Category: Operational Policies

Subject: INCIDENT MANAGEMENT & REPORTING POLICY

Responsible for Review of this Policy: West Limerick Independent Living CLG Board

1. INTRODUCTION

This Incidents Management Policy sets out for the following for Staff and Service Users of West Limerick Independent Living

- how we will enable incidents to be reported
- how these will be investigated
- how we will ensure learning is shared with Staff and Service Users

2. WHAT OUR COMMITTMENT MEANS

We are committed to promoting a culture where all incidents and near misses are reported and appropriately investigated. This is achieved by operating an open and just culture which encourages and supports staff and Service Users in reporting incidents so that learning and improvement can take place. The organisation ensures that the different needs in respect of ethnicity, faith, disability, gender age, sexual orientation, and socio-economic group are taken in to account in the reporting and investigation of incidents.

Learning from incidents enables changes to take place in order to:

- improve the safety of staff, Service Users and visitors
- improve the work environment
- improve service users experience

We will ensure that there are appropriate systems in place so that staff and service users are able to report incidents. Go to http://www.limerickcil.com/policies_and_procedures.html for further information.

Supporting the ability to report incidents ensures we:

- can use the information to take appropriate management decisions
- can identify trends in any root causes identified
- can share learning to improve practice within West Limerick Independent Living.

3. SCOPE AND PURPOSE OF THE POLICY

The purpose of this policy is to outline the way in which incidents will be reported. This policy describes procedures which apply to Staff, Service Users, independent contractors and the general public.

4. WHAT IS AN INCIDENT?

An incident is an event that leads to, or could have caused, loss or harm to an individual or property.

- An incident reported by an individual about their own practice will be known as a reflective incident.
- An incident reported by staff or a service user about another individuals/organisations practice will be known as a notified incident.

5. WHO CAN REPORT INCIDENTS?

Incidents can be reported by West Limerick Independent Living staff and Service Users and the general public.

- about their own practice
- about incidents occurring in our organisation

6. WHEN TO REPORT INCIDENTS

- Incidents should be reported as soon as a concern becomes apparent.
- Staff and Service Users are encouraged to report all incidents in order to gain a true idea of any trends which may be occurring.
- All incidents have to be reported, these could include neglect, self-neglect and any suspicions.
- Incidents which identify concern, allegation, disclosure or suspicion of abuse, MUST also be reported to West Limerick Independent Living Safeguarding Vulnerable Persons. For further information go to http://www.limerickcil.com/policies_and_procedures.html
- Incidents which identify concern, allegation, disclosure or suspicion of abuse involving children MUST also be reported in line with West Limerick Independent Living Child Protection Policy http://www.limerickcil.com/policies_and_procedures.html

Any accident, incident or “near miss” no matter how slight the injury or damage, should be reported to your Service Coordinator before the end of your shift.

- In the event of injury or suspected injury, following a fall or suspected fall go to the Client Falls Management Policy http://www.limerickcil.com/policies_and_procedures.html
- In the event of a service user developing a pressure ulcer or have any risk factors for pressure ulcer development, this should be reported to your Service Coordinator before the end of your shift. Refer to https://www.hse.ie/eng/about/qavd/incident-management

Your Service Coordinator is responsible for taking appropriate follow up actions, completing an investigating report and recommending or implementing appropriate corrective actions.

All staff are required to report occurrences that may not have involved injuries or victims but could be potentially dangerous in that respect if repeated. These include but are not limited to;

- Slippery surfaces
- Malfunction of equipment

- Water or gas leaks
- Inadequate insulation of circuits
- Trailing electrical leads
- Breaking of windows, glass or frames
- Collapses of walls, ceilings etc…

7. MANAGEMENT OF INCIDENTS

The Situation, Background, Assessment, and Recommendation (SBAR) tool has been adopted by West Limerick Independent Living to ensure incidents reported are managed in a consistent and concise manner and that important information is shared clearly, effectively and efficiently.

S = Situation	What is going on? A concise statement of the problem or what actually happened?
B = Background	What is the background information that is pertinent to the situation?
A = Assessment	What did you find? Analysis and considerations of options and risks. What factors contributed to the incident?
R = Recommendation	What action/recommendation is needed to correct the problem? What do you want to happen by when? Include any actions taken at the time of the incident.

8. All incidents once logged will be reviewed by the Service Manager

Once investigations have been completed by the Service Manager, all responses will be reviewed by the Manager and Quality and Safety Team and an individual Situation, Background, Assessment, and Recommendation response will be sent to the reporter of the incident as required.

Some no/low harm incidents may not always require an individual Situation, Background, Assessment, and Recommendation response but all responses will be reviewed, themed and shared appropriately with staff and management and using “You said we did” to share any wider learning themes.

