

# PQSA Incident/Injury Report Guide

## (FOUR FORMS)

### Introduction

The following guides will explain how to create and fill out a PQSA Incident Report using FOUR FORMS, as well as an overview of some of the other functions of the FORMS iOS and Android apps.

#### **CLIENT INCIDENT –**

An event which occurred, or could have occurred (near miss), and which resulted or could have resulted in injury, ill health or fatality of a client.

##### **Examples:**

- a client has fallen.
- a client's Webster Pack has been picked up from the Pharmacy and it has not been filled properly; the worker takes it back and has it fixed.
- a client did not appear to have had their medication as scheduled.
- a client's Webster Pack has not been filled properly and that the client has been given the wrong medication.
- a client has been feeling unwell, has a high temperature and an ambulance has been called because they are getting worse.
- a client is unresponsive

#### **WORKER INCIDENT –**

An event which occurred, or could have occurred (near miss), and which resulted or could have resulted in injury, ill health or fatality of a worker.

##### **Examples:**

- a client verbally/physically abuses a worker or threatens violence.
- a worker had been verbally abused by another worker on a shift.
- a worker sustains an injury whilst on shift.

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## Part 1 — Opening FORMS and creating a new Incident/Injury Report Form



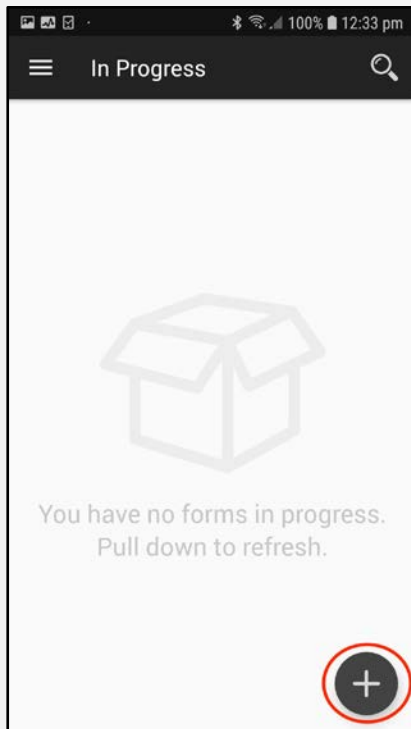
### Step 1 – Open FORMS

Open the FORMS Application on your Android or iOS device.



### Step 2 – Enter Pin

Your Pin will be your Employee Code, which you will be able to obtain through your payslip.



### **Step 3 – Open New Form Menu and Select Incident/Injury Report**

You will be taken to a list of your current In Progress forms.

Press the + button to start a new form.

This will bring up a searchable list of available forms.

Select “Incident/Injury Report” and hit “OK”.

### **Step 4 – Fill Out Form**

This will create a new Incident/Injury Report form that you can fill out on your device.

Please fill out the information requested in this form, working from the top down.

More details on this form are provided below.

## Part 2 — Filling out the Incident/Injury Report Form

The first section of the Incident/Injury Report form allows you to fill in general information about the report, such as the region, who is responsible, and contact information for following up on the incident.

**Details of Person Submitting the Report**

Campbell Davis

Are you Filling in the Report on Behalf of Someone Else?

- Please Select -

### Step 1 – Details of Person Submitting

The form will be pre-filled with your user information.

If you are submitting the form on behalf of someone else, please answer “Yes” in the dropdown provided.

**Region**

- Please Select -

Please enter a value

**Responsible Person**

Unsure

### Step 2 – Region and Responsible Person

For ‘Region’ you will be able to select which region the incident occurred in. Once a region has been selected, corresponding ‘Responsible Person’ for that particular region can be selected from the drop-down box.

**Form Submission Date**

13/07/2020

### Step 3 – Form Submission Date

The form submission date is pre-filled for you, and in most cases can be left as it is.

If you create a form and submit it a few days later (not recommended), you should update the submission date to be the current date.

**Contact Number**

**Contact Email**

### Step 4 – Contact Information

If you are filling out this form on behalf of someone else, please enter their details in **Contact Number** and **Contact Email**, otherwise this should be your own phone number and email. When you enter an email address you will be notified of the Incident Report Reference Number

Worker(s) Full Name Involved in Incident (If Applicable)

### **Step 5 – Workers Name**

If other workers were involved in the incident, or if you are filling out the form on behalf of someone else, enter the relevant worker names in the “Worker(s) Full Name Involved in Incident (If Applicable)”.

Otherwise, you can leave this field blank.

### **Step 6 – Location**

For the Incident Location Address, and Type of Location, enter the details of the location the incident relates to e.g. a client’s home address.

This completes the Report Information section of the form.

### **Step 7 – Incident Details**

The second section of the form explains who was affected by the incident, what the incident was, when it occurred, if there was an injury and whether a verbal report was made.

For Full Name(s) of Person(s) Affected provide the Full Name(s) affected by the incident.

