



CRITICAL / CLINICAL INCIDENT FORM

This form is to be used by private hospitals, private day hospitals (Classes A, B C and D), private psychiatric hostels, private nursing homes and nursing posts. It is to be submitted to the Licensing and Accreditation Regulatory Unit (LARU) to LARUReception@health.wa.gov.au **within 48hrs** of a critical incident occurring and **within 7 working days** of a clinical incident occurring.

Do not use this form for reporting of SAC 1/Sentinel Events

For further SAC1 and sentinel event classifications and guidelines refer to DoH [Clinical Incident Management Policy](#). SAC 1's must be reported to LARU and the Patient Safety Surveillance Unit (PSSU) as per Annexure A of the licence.

DEFINITIONS:

Reportable clinical incident: Any physical/psychological incidents that has, or could have (near miss), been attributed to health care provision (or lack thereof) (*exclusive of SAC 1 and Sentinel incidents*) rather than the patient's underlying condition or illness that **resulted in the transfer of person/s to another facility for a higher level of care.**

Reportable critical incident: any incident (*other than a clinical incident*) that poses a serious risk to the life, health, or safety of an individual who is receiving services from a licensed facility, including any incident that causes major disruptions to normal service delivery. (*Licensing and Accreditation Regulatory Unit, April 2023.*)

Name of facility:			
Date of report:		Date of incident:	
Name of person completing form:			
Position:			
Person in charge during incident (if different to above):			
Position title:			
Contact number:		Email:	
CRITICAL INCIDENT (indicate type)			
<input type="checkbox"/> Bomb threat/fire	<input type="checkbox"/> Major environmental hazard	<input type="checkbox"/> Significant equipment failure	
<input type="checkbox"/> Building collapse / structural damage	<input type="checkbox"/> Major cyber/security breach	<input type="checkbox"/> Significant power outage	
<input type="checkbox"/> Infection Control/outbreak of reportable disease/infection	<input type="checkbox"/> Significant criminal act	<input type="checkbox"/> Water quality related	
<input type="checkbox"/> Other	<input type="checkbox"/> Clinical Incident resulting in transfer to another facility for higher level of care		



Is this likely to generate media attention? Yes <input type="checkbox"/> /No <input type="checkbox"/> (please indicate)	
Describe the critical/clinical incident (what happened):	
Immediate treatment/action taken to mitigate risk to patient/staff/other persons? And or environment as applicable:	
Outcome of treatment/actions taken:	
Name of receiving hospital if applicable:	Date of transfer:
If applicable, will the following be completed	
<input type="checkbox"/> Root cause analysis	<input type="checkbox"/> In-depth case review
<input type="checkbox"/> Internal investigation and aggregated review	
If applicable, what committee will this incident be reported to- please tick.	If applicable, will this incident be externally reported to- please tick.
<input type="checkbox"/> Clinical review committee (<i>however titled</i>)	<input type="checkbox"/> LARU
<input type="checkbox"/> Medical advisory committee	<input type="checkbox"/> FESA
<input type="checkbox"/> ATGA	<input type="checkbox"/> Other e.g., IPPSU, OCP, Police



<input type="checkbox"/> Open disclosure to patient/family	
Could this incident have been prevented? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what actions have been or will be implemented to prevent this type of incident occurring again?	
<input type="checkbox"/> Incident recorded on risk/incident register	Incident number: <input type="text"/>
Name of witness/es (if applicable):	
Contact number:	<input type="text"/>

I declare that the information supplied is correct:

Name:	<input type="text"/>
Position:	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>
Email:	<input type="text"/>
Ph number:	<input type="text"/>