# FOREDU018 Critical Incidents Form for Program Participants

The primary purpose of this form is to allow incidents to be reported, managed and subsequently acted on in an appropriate manner to improve the safety and wellbeing of program participants. Incidents may relate to the personal, emotional or physical wellbeing of program participants.

Program participants who are in an employee/employer relationship with a third party (clinic/hospital) are reminded that they may need to also advise their employer, and complete an employer provided form or workers compensation form, if a workers compensation claim is contemplated.

Please complete Part A and send to the program manager for completion of Part B.

**Part A To be completed by the program participant:**

| **Personal details of program participant (please complete and tick the appropriate boxes):** | | | |
|---|---|---|---|
| **Name:** | | **Date:** | |
| **Date of birth:** | | | |
| **Training post:** | | | |
| **Training location:** | | | |
| **Placement dates:** | | | |
| **Name of supervisor:** | | | |

**Details of the incident:**

A **critical incident** is considered to be an event outside the normal range of experience which is likely to cause physical and/or emotional distress to a degree sufficient to threaten your usual coping resources.

A **near miss** is an unplanned event that did not result in injury, illness or damage – but had the potential to do so

**Please specify type of incident:**

☐ **Critical incident** ☐ **Near miss**

**Please specify if the incident affected your:**

☐ **Personal safety** ☐ **Emotional wellbeing** ☐ **Physical wellbeing (please specify)**

| | |
|---|---|
| **Date of the incident:** | |
| **What is the incident:** | |
| **Further details/who is involved:** | |
| **Reported to (NTGPE staff):** | |
| **Location of incident:** | |
| **Did you inform your supervisor?** | |
| **Witnesses (if known):** | |
| **What factors led to this incident?** | |
| **How was the incident handled?** | |
| **Recommended actions:** | |

| Please provide a brief summary of the incident (including specifics about what, who, where, when & how) |
| --- |
| |

**Name** _____

**Signature** _____

**Date** _____

**Part B: To be completed by the appropriate NTGPE staff member (e.g. program manager):**

| What immediate action is planned or was taken to resolve the incident? |
| --- |
| |

| Incident discussed with: | |
|---|---|
| **Name:** | |

**Training Post** ☐ **GP/Placement Supervisor** ☐ **NTGPE DMT/DME/DoP** ☐
**Other** ☐ **(please specify):**

| What long term action is required to prevent recurrence? |
|---|
| |

**Name** _____

**Signature** _____

**Date** _____

## Part C To be completed by NTGPE's Director Medical Training / Director Medical Education / Director of Programs

| Comments |
|---|
| **Was the incident reported to the registrar's college?** Yes ☑ No ☑ N/A ☑ |
| |

**Name** _____

**Signature** _____

**Date** _____