

Print all details, or type directly within an electronic version of this document.

The purpose of this form is to advise the Department of Communities, Child Safety and Disability Services (DCCSDS) Regional Office of critical incidents involving your service or where media attention to the department has occurred or is possible.

This form is to be completed by a manager of the service, as a priority after the event has occurred and emergency services contacted.

**Level/Category**

Critical incidents must be listed as level 1 or 2 (see table on page 5 detailing critical incident types).

 **Level 1**

Following a level 1 critical incident, a service must contact the department's regional director and verbally notify them. This form must be submitted within four business hours.

 **Level 2**

Following a level 2 critical incident, a service must contact the department's relevant regional manager and verbally notify them. This form must be submitted by 5pm the next business day.

Time and date of initial contact

am	pm	/	/
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Time and date of critical incident

am	pm	/	/
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**Your details:**

Name

Position

Phone number

Your email address

Service location

**Endorsed by:**

Signature of employee

Date

/	/
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Signature of manager

Date

/	/
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**Description of critical incident**

Details of the critical incident, including information leading up to the incident, details of injuries to clients/ staff, agencies involved and action taken.

**Details of future actions proposed**

Details of immediate suggestions for resolution, and strategies for ensuring the incident won't reoccur.

**Details of counselling services/supports in place where relevant to the critical incident**

**Person 1**

Name

Involvement in the critical incident

Gender

 Male  Female      Date of birth  /  / 

Identifies as an Aboriginal or Torres Strait Islander?

 Yes  No  Other \_\_\_\_\_

Language spoken at home

Residential address and contact number

**Person 2**

Name

Involvement in the critical incident

Gender

 Male  Female      Date of birth  /  / 

Identifies as an Aboriginal or Torres Strait Islander?

 Yes  No  Other \_\_\_\_\_

Language spoken at home

Residential address and contact number

**Person 3**

Name

Involvement in the  
critical incident

Gender

Male

Female

Date of birth

/

/

Identifies as an  
Aboriginal or Torres  
Strait Islander?

Yes

No

Other

Language spoken  
at homeResidential address  
and contact number**Person 4**

Name

Involvement in the  
critical incident

Gender

Male

Female

Date of birth

/

/

Identifies as an  
Aboriginal or Torres  
Strait Islander?

Yes

No

Other

Language spoken  
at homeResidential address  
and contact number

**Level 1 and 2 critical incident types**

**Level 1**

**Immediate verbal notification to the regional director (DCCSDS) followed by a *Critical incident report* submitted within 4 business hours of the staff member becoming aware of the incident.**

1.1 Death of a person	<ul style="list-style-type: none"> <li>• where a client or staff are allegedly involved in the death or</li> <li>• while attending or using department provided or funded services, facilities or activities.</li> </ul>
1.2 Life threatening injury to a person	<ul style="list-style-type: none"> <li>• where a client or staff are allegedly involved in the injury or</li> <li>• while attending or using department provided or funded services, facilities or activities.</li> </ul>
1.3 Major security incident	<ul style="list-style-type: none"> <li>• a major security incident involving an emergency response to a hostage situation, fire, power failure, bomb threat or discovery of a bomb.</li> </ul>
1.4 Possible media attention	<ul style="list-style-type: none"> <li>• sensitive issues where media attention to the department has occurred or is possible.</li> </ul>

**Level 2**

**Immediate verbal notification to the regional manager (DCCSDS) followed by a *Critical incident report* submitted by 5pm next business day of the staff member becoming aware of the incident.**

2.1 Serious injury to a person that results in hospitalisation	<ul style="list-style-type: none"> <li>• where a client or staff are allegedly involved in the injury or</li> <li>• while attending or using department provided or funded services, facilities or activities.</li> </ul>
2.2 Alleged rape, sexual assault or serious assault	<ul style="list-style-type: none"> <li>• of or by a person while attending or using department provided or funded services, facilities or activities or</li> <li>• of departmental staff by a person.</li> </ul>
2.3 Attempted suicide	<ul style="list-style-type: none"> <li>• of a person in a departmental facility.</li> </ul>