An Stiúrthóireacht um Ardchaighdeáin
agus Sábháilteacht Othar
Oifig an Phríomhoifigigh Cliniciúil

National Quality and
Patient Safety Directorate
Office of the Chief Clinical Officer

# NIMS Picklist

## for Healthcare Locations

March 2024

Note: This document includes only selections available for Healthcare incidents

Fields included:

**The lists include all field values available in the system at time of release. Please note this Picklist is under review and will be updated as selections available in the system are changed.**

*NIMS Healthcare Picklists, version 2, March 2024*

## Section 1 People

Fields: Who was involved, Category of Person, Affected and Sub Category of Person;

Category of Person, Reporting

**Who was involved:**

- Service User
- Member of the Public
- Staff Member
- Panel Staff/Agency/Locum
- Work Placement/Trainee
- Volunteer
- External Contractor

| Who was involved | Category of Person, Affected | Sub Category of Person |
|---|---|---|
| Service User | Client | Client |
| | New Born | New Born |
| | Patient | Patient |
| | Resident | Resident |
| | Service User | Service User |

Note: Sub category of person populated system side

| Who was involved | Category of Person, Affected | Sub Category of Person |
|---|---|---|
| Member of the Public | Member of the Public | Member of the Public |

Note: Sub category of person populated system side

| Who was involved | Category of Person, Affected | Sub Category of Person |
|---|---|---|
| Staff Member | Allied Health Professional | Dietitian |
| | | Healthcare Assistant |
| | | Occupational Therapist |
| | | Other |
| | | Physiotherapist |
| | | Psychologist |
| | | Radiographer |
| | | Social Worker |
| | Ambulance/Service User Transport | Drivers/Escort |
| | | EMT |
| | | Other |
| | | Paramedic |
| | Catering/Housekeeping | Catering Staff |
| | | Kitchen Staff |
| | | Other |
| | Dental | Dental Staff |

| Who was involved | Category of Person, Affected | Sub Category of Person |
|---|---|---|
| Staff Member | Maintenance/Trades | Craftsman |
| | | General Operative |
| | | Maintenance |
| | | Other |
| | | Technician |
| | Medical | Consultant |
| | | Medical Officers |
| | | NCHD |
| | | Other |
| | | Public Health Doctors |
| | Nursing | Nurse/Midwife |
| | | Other |
| | | Psychiatric |
| | | Public Health Nurse |
| | Other Staff | Administrative/Clerical |
| | | Community Welfare Officer |
| | | Healthcare Assistant |
| | | Home Help |
| | | Housekeeping |
| | | Management |
| | | Other |
| | | Porter |
| | | Security |
| | | Special Needs Assistant |
| | Professional Grades | Other |
| | | Teacher/Instructor |
| | Tech/Maintenance | Administrative/Clerical |
| | | Catering Staff |
| | | Community Welfare Officer |
| | | Consultant |
| | | Craftsman |
| | | Dental Staff |
| | | Dietician |
| | | Drivers/Escort |
| | | EMT |
| | | General Operative |
| | | Healthcare Assistant |
| | | Home Help |
| | | Housekeeping |
| | | Kitchen Staff |
| | | Maintenance |
| | | Medical officers |
| | | NCHD |

| Who was involved | Category of Person, Affected | Sub Category of Person |
|---|---|---|
| Staff Member | Tech/Maintenance | Nurse/Midwife |
| | | Occupational Therapist |
| | | Other |
| | | Paramedic |
| | | Physiotherapist |
| | | Porter |
| | | Psychiatric |
| | | Psychologist |
| | | Public Health Doctors |
| | | Radiographer |
| | | Security |
| | | Social worker |
| | | Special Needs Assistant |
| | | Teacher/Instructor |
| | | Technician |

| Who was involved | Category of Person, Affected | Sub Category of Person |
|---|---|---|
| Panel Staff/Agency/Locum | Allied Health Professional | Dietician |
| | | Healthcare Assistant |
| | | Occupational Therapist |
| | | Other |
| | | Physiotherapist |
| | | Psychologist |
| | | Radiographer |
| | | Social Worker |
| | Ambulance/Service User Transport | Drivers/Escort |
| | | EMT |
| | | Other |
| | | Paramedic |
| | Catering/Housekeeping | Catering Staff |
| | | Kitchen Staff |
| | | Other |
| | Dental | Dental Staff |
| | Locum | Locum |
| | Maintenance/Trades | Craftsman |
| | | General Operative |
| | | Maintenance |
| | | Other |
| | | Technician |
| | Medical | Consultant |
| | | Medical Officers |
| | | NCHD |

Note: Sub category of person highlighted orange is populated system side

*NIMS Healthcare Picklists, version 2, March 2024*

| Who was involved | Category of Person, Affected | Sub Category of Person |
|---|---|---|
| Panel Staff/Agency/Locum | | Other |
| | | Public Health Doctors |
| | Nursing | Nurse/Midwife |
| | | Other |
| | | Psychiatric |
| | | Public Health Nurse |
| | Other Staff | Community Welfare Officer |
| | | Healthcare Assistant |
| | | Home Help |
| | | Housekeeping |
| | | Other |
| | | Porter |
| | | Security |
| | | Special Needs Assistant |
| | Professional Grades | Other |
| | | Teacher/Instructor |
| | Tech/Maintenance | Catering Staff |
| | | Community Welfare Officer |
| | | Consultant |
| | | Craftsman |
| | | Dental Staff |
| | | Dietician |
| | | Drivers/Escort |
| | | EMT |
| | | General Operative |
| | | Home Help |
| | | Housekeeping |
| | | Kitchen Staff |
| | | Locum |
| | | Maintenance |
| | | Medical officers |
| | | NCHD |
| | | Nurse/Midwife |
| | | Occupational Therapist |
| | | Other |
| | | Paramedic |
| | | Physiotherapist |
| | | Porter |
| | | Psychiatric |
| | | Psychologist |
| | | Public Health Doctors |
| | | Radiographer |
| | | Security |

| Who was involved | Category of Person, Affected | Sub Category of Person |
|---|---|---|
| Panel Staff/Agency/Locum | Tech/Maintenance | Special Needs Assistant |
| | | Teacher/Instructor |
| | | Technician |

| Who was involved | Category of Person, Affected | Sub Category of Person |
|---|---|---|
| Work Placement/Trainee | Allied Health Professional | Dietician |
| | | Occupational Therapist |
| | | Other |
| | | Physiotherapist |
| | | Psychologist |
| | | Radiographer |
| | | Social Worker |
| | Dental | Dental Staff |
| | Medical | Consultant |
| | | Medical Officers |
| | | NCHD |
| | | Other |
| | | Public Health Doctors |
| | Nursing | Nurse/Midwife |
| | | Other |
| | | Psychiatric |
| | | Public Health Nurse |
| | Other Staff | Administrative/Clerical |
| | | Management |
| | | Other |

| Who was involved | Category of Person, Affected | Sub Category of Person |
|---|---|---|
| Volunteer | Ambulance/Service User Transport | Drivers/Escort |
| | | EMT |
| | | Other |
| | | Paramedic |
| | Non Professional Volunteer | Non Professional Volunteer |
| | Professional Volunteer | Professional Volunteer |

Note: Sub category of person highlighted orange is populated system side

| Who was involved | Category of Person, Affected | Sub Category of Person |
|---|---|---|
| External Contractor | Catering/Housekeeping | Catering Staff |
| | | Kitchen Staff |
| | | Other |
| | Maintenance/Trades | Craftsman |
| | | General Operative |
| | | Maintenance |

| Who was involved | Category of Person, Affected | Sub Category of Person |
|---|---|---|
| External Contractor | | Other |
| | | Technician |
| | Other Staff | Builder |
| | | Caterer |
| | | Cleaner |
| | | Other |
| | Professional Grades | Other |
| | | Teacher/Instructor |

**Category of Person, Reporting**

| Category of Person, Reporting |
|---|
| Allied Health Professional |
| Ambulance/Service User Transport |
| Catering/Housekeeping |
| Dental |
| General Support |
| Medical |
| Nursing/Midwifery |
| Tech/Maintenance |

## Section 2 Service

Fields: Division, Service, Sub Service

**Division:**

- Acute Hospital
- Ambulance
- Disability Services
- Health & Wellbeing
- National Corporate Services*    *no service/ sub service
- Mental Health
- Older Persons
- Primary Care

| Division | Service | Sub Service |
|---|---|---|
| Acute Hospital | Allied Health | Audiology |
| | | Chiropody / Podiatry |
| | | Counselling |
| | | Nutrition & Dietetics |
| | | Occupational Therapy |
| | | Ophthalmology |
| | | Optometry / Orthoptics |
| | | Other |
| | | Pharmacy |
| | | Physiotherapy |
| | | Psychology |
| | | Speech & Language Therapy |
| | Dental | General |
| | | Orthodontics |
| | Gynaecology | Fertility Treatment |
| | | Gynaecology - General |
| | | Other |
| | Laboratory Services | Biochemistry |
| | | Histopathology |
| | | Microbiology |
| | | Other |
| | | Pathology/Haematology |
| | Maternity Services | Antenatal |
| | | Delivery |
| | | Postnatal |
| | Medicine | Cardiology |
| | | Dermatology |
| | | Emergency Medicine |
| | | Endocrinology |
| | | Gastroenterology |
| | | General Medicine |
| | | Genito-urinary Medicine |

| Division | Service | Sub Service |
|---|---|---|
| Acute Hospital | Medicine | Haematology |
| | | Infectious Diseases |
| | | Medical Genetics |
| | | Medical oncology |
| | | Nephrology |
| | | Neurology |
| | | Oral Medicine |
| | | Palliative Care |
| | | Rehabilitation Medicine |
| | | Respiratory Medicine |
| | | Rheumatology |
| | Mental Health Services | Liaison Psychiatry |
| | | Other |
| | Radiology | Cardiology |
| | | CT |
| | | Interventional Radiology / Fluoroscopy |
| | | Mammography |
| | | MRI |
| | | Nuclear Medicine / PET CT |
| | | Radiology - General |
| | | Ultrasound |
| | Radiotherapy | Brachytherapy |
| | | External Beam |
| | | IMRT |
| | Specialist Services | Cancer Screening |
| | | Other |
| | | Palliative Care Services |
| | | Regional Cancer services |
| | | Sexual Health |
| | Surgery | Breast Surgery |
| | | Cardio-thoracic |
| | | Dental Surgery |
| | | ENT / Otolaryngology |
| | | Gastro-intestinal |
| | | General Surgery |
| | | Gynaecological Surgery |
| | | Neurosurgery |
| | | Opthalmic Surgery |
| | | Oral & Maxillofacial Surgery |
| | | Orthopaedic Surgery |
| | | Other |
| | | Plastic & Reconstructive Surgery |
| | | Urology |
| | | Vascular Surgery |

| Division | Service | Sub Service |
|---|---|---|
| Ambulance | Ambulance Service (Road and Air) | Aeromedical Service (Air Corps) |
| | | Clinical status 1 (Echo, Delta) |
| | | Clinical status 2 (Charlie, Bravo) |
| | | Clinical status 3 (Alpha, Omega) |
| | | Mini Bus Services (Non-Emergency) |
| | | Search and Rescue Helicopter Service (Irish Coast Guard) |
| | First Responder Service | First Responder Service |
| | Retrieval & Transfer Service | Adult Retrieval & Transfer  (MICAS) |
| | | Neonatal Retrieval & Transfer |
| | | Paediatric  Retrieval & Transfer |

| Division | Service | Sub Service |
|---|---|---|
| Disability Services | Disability Services (Day Care) | Intellectual Disability |
| | | Physical/Sensory Disability |
| | Disability Services (Residential) | Intellectual Disability |
| | | Physical/Sensory Disability |
| | Disability Services (Respite) | Intellectual Disability |
| | | Physical/Sensory Disability |
| | Community Children's Disability Network Teams | Community Children's Disability Network Teams |
| | | Other |
| | Community Neuro-Rehab Team | Community Neuro-Rehab Team |
| | | Other |

| Division | Service | Sub Service |
|---|---|---|
| Health & Wellbeing | Health & Well-being | Corporate |
| | | Environmental Health |
| | | Health Promotion |
| | | Other |
| | | Public Health |
| | | Screening |

| Division | Service | Sub Service |
|---|---|---|
| Mental Health | Mental Health Inpatient | Counselling in Primary Care |
| | | General Adult Mental Health Services |
| | | Liaison Psychiatry |
| | | Mental Health Intellectual Disability |
| | | National Forensic Mental Health Service |
| | | Other |
| | Mental Health Outpatient | Counselling in Primary Care |
| | | General Adult Mental Health Services |
| | | Liaison Psychiatry |