9. Reporting of Incidents

Staff will report incidents including all relevant information using the Situation, Background, Assessment, and Recommendation tool.

Incident Management

The Agency Senior Accountable Officer is required to ensure that all incidents relating to service user care and safety; staff safety; accidents, loss or damage to property; incidents involving vehicles are appropriately recorded on the State Claims Agency NIMS system, where the Agency has access, or to the HSE main contact person (Business Managed) named in the Service Arrangement.

The Agency Senior Accountable Officer should notify the HSE main contact person (Business Managed) who will communicate the information to the relevant personnel within HSE Midwest Community Healthcare, including the Quality, Risk and Patient Safety Business Manager.

A **Serious Incident** is an incident that results in a rating of major or extreme as per the HSE's Risk Impact Table. Serious Reportable Evens (SREs) are a defined subset of incidents (i) which are either serious or (ii) that should not occur if the available preventive measures have been effectively implemented by care providers.

HSE Main contact person:	Nuala Kelly
Department/Specific area of responsibility:	Disability Services
Address:	St. Joseph's Hospital, Mulgrave Street, Limerick
Telephone Number:	061-461136
E-mail:	mailto:nuala.kelly1@hse.ie

Appendix:

See Appendix 1. for Incident Management Relevant Policies, Procedures, Protocols, Guidelines (PPPGs)

Appendix 2. A list of Serious Reportable Events is available on the NIMLT page of the Quality Assurance and Verification Division (QAVD) website.

See Appendix 3. Chart of incidents reporting and handling process.

Appendix 4. Use the National Incident Report Form NIRF attached or go to https://www.hse.ie/eng/about/qavd/incident-management/nirf-01-v10-person.pdf to download.

Appendix 1: Incident Management Relevant Policies, Procedures, Protocols, Guidelines (PPPGs)

Key PPPGs:

- Incident Management Framework and guidance (HSE, 2018). https://www.hse.ie/eng/about/qavd/incident-management/hse-2018-incident-management-framework-guidance-stories.pdf
- Service User Falls – A practical Guide for Review (HSE, 2018). https://www.hse.ie/eng/about/qavd/incident-management/service-user-falls-a-practical-guide-for-review.pdf
- Pressure Ulcers – A practical Guide for Review (HSE, 2018). https://www.hse.ie/eng/about/qavd/incident-management/pressure-ulcers-a-practical-guide-for-review.pdf
- Systems Analysis Guidance (HSE (August), 2016). https://www.hse.ie/eng/about/qavd/incident-management/hse-systems-analysis-investigation-guidelines-part-1-and-part-2.pdf
- Integrated Risk Management Policy and Guidance (HSE, 2017). https://www.hse.ie/eng/about/qavd/riskmanagement/risk-management-documentation/hse%20integrated%20risk%20management%20policy%202017.pdf
    - Part 1: Managing Risk in Everyday Practice (Guidance for Managers) https://www.hse.ie/eng/about/qavd/riskmanagement/integrated-risk-management-policy-part-1-managing-risk-in-everyday-practice.pdf
    - Part 2: Risk Assessment and Treatment (Guidance for Managers) https://www.hse.ie/eng/about/qavd/riskmanagement/risk-management-documentation/hse-integrated-risk-management-policy-part-2-risk-assessment-and-treatment.pdf
    - Part 3: Managing & Monitoring Risk Registers (Guidance for Managers) https://www.hse.ie/eng/about/qavd/riskmanagement/integrated-risk-management-policy-part-3-managing-and-monitoring-risk-registers-.pdf

  Risk Management Support Tools: HSE Risk Assessment Tool and Risk Assessment Form. https://www.hse.ie/eng/about/who/oqr012-20081210-v4-risk-assessment-tool-and-guidance-incl-guidance-on.pdf

- Serious Reportable Events (SREs), HSE Implementation Guidance Document (HSE, 2015) https://www.hse.ie/eng/services/publications/performancereports/srejan15.pdf
- Open Disclosure: National Guidelines (HSE, 2013) https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/opendisclosure/opendiscfiles/opendiscpolicyoct13.pdf

Related PPPGs:

- A Board's Role in Improving Quality and Safety (HSE, 2017). https://www.hse.ie/eng/about/who/qid/governancequality/board-role-improving-quality-and-safety/a-board-s-role-in-improving-quality-and-safety-guide-final.pdf
- Quality and Safety Committees Guidance and Sample Terms of Reference (HSE, 2016). https://www.hse.ie/eng/about/who/qid/governancequality/boardquality/quality-and-safety-committees-guidance-and-resources-2016.pdf
- Framework for improving Quality in our Health services: Part 1: Introducing the Framework (HSE, 2016). https://www.hse.ie/eng/about/who/qid/framework-for-quality-improvement/framework-for-improving-quality-2016.pdf
- Guideline on Conducting Look-back Reviews (HSE, 2015). https://www.hse.ie/eng/about/qavd/incident-management/lookback-review-guideline-final-dec-2015.pdf
- Policy for Preventing and Managing Critical Incident Stress (HSE, 2012). https://www.hse.ie/eng/staff/resources/hrppg/policy-for-preventing-and-managing-critical-incident-stressdecember-2012.pdf

APPENDIX 2.

Summary list of Serious Reportable Events 26th January 2015

1.	SURGICAL EVENTS
1A.	Surgery performed on the *wrong body part* by a healthcare service provider.
1B.	Surgery performed on the *wrong patient* by a healthcare service provider.
1C.	*Wrong surgical procedure* performed on patient by a healthcare service provider.
1D.	*Unintended retention of a foreign object* in an enclosed body cavity in a patient after surgery or other procedure performed by a healthcare service provider.
1E.	*Intra-operative or immediately postoperative death* in a patient with *no known medical problems* (ASA Class I) occurring after surgery or other interventional procedure performed by a healthcare service provider.

2.	PRODUCT OR DEVICE EVENTS
2A.	*Patient death or serious disability* associated with the use of *contaminated medications, medical devices, or biologics* provided by the healthcare service provider.
2B.	*Patient death or serious disability* associated with the use or function of a *medical device* in which the medical device is used or functions other than as intended or anticipated in the care of a patient provided by the healthcare service provider.
2C.	*Patient death or serious disability* associated with *intravascular air embolism* that occurs while being cared for by a healthcare service provider but excluding death or serious disability associated with certain neurosurgical procedures or cardiac procedures known to present a high risk of intravascular air embolism.

3.	PATIENT PROTECTION EVENTS
3A.	*Child or other dependent person discharged to the wrong person* by a healthcare service provider.
3B.	*Patient death or serious disability associated with a patient absconding from a healthcare service facility* but excluding where a patient advises the healthcare service provider that he or she is leaving against medical advice.
3C.	*All sudden unexplained deaths or injuries which result in serious disability of a person who is an inpatient/resident in a mental healthcare facility.*

