

# CRITICAL INCIDENT REPORT

## ACT TOGETHER

Note: Please ensure you have saved this document to your computer and have opened it in Adobe Acrobat Reader. If you attempt to complete this document using another application (e.g. Chrome or other web browser) you may be unable to save your entries.

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

**Case Management Responsibility:**  
**ACT Together (send HIGH and EXTREME reports to CYPS)**  
**CYPS (all reports to be sent to CYPS)**

Care type: Foster Kinship Residential Other: \_\_\_\_\_

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.

### SECTION 1 – CRITICAL INCIDENT OVERVIEW

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

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

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

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

Who? \_\_\_\_\_ Date/time: \_\_\_\_\_

#### Threshold – EXTREME – Immediate report – ACT Together and CYPS

Death, or risk of death, of a child either explained or unexplained:

Accidental.

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

Self-inflicted.

Severe sexual and/or physical assault of a child.

Unexplained death of a birth parent.

Unexplained death of a carer.

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

Significant threat to the harm the personal safety of a Service User, Carer Staff or Visitor, which may include a threat whilst holding a weapon:

Directed towards other young people in care.

Directed towards carer/staff member

Directed towards self.

Directed towards other: \_\_\_\_\_

Any physical harm to a Service User, Carer Staff or Visitor, including those which require external medical treatment:

Accidental.

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

Self-inflicted.

Regular drug use causing significant impact on behaviour or harm to self or others, drug dealing or violence causing physical harm.

Serious medical incident (health complaint, contagious disease, medication refusal, life threatening) or a serious medical incident that requires attendance by emergency services and/or hospital attendance.

The actions of the child or young person in care have an adverse impact on a member of the public and there is potential for adverse media attention.

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

Absence from placement.

Child is under 12 years of age and absent from placement for more than 2 hours, or their whereabouts is unknown, or their whereabouts is known and give cause for significant concern.

Young person is over 12 years of age and absent from placement where this is out of character and/or specific casework knowledge of the child or young person would suggest they may be at risk.

Child or young person is absent from placement overnight.

Disclosures of sexual abuse which are current or historical.

Harms the good order operations, security or routine of the consortium (staff grave misconduct, property damage which interferes with the business continuity, embezzlement, allegations of abuse or neglect on a child or young person by an employee or carer?).

### Threshold – MEDIUM – Report within 12 hours – ACT Together

Frequent (fortnightly) drug use where the care team is aware and a harm minimisation plan is in place and being implemented.

Threatens to harm the good order operations, security or routine of the agency (significant property damage or break in to the property).

Involves the death of a carer by natural causes and requires a change of placement for the child (the change of placement requires CYPs approval and communication should occur with the CYPs ACT Together Case Management Team (ACTT)).

Absence from placement.

Young person is over 12 years and absent from their placement, whose specific whereabouts are unknown but who are in contact with their caregiver.

Young people is over 16 years and is absent (but not missing) from their placement overnight but their whereabouts are known, they can be contacted by ACT Together and there is ongoing case management support being provided to the young person.

Involves the death of a parent by natural causes.

### Threshold – LOW – Report within 24 hours (ACT Together)

Child or young person has verbalised threats to harm personal safety:

Directed towards other young people in care.

Directed towards carer/staff member.

Directed towards self.

Directed towards other: \_\_\_\_\_

Infrequent (one off or occasional) drug use where the care team is aware and a harm minimisation plan is in place.

Absence from placement:

Child is under 12 years and their whereabouts are unknown for a period less than 2 hours during daylight where child related knowledge would suggest they are not at risk and will return.

Young person is over 12 years and their whereabouts are unknown during daylight hours and this behaviour is common for them and they are known to return and/or they are in contact.

Threatens to harm the good order operations, security or routine of the agency (minor staff misconduct), property damage.

## SECTION 2 – INCIDENT DETAILS

**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:

**Description of the incident/event or outburst:**

(Please use the more information pages at the end of the document if needed.)

*Please include a detailed description of any behaviours of concern and restrictive practice if applicable and indicate whether a Positive Behaviour Support Plan was in place for the child/young person at the time of any restrictive practice. The Critical Incident report is not a substitute for reporting to the Senior Practitioner – usual reporting procedures for restrictive practice must also be followed in addition to completing this report.*

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

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

Details of any subsequent medical intervention provided:

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

Details of other people involved in accident/incident  
(Subject child/young person does not need to be re-listed here)

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

Were police contacted in relation to this incident? Yes      No  
If yes forward report to CYPS regardless of threshold.

Was initial debriefing provided and by whom? Yes      No

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

Is it necessary to advise ACT Together after hours worker? Yes      No

Did the incident involve restrictive practice? Yes      No

Did the incident involve a potential allegation of reportable conduct? Yes      No

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 and include the childprotection@act.gov.au inbox when forwarding this report.

## SECTION 3 – CHILD CONCERN REPORTS

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 an assessment of the child/young person's safety.

Relevant information may pertain to:

Age of the parent/carer  
Family/domestic violence  
Financial stress  
Past trauma

Disability  
Physical or mental health  
Family Law Court matters  
Social isolation

Drug/alcohol misuse  
Housing  
Intergenerational abuse  
Unemployment

Other relevant information:

## SIGNATURES

### Person completing report

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

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

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

### Program Manager/Team Leader

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

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

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

### Regional Manager/Assistant Director

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

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

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

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

If the child/YP is case managed by CYPS, or the threshold for HIGH or EXTREME are met, please also forward to Child and Youth Protection Services within 12 hours.

Forwarded to Critical Incident Inbox on  
criticalincidents@acttogether.org.au

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

Forwarded to Child and Youth  
Protection services on  
CYPSOoHCServices@act.gov.au

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

Forwarded as Child Concern Report to  
childprotection@act.gov.au  
(where the information constitutes a CCR)

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

Forwarded by Barnardos General Manager  
Operations to ACT Safe Work Regulator on  
(where applicable)

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

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



**ACT Together is a consortium of:**

•Barnardos Australia •Australian Childhood Foundation •Oz Child



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



## MORE INFORMATION

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