



CRITICAL AND EMERGENCY INCIDENT REPORT

Refer Registration Standards 2013 – Section 4.4 – Critical and Emergency Incidents

Page 1 of 2

1. School Details

School: Click here to enter text.

Chair of Governing Body: Click here to enter text.

Principal: Click here to enter text.

Email address: Click here to enter text.

Telephone: Click here to enter text.

2. Date, Time AND LOCATION of Incident

Date of Incident: Click here to enter a date.

Time of Incident: Click here to enter text.

Location of Incident: Click here to enter text.

3. Affected Person(s) Select as appropriate

- | | | |
|---|--|---|
| <input type="checkbox"/> Whole School | <input type="checkbox"/> Teaching Staff | <input type="checkbox"/> Other Schools |
| <input type="checkbox"/> Student(s) | <input type="checkbox"/> Support Staff | <input type="checkbox"/> Other (please specify) Click here to enter text. |
| <input type="checkbox"/> Parent(s) / Caregiver(s) | <input type="checkbox"/> Volunteer(s) / Visitor(s) | |

4. Type of Incident Select as appropriate

- | | |
|--|--|
| <input type="checkbox"/> Accident leading to major injury or death | <input type="checkbox"/> Intruders |
| <input type="checkbox"/> Loss of Life | <input type="checkbox"/> Weapons |
| <input type="checkbox"/> Medical Emergency | <input type="checkbox"/> Bomb Threat |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Threat of Physical Violence |
| <input type="checkbox"/> Natural or Physical Disaster | <input type="checkbox"/> Actual Physical Violence |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Major act of Vandalism or Burglary (causing major interruption to school) |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Other (please specify) Click here to enter text. |
| <input type="checkbox"/> Drugs | |

5. Action Taken Select as appropriate

- | | |
|---|---|
| <input type="checkbox"/> Police / Emergency Services advised | <input type="checkbox"/> School Critical and Emergency Incident Policy followed |
| <input type="checkbox"/> Department of Child Protection advised | <input type="checkbox"/> School premises secured |
| <input type="checkbox"/> Mandatory Report completed | <input type="checkbox"/> Counselling sought |
| <input type="checkbox"/> Chair of school governing body advised | <input type="checkbox"/> Health and Safety Services advice sought |
| <input type="checkbox"/> Department of Education Services advised | <input type="checkbox"/> Suspension / Expulsion of Student |
| <input type="checkbox"/> Parent(s) / Caregiver(s) advised | <input type="checkbox"/> Staff stood down |
| <input type="checkbox"/> AISWA advice sought | <input type="checkbox"/> Other (please specify) Click here to enter text. |
| <input type="checkbox"/> CEOWA advice sought | |

6. BRIEF description of the incident

(If there is insufficient space on this form, please state 'Refer to attached' and provide a separate sheet(s))

Click here to enter text.

Authorised Critical Incident Reporter:

Name: Click here to enter text.

Position: Click here to enter text.

Date: Click here to enter a d

Page 2 of 2

7. Brief statement on effectiveness of SCHOOL policies (If applicable)

Click here to enter text.

Thank you for completing this Critical Incident Report. An Officer from the Department of Education Services (DES) will contact you shortly.

DES Internal Use Only:

Submitted via:

Email

Facsimile

Mail

Verbally (via telephone)

STARS Incident Number: _____

Related TRIM Reference(s): _____

report received by:

Name: _____ Position: _____ Date: _____