

# Incident Reporting

## When should this report be completed?

This report must be completed if:

- An outside emergency service is contacted (Police, Ambulance, State Emergency Service etc.); and/or
- An individual is taken to hospital, doctor's surgery, emergency dental surgery, or other medical professional; and/or
- An accident/injury occurs that requires first aid that is more than a band aid or cold pack; and/or
- There is an alleged illegal act, a participant sent home, serious leader dispute, damage or loss of property; and/or
- There are mandatory reporting or reportable conduct actions required.

**If in doubt, complete a report.**

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## INCIDENT OVERVIEW

Name of program:

Nature of the Event (*Please describe the event in a one sentence summary*):

Key people involved:

Time of Incident:

Date:

Location:

Specific place:

## INCIDENT DETAILS

**Factual Description of the event (what happened):**

Attach report stating 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. Please include any warnings given prior to or during the activity, details of supervision and/or protective equipment and reference to the relevant risk assessment/s.

**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?**

## DISCLOSURES AND REPORTS

### Reportable Conduct: Name of Person against whom allegation was made

What action has been taken?

### Mandatory Report: Name of child at risk of significant harm

ROSH Report Made: Yes / No      If Yes, please attach MRG form  
 Police Notified? Yes / No      If Yes, police report number

## PHYSICAL INJURY

*To be completed only if the event involved injury. Circle the relevant responses.*

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

### Part of body injured\*

Visit to doctor automatic for body parts marked:

Eye \* / Ear / Nose / Mouth / Face / Jaw\* / 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):

### Immediate Treatment

Remember, note the times and be as detailed as possible in the action that was taken to care for the casualty. Please note the name and phone number of GP or hospital if medical treatment is sought (Give details. Attach additional notes if required.)

## INCIDENT REPORT COMPLETION

Please note any attachments: \_\_\_\_\_

### Has other action been taken as appropriate?

Parent/Guardian notified?  Yes  No      Photographs of Event Site  Yes  No

Supervising Team Member Name:	Team Leader Name:
Initials: Date:	Initials: Date:

**Please submit this report as soon as possible. Thank you for your assistance.**

## PEOPLE

Details of people involved in the event. Use as many 'People' sheets as necessary.  
(Attach signed and dated reports of witnesses if applicable)

### Team Leader

Surname (capitals) \_\_\_\_\_  
Given Names \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile phone \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Person 1 (injured/disclosing person)

Involvement \_\_\_\_\_  
Surname (capitals) \_\_\_\_\_  
Given Names \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile phone \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Person 2 (witness or team leader, if there is more than one injured person please complete additional report)

Involvement \_\_\_\_\_  
Surname (capitals) \_\_\_\_\_  
Given Names \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile phone \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Person 3

Involvement \_\_\_\_\_  
Surname (capitals) \_\_\_\_\_  
Given Names \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile phone \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

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