

## **MCOHB REPORTABLE CRITICAL INCIDENT NOTIFICATION FORM**

Use this form to submit reportable critical incident information to the Chief Executive Officer and/or the Director of Studies. The information provided must be sufficiently detailed to enable a review of MCOHB's responses in line with the Critical Incident Policy and Procedure and relevant acts and standards.

### **1.0 PROCEDURES**

#### **Recording and reporting of accidents and incidents**

- 1.1 All accidents/incidents must be recorded and the Chief Executive Officer and/or the Director of Studies must be notified within thirty (30) minutes of the accident/incident occurring.
- 1.2 An Accident/Incident Report is to be completed.
- 1.3 When a critical incident happens and there is an injury to a student, or a member of staff an Accident/Incident Report will be completed within three (3) days if the incident occurring.
- 1.4 All accidents/incidents that could be considered a notifiable incident under the Work Health and Safety Act and must be reported to WorkSafe Victoria immediately by phone or in writing (facsimile or email), and if required by WorkSafe Victoria, written notice of the incident must be given within 48 hours.

### **2.0 Assistance provided following an accident/incident First Aid/Medical Assistance**

- 2.1 On becoming aware of an accident/incident, staff should, so far as they are able, render first aid to the injured person/s.
- 2.2 Where a qualified first aid officer is available, that officer will take charge of the situation and provide assistance as soon as possible.
- 2.3 Except where the accident/incident is considered minor (for example where first aid intervention is not required), the injured persons Next of Kin (NOK) or emergency contact **DOES NOT** have to be informed.
- 2.4 For a less serious accident/incident (for example, where first aid intervention is required) the injured person/s are encouraged to contact their NOK or emergency contact, at least by the end of the college day.
- 2.5 For a serious accident/incident (for example, where professional medical services are required) the injured persons NOK or emergency contact must be informed immediately.
- 2.6 Where the NOK cannot be reached, the person nominated as an emergency contact should be contacted.

- 2.7 Except where the accident/incident is considered minor, a first aid officer or other staff member attending to the person/s must remain with the person/s until no further treatment or assistance is required, or until the person/s are placed in the care of ambulance officers or other medical personnel, unless the attending employee's personal safety is at risk.
- 2.8 An ambulance is to be called at the earliest identification that it is required.

### 3.0 Witness Statements

- 3.1 In the case of more serious injuries/incidents, schools should obtain witness statements from any person, including a student, who has direct knowledge of the accident/incident. Where there are large numbers of witnesses to an event, witness statements may be obtained from a representative sample of witnesses with the names and contact details of remaining witnesses recorded.
- 3.2 When witness statements are being obtained students should be advised:
- why they are being questioned or being asked to prepare a witness statement
  - to what use their answers or statement might be put, and
  - the consequences which may arise (e.g. school discipline action, in the case of students).
- 3.3 A student who has been injured in an accident or incident should be given the opportunity to prepare a witness statement for inclusion in the Student Accident/Incident Report.
- 3.4 A witness may refuse to answer questions or to complete a witness statement.

#### Lodged by authorised reportable incident notifier

Name	
Position	
Date	

#### COLLEGE/DEPARTMENT DETAILS

College/Department	
Campus	
Name of Head Trainer/Dept. Manager	
Contact Number:	

## INCIDENT TYPE

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

If you cannot tick one of these boxes, the incident may not need to be notified as a reportable incident.

<input type="checkbox"/>	The death of a student or staff member at college or during a college related activity or following an incident at college or during college-related activity.
<input type="checkbox"/>	An incident involving injury, illness or trauma to a student or staff member at college or during a college-related activity requiring ambulance or hospital attendance.
<input type="checkbox"/>	An incident requiring a police or other emergency services response when a student appears to have been taken or removed, or goes missing and cannot be accounted for, from the college or from a college-related activity without proper authority.
<input type="checkbox"/>	Traumatic experience whilst studying e.g. involved in accident, affected by storms or natural disasters; (local)
<input type="checkbox"/>	A compassionate and/or compelling circumstance/s occurring whilst studying e.g. anxiety/panic attack, mental illness episode, illness episode (e.g. epileptic or anaphylactic shock or episode)
<input type="checkbox"/>	An incident requiring the college to be locked down or to evacuate staff and students, or reduce the number of students or staff attending, or to close for any duration for health or safety reasons.
<input type="checkbox"/>	The receipt of a complaint or allegation of sexual abuse or assault, including but not limited to sexual abuse, committed against a student and/or staff member. a. by a staff member or another student; or b. by another person on the college premises or during a training related activity; whether the abuse is alleged to have occurred recently or in the past.
<input type="checkbox"/>	Issuing a formal warning to or ceasing the employment of a staff member for a breach of the Code of Conduct suspected to have involved grooming behaviour.

