

# CRITICAL INCIDENT REPORTING FORM

## DISABILITY DIRECTORATE

### MINISTRY OF HEALTH

The Ministry of Health only

Date:

Ref:

1. Please name your service in full, for example, *Ministry of Health*, not MoH or Ministry. If you operate in multiple locations, please state the location. *Click here to enter text.*
2. Is the service (you are referring to in this form) HealthCert certified (ie, 5 or more beds)? *Select an item.*
3. Please select the NASC/NIDCA area/region(s) where this event occurred. *Select an item.*
4. What was the primary/key nature of the current incident? *Select an item.*
  - \* *If answered "abuse/assault". Select an item.*
  - \* *If answered "other", please specify. Click here to enter text.*
5. When did this incident occur? Please note that all critical incidents are expected and required to be reported as soon as practical within 24 hours. *Click here to enter a date.*
6. Please provide a summary of the event. *Click here to enter text.*
7. **Follow-up and outcomes:** Please state steps/actions that you have taken to resolve above or proposed remediation action. Or if already resolved, how was this resolved? If applicable, how would you prevent this incident reoccurring? *Click here to enter text.*
8. Who/what was at direct risk as a result of this event?

Family	<input type="checkbox"/>	Management	<input type="checkbox"/>	Public	<input type="checkbox"/>
Client	<input type="checkbox"/>	Staff	<input type="checkbox"/>	Organisational property	<input type="checkbox"/>
Public property	<input type="checkbox"/>	Private property	<input type="checkbox"/>	Other	<input type="checkbox"/>

  - \* *If answered "other", please specify. Click here to enter text.*
  - \* *If answered "service user/care recipient", please state his/her NHI number. Click here to enter text.*
  - \* *If answered "service user/care recipient", what type of service was being provided to the service user/care recipient at the time of the incident? Select an item.*
9. Who /what was the likely cause? *Select an item.*
  - \* *If answered "other", please specify. Click here to enter text.*
  - \* *If answered "service user/care recipient", what type of service was being provided to the service user/care recipient at the time of the event? Select an item.*
10. Which agencies<sup>1</sup> have been notified?

Police called	<input type="checkbox"/>	Police attended	<input type="checkbox"/>	CYF	<input type="checkbox"/>	HDC	<input type="checkbox"/>
MSD	<input type="checkbox"/>	NASC	<input type="checkbox"/>	NIDCA	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
MBIE	<input type="checkbox"/>	DHB	<input type="checkbox"/>	DI	<input type="checkbox"/>	Other	<input type="checkbox"/>

  - \* *If answered "police" above, when were police notified? Click here to enter a date.*
  - \* *If answered "other", please specify. Click here to enter text.*

<sup>1</sup> HDC: Health and Disability Commission, MBIE: Ministry of Business, Innovation and Employment, MSD: Ministry of Social Development, CYF: Child, Youth & Family, DI: District Inspector

## Information about completing the Ministry's Critical Incident Report form

Critical incident is any sudden and/or unusual event, which could:

- be life threatening for the client or others
- be dangerous – safety of the client at risk with grave harm
- have significant consequences such as client involved in criminal activity, absconding, emergency service or hospitalisation
- be a serious and grave crisis that may result in media or political attention

Please note the incidents that are covered in this form are also within the scope of section 31 of the Health and Disability Services (Safety) Act 2001.

We appreciate that critical can mean different things to different people and there is a degree of personal judgement involved. However, if in doubt, please report to us. Over-reporting is better than under-reporting.

1. Please state the name of your service in full. If you operate in multiple locations, please also state the location. For example, Ministry of Health, Wellington.
2. If your service and the incident site are certified by HealthCert (ie, 5 or more beds), please also email this form to [certification@health.govt.nz](mailto:certification@health.govt.nz). If your service is certified but the incident site has fewer than five beds, please select "No".
3. Please select regional NASC where the incident occurred.
4. We appreciate a lot of incidents are multifaceted. However in this question we are only interested in the primary/key nature of the incident. For example, X went missing and was later found seriously injured. Then the serious injury is the primary/key nature of the incident not absconding.
5. The Ministry expects all the critical incidents to be reported as soon as possible/practical within 24 hours.
6. Please provide a summary of the incident. Two key things that you need to keep in mind when writing a summary are "WHAT" and "WHY" happened.
7. This question reflects the new 'outcome-based' approach that the Ministry is introducing.
8. This is a question asking who suffered the (alleged) harm. If you select "Other", please specify. If you select service user/care recipient, please state his/her NHI number, not actual name and the one main and specific type of service he/she was receiving at the time of the incident.
9. This is a mirror question of Question 8, asking for the details of the person who caused the incident.
10. The Ministry works closely with other agencies. Therefore it is important to know/understand other agencies involved. Sometimes the Ministry may choose to inform other agencies if not already informed.

**Double click to send document as email attachment to  
[dsscomplaints@health.govt.nz](mailto:dsscomplaints@health.govt.nz)**