

INCIDENT REPORT

Resource Code CSE3-IR

Resource: Incident Report

Level: Team Leader

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When should this report be completed?

This report must be completed if:

1. An outside emergency service is contacted (Police, Ambulance, State Emergency Service etc.).
2. An individual is taken to hospital, doctor's surgery, emergency dental surgery, or other medical professional.
3. An injury results in a participant being unable to participate for 24 hours.
4. There is an alleged illegal act, a participant sent home, serious leader dispute, damage or loss of property.
5. The situation relates to Child Protection (disclosure of abuse, allegation of abuse, or report based on reasonable grounds).
6. Other situations will require judgement and consultation with your organisation. In situations where doubt exists about the use of this report, complete a report.

How do I complete this report?

- Sections A, B & D must be completed in all situations.
- Section C is to be completed where there is an injury to an individual.
- Section E is to be completed in relation to Child Protection issues.

What do I do with this report after I have completed it?

1. Check that all information is correct to the best of your knowledge.
2. Check that the appropriate signatures are given.
3. The Team Leader forwards the form to your Coordinator as soon as possible. More severe incidents require immediate reporting, while other reports should be submitted within seven days.

SECTION A

Nature of the Event

Please describe the event in a one sentence summary.

When and where did this event occur?

Time of Event (specify AM/PM) _____ Date _____

Location Name _____

Exact Place _____

Name of the program

Did this event have 'Permission to Proceed'? Yes No

Team Leader

Surname _____ Given Names _____

SECTION B - details of people involved in the event (including witnesses - attach signed and dated reports of witnesses if applicable)

Person 1 (Details of injured person if applicable - remember to fill in Section C)

Surname (Capitals) _____ Given Names _____

Street Address _____

Suburb _____ Postcode _____ Sex M F Date of Birth _____

Phone home work mobile _____

Person 2

Surname (Capitals) _____ Given Names _____

Street Address _____

Suburb _____ Postcode _____ Sex M F Date of Birth _____

Phone home work mobile _____

Attach an additional page or pages if details for additional people are relevant.

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SECTION C - to be completed only if the event involved injury. Circle the relevant responses

The injured person was a Participant / Team Member / Other(please specify): _____

Initial Severity Assessment

First Aid (stayed at program) / First Aid (sent home) / Medical Treatment
Hospital / Possible Permanent Disability / Fatal

Nature of Injury

Superficial / Fracture / Strain-Sprain / Irritation / Hernia / Bruise or Crush
Bite or Sting / Hearing Loss / Laceration or Cut / Poisoning / Infection
Disease / Amputation / Concussion / Allergy / Burn or Scald
Other (please specify): _____

Part of body injured * *Visit to doctor automatic for body parts marked*

Eye * / Ear / Nose / Mouth / Face / Jaws* / Neck* / Skull* / Head - Other*
Shoulder / Elbow / Wrist / Hand / Finger / Arm - Other
Groin / Hip / Knee / Ankle / Foot / Toe / Leg / Chest / Torso - Other
Internal / Back* / Nervous System / Skin / Respiratory System / Systemic
Other (please specify): _____

Cause of Severest Injury

Slip or Fall / Aquatic Activity / Burns / Vehicle Accident / Person related
Sporting / Other (please specify): _____

Immediate Treatment Remember, note the times and be as detailed as possible in the action that was taken to care for the casualty
(Give details. Attach additional notes if required.)

Doctor

Surname (Capitals) _____ Given Names _____
Street Address _____
Suburb _____ Postcode _____ Phone work _____

Hospital

Name _____
Street Address _____
Suburb _____ Postcode _____ Phone _____

Was the activity supervised? Yes No

Personal Data of Supervising Team Member

Surname (Capitals) _____ Given Names _____
Street Address _____
Suburb _____ Postcode _____ Sex M F Date of Birth _____
Phone home _____ work _____ mobile _____

Please describe the injured person's training and experience related to the activity at the time of the accident - attach report if insufficient space

Protective Equipment/Safety Devices:-

Were protective equipment/safety devices related to this activity being used? Yes No Not Applicable

If Yes, please give details- attach report if insufficient space

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Pre-Existing Condition

Does the injured person suffer from any pre existing condition which may have caused or aggravated the injury?

Yes

No

If Yes, please give details- *attach report if insufficient space*

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SECTION D

Were any pertinent instructions/warnings given before the event? Yes No

If Yes, please give details - *attach report if insufficient space.*

Factual Description of the event (what happened): *State exactly what is understood to have happened, how the incident has occurred, the nature of the event, who was claimed to be involved, and times. Identify who has made the observations. Record facts, not assumptions. Attach report if insufficient space.*

What action has been taken? *Remember to be specific, noting the timings. Attach report if insufficient space.*

What follow-up, in your view, needs to occur and by whom?

Has other action been taken as appropriate?

Parent/Guardian notified? Yes No

Photographs of Event Site Yes No

Police Notified Yes No If Yes, police report number

If any other organisations have been advised please state details

SECTION E *Use this section for Child Protection Issues*

Refer to the *ChildSafe SP3 Team Members Guide* pp29-40 for information in relation to abuse, disclosure, allegation or belief based on reasonable grounds. Ensure that you understand the reporting requirements and process in your jurisdiction.

In relation to disclosure by a child, attach details of what was said by the child to this report. In relation to allegations or belief based on reasonable grounds, ensure that relevant sections of this report are completed, and attach notes to the report that carefully provide factual details and/or describe how you have arrived at the belief that a child is at risk of harm.

What action has been taken? *Remember to be specific, noting the timings. Attach report if insufficient space*

Incident Report Completion

Signatures

Supervising Team Member Name: _____ Supervising Team Member Signature: _____ Date: _____

Team Leader Name: _____ Team Leader Signature : _____ Date: _____

Please submit this report as soon as possible. Reports dealing with issues of a greater level of severity must be submitted immediately, and all reports within seven days of the event. Thank you for your assistance.

Office Use Only - Incident Follow-up Plan								
Possible action	Report filed & registered	Medical form filed	Other docs (incl. photos filed)	Insurer notified	Parental follow-up	Team Leader follow-up	Coordinator follow-up	Event entered on summary and overview sheet
Required								
Initials								

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Date								
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