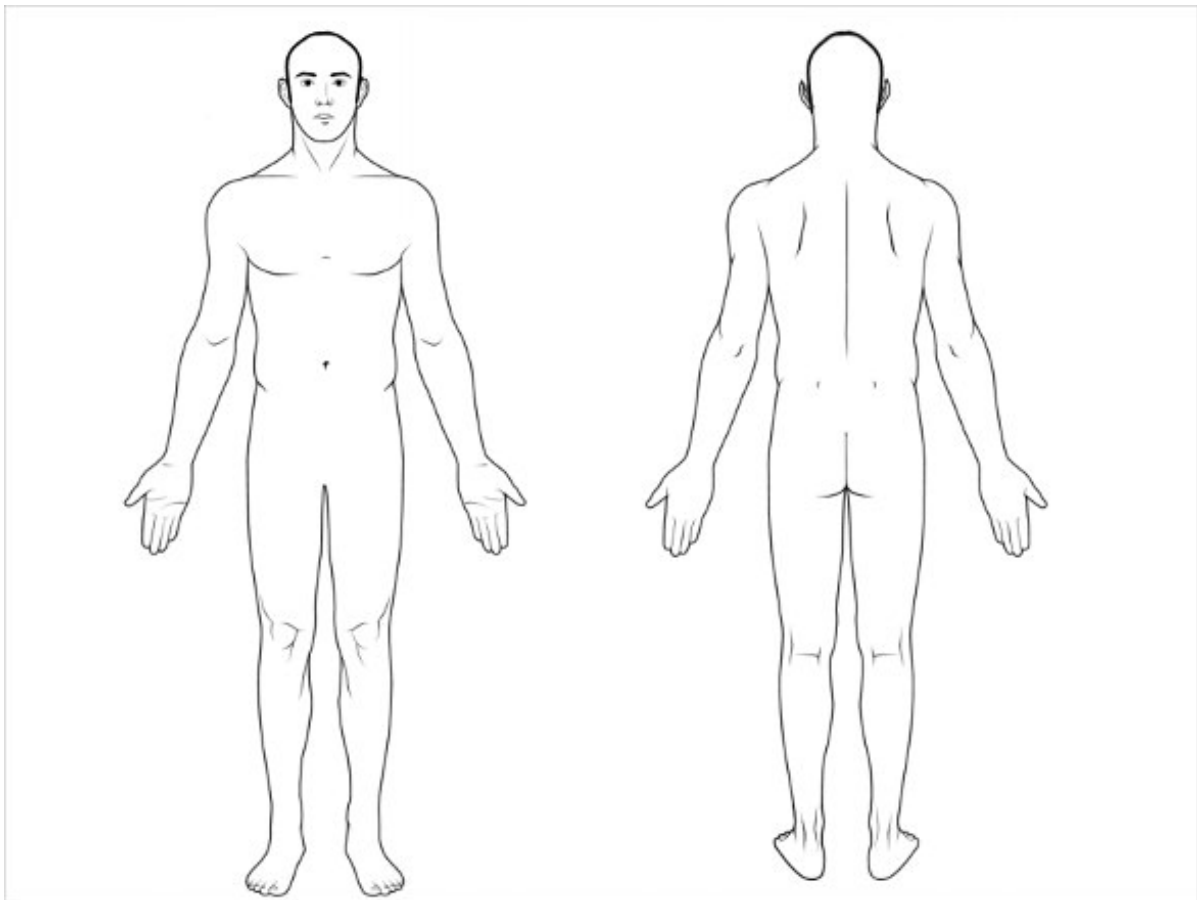
Completed sketch / additional information on blank page 8. * Other Additional pages completed?	Yes	No
Is Part B required to be completed (ie is someone injured)?	Yes	No
Is this a Reportable Incident (Refer Part C)?	Yes	No
1. Signature of Person Writing this report 2. Position 3. Date 4. Contact Details (Phone, Email and Address)	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
1. Signature of Person receiving this report 2. Position 3. Date	<hr/> <hr/> <hr/>	

****This completed form must be returned to James Gribble or Judy Smith (details below) within 24 hours of the incident occurring. If it is a Reportable Incident (defined in Part C) you must return it within 8 hours, and notify by phone immediately****

Part B – ONLY COMPLETE IF SOMEONE HAS BEEN INJURED

Name of anyone injured	
Nature of Injury / Illness	
Mental state at time of injury / illness	

Please mark on the diagram where and what symptoms the person displayed.



Other signs & symptoms (including any past medical history if known).	
Were any of the following contacted? Please circle or add as required and complete details on the next page.	Parents, Next of Kin, Friend, Carer, GP, Police, Ambulance

<p>Details of person / people /organisation contacted –</p> <p>Name</p> <p>Phone</p> <p>Time am / pm</p>	
<p>Outcome of contacting person / organisation detailed above - eg</p> <p>Assisted home</p> <p>GP consultation</p> <p>Hospital attendance</p>	

Signature of person completing this report

Position

Date

Signature of person receiving this report

Position

Date

Continue to Part C, Reportable Incident if required.

