

# Incident Report Form (Revised 2022)

Office Use Only – Spreadsheet \_\_\_\_\_ 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:

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: approximately

**Incident Report Form**

Description of any de-escalation strategies attempted: .....

.....

.....

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

.....

.....

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

Signature of person completing form: \_\_\_\_\_

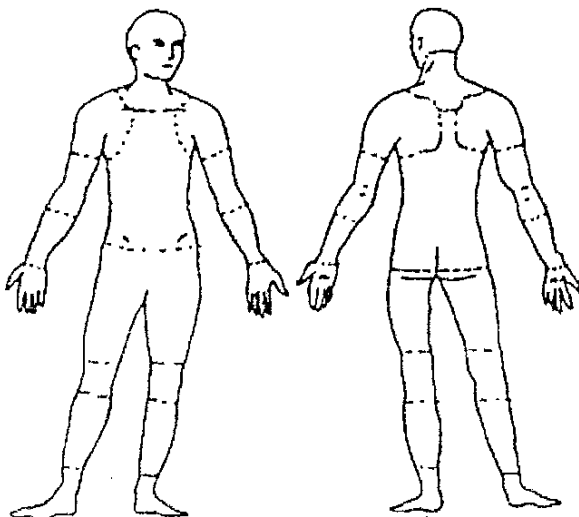
**DETAILS OF ALL INJURIES** If more than 1 person injured, photocopy this sheet and write in correct number.

**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):

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> biting   | <input type="checkbox"/> gripping    |
| <input type="checkbox"/> pulling  | <input type="checkbox"/> kicking     |
| <input type="checkbox"/> punching | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> pushing  |                                      |

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

- |  |  |
|--|--|
| <input type="checkbox"/> abrasion/bruise       | <input type="checkbox"/> puncture      |
| <input type="checkbox"/> fracture/ dislocation | <input type="checkbox"/> strangulation |
| <input type="checkbox"/> concussion            | <input type="checkbox"/> other _____   |
| <input type="checkbox"/> cut/laceration        |  |

## Incident Report Form

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: \_\_\_\_\_
- Photo taken of injury.**  **Stored on Shared Drive**

**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?

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What trends were observed?

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What might have caused the behaviour?

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

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What might be done differently next time?

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

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How can we strengthen or improve individual and team responses?

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What resources do we have available?

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What skills can team members practice?

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What are we going to change?

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

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**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: \_\_\_\_\_

Entered into Incident Data Spreadsheet  Date: \_\_\_\_\_

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

Other follow-up  Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Principal ..... Date: .....