



CRITICAL AND EMERGENCY INCIDENT REPORT FORM

The Critical Incident Standard determined by the Minister for Education in accordance with s.159(1)(i) of the *School Education Act 1999* requires the principal to notify the chair of the governing body and the Director General, Department of Education Services, about any critical and emergency incidents as soon as practicable and, in any event, within 48 hours of the incident.

This form should be completed as soon as practicable and, in any event, within 48 hours of the incident, saved for your records and sent to:

Assistant Director, Non-Government Schools
Telephone: (08) 9441 1900 Facsimile: (08) 9441 1901

Email: criticalincidents@des.wa.gov.au
Postal address: PO Box 1766, OSBORNE PARK DC WA 6017

INCIDENT TYPE

Please indicate the type of critical or emergency incident by ticking one or more of the boxes below.

- ☐ Death, or life-threatening injury, of a student or staff member at school, or following an incident that occurred at the school or through a related school-based activity or circumstance;
- ☐ Circumstances that pose a critical risk to the health, safety or well-being of one or more students or staff;
A circumstance posing a *critical risk* is one which would, if action had not been taken or the risk otherwise averted, have resulted in death, life-threatening illness or life-threatening injury to one or more students and/or staff.
- ☐ Receipt of an allegation of child abuse, including but not limited to sexual abuse, against a student by a staff member or student or other person, whether the abuse is alleged to have occurred recently or in the past;
- ☐ Issuing a formal warning to a staff member or ceasing the employment of a staff member for a breach of the Staff Code of Conduct suspected to be grooming behaviour;
- ☐ Incidents requiring school closure, lockdown, or reduction of number of students or staff attending.

**If you cannot tick one of these boxes, the incident may not need to be reported to DES as a critical incident.
If in doubt, please contact the Assistant Director, Non-Government Schools, for clarification.**

SCHOOL DETAILS

School:	Campus:
Chair of Governing Body:	Principal:
Telephone (business):	Telephone (mobile):
Email:	

INCIDENT

Date of Incident:	Time of Incident:
Location of Incident:	
Date Principal first notified of incident and by whom:	
Date Chair of Governing Body notified:	
Date Parents/Caregivers notified (if applicable):	

PERSON(S) INVOLVED (tick all applicable)

<input type="checkbox"/> Whole School	<input type="checkbox"/> Student(s) – Year level(s): _____	<input type="checkbox"/> Teaching Staff	<input type="checkbox"/> Support Staff
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Former student	<input type="checkbox"/> Student from another school	<input type="checkbox"/> Other (please specify): _____

DESCRIPTION OF THE INCIDENT (detail what happened, who was affected and whose actions caused the incident)

--

AGENCIES NOTIFIED OF INCIDENT (by governing body, principal or staff members – when applicable and known to the Critical Incident Reporter)

<input type="checkbox"/> WA Police notified	Date:	Report No:
<input type="checkbox"/> DCPFS notified (Mandatory report)	Date:	Receipt No:
<input type="checkbox"/> DCPFS notified (child protection concern)	Date:	
<input type="checkbox"/> DEFS notified	Date:	
<input type="checkbox"/> TRBWA notified	Date:	
<input type="checkbox"/> WorkSafe notified	Date:	
<input type="checkbox"/> Other:	Date:	

ACTION(S) TAKEN TO RESOLVE THE INCIDENT (by governing body, principal or staff members)

<input type="checkbox"/> Suspension/exclusion of student(s)	Period of time:
<input type="checkbox"/> Expulsion of student(s)	Date:
<input type="checkbox"/> School closure	Date:
<input type="checkbox"/> School lockdown	Date:
<input type="checkbox"/> Reduction in students or staff attending	Date:
<input type="checkbox"/> Counselling sought/provided	Date:
<input type="checkbox"/> Health and safety services advice sought	Date:
<input type="checkbox"/> Staff Code of Conduct breach warning issued	Date:
<input type="checkbox"/> Staff disciplinary action taken (please specify):	Details:
<input type="checkbox"/> School policies/procedures followed (including School Critical and Emergency Incident Policy)	Details:
<input type="checkbox"/> Other action(s) taken (please specify):	Details:

DESCRIPTION OF ACTION TAKEN TO RESOLVE THE INCIDENT

--

HOW ARE ANY ONGOING RISKS TO STUDENTS AND/OR STAFF BEING MANAGED?

--

Who is responsible for management of these risks? _____

LODGED BY AUTHORISED CRITICAL INCIDENT REPORTER	Date:
Name:	Position:

Thank you for completing the Critical Incident Report.

The Department may contact you at a later date to obtain further information.

DES INTERNAL USE ONLY

Incident Number:	Related RM8 References:
DES Staff Name:	Position:
Date Received:	Time Received: