

CRITICAL INCIDENT POLICY

Sailability NSW Branches recognise that, in the event of a critical incident occurring, its responsibility to support those involved with the program at the time of the incident.

Sailability NSW Branches will ensure that all critical incidents are recorded.

Definition:

A critical incident is an event that is out of the ordinary and is perceived by an individual as threatening and traumatic.

Examples may include: Death, Injury, Fire, Assault or Damage.

The Sailing Coordinator of the day will report every critical incident and any persons involved will have the option of participating in debriefing.

Debriefing

Debriefing is a formal process following a critical incident that benefits those involved in the incident. Debriefing is usually a single consultation that may or may not lead to referral for other counselling or action.

All members of the program, volunteers, family, carers and visitors while involved with Sailability and others who may from time to time be present during a critical incident may be offered support and counselling from an accredited psychologist / social worker. Counselling is optional and may be requested by any individual involved in the incident, or the President.

ALSO REFER

Sailability Safety Manual – Section 7

Risk Management Template – Section 10

CRITICAL INCIDENT PROCEDURES

The Sailing Officer at the time of the incident shall become the Incident Contact Person.

Ensure all persons are safe from further harm.

Notify relevant bodies and contact:

Member -	nominated next of kin.
Volunteer -	Sailing Officer/President.
Sailing Officer -	President/Executive Member.

The Incident Contact Person will be responsible for recording the critical incident and ensuring all relevant documentation is filled out.

Debriefing should occur within 24 hours of the incident.

The President will be available to support those undertaking debriefing both before and after any session.

The President will provide follow-up liaison with relevant bodies and make appointments for external support if considered necessary.

The President will meet with all members/volunteers to advise them of the incident, outcomes and support strategies in place.

All incidents will be recorded in the Incident Report Form.

The report will be a full detail of the incident and shall include:

- ⇒ Date and time of the incident,
- ⇒ Those present at the time of the incident,
- ⇒ What damage was incurred as a result of the incident,
- ⇒ A record of any eye-witness accounts to the incident and any events leading to the incident or resulting from the incident,
- ⇒ Any relevant bodies contacted,
- ⇒ What follow-up processes were initiated at the time of the incident or soon after.

- The report will be signed by the Sailing Officer and submitted to the President.
- The President will be required to sign the Incident Report form and forward this to the Executive Committee for action.
- The President will take responsibility for ensuring the incident is fully investigated.
- The Sailability Branch Committee will be responsible for continually monitoring critical incidents and reporting any trends.
- The Sailability Branch Committee will review reports, gain feedback and implement preventative strategies.
- In the event of a critical incident occurring whilst a member/volunteer is involved in any activity on behalf of the Sailability Branch, the member/volunteer must complete a Critical Incident Report.

ACCIDENT / INJURY REPORT



DESCRIPTION OF CIRCUMSTANCES

Date of accident _____

Place where accident occurred _____

Supervisors name _____

Injured persons name, address and phone number _____

Describe how accident occurred _____

Describe any injury incurred _____

Name & address of doctor if consulted _____

Name, address & phone no. of Witness _____

Was any property/equipment damaged? _____

Did the accident involve injury to any other people? _____

If so what is/are their name/s and address/s _____

Were any Safety Directions or requirements being infringed? _____

If so, give details. _____

Corrective action taken/recommended _____

Signed

Date

Supervisor

Date