Government of **Western Australia**
Department of **Health**
Licensing and Accreditation Regulatory Unit

Human Reproductive Technology Act 1991

Critical Incident Form

Instructions

1. This form is to be used by licensed private Human Reproductive Technology Practice and Storage Facility employees and is to be submitted to the Licensing and Accreditation Regulator Unit (LARU) via email LARULicensing@health.wa.gov.au within **48hrs** of a critical incident occurring.
2. **Do not use this form for reporting of Serious Adverse Events (SAE)**. Serious Adverse Events must be reported to the LARU as per the additional terms and conditions of the licence – Annexure A.

Definitions

Reportable critical incident: any incident (*other than a clinical incident*) that poses a serious risk to the life, health or safety of an individual who is receiving services from a licensed facility, including any incident that causes major disruptions to normal service delivery.

Name of facility:	
Date of report:	Date of incident:
Name of person completing form:	Position:
Person in charge during incident (if different to above):	Position title:
Contact number:	Email:

CRITICAL INCIDENT (indicate type)	
Bomb Threat or Fire	Major environmental hazard
Significant equipment failure	Building collapse and/or structural damage
Major cyber and/or security breach	Significant power outage
Significant criminal act	Major liquid nitrogen spillage
Handling of dewars	
Other	
Is this likely to generate media attention? Yes No	

Describe the critical incident (what happened?):
What immediate action was taken to mitigate the risk to patient, staff, human tissue or environment:
Outcome of actions taken:

If applicable, will the following be completed		
Root cause analysis	In-depth case review	Internal investigation and aggregated review

If applicable, what committee will this incident be reported to – please tick.	
Licensing and Accreditation Regulatory Unit	Reproductive Technology Accreditation Committee
Executive Management Committee	

If applicable, will this incident be externally reported to – please tick.	
Medical Advisory Committee	Fire and Emergency Services Australia
Other:	

Open Disclosure to patient provided if applicable		
Could this incident have been prevented?	Yes	No
If yes, what actions have been or will be implemented to prevent this type of incident occurring again?		
Incident recorded on Risk/Incident Register	Yes	No
Incident Number:		
Name of witness/es (if applicable):		
Contact number:		

I declare that the information supplied is correct:
Name:
Position:
Signature:
Date:
Email:
Contact number:

This document can be made available in alternative formats on request.

Produced by Licencing and Accreditation Regulatory Unit