



CRITICAL INCIDENT FORM

DETAILS OF PERSON INVOLVED

Name:

Address:

Phone No.:(W) (H)

ACCIDENT/INCIDENT DETAILS

Address/Place of Accident/Incident:

.....

Date:/...../..... Time:am/pm

ACCIDENT/INCIDENT DESCRIPTION

Who was involved?	
What happened?	
How did it happen? (describe what individuals were doing at the time)	

INJURY DETAILS

Type of Injury:.....

Was First Aid Applied? By Whom?

Action After Injury (e.g. Ambulance, Hospital)

Is this a new injury or re-occurrence of a previous injury?

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WITNESS

Were there witnesses to the injury/incident?

Name of Witness one:

Address:

Phone: (w)(h)

Name of Witness two:

Address:

Phone: (w)(h)

PREVENTION

Are you aware of any action that has been, or can be, taken to prevent the accident/incident from happening again. If so, give details.

.....
.....
.....

Employee's Signature:.....Date:/...../.....

Supervisor's Signature:Date:/...../.....

CHECK IF APPROPRIATE

Notify DSQ Y / N
Notify Workcover Y / N
Initiate Workers Compensation Procedure Y / N

Date forwarded to Management Committee:

SEE NEXT PAGES FOR ADDITIONAL NOTES FOR A CRITICAL INCIDENT

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NOTES FOR A CRITICAL INCIDENT

Critical Incidents Can Include

- Suspected sexual or physical abuse by workers
- Sexual assault on or off the premises (of staff or users)
- Allegations of assault against staff
- Major Accidents (Worker or Client)
- Death in Services (Worker or Client)
- Suicide /attempted suicide (Worker or Client)
- Fights involving assault weapons which involve staff or users of the program
- Accusations of illegal drugs in the Service
- Vandalism of Premises
- Critical Illness of Workers or Users
- Criminal Activity of Workers or Users
- Unfavourable Community or Media Attention Focusing on Workers or Users
- Injury resulting from excursion/camps
- Serious threat to staff, clients or facilities
- Fire or natural disaster
- Major Break Ins

NB: For instances of actual or suspected abuse or neglect refer to QPM 9

PROCEDURE

1. At the Time of Incident

- a) Assess the situation.
- b) Ensure the safety of all concerned.
- c) Contact appropriate emergency services if required.
- d) Contact appropriate support people if required e.g., executive officer, co-worker, and committee member.
- e) Collect contact phone numbers for all staff, volunteers and clients affected.

2. Immediately after the Incident

- a) Notify Executive Officer. In the event that the Executive Officer is not contactable a committee member (preferably President) is to be advised in the interim.
- b) Document the incident using Critical Incident form for prompts but also note any other useful information (at very least make notes to aid later recollection).
- c) Before leaving the site check for safety and security of people and premises.

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3. Within 48 Hours after the Incident

- a) Complete full reports of the incident and give a copy to the Executive Officer. Report should include - date, time, location, people involved, witnesses, description of the incident, any immediate action taken.
- b) Where appropriate notify DSQ (verbally ASAP, then submit report).
- c) Lodge statements with Police if required.
- d) Professional debriefing to be offered to all affected staff, volunteers and clients. Initial session to take place within 48 hours.
- e) Where appropriate client carer to be notified.

4. Debriefing

- a) Debriefing is a choice of the affected person. If an employee refuses debriefing this should be noted by the Executive Officer.
- b) Employees who choose debriefing should be offered a choice of Counsellor preferably within Ipswich where possible, but if required the Counsellors may be from out of the area.
- c) Any Counsellor employed by the Service for critical incident debriefing should be prepared to provide written documentation to the Organisation's Insurer should the incident result in a Workers Compensation Claim.

5. Workers Compensation

If the incident is either an accident or results in a Workers Compensation Claim ensure that those policies are also followed.

6. Management Committee

The Executive Officer is to advise the President of a critical incident as soon as practicable. Management Committee to be fully briefed on critical incident at next committee meeting.

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Accident / Incident Register

Accident/incident Number	<i>Date Reported</i>	<i>Date Finalised</i>	Incident reported as critical
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