

CRITICAL CLIENT INCIDENT REPORT

Organisations funded by SA Department of Communities & Social Inclusion (DCSI) are required to provide reports about incidents that occur during the provision of services funded. These requirements are described in service agreements.

A critical client incident is defined as an event (or alleged event) that occurs as a result of, or during the delivery of services directly provided or funded by DCSI, and has caused or is likely to cause significant negative impact to the health, safety or wellbeing of a client or service recipient. Critical client incidents will usually require a crisis response, incident management, coordination and consideration of a range of risks and sensitivities.

[Note]: Government departments may require incidents to be reported in a 'timely manner' after the incident has occurred, mandatory reports have been made and the safety of all concerned is assured. Retain this report for your own records and if required forward to DCSI.

Reporter's Details		
Given Name		Family Name
Organisation Name		Program/Service Name
Email	Phone	Relationship to Client

Client Details –		
Incident Involved	<input type="checkbox"/> staff <input type="checkbox"/> equipment <input type="checkbox"/> contractor/temp staff <input type="checkbox"/> hazard/security <input type="checkbox"/> visitor/carer/relative <input type="checkbox"/> volunteer <input type="checkbox"/> staff (tick if same as reporter)	
Client number or reference	Client consent obtained for sharing information	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client information (this is optional if consent not given)	Given Name	Family Name (if more than one person involved /affected please provide additional information)
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address		
Suburb		Postcode
Occupation		Phone

Incident Location - where did it happen?	
Where did the incident occur? (location)	
Public and/or private premises not owned or leased by your organisation and setting (e.g. excursion to public venue or in the office, kitchen or grounds, of a building leased by your organisation etc.)	
Address	
Suburb	Postcode

When did it occur?	
Incident date	Time am/pm
Date reported to supervisor or CCI manager	Date received by your organisation's CCI manager
Date reported to your organisations' Government funder	

What happened?	
Summary of incident (who was injured, what damage was caused etc?)	
Has an injury been sustained? <input type="checkbox"/> Yes <input type="checkbox"/> No Was lost time incurred? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If injuries occurred, please describe the injuries?	
Was first aid provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No Who Describe first aid treatment provided by:
Was further treatment required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> treating doctor <input type="checkbox"/> hospital <input type="checkbox"/> medical centre <input type="checkbox"/> nurse <input type="checkbox"/> other (please provide details)
Was hospitalisation required?	<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Hospital Was an ambulance called? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is rehabilitation required?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Has debriefing/ assistance been offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/> Critical Incident Debrief
What outcome is being sought by client or complainant?	

Does the client intend to pursue legal action?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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Name and contact details of observers, witnesses, service providers or others	
Given Name	Family Name
Phone	e-mail
Given Name	Family Name
Phone	e-mail
What service is being provided e.g. respite, day options, accommodation, in-home care?	

Who has been notified?		
Clients family, advocate or guardian <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Provide comment</small>	Who was contacted?	Date and time
Other service providers who support the client/s	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which agencies?
Other information		

What has already occurred since the incident occurred?	
Describe immediate action/s taken to make the situation safe and/or secure	
Describe investigations undertaken or currently underway	
Who undertook the investigations? (Provide names below and if necessary attach further information)	
Name	Other officers
Signature	
Others	
Describe actions planned and/or taken to prevent recurrence	

Feedback to person who made the report	
Has feedback or a response been provided to the person who reported the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide comment about feedback or response	

Contacts	
Was SafeWork SA contacted and notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:/...../..... Ref: No <small>See - when to notify SafeWork SA at the end of this form</small>
If Yes, indicate date and time	Date Time am/pm
Were police, fire or emergency services contacted? (circle name of service contacted)	<input type="checkbox"/> Yes <input type="checkbox"/> No Date.....
If reported to SAPOL what is the PIR number, name of the officer and date reported?	
Reported to Child Abuse Report Line (CARL)	Report number
Comments	
Any other contacts	

Media	
Has the media been made aware of the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Provide information about media involvement and where it has been reported? <input type="checkbox"/> Television <input type="checkbox"/> Newspaper	
<input type="checkbox"/> Social media <input type="checkbox"/> Radio <input type="checkbox"/> Unknown	

Please attach relevant documents (e.g. photos, statements, drawings and communications) to this report.

When to notify SafeWork SA

SafeWork SA must be notified immediately of any dangerous incidents, or notifiable injury or if the incident results in a death by the fastest means possible.

What is a dangerous incident?

A dangerous incident is defined within the [Work Health and Safety Act 2012](#) as:

“ an incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person's health or safety emanating from an immediate or imminent exposure to—

- (a) an uncontrolled escape, spillage or leakage of a substance; or
- (b) an uncontrolled implosion, explosion or fire; or
- (c) an uncontrolled escape of gas or steam; or
- (d) an uncontrolled escape of a pressurised substance; or
- (e) electric shock; or
- (f) the fall or release from a height of any plant, substance or thing; or
- (g) the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the regulations; or
- (h) the collapse or partial collapse of a structure; or
- (i) the collapse or failure of an excavation or of any shoring supporting an excavation; or
- (j) the inrush of water, mud or gas in workings, in an underground excavation or tunnel; or
- (k) the interruption of the main system of ventilation in an underground excavation or tunnel; or
- (l) any other event prescribed by the regulations,

but does not include an incident of a prescribed kind.

What is an immediately notifiable injury?

- (a) immediate treatment as an inpatient in a hospital; or
- (b) immediate treatment for—
 - (i) the amputation of any part of his or her body; or
 - (ii) a serious head injury; or
 - (iii) a serious eye injury; or
 - (iv) a serious burn; or
 - (v) the separation of a person's skin from underlying tissue (such as de-gloving or scalping); or
 - (vi) a spinal injury; or
 - (vii) the loss of a bodily function; or
 - (viii) serious lacerations; or
- (c) medical treatment within 48 hours of exposure to a substance,

and includes any other injury or illness prescribed by the regulations but does not include an illness or injury of a prescribed kind.

SafeWorkSA can be contact 24/7 on 1800 777209

To find out more about reporting to SafeWork SA and obtain a report form, refer to the [SafeWork SA internet site](#).

Should electric shock be reported?

All incidents involving electricity must be reported to the Office of the Technical Regulator (OTR) within 24 hours or earlier in the event of death.

To report an incident to the OTR phone: (08) 8226 5518 Business Hours (1800 558 811 After Hours)

For a copy of the report form and to obtain more information refer to the [OTR internet site](#):

WARNING: Electric shock alters the heart rhythm and may result in death. Anyone exposed to electric shock must immediately be transported to a medical centre or hospital for medical examination and Electro Cardio Graph (ECG).

This report template has been adapted from the DCSI CCI Report Template by Robert Petchell for Tony Doyle Visions		
Template custodian	Tony Doyle, Director, Tony Doyle Visions	
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