

# CRITICAL INCIDENT REPORT

## ACT TOGETHER

This form is to be used alongside the 'Responding to Critical Incidents' procedure for the ACT Together Consortium. Staff employed by agencies within ACT Together must also be aware of and adhere to their employer's internal policies and procedures which govern the response to a critical incident.

Child/Young Person's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### SECTION 1 - OVERVIEW

#### Immediate report – ACT Together and CYPS

Death of child/young person:

Parental responsibility with CYPS

Parental responsibility with other: \_\_\_\_\_

Youth Justice order in place

Death of carer

Significant adverse possible or actual media attention, including incidents where there is risk of high level damage to organisational reputation (including allegations of serious staff misconduct involving a child or young person).

Child or young person suffering life threatening illness or injury requiring medical attention and resulting in serious health impact (including refusing required medication)

Self-inflicted

Inflicted by other: \_\_\_\_\_

Accidental

Critical event which creates an immediate need for the delegate of the Director-General to exercise Parental Responsibility

#### Report within 12 hours – ACT Together and CYPS

Serious vehicle accident requiring medical attention for child/ young person or carer/ staff member

Young person missing from placement

Ran away and unable to be contacted

Absconded while on a Youth Justice Order to reside as directed

Child/young person in possession of drugs/ alcohol/weapons

Sexual exploitation:

Between child/young people in care

Between child/young person in care and another child/young person

Between child/young person in care and an adult

Young person drug or alcohol affected

Serious health concern or illness of child/ young person requiring medical attention

Serious physical injury to child/young person requiring medical attention or attendance by emergency services

Significant damage to the home of a kinship or foster carer that is likely to result in an insurance claim to ACTIA

Other critical incident involving a significant response that the Manager/ Executive Manager ACT determines should be reported to CYPS

## Report within 12 hours – ACT Together

Physical injury to carer/staff member:

- Inflicted by child/young person in care
- Inflicted by associate of young person in care

Property damage caused by child/young person in residential care:

- Intentional
- Accidental

Child/young person refusing prescribed medication

Serious community issue regarding incident with others (e.g. physical/verbal conflict, property damage).

Carer/staff member/volunteer conduct issues

Physical or verbal threatening behaviour of young person:

- Directed towards other young people in care
- Directed towards carer/staff member
- Directed towards other: \_\_\_\_\_

Minor vehicle accident not requiring medical attention for child/young person or carer/staff member

Child or young person suffering minor injury requiring first aid but not medical attention:

- Self inflicted
- Inflicted by other: \_\_\_\_\_
- Accidental

## SECTION 2 - INCIDENT DETAILS

Incident date: \_\_\_\_\_ Incident time: \_\_\_\_\_

Location of incident (provide physical location eg: park, room in house, including address):  
\_\_\_\_\_

Date ACT Together first advised of incident: \_\_\_\_\_ By whom: \_\_\_\_\_

**Please provide an accurate description of;**

Details of any context to the incident, including pre-escalation events:

Details of any triggers for the incident and any escalation leading up to the incident:

Continues next page >

Description of the incident/event or outburst:

Details of how the incident concluded, was resolved or de-escalated:

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Immediate response of staff to incident, including details of any first aid administered:

Details of any subsequent medical intervention provided:

Details of other people involved in accident/incident

Name	Role (Staff, Carer, Child or YP or other)	Participant, Witness, Victim	Phone number

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Has CYPS been advised prior to the submission of this report? Yes No

Who? \_\_\_\_\_

Were police contacted in relation to this incident? Yes No

Was initial debriefing provided and by whom? Yes No

Name: \_\_\_\_\_

Is it necessary to advise ACT Together after hours Yes No

Recommendations or further strategies used to prevent future incidents/accidents:

Is it necessary for a Child Concern Report to be made to CYPS? Yes No

If yes please complete Section 3 of this form below.

Does incident involve restrictive practices? Yes No

Does incident involve a potential allegation of reportable conduct? Yes No

### SECTION 3 – CHILD CONCERN REPORTS

**NB. Child concern reports should be forwarded to CYPS by sending this report via email to [childprotection@act.gov.au](mailto:childprotection@act.gov.au) and including the Relationship Management Team [OCYFSOoHCServices@act.gov.au](mailto:OCYFSOoHCServices@act.gov.au)**

Is there anything CYPS should know that may affect worker or family safety?

Please provide any additional comments if you are aware of relevant information related to the child, young person or family that may assist CYPS to make assessment of the child/young person's safety.

Relevant information may pertain to:

- Age of the parent/carer
- Disability
- Drug/alcohol misuse
- Family/domestic violence
- Physical or mental health
- Housing
- Financial stress
- Family Law Court matters
- Intergenerational abuse
- Past trauma
- Social isolation
- Unemployment

Other relevant information:

## SIGNATURES

### Person completing report

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

### Program Manager/Team Leader/Premier Youthworks Case Manager

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

### Regional Manager/Area Manager

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

When completed, forward this form immediately to Critical Incident Inbox, ACT Together.

Forwarded to Critical Incident Inbox on \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
**criticalincidents@acttogether.org.au**

Forwarded to ACT Care and Protection on \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
**OCYFSOoHCServices@act.gov.au**

Forwarded by Barnardos Executive Manager ACT  
to ACT Safe Work Regulator on \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Please email critical incident reports to **OCYFSOoHCServices@act.gov.au**. If you believe that the information constitutes a Child Concern Report please email to **childprotection@act.gov.au**

Note: After-hours forms can be submitted prior to all signatures being collected provided after-hours manager has been notified.



**ACT Together is a consortium of:**

•Barnardos Australia •Australian Childhood Foundation •Oz Child



Initiative of  
A Step Up for Our Kids -  
Out of Home Care  
Strategy 2015-2020  
is an ACT Government  
funded initiative

## MORE INFORMATION