

Incident Report Form (Revised 2018)

Office Use Only – Incident Register Number _ _ _ _

TO BE COMPLETED BY THE ADULT SUPERVISING THE STUDENT(S) INVOLVED IN THE INCIDENT
 To be completed when an incident involving one or more students has resulted in injury to another person and/ or the student her/ himself and/ or has disrupted the learning/ regulation of others.

MEMBER OF STAFF SUPERVISING STUDENT(S)

Full Name: Ms/ Mr.....

Contact number:

Role: Teacher Aide Therapist Manager Volunteer Other _____

NAMES OF OTHER ADULTS AND CHILDREN/ YOUNG PEOPLE INVOLVED IN THE INCIDENT

1. Full Name:
 Role: Staff Student Visitor Contractor Volunteer Other

2. Full Name:
 Role: Staff Student Visitor Contractor Volunteer Other

3. Full Name:
 Role: Staff Student Visitor Contractor Volunteer Other

4. Full Name:
 Role: Staff Student Visitor Contractor Volunteer Other

DETAILS OF THE INCIDENT

Location:

Date:	Time: am/pm
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Activity at time:

Description of the incident:

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Description of any de-escalation strategies attempted:

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Description of any physical restraint techniques used (what/ by whom):

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If additional space is required, attach A4 sheet to this form and tick this box

Signature of person completing form: _____

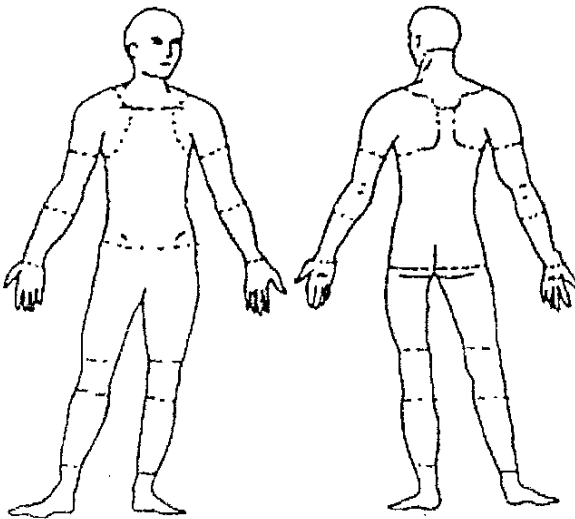
DETAILS OF ALL INJURIES If more than 1 person injured, photocopy this sheet and write in correct number.

Description of injury # _____

Full Name of person injured: _____

Role: Staff Student Visitor Contractor Volunteer Other _____

Part of Body Injured (mark diagram with X as appropriate)



How the injury was caused (tick as many as apply):

- biting
- pulling
- punching
- pushing
- gripping
- kicking
- other _____

The nature of the injury (tick as many as apply):

- abrasion/bruise
- fracture/ dislocation
- concussion
- cut/laceration
- puncture
- strangulation
- other _____

Treatment required at the time (tick as many as apply):

- Not required
- First Aid Name of person who supplied treatment: _____
Details of treatment: _____
- GP Visit Name of GP/ Practice: _____
- Ambulance called Details of paramedic treatment: _____
- Hospitalisation Name of hospital: _____
- Parent/ Carer/ Emergency contact called By: _____ Time: _____

Witness details (Every Incident Report Form **must** be witnessed)

Full Name: _____

Role: Staff Student Visitor Contractor Volunteer Other _____

Contact Number: _____

Signature: _____ Date: _____

TO BE COMPLETED BY THE LEVEL 1 FACILITATOR

What went well?

What trends were observed?

What might have caused the behaviour?

Did staff have Participating Factors at play? If so, what are they?

What might be done differently next time?

Are there things we can do to prevent the situation from reoccurring at all?

How can we strengthen or improve individual and team responses?

What resources do we have available?

What skills can team members practice?

What are we going to change?

How will we respond in the future to a similar incident involving this student?

Name of facilitator

Signature of Facilitator Date:

TO BE COMPLETED BY THE PRINCIPAL

PLANNED FOLLOW-UP:

Meeting with staff member concerned Date: _____

Meeting with supervisor of staff member concerned Date: _____

Reconciliation meeting involving student and injured party Date: _____

Meeting with parent/ carer Date: _____

Behaviour Support Review Meeting Date: _____

Other agencies/ organisations to be notified (e.g. CAMH, Police, Child Protection): _____

Other follow-up Date: _____

Signature of Principal Date: