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)		
☐ Bomb Threat/Fire	☐ Major environmental hazard	☐ Significant equipment failure
☐ Building collapse / structural damage	☐ Major cyber/security breach	☐ Significant power outage
☐ Infection Control/outbreak of reportable disease/infection	☐ Significant criminal act	☐ Water quality related
☐ Other	☐ Clinical Incident that resulted in the transfer of patient to another facility for higher level of care	

Is this likely to generate media attention? Yes ☐ /No ☐ (please indicate)
Describe the Critical/Clinical incident (what happened): ***if a clinical incident please include the patients date of birth)***
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:**

Patient status following treatment/actions taken by receiving hospital *(include date of discharge)*

If applicable, will the following be completed	
☐ Root Cause Analysis	☐ In-depth case review
☐ 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.**
☐ Clinical Review Committee *(however titled)*	☐ LARU

☐ Medical Advisory Committee	☐ FESA
☐ ATGA	☐ Other e.g., IPPSU, OCP, Police
☐ **Open Disclosure to patient/family**	
Could this incident have been prevented? ☐ Yes ☐ No	
If yes, what actions have been or will be implemented to prevent this type of incident occurring again?	
☐ Incident recorded on Risk Register	Incident Number:
Name of Witness/es (if applicable):	
Contact number:	

I declare that the information supplied is correct:

Name:	
Position:	
Signature:	
Date:	
Email:	
Ph number:	