

HSSF-001 – Incident Report Form

To be completed by the educator when an incident, injury or illness occurs within a Y Family Day Care setting. Service staff to upload this information onto Folio within 24 hours of incident occurring.

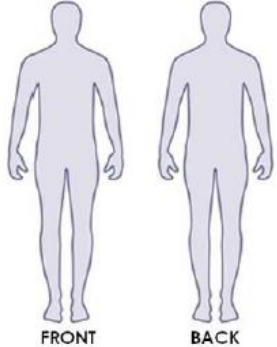
Section A: Details of Injured/Involved Person(s)

Program / Service	The 'Y' WA Family Day Care Service, FRC Busselton				
Child's Surname		First Name			
Address					
Contact Number		DOB	/ /	Gender	F <input type="checkbox"/> M <input type="checkbox"/> Other <input type="checkbox"/>

Section B: Details of the Incident

Date	/ /	Time		Location/Address of where incident occurred - FDC premises or i.e. on excursion	
Description of the incident (What happened?)					
What steps have been taken to prevent or minimise this type of injury in the future?					
Witness & Contact details (other than the FDC educator, if any)					

Section C: Details of Injury/Illness

Nature of Injury (E.g., Superficial / Laceration / Fracture)						
Mechanism of Injury – How did the injury occur? (E.g., Slip, trip, Fall, Contact with Object, Bite)						
Location of injury (E.g., Legs, head)				<p>Circle injured area</p> 		
Medical Treatment (E.g., First aid, Band-Aid, ice pack)						
Medication Administered (E.g., Epi pen)	Y <input type="checkbox"/> / N <input type="checkbox"/>	Type & Quantity				
Professional medical intervention needed? (E.g., GP, Hospital, Ambulance) If yes, contact management & HSS immediately – classified as High-level incident.			Y <input type="checkbox"/> / N <input type="checkbox"/>			
Educator who provided First Aid	Name					
	Phone					

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Section D: Certification

Disclaimer: I understand that the treatment provided and detailed above, was first aid only and not a substitute for professional medical attention. Accordingly, I understand that The Y WA recommends further examination is sought by a medical professional as a matter of precaution.

Name & Relationship	<input checked="" type="checkbox"/>	Time	
Parent / Guardian Signature required	<input checked="" type="checkbox"/>	Date	
Educator's signature	<input checked="" type="checkbox"/>	Date	

Section E: External Notification

Notification to External Authority/ECRU (if applicable)		Y <input type="checkbox"/> / N <input type="checkbox"/>	
Name of authority notified	Y staff member notified	Date and time of notification	
The 'Y' WA Family Day Care Service			