

Submitted By: _____

Date: dd/mm/yyyy

Received By: _____

Date: dd/mm/yyyy

This Form is used to report critical incidents either on campus or off campus. This form should be completed as soon as practicable and, in any event, within 48 hours of the incident, saved for your records and provided to the General Manager via email to admin@aihe.sa.edu.au.

Before completing the form, please refer to the Critical Incident Policy (PL01) and related Procedure (PRO1.1). Where the incident involves a student, you are also encouraged to contact the Student Support Officer for advice. For Work Health and Safety accidents and injuries, including near misses, please complete AIHE's Accident/Injury Report Form.

Critical incident is defined to be a traumatic event, or the threat of such (within or outside Australia), which causes extreme stress, fear or injury. Examples are provided in the Procedure.

1. DETAILS OF PERSON COMPLETING THIS FORM

Family name		First name	
AIHE email address		Contact number	
I am a <input type="checkbox"/> Student <input type="checkbox"/> Staff Member <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Anonymous <input type="checkbox"/> Other, please specify:			
The incident happened to <input type="checkbox"/> Me <input type="checkbox"/> Another person			

2. DATE, TIME AND LOCATION OF INCIDENT

Date	
Time	
Location	

3. TYPE OF INCIDENT Please check all that apply

<input type="checkbox"/> Incident Involving a Student	<input type="checkbox"/> Accident	<input type="checkbox"/> Fire
<input type="checkbox"/> Injury to Student	<input type="checkbox"/> Vehicle Accident	<input type="checkbox"/> Property Damage
<input type="checkbox"/> Concern About a Student	<input type="checkbox"/> Threat of Physical Violence	<input type="checkbox"/> Environmental Damage
<input type="checkbox"/> Injury to Staff	<input type="checkbox"/> Actual Physical Violence	<input type="checkbox"/> Damage
<input type="checkbox"/> Loss of Life	<input type="checkbox"/> Theft/loss	<input type="checkbox"/> Natural or Physical Disaster
<input type="checkbox"/> Other, please specify:		

4. INCIDENT DETAILS

Description of the incident	
Activity being undertaken when it happened	

AIHE Incident Report Form

Were any other services involved/attended (e.g. Emergency Services) If yes, please attach a copy of the report	
Assessment of the Incident	Critical / Non-Critical

5. DETAILS OF PERSON/S INVOLVED
 Include everyone who is somehow related to the incident

Name	Student or Staff	Contact Number/Email	How were they involved? (e.g. witness)

6. ACTION TAKEN

<input type="checkbox"/> Ambulance Services	<input type="checkbox"/> Emergency Contact contacted	<input type="checkbox"/> Counselling: AIHE based
<input type="checkbox"/> Fire Services	<input type="checkbox"/> Notified Parents	<input type="checkbox"/> Counselling: Other
<input type="checkbox"/> Police Attended	<input type="checkbox"/> AIHE Community contacted	<input type="checkbox"/> TEQSA Notified
<input type="checkbox"/> Medical Assistance/Treatment	<input type="checkbox"/> First Aid	<input type="checkbox"/> Dept Home Affairs Notified
<input type="checkbox"/> Other, please specify:		

Please provide details of immediate action taken in response to the critical incident, including details of all those contacted.

7. DETAILS OF INJURIES OR DAMAGE Include as many rows as required

Description of Injury	
Description of Damage	

8. PENDING FOLLOW UP ACTIONS

Please provide details of planned actions yet to be undertaken or completed.

Attachments

Supporting documentation can also be attached to the incident report. Examples include:

- Word, pdf and excel document
- Photos

- Emails, and
- Videos

REVIEW AND EVALUATION OF INCIDENT MANAGEMENT

This section is to be completed by the General Manager following review and evaluation of management of the critical incident. Include any remedial actions to be undertaken.