4.	CARE MANAGEMENT EVENTS

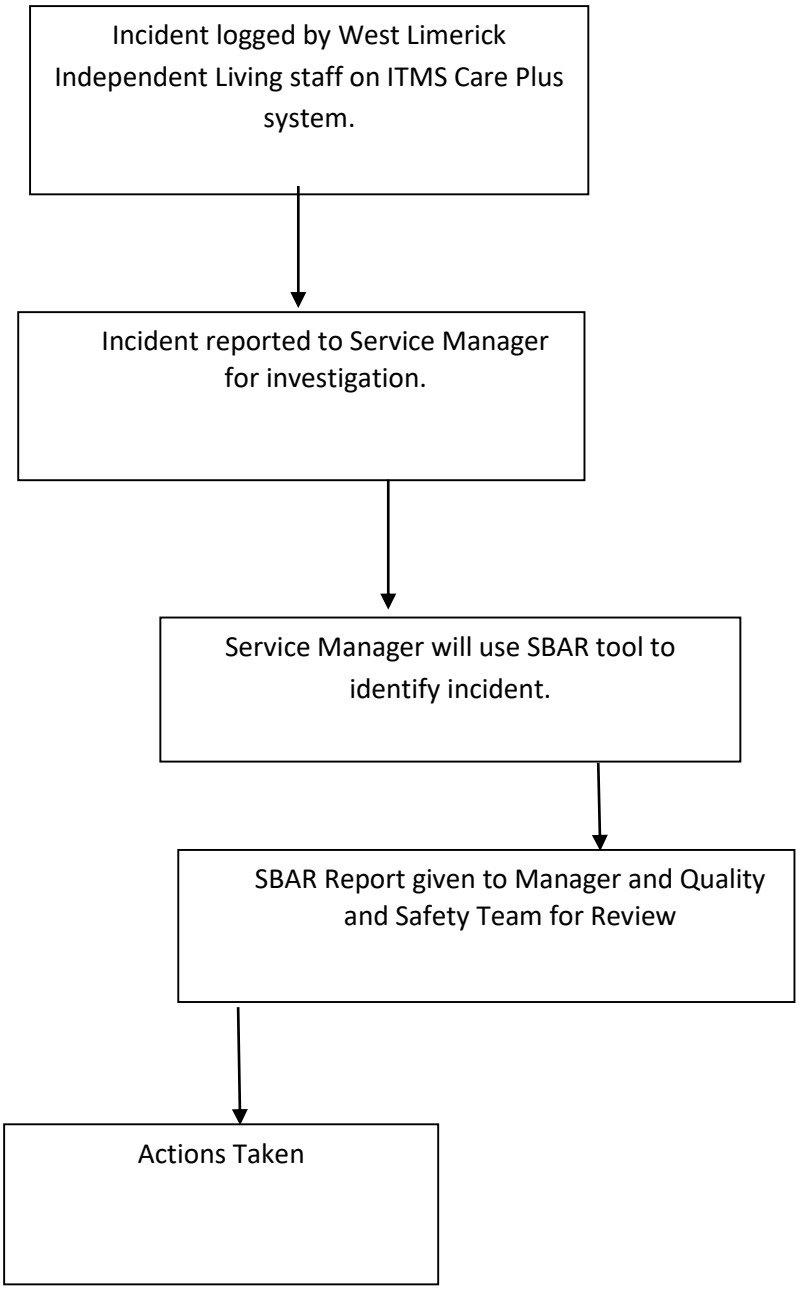
4A.	Patient death or serious disability associated with a *medication error* by the healthcare service provider but excluding reasonable differences in clinical judgment involving drug selection and*/or* dose.
4B.	*Wrong formulation/route administration of chemotherapy* by a healthcare service provider.
4C	*Intravenous administration of mis-selected concentrated potassium chloride* by a healthcare service provider.
4D	*Patient death or serious disability* due to the administration of *incompatible blood or blood products* by a healthcare service provider.
4E	*Maternal Death* for whom the hospital has accepted medical responsibility, registered with an independent midwife for pregnancy care/ registered with a maternity hospital-during pregnancy or *within six weeks of delivery* (whether in the hospital or not).
4F(i)	*Perinatal death of a neonate* occurring in a *term infant or an infant weighing more than 2,500g.*
4F(ii)	*Death or encephalopathy of a normally formed neonate* occurring in a *term infant or an infant weighing more than 2,500g.*
4G	*Patient death or serious disability* associated with *severe hypoglycaemia* (excluding neonates), the onset of which occurs while the patient is being cared for in a healthcare service facility.
4H	*Death or serious disability (kernicterus)* associated with *non detection* by a healthcare service provider to identify and treat *Hyperbilirubinemia in neonates within the first 28 days of life.*
4I	*Stage 3 or 4 pressure ulcers* acquired *after admission* to a healthcare and social care residential facility.
4J	*Patient death or serious disability* due to *spinal manipulative therapy* by a healthcare service provider.
4K	*Patient death or serious disability* resulting from or associated with the use of *restrictive interventions such as physical, mechanical, manual or environmental restraint (e.g. seclusion*) to a patient while being cared for in a healthcare service facility.
4L	*Diagnostic Error*: Death or serious disability associated with a wrong diagnostic result e.g. mislabelled pathology specimen.
4M	The *non utilisation of a donor organ* deemed suitable for transplantation.
4N	*Death of a living organ donor*.

5	ENVIRONMENTAL EVENTS
5A	*Patient death or serious disability* associated with an *electric shock* while being cared for in a healthcare service facility but excluding events involving planned treatments such as cardioversion.

5B	An incident in which a *line designated for oxygen or other gas* to be delivered to a patient while being cared for by a healthcare service provider *contains the wrong gas or is contaminated by toxic substances*.
5C	*Patient death or serious disability* associated with a *burn incurred* within a healthcare service facility.
5D	Patient death or serious disability associated with a *fall* – a. while being cared for in a healthcare service facility and/or b. during a clinical intervention from a healthcare professional (includes in the community setting, pre-hospital care and the Ambulance Service).

6	CRIMINAL EVENTS
6A	Any instance of care ordered by or provided by someone *impersonating a healthcare professional.*
6B	*Abduction of a patient* of any age while being cared for in a healthcare service facility.
6C	Sexual assault on a patient or other person within or on the grounds of a healthcare service facility.
6D	*Death or serious injury/disability* of a patient or other person resulting from a *physical assault* that occurs within or on the grounds of a healthcare service facility.

APPENDIX. 3.


Incident logged by West Limerick Independent Living staff on ITMS Care Plus system.
Incident reported to Service Manager for investigation.
Service Manager will use SBAR tool to identify incident.
SBAR Report given to Manager and Quality and Safety Team for Review
Actions Taken

APPENDIX 4.

NIMS
National Incident Management System

HC NIRF 01 – V10
Date issued: 03/05/2018

NATIONAL INCIDENT REPORT FORM (NIRF)
NIRF - 01 PERSON

NIMS record Number:

Incident: An event or circumstance which could have, or did lead to unintended and / or unnecessary harm. Please complete this form to the best of your knowledge at the time of reporting the incident.

SECTION A: GENERAL INCIDENT DETAILS

Date of incident D D M M Y Y Y Y

Time of incident H H M M *Use 24 hour clock*

Location *E.g. Hospital, Health Centre, Residential Centre etc.*

Specific Location *E.g. Ward, Clients home etc.* Offsite? ☐

SECTION B: PERSON AFFECTED DETAILS

First name

Surname

Date of birth D D M M Y Y Y Y

☐ Female ☐ Male

Description of incident:

Division (tick one only ✓)

- ☐ Acute Hospital
- ☐ Social Care
- ☐ Health and Wellbeing
- ☐ Primary Care
- ☐ Mental Health
- ☐ Ambulance Service
- ☐ National Corporate Services (staff only)

Who was involved...? (tick one only ✓)

- ☐ Service user – (Resident/Patient/Client) Go to section C
- ☐ Staff member – Go to section D
- ☐ Agency / Panel staff – Go to section D
- ☐ Member of public-Proceed to section F
- ☐ Volunteer – Go to section D
- ☐ External Contractor – Go to section E
- ☐ Student – Go to section D

SECTION C: SERVICE USER DETAILS ONLY

Healthcare Record No

Lead Clinician

This incident involved... (tick one only ✓)

- ☐ Neonatal Specialties
- ☐ Paediatric Specialties
- ☐ Adolescent Specialties
- ☐ Adult Specialties
- ☐ Older Person Specialties

Incident Occurred under (Service / Specialty) *E.g. Antenatal, Audiology, Radiotherapy, Intellectual Disability, Psychology*

SECTION D: STAFF MEMBER / AGENCY / PANEL STAFF / STUDENT / VOLUNTEER DETAILS ONLY

Category of person

Employee no.

Date absence commenced (if known) D D M M Y Y Y Y

Date returned to work (if known) D D M M Y Y Y Y

Work days lost ☐

Note: For employee incidents reportable to HSA that result in an absence from duty for more than three consecutive days, excluding the day of the accident, the date absence commenced and the date employee returned to work should be recorded on the NIMS

SECTION E: EXTERNAL CONTRACTOR DETAILS ONLY

Company Name

Company no.

SECTION F: WHAT WAS THE OUTCOME AT THE TIME OF THE INCIDENT?

✓ Outcome		Body Part Affected
☐ Near Miss e.g. Nearly given wrong drug	Category 3	 E.g. Arm, Spine, Lung, Other Physiological
☐ No Injury e.g. Wrong drug given but no harm occurred		
☐ Injury not requiring first aid		
☐ Injury or illness, requiring first aid		
☐ Injury requiring medical treatment	Category 2	
☐ Long-term disability / Incapacity (incl. psychosocial)	Category 1	
☐ Permanent Incapacity (incl. Psychosocial)		
☐ Death		

SECTION G: TYPE OF INJURY (tick one only ✓)

