Submitted By: _____ Date: _ _/_ _/ _ _ _ _

Received By: _____ Date: _ _ / _ _ / _ _ _ _

This Form is used to report critical incidents either on campus or off campus. This form should be completed as soon as practicable and, in any event, within 48 hours of the incident, saved for your records and provided to the CEO or Dean via email to admin@monaroeducation.edu.au

Before completing the form, please refer to the Critical Incident Policy and Procedure. Where the incident involves a student, you are also encouraged to contactthe Student Support Officer for advice. For Work Health and Safety accidents and injuries, including near misses, please complete MHE's Accident/Injury Report Form.

Critical incident is defined to be a traumatic event, or the threat of such (within or outside Australia), which causes extreme stress, fear or injury.

1. DETAILS OF PERSON COMPLETING THIS FORM

Family name		First name	
MEIHE email address		Contact number	
I am a ☐ Student ☐ Staff Member ☐ Visitor ☐ Volunteer ☐ Contractor ☐ Anonymous ☐ Other, please specify:			
The incident happened to ☐ Me ☐ Another person			

2. DATE, TIME AND LOCATION OF INCIDENT

Date	
Time	
Location	

3. TYPE OF INCIDENT Please check all that apply

☐ Incident Involving a student	☐ Accident	☐ Fire
☐ Injury to Student	☐ Vehicle Accident	☐ Property Damage
☐ Concern About a Student	☐ Threat of Physical Violence	☐ Environmental Damage
☐ Injury to Staff	☐ Actual Physical Violence	☐ Damage
☐ Loss of Life	☐ Theft/loss	☐ Natural or Physical Disaster
☐ Other, please specify:		

4. INCIDENT DETAILS

Description of the incident	
Activity being undertakenwhen it happened	

Were any other services involved/attended (SES, NSW Fire Services) If yes, please attach a copy ofthe report	

5. DETAILS OF PERSON/S INVOLVED
Include everyone who is somehow related to the incident

Name	Student or Staff	Contact Number/Email	How were they involved? (witness)

6. ACTION TAKEN

☐ Ambulance Services	☐ Emergency Contact contacted	☐ Counselling: MHE based
☐ Fire Services	☐ Notified Parents	☐ Counselling: Other
☐ Police Attended	☐ MHE Community contacted	☐ TEQSA Notified
☐ Medical Assistance/Treatment	☐ First Aid	☐ Dept Home Affairs Notified
☐ Other, please specify:		

Please provide details of immediate action taken in response to the critical incident, including details of all those contacted.

7. DETAILS OF INJURIES OR DAMAGE Include as many rows as required

Description of Injury	
Description of Damage	

8. PENDING FOLLOW UP ACTIONS

Please provide details of planned actions yet to be undertaken or completed.

Attachments

Supporting documentation can also be attached to the incident report but not limited to:

- Word, pdf and excel document
- Photos
- Emails, and
- Videos

9. REVIEW AND EVALUATION OF CRITICAL INCIDENT MANAGEMENT

This section is to be completed by the Delegated Authority following review and evaluation of management of the critical incident. Include any remedial actions to be undertaken.