



**BIMBERI YOUTH JUSTICE CENTRE**

<b>Incident Report</b>	
<b>Client in Confidence</b>	
Information in this document is subject to the confidentiality provisions of the <i>Children and Young People Act 2008</i> and the <i>Health Records (Privacy and Access) Act 1997</i>	
<b>Incident Report #:</b>	<b>Date of Incident:</b>
<p><b>Category 1 Reportable Incidents</b> <i>Note: the recording of the category of the incident must be completed by the Unit Manager</i></p> <p><input type="checkbox"/> Death in custody  <input type="checkbox"/> Attempted suicide  <input type="checkbox"/> Serious injury  <input type="checkbox"/> Escape  <input type="checkbox"/> Serious assault  <input type="checkbox"/> Major breach to detention place security  <input type="checkbox"/> Natural/man-made disaster  <input type="checkbox"/> Serious staff misconduct</p> <p><i>Note: All Category 1 incidents must be immediately notified to the Director. Category 2 incidents require notification to the Director following the completion of the full report within 5 working days wherever possible.</i></p>	<p><b>Category 2 Reportable Incidents</b> <i>Note: the recording of the category of the incident must be completed by the Unit Manager</i></p> <p><input type="checkbox"/> Assault  <input type="checkbox"/> Serious health complaint  <input type="checkbox"/> Fight  <input type="checkbox"/> Threats against Youth Detention Officer or any other person  <input type="checkbox"/> Contagious disease  <input type="checkbox"/> Attempted escape  <input type="checkbox"/> Minor breach of security  <input type="checkbox"/> Significant disturbance to the good order of a detention place  <input type="checkbox"/> Self-harm  <input type="checkbox"/> Incident involving contraband (including weapons, tools of escape, and illicit drugs)  <input type="checkbox"/> Motor vehicle accident  <input type="checkbox"/> Incident involving visitor/s to a detention place  <input type="checkbox"/> Possession of a prohibited thing at a detention place by a Youth Detention Officer or staff member  <input type="checkbox"/> Any other event that in the opinion of the Manager should be reported.</p>
<b>Response</b>	
<b>What operational responses took place to control the incident?</b>	<b>Referrals</b>
<input type="checkbox"/> Use of Force <input type="checkbox"/> Attend Hospital <input type="checkbox"/> Behaviour Management Plan <input type="checkbox"/> Special Management Directions <input type="checkbox"/> Segregation Direction <input type="checkbox"/> Direction for a Body Search <input type="checkbox"/> Total Lockdown <input type="checkbox"/> Evacuation	<input type="checkbox"/> AFP      Job No# _____ <input type="checkbox"/> FMH <input type="checkbox"/> YJCM/CPS <input type="checkbox"/> Family/Significant Other <input type="checkbox"/> Health – Date of Referral ____/____/____ <input type="checkbox"/> Referral to Supervisor for Counseling <input type="checkbox"/> Refer for Investigation through Shared Services

Incident Report		Incident Report #	
<p><b>Incident Details</b></p> <p><i>All required reports are the responsibility of the youth detention officer and are to be fully completed before youth detention officers complete their shift, unless otherwise approved by the manager.</i></p> <p><i>Staff should use objective language. Reports shall contain direct evidence of what occurred in any incident (I saw, I heard, I smelled, he/she said, I said), reports should not contain assumptions or opinions. Reports must be factual as they may be used in court as direct evidence of fact.</i></p>			
Date of Incident		Time of Incident <i>(if appropriate start and end time of the incident)</i>	
Location of Incident <i>(include as much detail as possible)</i>			
Describe the Incident			
What led up to the incident?			
What action was taken?			
Describe Use Of Force technique if used			
Person/s Involved	1. First Name: Surname: Position:	2. First Name: Surname: Position:	3. First Name: Surname: Position:
Witness/s to the incident	1. First Name: Surname: Position:	2. First Name: Surname: Position:	3. First Name: Surname: Position:
Was physical intervention required? <i>–including use of instruments of restraint</i>	Describe:		
Was the safe room used?	Describe:		
Injury to person/s	Describe:		
Controlled Document V1.0 BIM0091/12		Date Effective: Review date: November 2013	

