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Annex C

TEMPLATE FOR INCIDENT REPORT

☐ **Interim Report** (items 1 to 7) ☐ **Progress Report** (item 8) ☐ **Final Report** (item 9)

No.	Item	Details
1	**Name of Centre / Home**	
	Name of Programme	
2	**Date of incident**	
	Time of incident	
	Related Agencies	☐ MSF ☐ NCSS ☐ MOH ☐ AIC ☐ PA ☐ Grassroots ☐ Others, please state:
	Location of incident	☐ Centre / Home premises ☐ Others, please state:
	Nature of incident	☐ Disease/Sickness ☐ Death ☐ Sexuality-related ☐ Abuse ☐ Injuries ☐ Assault ☐ Missing ☐ Property ☐ Fire ☐ Theft ☐ Others, please state:
3	**Key Staff in-charge at time of incident**	Name: Designation:
	Client(s) involved in time of the incident (Please add on name and details if there are more clients)	Name: _____ NRIC no: _____ Age: _____ Race: _____ Gender: ☐ Male ☐ Female Disability or ambulatory status: _____ Medical condition (if any): _____ Name: _____ NRIC no: _____ Age: _____ Race: _____ Gender: ☐ Male ☐ Female Disability or ambulatory status: _____ Medical condition (if any): _____

☐ **Interim Report** (items 1 to 7)	☐ **Progress Report** (item 8)	☐ **Final Report** (item 9)

No.	Item	Details
	Staff involved in the incident (please add on name and designation if there are more staff)	Name: Designation: Name: Designation:
	Key Witnesses (If applicable) **Others involved** e.g volunteer, visitor, contractor, etc	Name: Contact no.: Name: Contact no.:
4	**Description of Incident** (please state how incident was discovered and reported, how situation was bought under control, no. and extent of injuries/death, reactions from family member/media/public, etc.)	
5	**Media Involvement** ☐ **Yes** ☐ **No**	If yes, please state Name of media: Date when media contacted agency: Please state how it was handled:
6	**Interim Actions To Manage Emergency**	
a	**Next-of-Kin of client have been notified?** ☐ **Yes** ☐ **No**	If yes, please state details. Name of person contacted: Date and time of contact:
b	**Client sent to hospital?** (please add on name and designation if there are more staff) ☐ **Yes** ☐ **No**	If yes, please state details. Date and time of hospitalisation:
c	**Other parties involved?** (e.g. civil defence, police, etc) ☐ **Yes** ☐ **No**	If yes, please state relevant details. Other Parties involved: Date:

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No.	Item	Details
7	**Interim Actions To Manage Disease Related Incidents Only** (for suspected outbreak of contagious or infectious diseases involving 3 or more persons such as fever cluster, diarrhoea, etc.)	
a.	**MOH Contacted?** ☐ **Yes** ☐ **No** MOH Communicable Disease Surveillance Branch Tel: 9817 1463	If yes, please indicate advice given by MOH: Disinfection needed: ☐ **Yes** ☐ **No**
b.	**Confirmed Case(s)**	Date of first occurrence: Period of medical leave (if any): Date of subsequent cases:
c.	**Close Contact(s)** Please monitor close contacts if they develop any symptoms	No. of close contact(s) with confirmed case(s): **Leave of Absence (LOA) issued:** ☐ **Yes** ☐ **No** Date(s) of LOA: No. of LOA issued:
d.	**Estimated number of people at the Centre / Home when a case is confirmed**	Clients: Staff: Volunteers/Visitors:
8	**Follow Up Actions** (to be submitted within 3 working days of the incident, if applicable)	
a	**Measures taken to further control the situation** (e.g. suspension of activites, reassignment of staff duties, follow up with caregiver, etc)	
b	**Outcome of investigation** (report progressively on preliminary findings, including causes of the incident, what else can be done, and how much more time is anticipated to complete the investigation or return to normalcy)	

☐ **Interim Report** (items 1 to 7)	☐ **Progress Report** (item 8)	☐ **Final Report** (item 9)
No.	**Item**	**Details**
9	**Final Actions** (to be submitted within 14 working days after the case is closed.)	
a.	**Further comments and recommendations** (on areas to be improved and practices to be avoided in future. Where applicable, mention commendations on staffs, client, resident and members of the public or external bodies who have helped in some way)	
10	**Reported by**	Name: Designation: Contact No. (Office) (HP) Email: Date: Signature: