

Private Non-Emergency Patient Transport Licensing

NEPT Form 9

Reporting: Injuries, Transfers, Deaths and Other Events – information and instructions

Using this Form

This form must be used to record and report an incident to the Secretary under Regulation 28 of the *Ambulance Service (Non-emergency Patient Transport) Regulations 2019*. You can access the *Ambulance Service Act 1982* and Regulations via www.thelaw.tas.gov.au.

Important information and Instructions for Completion

Part 1: What to record

Record the following incidents using **Part I of this form**:

- Critical incident – death of a patient (report orally to the DoH Regulation and Licensing Unit within **24 hours of the incident**)
- Critical incident - injury or other harm that results in the patient requiring additional supervision or medical treatment, or an event that results in the foreseeable risk of death/injury or harm
- Traffic accident or other traffic incident while patient was being transported
- Transfer of patient to Ambulance Tasmania
- Provision of assistance to the patient under direction of Ambulance Tasmania
- Warning lights were used
- Any other incident or event specified as a reportable incident in the relevant NEPT licence.

Details of the incident must be **recorded in Part I of this form and placed on the patient's clinical file**. A copy must be sent to the Department of Health (DoH) along with a copy of the patient's Form 10A (Patient Assessment Record) and Form 10B (Patient Care Record) within **2 business days of the incident**.

Part 2: What to record

The incident must then be investigated. The results of the investigation must be entered on Part 2 and sent to the DoH as soon as practicable.

Reporting: When do I need to provide this form to Department of Health?

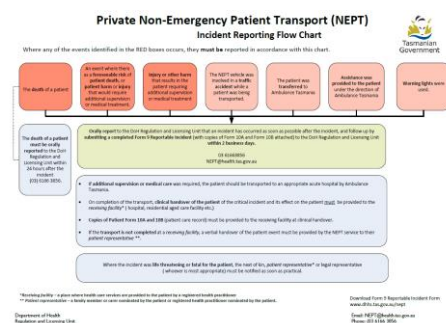
Please follow the **Reporting: Injuries, Transfers, Deaths and Other Events Flow Chart** illustrating the incidents that are reportable to the DoH and the timeframes for completion.

Regulation and Licensing Unit Contact

Website	Enquiries	Email
www.dhhs.tas.gov.au/privatehealthregulation	(03) 6166 3856	NEPT@health.tas.gov.au

Submit this form electronically to DoH Regulation and Licensing Unit at NEPT@health.tas.gov.au

Oral notifications to the Secretary can be made by contacting Department on **(03) 6166 3856**.



Part I: Details of the Incident (submit this form to Regulation and Licensing Unit within 2 days of incident)

1. Details of Private Non-Emergency Patient Transport Service

Name of NEPT Service

NEPT Crew Members

Name:

Qualifications:

Name:

Qualifications:

Booked pick up location date and time

Booked drop of location, date and time

2. Details of Patient

UR / Patient Number

Date of Birth

Patient Acuity Level

3. Details of Incident (please tick all applicable)

Location:

Date:

Time: 00:00 am

- Critical incident - Patient death
- Critical incident - Patient injured or harmed, requiring additional supervision or medical treatment
- Critical incident - Event where there was a foreseeable risk of patient death, or patient harm or injury that would require additional supervision or medical treatment
- Traffic accident or traffic incident during NEPT
- Transfer of the patient to Ambulance Tasmania
- Provision of assistance to the patient under the direction of Ambulance Tasmania
- Using warning lights by the NEPT vehicle
- Any other incident or event specified as a reportable incident in the relevant NEPT licence.

Description of Incident (please include a detailed account of the incident including any contributing factors and outcome)

Reportable Event

Details of Reporting

Patient Related

Traffic Incident

Date of report to patient representative: / /

Was a police report made? Y / N

Notes:

Date reported to police?

Reference Number:

Is this vehicle still in service?

Anticipated Date of Investigation

(if unknown, please provide estimate)

Date of Oral Report to Secretary

Date reported to DoH:

Date reported to DoH:

Name:

Position:

Signed:

Date:

Reporting: Injuries, Transfers, Deaths and other Events

Part 2: Details of Investigation

Details of NEPT Service	
Name of NEPT Service	
Patient Name	Date of Birth
Details of Incident	
Location:	
Date:	Time: 00:00 am
Date of Investigation	/ /
5. Investigation Findings, Outcomes and Recommendations	
Risk Mitigation Strategies and Quality Improvement for NEPT Service	
Form Approved and Submitted by CEO:	
Date:	Signature:
Additional external reports related to the incident MUST be attached to Form 9 Part 2	