

## **CRITICAL INCIDENT REPORT**

(To be completed following a crisis)

| School Name                      |         | Person in Charge  | ¥/      |
|----------------------------------|---------|-------------------|---------|
| Date of Incident                 |         | Incident Start    | AM / PM |
|                                  |         | Time              |         |
| Location of Incident             |         | Incident End Time | AM / PM |
|                                  |         |                   |         |
| Time 911 was called              | By Whom |                   |         |
| Time Superintendent was called   | By Whom |                   |         |
| Other agencies contacted (list): |         |                   |         |
| Weather conditions:              |         |                   |         |
| Other Key Staff Involved:        |         |                   |         |

Type of Incident (check all that apply)

| Lockdown   | Hold and Secure            |           | Shelter in Place                        |  |  |
|--|----------------------------|-----------|---|--|--|
| Evacuation   | Early Dismissal /Closure   |           | Relocation                              |  |  |
| Threat   | Abduction / Hostage Taking |           | Armed Intruder(s)                       |  |  |
| Assault  | Bomb Threat                |           | Suicide Threat / Attempt                |  |  |
| Violence   | Environmental Hazard       |           | Tornado / Earthquake                    |  |  |
| School Bus Accident                                      | Severe / Medical Emergency |           | Utility Disruption (describe)           |  |  |
| Other?   | Describe:                  | Describe: |   |  |  |
|  |                            |           |   |  |  |
| Were staff, students, volunteers, or visitors injured    |                            | No        | Yes, submit through Public School Works |  |  |
| Were staff or students transported to a medical facility |                            | No        | Yes, complete page 2                    |  |  |

Details of the incident:

| Actions taken: | (How were staff, | students, paren | ts notified? Were | e fire extinguishers, | AEDs, fire su | uppression s | ystems, fire |
|----------------|------------------|-----------------|-------------------|-----------------------|---------------|--------------|--------------|
| blankets used, | etc.?)           |                 |                   |                       |               |              |              |

Damage: (Is there Division property damaged? Is there personal property damaged?)

Photos / Police Report / Witness Statements / Other attached? \_\_\_\_\_ No

\_\_\_\_Yes

Position: \_\_\_\_\_

Report completed by:

Date Report submitted: \_\_\_\_\_

Aug 2021



## TRANSPORTED TO A MEDICAL FACILITY REPORT

(To be completed following a crisis if required)

| Student/Staff Name | Transported to & Time | Accompanied by | Parents/Family Contact Info |
|--------------------|-----------------------|----------------|-----------------------------|
|                    |                       |                |                             |
|                    |                       |                |                             |
|                    |                       |                |                             |
|                    |                       |                |                             |
|                    |                       |                |                             |
|                    |                       |                |                             |
|                    |                       |                |                             |
|                    |                       |                |                             |

| Student/Staff Name | Time Parents or Family Contacted: | Updates |
|--------------------|-----------------------------------|---------|
|                    |                                   |         |
|                    |                                   |         |
|                    |                                   |         |
|                    |                                   |         |
|                    |                                   |         |
|                    |                                   |         |
|                    |                                   |         |
|                    |                                   |         |
|                    |                                   |         |

Report all First Aid treatments and incidents through Public School Works or applicable Incident Report Form.

\*If an injury or incident:

a) results in a death

- b) an employee being admitted to the hospital
- c) fire or flood that causes or has the potential to cause serious injury

d)the collapse or upset of a crane, derrick or hoist

e) the collapse or failure of any component of a building

CONTACT THE SUPERINTENDENT IMMEDIATELY AND DO NOT DISTURB THE SCENE. (OHS ACT Section 40)