Birth Specific Injury (Baby)	☐ Apgar score <5@ 1 min &/or; 7@5mins &/or pH ≤ 7.0 ☐ Aspiration ☐ Cerebral irritability / neonatal seizure ☐ HIE - Hypoxic Ischaemic Encephalopathy with Hypoglycaemia ☐ HIE Grade 1 - Hypoxic Ischaemic Encephalopathy	☐ HIE Grade 2 - Hypoxic Ischaemic Encephalopathy ☐ HIE Grade 3 - Hypoxic Ischaemic Encephalopathy ☐ Hypoglycaemia - severe ☐ Kernicterus ☐ Neonatal death ☐ Nerve Injury - brachial plexus (incl. Erbs Palsy)	☐ Nerve Injury - face ☐ Other unexpected deterioration ☐ Stillbirth ☐ Sub-galeal / sub-aponeurotic haemorrhage ☐ Unknown ☐ Other _____
Birth Specific Injury (Mother)	☐ Death ☐ Hysterectomy (Perinatal) ☐ Incontinence (faecal) ☐ Incontinence (urinary)	☐ Perineal tear ☐ Post-Partum Haemorrhage ☐ Rhesus iso-immunisation ☐ Incontinence (faecal & urinary)	☐ Unknown ☐ Uterine rupture ☐ Other _____
Blood Specific Injury	☐ Excessive Bleeding ☐ Fainting ☐ Immunological haemolysis	☐ Febrile non-haemolytic transfusion reaction	☐ Non-immunological haemolysis ☐ Other _____
Diagnosed Disease Disorder or Cond.	☐ Asbestosis ☐ Cancer ☐ Acute Radiation Syndrome ☐ Narcolepsy/Cateplexy	☐ Hepatitis ☐ HIV ☐ Brucellosis ☐ Legionnaires	☐ Unknown ☐ Dermatitis ☐ TB ☐ Pleural Plaques ☐ Other _____
Diagnosed Infection	☐ Clostridium Difficile ☐ ESBL ☐ Hepatitis	☐ MRSA ☐ Norovirus ☐ Unknown	☐ VRE ☐ VRSA ☐ Other _____
General Injuries	☐ Allergic Reaction (incl. anaphylaxis) ☐ Brain Injury / Concussion ☐ Burn / scald / corrosion ☐ Choking / asphyxia ☐ Circulatory / volume depletion ☐ Circulatory / volume overload ☐ Pain/Discomfort	☐ Cut / Laceration / Graze / scratch ☐ Death ☐ Dental injury &/or loss ☐ Deterioration ☐ Haemorrhage ☐ Blister	☐ Malaise / Nausea ☐ Nerve injury / Loss of Function ☐ Puncture / bite ☐ Rash / irritation ☐ Unknown ☐ Other _____
Hearing / Sight Injury	☐ Hearing Impairment / loss ☐ Sight Impairment / loss	☐ Tinnitus ☐ Unknown	☐ Other _____
Misdiagnosis	☐ Cancer ☐ Fracture	☐ Infection ☐ Unknown	☐ Other _____
Musculoskeletal / Soft Tissue	☐ Amputation ☐ Bruising ☐ Crushing ☐ Dental Fracture / Tooth loss ☐ Dislocation	☐ Fracture ☐ Repetitive Strain Injury (RSI) ☐ Slipped / Prolapsed Disc ☐ Sprain / Strain ☐ Soft tissue injury	☐ Swelling / Inflammation ☐ Unknown ☐ Whiplash ☐ Other _____
	☐ P. Ulcer Stage 1: Intact skin with non-blanchable redness over bony prominence ☐ P. Ulcer Stage 2: Part thickness dermis loss: blister/open ulcer/no slough ☐ P. Ulcer Stage 3: Full thickness tissue loss: +/- visible subcutaneous fat ☐ P. Ulcer Stage 4: Full thickness tissue loss/necrosis: exposed bone/tendon/muscle		
Personal Loss	☐ Additional / Further Surgery ☐ Limb Deformity ☐ Defamation of Character	☐ Loss of Wages / Income / Business ☐ Loss of Consortium	☐ Unknown ☐ Organ Retention ☐ Other _____
Surgery Specific Injury	☐ Damage to organ / body part ☐ Dental Damage / Loss ☐ Foreign body left in situ ☐ Unknown	☐ Loss of organ / body part ☐ Nerve injury / Loss of Function ☐ Inadequate anaesthesia	☐ Unexpected complication / deterioration ☐ Other _____
Traumatic/Emotional	☐ Anxiety / Trauma ☐ PTSD	☐ Stress ☐ Unknown	☐ Worried Well ☐ Other _____

SECTION H WHAT TYPE OF HAZARD DID THIS INCIDENT RELATE TO? (Tick one option from Steps 1, 2, 3 & 4)

