Risk Assessment: Mental Health First Aid Course

EMPOWERED FORWARD

Relevant Australian Standards & Legislation
This checklist is designed in accordance with the following national and state-based standards:
- Work Health and Safety Act 2011 (Cth)
- Work Health and Safety Regulation 2011 (QLD)
- Australian Consumer Law under the Competition and Consumer Act 2010 (Cth)
- Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs)
- Mental Health First Aid Australia Instructor Agreement & Delivery Guidelines
- Disability Discrimination Act 1992 (Cth) – for accessibility and inclusion
- Safe Work Australia Codes of Practice – for risk management and emergency planning

Course Title / Type: _____

Date(s): _____ **Times:** _____

Venue Name & Address: _____

Delivery Format:
□ **In-Person** □ **Online**

Instructor(s): _____

Number of Participants (Expected): _____ **Client/Organisation (if applicable)** _____

Special Notes or Requirements: _____

Venue Safety
[ ] Venue is clean, well-lit, and free from trip hazards
[ ] Emergency exits are clearly marked and accessible, and communicated to participants
[ ] Fire extinguishers and first aid kits are available, and communicated with participants
[ ] Venue is wheelchair accessible and suitable for mobility needs (if required)
[ ] Toilets and hygiene facilities are functional and accessible, and communicated to participants

Notes:

Mental Health Safety
[ ] Content warnings prepared and communicated
[ ] Breaks and self-care encouraged throughout the session
[ ] Quiet space available for participants who may need time out
[ ] Referral information available (e.g. Lifeline, Beyond Blue)
[ ] Instructor prepared to respond to distress or disclosures sensitively

Notes:

Infectious Disease Control (if applicable)
[ ] Hand sanitiser and cleaning supplies available
[ ] Venue complies with current public health guidelines
[ ] Participants advised not to attend if unwell
[ ] Contact tracing or attendance register maintained (if required)

Notes:

Technology & Equipment
[ ] Internet connection tested and stable
[ ] Devices and platforms tested prior to session
[ ] Backup plan in place for technical issues
[ ] Participants informed of tech requirements in advance

Notes:

Accessibility & Inclusion
[ ] Accessibility needs requested and reviewed prior to course
[ ] Materials available in alternative formats if needed
[ ] Delivery style inclusive of diverse learning needs and cultural backgrounds

Notes:

Emergency Preparedness
[ ] Emergency procedures for venue known and communicated with participants
[ ] Working phone available to contact emergency services
[ ] Instructor aware of any participant medical conditions or allergies

Notes:

Instructor Declaration
[ ] I confirm this checklist has been completed and appropriate controls are in place
[ ] I am prepared to deliver this course in a safe, inclusive, and trauma-informed manner

Instructor Name: _____ **Signature:** _____

Date: _____

Phone: (+61) 0406 255 464
empoweredforward.jessica@outlook.com
https://empoweredforward.com/

Incident Report Form

Compliance Alignment
This form aligns with the following legislation, guidelines, and standards:

- Work Health and Safety Act 2011 (QLD)
- Mental Health First Aid Australia Guidelines
- Privacy Act 1988 (Cth)
- QLD Information Privacy Act 2009
- Disability Discrimination Act 1992 (Cth)
- Child Protection Act 1999 (QLD)
- NDIS Practice Standards (if applicable)
- Code of Ethics for MHFA Instructors
- Blue Card and Yellow Card Screening Requirements
- Mental Health First Aid Australia Instructor Code of Conduct and Agreement

Notes:

- All incidents must be reported at the earliest opportunity, within 24 hours to the Owner / Operator of Empowered Forward.
- Completed forms must be stored securely and confidentially by the Owner / Operator of Empowered Foward.
- Serious incidents must be escalated to relevant authorities or support services.

Organisation: Empowered Forward
Website: https://empoweredforward.com

Instructor Name: _____

Date of Incident: ____ / ____ / _____

Time of Incident: _____ **AM / PM**

Course Location: _____

Public or Private Course? (please circle - if private, list name of company, organisation or group.

PUBLIC **PRIVATE**: _____

Name of Course Being Delivered: _____

Delivery Mode: _____

Number of Participants: _____

Was a risk assessment completed prior to the commencement of the course? (please circle, if yes - attach) **YES** **NO**

Report Completed By:

Name: _____
Contact Number:_____
Email: _____
Role: _____
Date / Time Report Completed: _____ / _____ / _____ **at** _____ : _____ **AM / PM**
Signature: _____

1. Type of Incident

(tick all that apply)
Choose all categories that describe the nature of the incident.

□ Participant distress or safety concern
□ Physical injury or medical event
□ First aid administered
□ Harm to participant or instructor
□ Behavioral disruption or conflict
□ Property damage or hazard
□ Workplace Health & Safety (WHS) incident
□ Breach of confidentiality or privacy
□ Cultural safety or inclusion concern
□ Technology or access issue
□ Other: _____

Incident Report Form

EMPOWERED FORWARD

2. Description of Incident

Provide a clear, factual account of what happened. Avoid opinions or assumptions.

Individuals Involved *(name and role - if possible)*

(e.g., “Jane Doe – “participant” or “Facilitator”).

Summary of Incident:

3. Immediate Actions Taken

(tick all that apply & provide details)

Describe what was done immediately to respond to the incident.

□ Paused activity and ensured safety
□ Provided emotional or physical support
□ Administered first aid
□ Contacted emergency services / first aid officer
□ Removed hazard or secured environment
□ Offered referral pathways or follow-up options
□ Notified relevant staff / supervisor / venue
□ Documented incident and debriefed with team
□ Other: _____

Details of Actions Taken:

4. Outcome and Follow-Up

(tick all that apply)

Outline any next steps, referrals, or check-ins planned.

□ Individual(s) remained engaged
□ Individual(s) exited early or withdrew
□ Support provided during or after incident
□ Follow-up arranged (e.g., check-in, referral, review)
□ WHS report completed or hazard addressed
□ No further disruption occurred
□ Other: _____

Planned Follow-Up Actions:

Phone: (+61) 0406 255 464
empoweredforward.jessica@outlook.com
https://empoweredforward.com/

Incident Report Form

EMPOWERED FORWARD

5. Recommendations / Notes

(tick all that apply)
Include any reflections, suggestions, or relevant context for future improvement

□ Review content or delivery for sensitivity
□ Adjust physical or digital environment
□ Strengthen wellbeing check-in or safety protocols
□ Debrief with team or supervisor
□ Update policies or procedures if needed
□ Submit WHS or clinical governance report
□ Other: _____

Additional Notes:

_____
_____
_____
_____

Review and Response – For Internal Use Only

Reviewed By *(name and role)*: _____

Date of Review: ____ / ____ / _____

1. Summary of Review

Briefly outline your understanding of the incident based on the report.

_____
_____
_____
_____
_____
_____

2. Actions Taken Post-Incident

(tick all that apply & provide details)

□ Follow-up contact made with affected individual(s)
□ Referral to support services or clinical team
□ WHS report submitted or hazard addressed
□ Policy/procedure reviewed or updated
□ Team debrief conducted
□ No further action required
□ Other: _____

Details of Actions Taken:

_____
_____
_____
_____

3. Recommendations / Next Steps

Outline any suggested improvements, training needs, or system changes.

_____
_____
_____
_____

4. Final Notes / Sign-Off

Any final comments, decisions, or acknowledgments.

_____
_____
_____
_____

Signature: _____ **Date:** _____ / _____ / _____

Phone: (+61) 0406 255 464
empoweredforward.jessica@outlook.com
https://empoweredforward.com/