### SPECIFIC INCIDENT/S INVOLVING INTERNATIONAL STUDENTS OUTSIDE OF THE RTO'S BUSINESS HOURS:

<input type="checkbox"/>	The death of a student.
<input type="checkbox"/>	An incident involving injury, illness or trauma to a student requiring ambulance or hospital attendance.
<input type="checkbox"/>	An incident requiring a police or other emergency services response when a student appears to have been taken or removed or goes missing and cannot be accounted for.
<input type="checkbox"/>	Traumatic experience e.g. involved in accident, affected by storms or natural disasters; (local), drug or alcohol abuse, perpetrator of, involvement in or witnessing a criminal offence.

<input type="checkbox"/>	A compassionate and/or compelling circumstance/s occurring requiring ambulance or hospital attendance. e.g. anxiety/panic attack, mental illness episode, illness episode (e.g. epileptic or anaphylactic shock or episode)
<input type="checkbox"/>	The receipt of a complaint or allegation of sexual abuse or assault committed against a student. <ul style="list-style-type: none"> <li>a. by a staff member or another student; or</li> <li>b. by another person whether the abuse is alleged to have occurred recently or in the past.</li> </ul>
<input type="checkbox"/>	A compassionate and/or compelling circumstance/s where the student is required to suspend their studies and return to their home country. E.g. death of close family member, family involvement in or witnessing violence, sexual assault, drug or alcohol abuse, perpetrator of, involvement in or witnessing a criminal offence.

## INCIDENT

Date of Incident (or receipt of allegation)	
Location of Incident	

## PERSONS INVOLVED

<input type="checkbox"/>	Whole College
<input type="checkbox"/>	Student(s)
<input type="checkbox"/>	Teaching Staff
<input type="checkbox"/>	Support Staff
<input type="checkbox"/>	Other – please specify:

## DESCRIPTION OF THE INCIDENT

Detail what happened, who was affected and any contributing factors (where relevant to the type of incident and known at the time of the incident). Personal information is not required on this form. For example, depending on the incident.

## OTHER AGENCIES NOTIFIED OF THE INCIDENT

<input type="checkbox"/>	Police <input type="checkbox"/> YES / <input type="checkbox"/> NO	Date:	Report No:
<input type="checkbox"/>	Department of Home Affairs <input type="checkbox"/> YES / <input type="checkbox"/> NO	Date:	
<input type="checkbox"/>	Department of Fire and Emergency Services <input type="checkbox"/> YES / <input type="checkbox"/> NO	Date:	
<input type="checkbox"/>	Worksafe <input type="checkbox"/> YES / <input type="checkbox"/> NO	Date:	

## RTO'S ACTIONS TO RESOLVE THE INCIDENT

<input type="checkbox"/>	Next of Kin/Emergency contact notified <input type="checkbox"/> YES / <input type="checkbox"/> NO	Date:
<input type="checkbox"/>	Consultation with relevant government authorities? <input type="checkbox"/> YES / <input type="checkbox"/> NO	Date:
<input type="checkbox"/>	Student Code of Behaviour breach warning issued <input type="checkbox"/> YES / <input type="checkbox"/> NO	Date:
<input type="checkbox"/>	Suspension/exclusion of student(s) <input type="checkbox"/> YES / <input type="checkbox"/> NO	Number of students and duration(s):
<input type="checkbox"/>	Expulsion of student(s) <input type="checkbox"/> YES / <input type="checkbox"/> NO	Number of students:
<input type="checkbox"/>	College closure/lockdown/evacuation <input type="checkbox"/> YES / <input type="checkbox"/> NO	Date/s and duration:
<input type="checkbox"/>	Reduction in students or staff attending <input type="checkbox"/> YES / <input type="checkbox"/> NO	Date/s:
<input type="checkbox"/>	Police called <input type="checkbox"/> YES / <input type="checkbox"/> NO	Date:
<input type="checkbox"/>	Ambulance called/Hospital attendance <input type="checkbox"/> YES / <input type="checkbox"/> NO	Date:
<input type="checkbox"/>	Staff Code of Conduct breach warning issued <input type="checkbox"/> YES / <input type="checkbox"/> NO	Date:
<input type="checkbox"/>	Staff disciplinary action taken (please specify) <input type="checkbox"/> YES / <input type="checkbox"/> NO	Details:
<input type="checkbox"/>	Other	Details:

**DETAILED DESCRIPTION OF ACTIONS TAKEN TO RESOLVE THE INCIDENT AND TO MANAGE ANY ONGOING RISKS**

Please ensure any ongoing risks are identified. Personal information is not required on this form.

**Thank you** for completing this form.