

CONFIDENTIAL

Commissioning Incident Notification Form

Report No: PHN Inserts No.

This form is for Service Providers commissioned by South Western Sydney Primary Health Network (SWSPHN) to formally lodge notification of a Category 1 or Category 2 incident.

The notification timeframe of reportable incidents to SWSPHN are:

- Category 1 – within 24 hours of the incident occurrence
- Category 2 – within five (5) business days of the incident occurrence

Please return the completed form to SWSPHN by email to contracts@swsphn.com.au.

If you have any questions regarding the completion of this form, please contact SWSPHN Commissioning Team on (02) 4632 3000.

Incident Details

This is to notify SWSPHN of a Category 1 <input type="checkbox"/> or Category 2 <input type="checkbox"/> incident.	
Date and Time of Incident	Enter the date and time of the incident occurrence
Incident Address	Enter the street address where the incident occurred
Incident Type (select 1 option only)	Death <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Serious injury requiring medical practitioner treatment <input type="checkbox"/> Assault <input type="checkbox"/> Criminal behaviour requiring police intervention <input type="checkbox"/> Complete or major loss of agency/service <input type="checkbox"/> Loss of assets <input type="checkbox"/> Environment (e.g. fire requiring evacuation) <input type="checkbox"/>
Incident Description	Enter a description of the incident, including events that may have led to the incident, identify any substance which may be directly involved in inflicting the injury, death or dangerous incident.
Immediate action taken by the Centre	Enter details of the immediate action taken by the Centre
Date the Centre was notified of the incident	Enter the date Centre received notification of incident
Legal risk	Are legal implications for the Organisation anticipated? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details: Enter brief details of possible legal implications

Publicity Risk	<p>Is there a publicity risk anticipated as a result of the incident?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide details: Enter brief details of possible negative publicity</p>
Reputation Risk	<p>Is there any reputational risk for the Organisation as a result of the incident?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide details: Enter brief details of possible reputation risk</p>

Details of Service Provider notifying the incident

Legal Entity Name	Enter your organisation's name
Trading Name of Centre	Enter the trading name of the centre
Centre Address	Enter the centre street and suburb details.
Health Services Provided	Enter the type of health services provided
Program Name and PHN Schedule Number	Enter the name of the program and the SWSPHN schedule number

Notifier's Details

Notifier's Name	Enter Title, First Name and Surname.
Workplace Position	Enter workplace position.
Contact Phone Number	Enter best contact number
Email	Enter email address
Date of Notification to PHN	Enter date of incident notification

SWSPHN Support

Is SWSPHN Support required?	<p>Does the Centre/Organisation require SWSPHN support in regard to this incident?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please identify the type of support required: Enter details of support required from SWSPHN</p>
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Document control

Policy review every (choose most applicable) 1 year 2 years 3 years

Version	Date Commenced	Policy Owner	Change Description	Review Date	Authorising Executive
V3.0	November 2019	Commissioning Manager	Form Review	November 2020	Director of Planning and Performance
V4.0	November 2020	Commissioning Manager	Form Review	November 2021	Director of Planning and Performance
V5.0	November 2021	Commissioning Manager	Form Review	November 2024	Director of Planning and Performance
V6.0	October 2023	Commissioning Manager	Form Review & Brand Refresh	October 2026	Director of Planning and Performance

This form will remain in effect until replaced.

