Incident, injury, illness or trauma record form notification to respite care program service

This form must be completed by the RCP care provider and emailed to education.rcpadmin@sa.gov.au within 12 hours of the incident. Please complete all sections. The form can be entered into online or handwritten.

IMPORTANT – Did this incident involve any of the following while you had children in care? If YES – contact RCP service immediately after the incident	
• medical treatment sought • you advised medical treatment should be sought • a head injury • a child left your care without your knowledge • a child appears to be missing	• emergency services assistance was required (police/fire/ambulance) • injury as result of animal attack • parent or guardian contacted to collect a child • you/another adult at your premises was severely injured/affected by an incident • child mistakenly locked in/out of a location on your premises
Monday to Friday 9am to 5pm: your RCP coordinator or 8416 7414. All other times: call the emergency RCP number on 7111 3663.	

Care provider details

1.	Name:	Coordinator:
	Address:	
	Contact number:	
	Date of incident, injury or illness:	
	Time of incident, injury, trauma or illness:	
	Location of care:	

Child details

2.	Surname		First name	
	Date of birth: Age:		Gender:	☐ male ☐ female

Parent or guardian acknowledgement

Parent name:		Telephone:
3.	I, _____(name of parent/guardian) have been notified of my child's incident/injury/trauma/illness Parent/guardian signature:_____Date:_____/_____/_____	
	Parent comment if applicable	

Witnesses (if applicable)

4.	Name:	Address:	

Illness details

Please provide as much detail as possible. If insufficient space is not provided on this form, please attach additional sheet.

5.	What symptoms were observed?
	Was the child displaying COVID (Flu like) symptoms? ☐ Yes ☐ No COVID test requested ☐ Yes ☐ No

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Incident details

Please provide as much detail as possible. If insufficient space is not provided on this form, please attach additional sheet.

6.	What was the affected child/person doing at the time? Describe any prior act that may have led up to the injury/incident/trauma/illness.
	Where did the incident occur? (location of the incident)
	What happened? Describe what occurred and what caused the incident?

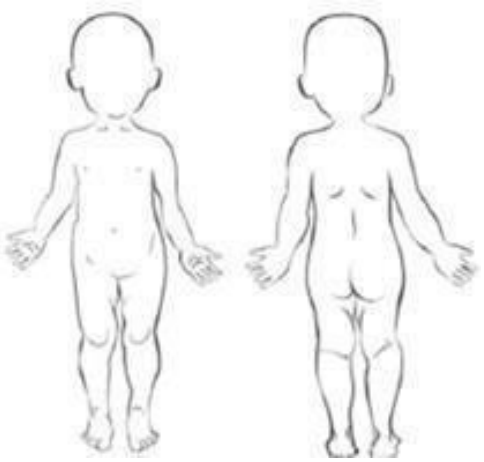
Injury type

Please select one box. If there's more than one injury just tick the most serious.

7.

- ☐ Allergic reaction (not anaphylaxis)
- ☐ Anaphylaxis
- ☐ Asthma
- ☐ Amputation
- ☐ Bite wound
- ☐ Breathing difficulty/respiratory
- ☐ Broken bone/fracture/dislocation (known or suspected)
- ☐ Burn/sunburn
- ☐ Choking
- ☐ Convulsion/seizure/unconscious
- ☐ Crush jam
- ☐ Cut/open wound
- ☐ Drowning (non-fatal)
- ☐ Electric shock
- ☐ Eye trauma
- ☐ Head injury/concussion
- ☐ High fever/temperature
- ☐ Infectious disease (incl. gastrointestinal)
- ☐ Ingestion/inhalation/insertion
- ☐ Internal injury/infection
- ☐ Poisoning
- ☐ Sprain/Swelling
- ☐ Stabbing/piercing
- ☐ Tooth/dental injury
- ☐ Venomous bite/sting
- ☐ Other .....

Indicate on diagram where injury was sustained:



Part/s of body affected: _____

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Educator activity

8.	Describe where you were and what you were doing at the time of the incident/injury/trauma/illnessto the affected child/person? How did you become aware of the injury/incident/trauma/illness?

First aid treatment

9.	Details of immediate action taken from you (including first aid, administration of medication)

Emergency services/Medical attention

10.	Did emergency services attend? ☐ Yes ☐ No Was medical attention sought from a registered practitioner / hospital? ☐ Yes ☐ No Did you advise the parent to seek medical attention? ☐ Yes ☐ No

Actions taken to reduce a similar event

11.	What actions have you taken to minimise the risk of a similar incident occurring again? Eg risk assessment process/change to environment/new safety measures implemented/change to practice.

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12.	What actions have you taken to support the impact this incident had to the child/ren?

Parent notification

Include all attempted notifications. Please indicate if notification was S=successful U=unsuccessful M=message left.

13.	Parents/guardians must be informed about any incident/injury/illness/trauma.								
	Parent/guardian	Date:	Time:	☐ AM	☐ PM	S ☐ U ☐ M	Method:	Phone no:
	Parent/guardian	Date:	Time:	☐ AM	☐ PM	S ☐ U ☐ M	Method:	Phone no:
	Parent/guardian	Date:	Time:	☐ AM	☐ PM	S ☐ U ☐ M	Method:	Phone no:
	Emergency contact	Date:	Time:	☐ AM	☐ PM	S ☐ U ☐ M	Method:	Phone no:
	Coordinator/staff	Date:	Time:	☐ AM	☐ PM	S ☐ U ☐ M	Method:	Phone no:
	Emergency no (out of hours only)	Date:	Time:	☐ AM	☐ PM	S ☐ U ☐ M	Method:	Phone no: 7111 3663

Care provider signature:

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OFFICE USE ONLY

Noted by coordinator, manager or delegate

14.	Coordinator name:		Signature:	Date:
	Manager, RCP:		Signature:	Date:
	Careprovider phone contact received	Date:	Time: : ☐ AM ☐ PM	
	Incident, injury / illness / trauma form received	Date:		

Regulations and reporting

15.	Should this be entered on IRMS within 24 hours?	☐ yes	☐ no
	Entered on IRMS: Date: by: (name)		
	Does this matter need to be notified to NDIS Commission?	☐ yes	☐ no
	Reported to Commission by: Date:		
	Copy sent to corporate office by manager Date:		
	Copy sent to FDC scheme manager RCP where FDC children were in care at the time Date:		

Further actions and follow up

16.	Record any required actions, eg follow up with parent re child status and recovery, follow up with careprovider, referral to EAP, actions undertaken by RCP staff, additional actions undertaken by careprovider, entered onto IRMS-Action Log