Incident Management and Reportable Incidents Form

Blank page for sketch related to the incidence or any additional information.

PART C – INFORMATION TO DETERMINE IF THIS IS A REPORTABLE INCIDENT

Certain incidents **that happen, or are alleged** to have happened, in connection with the provision of supports or services by registered NDIS providers are known as **reportable incidents**. These incidents include the death, serious injury, abuse or neglect, unlawful sexual or physical contact with, assault or sexual misconduct of a person with disability; and the use of restrictive practices in particular circumstances.

If a reportable incident occurs, or is alleged to have occurred, the registered NDIS provider must give details about the incident to the Commissioner.

*** Details of certain incidents (such as the death of a person with disability) must be notified within 24 hours, while others must be notified within 5 business days. ***

If this is a reportable incident, or you are unsure if this is a reportable incident, you must return this completed form within 8 hours to James Gribble or Judy Smith. As soon as it is possible to do so, you must also phone one of them to inform them of the matter.

James Gribble – CEO – 0466 825 044

Judy Smith – Company Secretary – 0408 658 900

A COPY OF THIS COMPLETED DOCUMENT IS REQUIRED TO BE GIVEN TO THE PERSON NOTIFIED ABOVE. Initially this may be done by photographing and emailing or smsing the document.

*** The original document needs to be returned to Unit 8/47 Gladesville Road, Hunters Hill as soon as possible*** .

PART D - Incident Assessment (to be completed by CEO or other nominated EGA personnel ONLY).

Who has advised the Commissioner	
When - Date and Time	
Phone and / or in writing – Website - NDIS Quality & Safeguards Commission “Provider tab”. Scroll down to “Reportable Incidents”. There should be an option – “email the NDIS Commission”.	Phone 1800 035 544 ask for Reportable Incidents team. Email nswreportableincidents@ndiscommission.gov.au Depending on circumstances notification MUST be done in writing. As a general rule, please follow up on any phone call with a written report even if not required by the Commission.
Information to be provided to the Commission	(a) the name and contact details of the registered NDIS provider; Provider Number: 405 000 4167.

	<p>(b) a description of the reportable incident, including the impact on, or harm caused to, the person with disability;</p> <p>(c) if known—the time, date and place at which the reportable incident occurred;</p> <p>(d) the names and contact details of the persons involved in the reportable incident;</p> <p>(e) the names and contact details of any witnesses to the reportable incident;</p> <p>(f) the immediate actions taken in response to the reportable incident, including actions taken to ensure the health, safety and wellbeing of persons with disability affected by the incident and whether the incident has been reported to police or any other body;</p> <p>(g) any further actions proposed to be taken in response to the reportable incident;</p> <p>(h) the name and contact details of the person making the notification</p>
<p>Has the Commissioner acknowledged receipt of our notification (within 24 hours)?</p>	

<p>Considering the views of persons with disability affected by the incident:</p> <p>(a) could the incident have been prevented;</p> <p>(b) how well was the incident managed and resolved;</p> <p>(c) what, if any, remedial action needs to be undertaken to prevent further similar incidents from occurring, or to minimise their impact;</p> <p>(d) do other persons or bodies need to be notified of the incident</p>	
<p>What actions were taken in response to the incident, including actions taken to support or assist persons with disability affected by the incident?</p>	
<p>What consultations if any have been undertaken with the persons with disability affected by the incident?</p>	

Have persons with disability affected by the incident been provided with any reports or findings regarding the incident?	
If an investigation has been undertaken in relation to the incident what are the details and outcomes of the investigation?	

<p>In particular circumstances the Commissioner may require additional information in writing.</p> <p>The Commissioner must approve a form for the purposes of giving this information.</p>	<p>The information that may be required is as follows:</p> <p>(a) details of any internal or external investigation or assessment that has been undertaken in relation to the incident, including: (i) the name and position of the person who undertook the investigation; and (ii) when the investigation was undertaken; and (iii) details of any findings made; and (iv) details of any corrective or other action taken after the investigation;</p> <p>(b) a copy of any report of the investigation or assessment;</p> <p>(c) whether persons with disability affected by the incident (or their representative) have been kept informed of the progress, findings and actions relating to the investigation or assessment;</p> <p>(d) any other information required by the Commissioner.</p>
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This Incident Report and all related documents are required to be kept for a minimum of seven years from the date of notification to the Commissioner.

Reference Documents

NDIS Act 2013

NDIS (Incident Management and Reportable Incidents) Rules 2018.