# 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 IOA (Patient Assessment Record) and Form IOB (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

Where any of the	events identified in the RED boxes occurs, they <b>must be</b> reported in accordance with this chart.	Governm
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	6 Allowed an executive in medical care non-specific popularis challed in temperated to an appropriate and hospitally be desilients.  On completion and the integration, where the integration and the specific in the contract and contract and the contract and t	
	Where the incident was life thereforing or field for the politics, the not of his, potent representative* or legal representative (where it invol appropriate) than the notified as soon as practical.	

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

Submitthis form electronically to DoH Regulation and Licensing Unit at <u>NEPT@health.tas.gov.au</u>
Oral notifications to the Secretary can be made by contacting Department on **(03) 6166 3856**. *Please remove this page prior to submission of the form*.



NEPT Form 9

# Reporting: Injuries, Transfers, Deaths and other Events

Part 1: Details of the Incident (submit this form to Regulation and Licensing Unit within 2 days of incident)					
I. 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					
<b>Booked drop off locatio</b>	n, date and time				
2. Details of Patient					
<b>UR / Patient Number</b>	Date of Birth	Patient Acuity Level			
3. Details of Incident	please tick all applicable)				
Location:		Date:	<i>Time:</i> 00:00 am		
Critical incident	- Patient death				
Critical incident - Patient injured or harmed, requiring additional supervision or medical treatment					
<ul> <li>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</li> </ul>					
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					
<ul> <li>Using warning lights by the NEPT vehicle</li> </ul>					
<ul> <li>Any other incident or event specified as a reportable incident in the relevant NEPT licence.</li> </ul>					
Description of Incident (p	lease include a detailed a	account of the incident includ	ling any contributing factors and outcome)		

4. Details of Reporting					
Patient Related		Traffic Incident			
Date of report to patient representative:	1 1	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 Verbal 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 Private 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 a	nd Recommendations
Risk Mitigation Strategies and Quality	Improvement for NEPT Service
Form Approved and Submitted by CE	:O:
Date:	Signature:
Additional external reports relate	d to the incident MUST be attached to Form 9 Part 2

Department of Health | Regulation Licensing and Accreditation Unit

NEPT@health.tas.gov.au