

## CRITICAL INCIDENT REPORT

Critical incidents may include (but are not limited to) events such as:

- missing students
- severe verbal or psychological aggression
- death/ suicide, serious injury, violence or any threat of these
- widespread infection/ contamination or the threat of these
- natural disaster
- substantial damage to facilities
- deprivation of liberty and/ or civil unrest
- matters of high risk to personal safety
- publicity with the potential to significantly damage/ disrupt the reputation or operations of the business, and
- issues such as domestic violence, sexual assault, drug or alcohol abuse.

### Personal Details

Title: Surname: Given Names:

Current address:

Suburb: Postcode: State:

Home Phone: Fax:

Mobile Phone: Email:

Date of Birth:

Is injured party a: Student: Employee: Other:

### Incident Details

Date of Incident: Time:

Location:

Type of Incident:

### Details of Injury or Damage

How did the incident occur?

- |  |  |
|--|--|
| <input type="checkbox"/> Accident/injury             | <input type="checkbox"/> External threats eg. bomb, fire |
| <input type="checkbox"/> Assault                     | <input type="checkbox"/> Alcohol & other drug abuse      |
| <input type="checkbox"/> Attempted suicide/self-harm | <input type="checkbox"/> Property damage                 |
| <input type="checkbox"/> Major disturbance           |  |

Describe the treatment given:

Was patient referred to a Doctor/ Hospital? (If yes, give details)

Is there a possibility of media involvement? Yes No

**Accident/ Injury Witness**

Name of Witness: \_\_\_\_\_ Phone no: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Injury: \_\_\_\_\_

Name of First Aider: \_\_\_\_\_ Phone no: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Injured Person: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of First Aider: \_\_\_\_\_ Date: \_\_\_\_\_

WHS Officers Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature:

Copy to Managing Director                      Yes              No

Comments: \_\_\_\_\_

\_\_\_\_\_

Action to be taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CRITICAL INCIDENT – ACTION LIST**

**MANAGER'S REPORT**

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Action to be taken:

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Supervisors name (print): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

**OH&S ACKNOWLEDGEMENT**

Steps to take when an incident has occurred

1. **Stay as calm as possible** & manage the situation to the best of your abilities.
2. **Fear, Frustration, Manipulation or Intimidation:** Assess the stimulus for the crises and temper your response accordingly (fear threat frustration – regain control manipulation – detachment, intimidation – consequences).
3. **Call the appropriate Emergency Services, Police Fire or Ambulance. Police assistance 13 1444**
4. Ensure person(s) yourself and property is safe and secure.
5. Advise manager as soon as practicable and seek support and advice.
6. **When situation is under control, incident details and steps taken must be accurately recorded for the manager.**

Do additional supports need to be put in place?  
Ensure all injuries have been given medical treatment/First Aid  
Is there any Hospital or medical follow-up required? (see the practice guide)  
Has a young person alleged abuse that requires mandated reporting – notify the “Child Abuse Report Line” **(CARL) 13 14 78?**  
Have you or a colleague been injured? Please complete notification of Critical Incident Form.  
Is there a possibility of media involvement? If so, refer all enquiries to Manager.