FORM

Incident Lodgement Form

For Agency staff without ERICS access

catholic healthcare

Purpose of this template

This template is to be used by agency staff who do not have access to ERICS to be able lodge a client incident.

Once completed, this form is to be provided to an RN, Care Manager or Residential Manager, who will lodge the incident into ERICS.

Instructions

- Complete this form as soon as practicable after the incident, and before the end of the shift on which the incident occurred or was identified.
- Record only what you directly observed, were told, or did. Do not include opinions, assumptions, or conclusions.
- Hand the completed form to the RN, Care Manager or Residential Manager the same shift so it can be lodged in ERICS without delay.
- Send any supporting documents (for example progress notes, photos, witness statements, medication chart extracts, observations charts) to the ERICS lodger so they can be uploaded to the incident.
- If information is not known, write “Unknown” or “Not applicable” rather than leaving fields blank

Agency Staff (Person Reporting) Details

Field	Details
Full name of agency staff member	
Agency Name	
Role	
Contact number	
Shift date	
Shift start and end time	

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Case Information

Field	Details
Case type	*Incident (pre-filled)*
Submitted on date (date form completed)	

About the Incident

The Case Category is the overall "type" of incident. It describes what kind of thing happened. The Subcategory sits underneath and gives more detail about how it happened or what form it took.

Together, they tell CHL and the regulator, at a glance, what the incident was about. Think of the Case Category as the folder, and the Subcategory as the label on the file inside it.

Examples:

- Falls > Witnessed / Unwitnessed
- Wound > Haematoma/Bruise, Skin tear 1, Pressure injury (1-4, Unstageable)
- Medication > Incorrect or incomplete documentation / Missed dose / Wrong dose
- Changed Behaviours > Worsening confusion/delirium, physical/verbal aggression

Field	Details
Brief Description	
Case Category	
Subcategory	
Incident date & time	
Location (tick one)	☐ Bedroom ☐ Bathroom ☐ Ensuite ☐ Dining Room ☐ Corridor ☐ Outside – Grounds ☐ Outside – Parking
Other location (if selected above)	

Detailed Description

Details
Use ISBAR as a guide: Identify – who was involved Situation – what happened Background – any relevant context (e.g. usually uses a walking frame) Assessment – what you observed (injuries, behaviour, environment) Recommendation – what you did or what is needed next *Be factual and neutral. Avoid opinions, assumptions, or vague terms like "incident occurred".*

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Who was Involved

Field	Details
Does the incident involve a client/resident?	☐ Yes ☐ No
Resident full name	
Was there a perpetrator?	☐ Yes ☐ No *If yes, provide name and relationship (e.g. co-resident, staff member, visitor):*
Was there a witness?	☐ Yes ☐ No *If yes, provide name and role:*
Were there other persons involved (e.g. staff, visitors, contractors)?	☐ Yes ☐ No *If yes, list names and roles:*

Harm Rating (CAS)

Select	Rating	Description and examples
☐	CAS 1 – Severe Harm / Death	Life-threatening injury, permanent loss of function, or death. Example: fatal fall; severe head injury; unexpected death.
☐	CAS 2 – Major Harm	Serious injury or impact with long-term effects. Hospitalisation or intensive treatment. Example: hip fracture from fall; choking incident; Stage 3 pressure injury.
☐	CAS 3 – Moderate Harm	Needs review or treatment by a nurse, GP or allied health. May involve hospital transfer. Example: cut requiring stitches; infection treated with antibiotics.
☐	CAS 4 – Minimal Harm	Minor, short-term discomfort or injury. Easily treated, no lasting effects. Example: small bruise or skin tear treated on site; reassurance needed.
☐	CAS 5 – No Harm / Near Miss	No injury or impact. Potential for harm but prevented in time. Example: client almost fell but was steadied, no injury.

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Reportable (SIRS)

Field	Details
Is the incident reportable as a SIRS?	☐ Yes ☐ No ☐ Unsure

Escalation

Escalated to	Name	Contacted?	Date/time contacted
Care Manager		☐ Yes ☐ No	
Residential Manager		☐ Yes ☐ No	
Regional Manager		☐ Yes ☐ No	
Regional Support Manager		☐ Yes ☐ No	
Registered Nurse in Charge (if applicable)		☐ Yes ☐ No	

Notification of Authorised Representative

Field	Details
Was the authorised representative notified?	☐ Yes ☐ No
If not notified, reason	
Authorised representative name	
Notification date and time	
Method of notification	

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Lodger (Agency Staff) Declaration

I declare that the information recorded on this form is true and correct to the best of my knowledge, and reflects only what I directly observed, was told, or did in relation to this incident.

Field	Details
Agency staff member name	
Signature	
Date	