	Step 1.	Step 2.	Step 3.	Step 4.
Clinical Care	☐ Birth Specific Procedures	☐ Caesarean Section (Elective) ☐ Caesarean Section (Emergency) ☐ Instrumental Delivery (Forceps) ☐ Instrumental Delivery (Vacuum) ☐ Instrumental Delivery (Multiple Instruments) ☐ Non Instrumental Delivery	☐ Communication / Consent ☐ Diagnosis / Assessment ☐ Documentation / Records ☐ Equipment ☐ General Care / Management ☐ Procedure / Treatment / Intervention ☐ Screening / Prevention ☐ Specimens / Results ☐ Tests / Investigations ☐ Unknown ☐ Other _____	☐ Adverse Effect ☐ Failure / Malfunction ☐ Foreign Body left in Situ ☐ Inappropriate for Task / Wrong device ☐ Incomplete / Inadequate ☐ Lack of Availability ☐ Not performed when indicated / Delay ☐ Pre Existing Medical Condition ☐ Shoulder Dystocia ☐ Unavailable / Mislabelled / Lost ☐ Wrong Body Part / Site / Side ☐ Wrong Patient ☐ Wrong Process / Treatment / Procedure ☐ Other _____
	☐ Clinical Procedures	☐ Invasive ☐ Non Invasive		
	☐ Medication	*Route of administration* ☐ Oral ☐ Intravenous ☐ Sub Cutaneous ☐ Intra Muscular ☐ Topical ☐ Rectal ☐ Inhalation ☐ Other / Unknown	☐ Administration ☐ Monitoring ☐ Ordering / Supply / Transport ☐ Preparation / Dispensing (Pharmacy) ☐ Prescribing ☐ Reconciliation ☐ Storage	☐ Adverse Drug Reaction ☐ Contra-indicated ☐ Drug Interaction ☐ Failure / Malfunction of equipment ☐ Incomplete / Inadequate ☐ Not preformed when indicated / delayed ☐ Omitted/Delayed Dose ☐ Wrong Dose / Strength ☐ Wrong Drug ☐ Wrong Formulation / Route ☐ Wrong Frequency ☐ Wrong Label / Instructions ☐ Wrong Patient ☐ Wrong Quantity / Duration
		What medication was involved? *Medication One* _____ *Medication Two* _____		
	☐ Nutrition	☐ Parenteral ☐ Enteral ☐ Special Diet ☐ General Diet ☐ Other _____	☐ Communication / Consent ☐ Prescribing / Requesting ☐ Preparation / Dispensing ☐ Administration ☐ Storage ☐ Documentation / Records ☐ Equipment ☐ Supply / Ordering / Transport ☐ Presentation / Packaging ☐ Transfusing blood ☐ Other _____	☐ Adverse Effect ☐ Incomplete / Inadequate ☐ Not performed when indicated / Delay ☐ Wrong Consistency ☐ Wrong Diet / Wrong Blood Product ☐ Wrong Process / Treatment / Procedure ☐ Wrong Patient ☐ Lack of Availability ☐ Wrong dispensing label / instructions ☐ Inappropriate for task / Wrong device ☐ Other _____
	☐ Blood / Blood Product	☐ Whole Blood ☐ Red Cells ☐ Platelet (Apheresis) ☐ Platelets (Pooled) ☐ Other _____		
	☐ Diagnostic Radiology (DR) & Nuclear Medicine (NM)	☐ Checking Patient ID procedure ☐ Clinical Details on Referral ☐ Communication / Consent ☐ Documentation / Records ☐ Equipment ☐ Performing procedure ☐ Pregnancy Status ☐ Unknown	☐ Diagnostic Exposure > intended ☐ X-ray Over Exposure ☐ Wrong body part / side ☐ Dose to comforters / carers	☐ Above Notifiable levels ☐ Below Notifiable levels
			☐ Wrong Patient ☐ Inadvertent dose to foetus	☐ <1mSv ☐ >1mSv
			☐ Total dose or Volume Variation ☐ Dose (NM) or Volume Variation (1 fraction)	☐ <10% ☐ 10-20% ☐ >20%
	☐ Radiotherapy		☐ Wrong Drug ☐ Wrong Dose ☐ Wrong Process / Treatment / Intervention ☐ Failure / Malfunction ☐ Inadvertent deterministic effects	
Bio Hazards	☐ Biological Hazards / Acquired Infections	☐ Bacteria ☐ Fungus / Mould ☐ Prion ☐ Virus ☐ Organism Unknown		☐ Exposure to Bite (Human) ☐ Exposure to Bite (Insect / Animal) ☐ Exposure to Bodily Fluids ☐ Exposure to Ingestion/Food/Water ☐ Exposure to Needle Stick ☐ Exposure to Skin Contact ☐ Inhalation/Airborne ☐ Equipment, Implements, Facilities, Sharps (Non Needle) ☐ Unknown ☐ Other _____

SECTION H CNTD: WHAT TYPE OF HAZARD DID THIS INCIDENT RELATE TO? (Tick one option from Steps 1, 2 & 3)

	Step 1.	Step 2.	Step 3.
Behavioural Hazards	☐ Self-Injurious Behaviour	☐ Intentional ☐ Unintentional	☐ Absconsion / Missing ☐ Attempted Suicide ☐ Banging Self Against Walls/Furniture/Surfaces ☐ Hitting Body/Slap/Punch Self incl. Scratching & Picking ☐ Inappropriate Eating ☐ Inappropriate Touching ☐ Self-Harm ☐ Stripping Clothes in Public Area ☐ Suicide ☐ Throwing objects ☐ Other _____
	☐ Violence, Harassment and Aggression ☐ Child Abuse ☐ Adult Abuse	☐ By a Family Member / Relative ☐ By a Member of the Public ☐ By a Peer / Student ☐ By a Prisoner ☐ By a Service User ☐ By a Staff Member	☐ Aggressive towards inanimate object ☐ Discrimination/Prejudice/Racial ☐ Intimidation / Threat ☐ Neglect ☐ Non-Compliant / Obstructive / Rude ☐ Physical Assault / Abuse ☐ Physical Harassment ☐ Sexual Assault / Abuse ☐ Sexual Harassment ☐ Unintentional Aggressive Behaviour ☐ Bullying ☐ Verbal Assault / Abuse ☐ Verbal Harassment ☐ Other _____
Physical Hazards	☐ Slip / Trip / Fall	☐ From Height ☐ From Equipment / Furniture ☐ Same Level / Ground ☐ On Stairs ☐ On Steps ☐ Other _____	☐ Unknown ☐ Pre Existing Medical Condition ☐ Inadequate supervision gen health / post op ☐ Obstruction / protruding object ☐ Surface contaminants ☐ Rough terrain / irregular surface ☐ Inappropriate equipment use ☐ Failure / malfunction of equipment ☐ Horseplay ☐ Physical training / sport ☐ Weather Condition ☐ Inadequate Lighting / design ☐ Other _____
	☐ Non Mechanical (Incl. Person / Animal)	☐ Object / Tools (Non Sharps) ☐ Sharps (Non Needle) ☐ Other ☐ Person	☐ Human Use / Error ☐ Obstruction / Protruding Object ☐ Physical Training / Sport ☐ Defective Equipment ☐ Unsafe / Inappropriate system ☐ Unknown ☐ Task ☐ Load ☐ Working Environment ☐ Individual Capability ☐ Other _____
	☐ Ergonomics (Incl. manual / people handling)	☐ Manual Handling ☐ Other ☐ Patient Handling ☐ Restraint / Intervention	
	☐ Mechanical Components	☐ Catering equipment ☐ Door / Gate / Barrier ☐ Healthcare Equipment ☐ Lifting Equipment / Accessories ☐ Office / Business equipment	
	☐ Temperature (Excluding Fire)	☐ Hot ☐ Cold	☐ Liquid / Food / Steam ☐ Equipment / Utensils ☐ Atmosphere / Environment
	☐ Fire ☐ Vibration ☐ Electrical ☐ Noise ☐ Radiation	☐ Please Specify _____	☐ Defective Equipment ☐ Human Use / Error ☐ Unknown ☐ Unsafe System ☐ Explosion ☐ Exposure ☐ Electrical Wiring / installation

