Annual Critical Incident Review

Differences not Disabilities

Date of Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review Conducted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 1: Incident Summary

Incident Description

Date of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Incident:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Provide a detailed description of the incident including who was involved, what happened, where it happened, and any immediate actions taken.)

Individuals Involved

Name(s) of Children/Students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of Other Individuals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnesses

Name(s) of Witnesses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 2: Immediate Response

Immediate Actions Taken

Actions: (Detail the immediate actions taken to manage the incident and ensure the safety of all individuals involved.)

By Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Aid/Medical Attention

Details of Medical Attention Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notifications

Parents/Guardians Notified: Yes / No

Date and Time of Notification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 3: Incident Analysis

Cause of Incident

Identified Cause(s): (Explain the underlying causes of the incident, considering factors such as environment, supervision, behavior, etc.)

Preventive Measures in Place

Existing Measures: (List the measures that were in place prior to the incident to prevent such occurrences.)

Effectiveness of Response

Assessment of Immediate Response: (Evaluate the effectiveness of the immediate response to the incident.)

Section 4: Follow-Up Actions

Further Actions Taken

Actions: (Detail any further actions taken following the incident to address any issues or provide support to those involved.)

By Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommendations for Improvement

Recommended Actions: (List any recommended actions to prevent similar incidents in the future, including changes to policies, procedures, or environment.)

Responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Target Date for Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support for Individuals Involved

Support Provided: (Detail any support provided to individuals involved in the incident, such as counseling or additional resources.)

Section 5: Review Outcomes

Summary of Key Findings

(Summarize the key findings from the incident analysis and follow-up actions.)

Action Plan

Actions to be Implemented: (Detail the actions to be taken as a result of this review, including responsible persons and timelines.)

Monitoring and Evaluation

Plan for Monitoring: (Explain how the implementation of the action plan will be monitored and evaluated.)

Section 6: Sign-Off

Review Completed By:

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Management Approval:

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Attachments

Incident Report Form: (Attach the original incident report form)

Witness Statements: (Attach any witness statements collected)

Photographs/Diagrams: (Attach any relevant photographs or diagrams)

Note: This Annual Critical Incident Review is to be completed for each critical incident that occurs within the organization. It aims to ensure a thorough analysis and continuous improvement in the safety and well-being of children and staff.