Incident Report

Name & Roles of Persons Involved (i.e. staff, carers, clients)					
Date Time	Location (if relevant)				
What factors contributed to the incident? E	Environment Equipment Work systems People				
Details of Incident					
If an injury occurred, please mark with an X					
to show the location of the injury.	ITYN ICH				
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	263 BB				
Other factor/s					
verbal, physical, sexual abuse					
• bullying					
psychological harm					
• Etc					
Damage, theft or loss of property?					
Was medical assistance obtained?	Yes / No Please Circle: First Aid Doctor Hospital				
Were emergency services called?	Yes / No Please Circle: Police Fire Ambulance				
Were the next of kin contacted?	Yes / No Who: When:				
	Yes / No Who:				
Was management notified?	When:				
Other Immediate Action Taken					

Name of person completing the report: ______

Signature: _____ Date: _____

Information for Persons Involved

In the course of work, workers can sometimes be exposed to traumatic events that produce challenges to their personal functioning and work performance.

Critical incidents are events that produce, for some people the possibility of trauma in some form. This can include verbal or psychological aggression which can cause emotional distress to staff.

A critical incident may not necessarily require an initial emergency response.

Symptoms of trauma can be described as physical, cognitive (thinking), behavioural (things we do) and emotional.

- Physical symptoms can include excessive alertness (always on the look-out for signs of danger), being easily startled, fatigue/exhaustion, disturbed sleep and general aches and pains.
- Cognitive (thinking) symptoms can include intrusive thoughts and memories of the event, visual images of the event, nightmares, poor concentration and memory, disorientation and confusion.
- Behavioural symptoms can include avoidance of places or activities that are reminders of the event, social withdrawal and isolation and loss of interest in normal activities.
- Emotional symptoms can include fear, numbness and detachment, depression, guilt, anger and irritability, anxiety and panic. *

If you have experienced a critical incident at work, please talk to your Manager. Management are committed to ensuring the health and safety of those in the workplace and will seek to support persons affected by critical incidents.

Staff

Inala Community House has engaged the services of EAP Assist to provide additional external support for all staff. EAP Assist will provide staff with the opportunity to receive confidential phone counselling for up to 5 sessions in the next 12 months.

If you feel that you need additional support, we encourage staff to access our EAP Assist service which is available 24/7 to help you. If you have any questions regarding this additional service or wish to seek additional information on a specific topic, please see EAP Assist's website (provided below) or direct them to HR. Further information is also available on the ICH Staff Portal.

Their contact information:

HELPLINE NUMBER

Inala Community House Helpline: 0407086000 support@eapassist.com.au www.eapassist.com.au

*(Source: Trauma, Australian Psychological Society, https://www.psychology.org.au/for-the-public/Psychology-topics/Trauma)

OFFICE USE

Is the area safe?	Yes / No				
Is a risk assessment necessary and	Yes / No	If yes, has this been completed? Yes / No			
management plan required?					
If no, what actions have been taken?					
Is there any residual risk?	Yes / No				
Have any actions taken/risk assessment/management plan been discussed with persons involved? Provide details					
If required, have the persons involved been provided with appropriate support? Please provide details					
Will there be a WorkCover claim?		Yes / No			
Will there be an insurance claim for property damage?		Yes / No			
Is it necessary to notify Workplace Health and Safety?		Yes / No			
Does this incident require a formal investigation? Provide name and position of person investigating and who they will report to.		Yes / No			

All incidents must be reported to Human Resources

Provide Details Below as Necessary				
Name of person completing report				
Signature		Date		
Name of Manager				
Signature		Date		
Names of other persons involved	Signature	Date		
Names of other persons involved	Signature	Date		
Names of other persons involved	Signature	Date		
Names of other persons involved	Signature	Date		