

## CRITICAL INCIDENT FIRST NOTIFICATION FORM

Date: \_\_\_\_\_ Time of First Contact: \_\_\_\_\_  
 Name of Person Calling In: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Current Location: \_\_\_\_\_ Program Name: \_\_\_\_\_  
 Staff Name (s): \_\_\_\_\_

### WHAT IS THE INCIDENT?

<input type="checkbox"/> Fatality	<input type="checkbox"/> Serious Illness	<input type="checkbox"/> Vehicle (Injury)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Life Threatening	<input type="checkbox"/> Vehicle (No Injury)	<input type="checkbox"/> Evacuation	
<input type="checkbox"/> Behaviour	<input type="checkbox"/> Serious Injury	<input type="checkbox"/> Lost/ Missing	
<input type="checkbox"/> Near Miss	<input type="checkbox"/> Attempted Suicide	<input type="checkbox"/> Assault	

HAVE ANY OF THE FOLLOWING BEEN CONTACTED?  AMBULANCE  POLICE  PARENTS/GUARDIANS  OTHER

### DESCRIPTION OF INCIDENT:

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WHEN DID THE INCIDENT OCCUR? DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ am / pm

### WHAT TIME ZONE?

QUEENSLAND  OTHER

If other, what time zone and exact difference: \_\_\_\_\_

### WHO WAS DIRECTLY INVOLVED IN THE INCIDENT (List Names)?

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Student	Staff	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHAT IS THEIR CURRENT LOCATION? \_\_\_\_\_

WHAT ACTIONS HAVE BEEN TAKEN? (First Aid, Search and Rescue, Phone Calls etc.)

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WHAT ACTIONS DO THEY PLAN TO TAKE?

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NEXT SCHEDULED COMMUNICATION: TIME: \_\_\_\_\_ WHICH TIME ZONE? \_\_\_\_\_

WHO IS CALLING WHO? \_\_\_\_\_

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## DECISION POINT

INCIDENT LEADER TO DECIDE WHETHER TO:

IMPLEMENT THE CRITICAL INCIDENT PLAN?  YES  NO

If Yes, Refer to the Critical Incident Call Guide

If you have taken this phone call and are not the person with the required position authority to decide what happens next, please call your manager.

# CRITICAL INCIDENT CALL GUIDE

CALL THE FOLLOWING PEOPLE IN THE ORDER THAT THEY ARE LISTED:

Name	Role	Mobile
e.g. Belinda Marks	Executive Director	123456789