

Child's Full Name: _____

D.O.B: ___/___/___ Age: _____ Gender: Female Male

Name of Person Reporting: _____ Position: _____

Date and Time of Report: ___/___/___ _____ am/pm Signature: _____ 

INCIDENT DETAILS **Injury** **Trauma** **Illness**

Date and Time of Incident: ___/___/___ _____ am/pm Indoor OR Outdoor Environment

Describe the Incident:

Name of Witness: _____ Signature: _____ 

INJURY / TRAUMA / ILLNESS

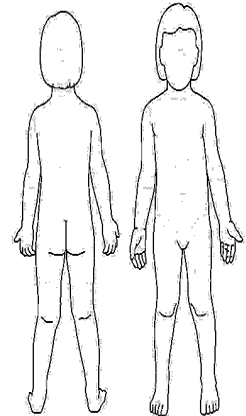
Cause of Injury:

- Running
- Fall
- Trip / Slip
- Climbing
- Fall from Height
- Burn
- Another Child / Adult
- Sharp Object
- Hit by / Bumped into Object
- Pinched or Caught in
- Other (please specify)

Type of Injury / Trauma / Illness:

- Abrasion / Graze
- Bruise
- Crush / Jam
- Bite wound
- Cut / Open wound
- Eye Injury
- Sprain / Swelling
- Tooth Injury
- Insect Bite / Sting
- Burn / Sunburn
- Other (please specify)
- Broken Bone / Dislocation
- Concussion
- Rash
- Vomiting / Diarrhoea
- High Temperature
_____°C _____ am/pm
_____°C _____ am/pm
- Allergic Reaction
(not Anaphylaxis)
- Anaphylaxis
- Asthma / Respiratory
- Seizure / Convulsion

Body Location:



Details of Action Taken (including first aid, administration of authorised medication

etc.) _____

Name of **First Aid Provider**: _____ Did **Emergency Services** attend? Yes No

Was **Medical Attention** sought from a **Registered Practitioner** or **Hospital**? No Yes *if yes by whom or where*

NOTIFICATIONS (only complete if there is immediate concern for the child's wellbeing or if this is a serious incident)

Parent / Guardian / Nominee: _____ Date: ___/___/___ Time: ___ am/pm

Chief Executive Officer (if applicable): _____ Date: ___/___/___ Time: ___ am/pm

Regulatory Authority (if applicable) Date: ___/___/___ Time: _____ am

PARENT / GUARDIAN / NOMINEE ACKNOWLEDGEMENT

I _____ have been notified of the incident as stated in this report

Signature: _____ Date: ___/___/___ Time: _____ am/pm 

INCIDENT REVIEW

REFLECTION 'IN ACTION'

'In Action' is to think about and reflect while you are in the moment of managing a situation. A conscious effort to think about this incident allows us to consider what was positive or challenging and if appropriate plan how it might be enhanced, improved or done differently in future.

When thinking about the incident, the possible injury and your actions, please describe...

What were your immediate actions?

Do you believe you managed the situation well?

INVESTIGATE THE CIRCUMSTANCES

Were there any contributing factors or identified hazards that may have caused this incident?

▶ **Environment:** _____

eg: Indoor, outdoor, building, carpark etc

▶ **Equipment:** _____

eg: toys, equipment, furniture etc

▶ **Behaviour:** _____

eg: distraction, rough play, confidence, impairment, personality, language, attitude etc

Main Contributing Factors	CORRECTIVE ACTIONS	Responsible Person	Completion Date and Sign
<i>eg: broken bike pedal and raised paver</i>	<i>eg: bike removed, raised paver isolated and both hazards written in maintenance look for repair/replace</i>	<i>eg: person to action</i>	Date: ___/___/___ Sign: _____
			Date: ___/___/___ Sign: _____
			Date: ___/___/___ Sign: _____

PREVENTION

Have there been similar injuries or near misses prior to this one? No Yes if yes, please explain

What additional preventative actions would you suggest to avoid this incident from happening again?

Based on the information indicated in this report, do you believe this incident could have

been... Prevented OR Not Prevented

Responsible Person: _____ Signature: _____ 

Position: _____ Date report completed: ___/___/___