# Health Care Facilities –

HEALTH PROTECTION SERVICE

# Incident Notification Form

This form can be used by a licensed health care facility to notify the Chief Health Officer of a sentinel event or other notifiable incident as per *Standard 5 – Incident Management & Reporting* of the [*Health Care Facility Code of Practice 2021*](https://www.legislation.act.gov.au/di/2021-240/)*.* All health care facility operators must, within two business days, notify the Chief Health Officer if any of the following occur within their facility:

1. the transfer of a patient to another health care facility as a result of an injury sustained at the facility or iatrogenic condition
2. any critical incident that might reasonably place facility systems or its occupants, including staff, at risk (e.g. flood, fire, building/structural collapse, serious equipment failure or shortage, sustained power or water failure, etc)
3. the unexpected death of any patient under the care of the facility
4. any incident listed under the [Australian Sentinel Events List](https://www.safetyandquality.gov.au/our-work/indicators/australian-sentinel-events-list/).

**what to do with this form**

Complete all sections of this form and submit to the Health Protection Service via email at [hps@act.gov.au](mailto:hps@act.gov.au). Identifying patient details should **not** be provided on this form.  
  
**OTHER information**

A report must be prepared for the Chief Health Officer providing further details about the notifiable incident within 100 days of the incident occurring.

The Chief Health Officer may request additional information from the facility in response to an incident notification. The Chief Health Officer may require health care facilities to undertake further action in response to an incident if considered in the interests of public health.

Additional information or documentation to support the incident notification may be submitted to [hps@act.gov.au](mailto:hps@act.gov.au).

## Section 1: Notifier details

**Notification date:** Click or tap to enter a date.

| **Facility name:** |  | **Campus:** |  |
| --- | --- | --- | --- |

| **Notifier’s name:** |  |
| --- | --- |

| **Notifier’s position:** |  |
| --- | --- |

| **Phone number:** |  | **Email:** |  |
| --- | --- | --- | --- |

## Section 2: Notifiable incident details

**Incident date:** Click or tap to enter a date.

| **Incident location:** |  |
| --- | --- |

**Has a risk assessment been performed in relation to this incident? Yes  No  N/A**

**Details of the incident:** (Identifying patient details should not be provided)

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**Describe any actions taken in response to the incident:**

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| --- | --- | --- |
|  | | |
| Section 3: Reason for notification | | |
| Please indicate the reason(s) for submitting this notification | | |
| 1. A patient has been transferred to another health care facility due to an injury sustained at the facility or iatrogenic condition. | |  |
| 1. A critical event has occurred that might place facility systems or occupants at risk. | |  |
| 1. The facility has recorded an unexpected death or suicide of a patient. | |  |
| 1. The facility has recorded a sentinel event (please indicate event category below) | |  |
| 1. Surgery or other invasive procedure performed on the wrong site resulting in serious harm or death | |  |
| 1. Surgery or other invasive procedure performed on the wrong patient resulting in serious harm or death | |  |
| 1. Wrong surgical or other invasive procedure performed on a patient resulting in serious harm or death | |  |
| 1. Unintended retention of a foreign object in a patient after surgery or other invasive procedure resulting in serious harm or death | |  |
| 1. Haemolytic blood transfusion reaction resulting from ABO incompatibility resulting in serious harm or death | |  |
| 1. Suspected suicide of a patient in an acute psychiatric unit or acute psychiatric ward | |  |
| 1. Medication error resulting in serious harm or death | |  |
| 1. Use of physical or mechanical restraint resulting in serious harm or death | |  |
| 1. Discharge or release of an infant or child to an unauthorised person | |  |
| 1. Use of an incorrectly positioned oro- or naso- gastric tube resulting in serious harm or death | |  |
| 1. Another reason (please provide details): | |  |
| Section 4: Other details | | |
| Please indicate any additional reports or notifications made for this incident | | |
| Your facility’s Quality Assurance Committee (QAC) or equivalent body | Yes  No  N/A | |
| Facility Incident Management System  (e.g. Riskman© or equivalent) | Yes  No  N/A | |
| ACT Coroner’s Court | Yes  No  N/A | |
| Office of the Chief Psychiatrist | Yes  No  N/A | |
| Office of the Chief Medical Officer | Yes  No  N/A | |

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| **Accessibility** | |
| If you have difficulty reading a standard printed document and would like an alternative format, please phone 13 22 81. | |
| interpreter_symbol_text.jpg | If English is not your first language and you need the Translating and Interpreting Service (TIS),  please call 13 14 50.  For further accessibility information, visit: www.health.act.gov.au/accessibility |
| www.health.act.gov.au | Phone: 132281 | | |
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