For “Person(s) Affected” you can select Worker (typically yourself), Client, or Both.

### **Step 8 – Incident Description**

For ‘Nature of Incident’ you will be able to select from a range of categories. Once a Nature of Incident has been selected, corresponding Type of Incidents can be selected from the drop-down box.

In the “Description” please provide a summary of the incident that led you to fill out this form including details of any additional incidents that occurred.

Incident Description (please include details of any additional incidents that occurred)

Date of Incident

|  |
|--|
| <b>Time of Incident</b>                        |
| <input type="text"/>                           |
| <b>Was the Report Made Verbally?</b>           |
| <input type="text" value="- Please Select -"/> |
| <b>Who Did You Report To?</b>                  |
| <input type="text"/>                           |

Use the drop-down boxes provided to complete Date and Time Incident information and if you made a verbal report of the incident. You will also be able to type in who you made the report to if applicable.

|                      |
|----------------------|
| <input type="text"/> |
|----------------------|

### **Step 9 – Injury Description (If Injury occurred) – Reporting Details**

| Details of Injury |                                  |
|-------------------|----------------------------------|
| <b>Ankle</b>      | <input type="text" value="N/A"/> |
| <b>Eye</b>        | <input type="text" value="N/A"/> |
| <b>Foot</b>       | <input type="text" value="N/A"/> |

When 'YES' has been selected in the 'Has an Injury Occurred' drop down box, Details of Injury Information is required to be completed.

| Type of Injury                 |                                  |
|--------------------------------|----------------------------------|
| <b>Burns</b>                   | <input type="text" value="N/A"/> |
| <b>Bruising</b>                | <input type="text" value="N/A"/> |
| <b>Swelling</b>                | <input type="text" value="N/A"/> |
| <b>Other (Provide Details)</b> | <input type="text"/>             |

For Details of Injury, select the Area of Injury and the Type of Injury from the appropriate drop-down boxes. Provide further details if required.

|   |
|---|
| <b>Did the person affected require medical assistance?</b>        |
| <input type="text" value="- Please Select -"/>                    |
| <b>If yes, provide description of medical assistance provided</b> |
| <input type="text" value="- Please Select -"/>                    |
| <b>Details of Action Taken</b>                                    |
| <input type="text"/>  |
| <b>Witness Details if applicable (Name and Contact Number)</b>    |
| <input type="text"/>  |

Advise whether the person affected required medical assistance and if yes, select the appropriate assistance provided. Provide further details of the Action Taken and indicate if there were any witnesses to the incident.

**Reporting Details**



| Service       |
|---------------|
| Ambulance     |
| Fire Brigade  |
| Health Direct |
| Poisons       |

**Step 10 – Reporting Description**

For 'Was the Incident Reported to Police', if Yes, a drop down box will appear you the worker to enter the report number.

There will also be an option for you to select Other Services that may have been contacted in relation to the incident Ambulance, Fire Brigade, Health Direct and Poisons if applicable to the incident.

**Part 3 – Submitting your form, and other functions**

**Submitting forms**

When you have finished filling out the form, hit Submit. This will mark the form as submitted.

Submitted forms will disappear from your "In Progress" list and move to the "Submitted" list.

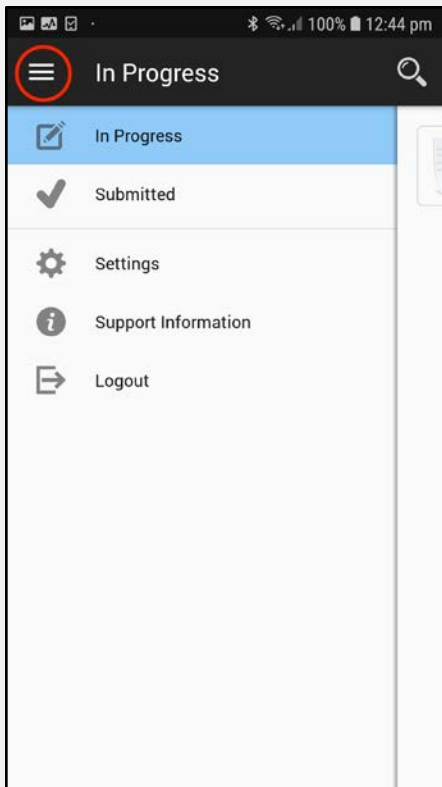
**Deleting forms**

You can delete forms from your device before they are submitted.

This is done by pressing your finger on a form in the 'In Progress' list until the top bar changes to "1 Selected – Delete".

You will now be able to press other forms you would like removed, and then press the Delete button when you are ready to delete them.

Please note, you will not be able to undo this, so only delete forms if you are certain they are not needed.



### **Viewing Submitted Forms and Other Information**

You can access the FORMS menu by pressing the menu icon in the top right-hand corner of the screen.

From this menu you can navigate to your list of Submitted forms.

You can also view the app Settings and Support Information but typically you won't need to check these.