SECTION H CNTD: WHAT TYPE OF HAZARD DID THIS INCIDENT RELATE TO? (Tick one option from Steps 1, 2, & 3)

	Step 1.	Step 2.	Step 3.
Chemical Hazards	☐ Acid / Alkaline ☐ Agri Chemicals ☐ Gas ☐ Other Chemical Products ☐ Particulates ☐ Petroleum / Synthetic Oil Based Products ☐ Sanitation / Cleaning Chemicals ☐ Toxic Metals	☐ Animal Remedy ☐ Arsenic ☐ Asbestos ☐ Bleach ☐ Cadmium ☐ Carbon Dioxide ☐ Carbon Monoxide ☐ Chemical Fertilizer ☐ Crystalline Silica ☐ Detergent ☐ Diesel / Kerosene ☐ Disinfectant ☐ Drain / Oven Cleaner ☐ Drugs ☐ Fungicide ☐ Glue / Adhesive ☐ Grease ☐ Herbicide ☐ Hydrochloric Acid ☐ Insecticide ☐ Lead ☐ Metallic Dust ☐ Motor / Gear / Hydraulic Oil ☐ Natural Gas ☐ Organic Dust ☐ Paint / Paint Product ☐ Petrol ☐ Polish ☐ Radon ☐ Rodenticide ☐ Soap ☐ Sodium Hydroxide ☐ Solvents ☐ Spent / Used Oil Product ☐ Sulphuric Acid ☐ Wrong Patient ☐ Other _____	☐ Lack of Supervision ☐ Unknown ☐ Human / User Error ☐ Unsafe System

SECTION I: IMMEDIATE ACTIONS TAKEN

SECTION J: REPORTED BY: *person who discovers the incident and unless otherwise stated within the organization, this person is responsible for completing the NIRF.*

First name

Surname

Date notified D D M M Y Y Y Y

Category of person *E.g. Nurse, Catering Staff, Cleaner*

Local system reference no.

Reporter Signature

Date D D M M Y Y Y Y

Contact Details

SECTION K: WITNESS DETAILS (Name, Contact No. etc.)

SECTION L: TO BE COMPLETED BY LINE/DEPARTMENT MANAGER

Has open disclosure happened? (tick one only ✓) ☐ Yes ☐ No

If No, please specify: _____

CATEGORY 1 INCIDENTS ONLY

SAO Name [Block Capitals]: _____ Date notified to SAO: D D M M Y Y Y Y

SAO Email and Contact Details: _____

Is there a requirement to report this incident to any external regulators/agencies/insurers (other than the State Claims Agency)? ☐ Yes ☐ No

If Yes: Name regulator(s)/agency(ies) reported/notified to: Date Notified:

1 _____ D D M M Y Y Y Y

2 _____ D D M M Y Y Y Y

3 _____ D D M M Y Y Y Y

Line/Department Manager name [Block Capitals]: _____ Title: _____

Signature of Line/Department Manager: _____ Date: D D M M Y Y Y Y

SECTION M: TO BE COMPLETED BY QUALITY AND PATIENT SAFETY OFFICE

Is this incident a Serious Reportable Event (SRE)? (tick one only ✓) ☐ Yes ☐ No

QPS Advisor Name [Block Capitals]: _____

Signature of QPS Advisor: _____ Date: D D M M Y Y Y Y