Was medical assistance requested?		Was the AFP contacted? <i>If No, for a Death in Custody, the Coroner?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___
For a Death in Custody was the Body Receipt Register completed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ___/___/___
Director notified of the incident ( <i>as soon as practicable</i> )	Date: ___/___/___		Time: _____ am/pm
ACT Insurance Authority Incident form completed (within 5 working days for Cat 1)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date: ___/___/___
Person/s with parental responsibility notified	Date: ___/___/___		Time: _____ am/pm
Were relevant audio and video reports of the incident downloaded?	Audio <input type="checkbox"/> No <input type="checkbox"/> Yes		Video <input type="checkbox"/> No <input type="checkbox"/> Yes
Report completed by:	Name: _____ Position: _____	Signature: _____	Date: _____
Role in Incident			

**Additional Record-Keeping**

- Search/Use of Force Record # \_\_\_\_\_  
 Register of Segregation Direction # \_\_\_\_\_  
 ACTIA Report form # \_\_\_\_\_

**Attachments:**

- Witness Report # of Reports: \_\_\_\_\_  
 Unit Manager's Report  
 Senior Manager's Report  
 Person/s Involved Report # of Reports: \_\_\_\_\_  
 Operation Manager's Report  
 Attending Medical Practitioner's Report

Approved:	Name: _____	Position: _____	Date: ___/___/___
-----------	-------------	-----------------	-------------------

**Witness Report****Number:****Attachment:**

*All required reports are the responsibility of the youth detention officer and are to be fully completed before youth detention officers complete their shift, unless otherwise approved by the manager.*

*All Reports should have objective language. Reports shall contain direct evidence of what occurred in any incident (I saw, I heard, I smelled, he/she said, I said), reports should not contain assumptions or opinions. Reports must be factual as they may be used in court as direct evidence of fact.*

When the incident happened		
Where it happened		
What happened?		
Who was involved?		
Report completed by	Name: _____ <input type="checkbox"/> Bimberi Youth Justice Centre Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Young Person <input type="checkbox"/> Other _____	Signature: _____ Date: ___/___/___
Role in Incident		

**Person/s Involved Report**      **Number:****Attachment:**

*All required reports are the responsibility of the youth detention officers and are to be fully completed before youth detention officers complete their shift, unless otherwise approved by the manager.*

*All Reports should have objective language. Reports shall contain direct evidence of what occurred in any incident (I saw, I heard, I smelled, he/she said, I said), reports should not contain assumptions or opinion. Reports must be factual as they may be used in court as direct evidence of fact.*

When the incident happened		
Where it happened		
What happened?		
Who was involved?		
Report completed by	Name: _____ <input type="checkbox"/> Bimberi Youth Justice Centre Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Young Person <input type="checkbox"/> Other _____	Signature: _____ Date: ___/___/___
Role in Incident		

## Management Reports

Attachment:

### Unit Manager's Report on the Incident

Comments on staff response to the incident—was the action taken appropriate and effective?

Further action:

- QA cover sheet
- Brief Summary
- Investigate the incident
- Identify management strategies
- Follow up the incident
- What has been done to rectify and improve practice

Unit Manager's signature:

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

### Review by Senior Manager and Operations Manager

Comments on staff response to the incident—was the action taken appropriate and effective?

Other comments:

Senior Manager's Signature:

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

Operations Manager's Signature:

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

### Director's comments on the Incident and response

Director's Signature:

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

# Record of Medical Referral

Attachment:

Attending Medical Practitioner's Comments on the Incident

Name: \_\_\_\_\_ Qualification: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_