| Mental Health | Mental Health Outpatient | Mental Health Intellectual Disability |
| --- | --- | --- |
| | | National Forensic Mental Health Service |
| | | Other |

| Division | Service | Sub Service |
| --- | --- | --- |
| Older Persons | Older Persons Residential Service | Residential Care - Public Long & Short Stay |
| | | Rehabilitation Care |
| | | Respite Services |
| | | Nursing Home Support Schemes |
| | Community Older Persons Services (COPS) | Home Care Support Service |
| | | Day Care |
| | | Nursing Home Support Schemes |
| | | Community Support Scheme |
| | | Integrated Care (ICPOP) |
| | | Other |

| Division | Service | Sub Service |
| --- | --- | --- |
| Primary Care | Allied Health | Audiology |
| | | Chiropody / Podiatry |
| | | Counselling |
| | | Nutrition & Dietetics |
| | | Occupational Therapy |
| | | Ophthalmology |
| | | Optometry / Orthoptics |
| | | Other |
| | | Pharmacy |
| | | Physiotherapy |
| | | Psychology |
| | | Speech & Language Therapy |
| | Dental | Adults (with Medical Cards & Listed Conditions) |
| | | Orthodontics |
| | | School-going Chiildren |
| | Maternity Services | Delivery |
| | | Postnatal |
| | Nursing | Public Health Nursing |
| | Other Services | Home Help |
| | | Other |
| | Specialist Services | Cancer Screening |
| | | Other |
| | | Palliative Care Services |
| | | Regional Cancer Services |
| | | Sexual Health |

## Section 3 Hazard

Fields: Incident/Hazard Category, Sub Hazard Type, Sub Hazard, Please Specify, Process, Problem / Cause, Problem/Cause Specify

**Incident/Hazard Category:**

- NIRF1
    - Clinical Care
    - Exposure to Behavioural Hazards
    - Exposure to Biological Hazards
    - Exposure to Chemical Hazards
    - Exposure to Physical Hazards
    - Exposure to Psychological hazards
- NIRF 2 - Crash/Collision
- NIRF 3 - Property Damage/Loss (non crash/collision)
- NIRF 4 - Dangerous Occurrences

**Note on correlations:**
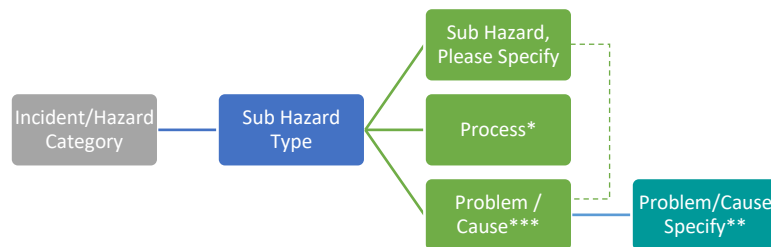


*Only for Incident/Hazard Category Clinical Care the Process field is available
**Only for the following Problem / Cause values the Field Problem/Cause Specify is available:

- Incomplete/Inadequate
- Adverse Event
- Adverse Event Requiring Transfer / Return to Theatre

***Note the options for Problem/Cause changes with each Sub Hazard Type. Additionally, the Sub Hazard Type Medical Radiation Procedures the Problem/Cause list has different values depending on the Sub Hazard, Please Specify selected (see note for *$^D$ and *$^R$ in the detailed table below for Medical Radiation Procedures)

| Problem / Cause | Problem/Cause Specify |
|---|---|
| Incomplete/Inadequate | Communication |
| | Consent |
| | Documentation |
| | Equipment |
| | Unknown/Other |
| Adverse Event<br>Adverse Event Requiring Transfer / Return to Theatre | Cord Prolapse |
| | Eclampsia |
| | Low Apgars/Cord PH |
| | Other |
| | Placental Abruption |
| | PPH |
| | Shoulder Dystocia |
| | Uterine Rupture |

Note: same drop-down list is available for field Problem/Cause Specify when the field Problem / Cause has the value Adverse Event or Adverse Event Requiring Transfer / Return to Theatre

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Process | Problem / Cause |
|---|---|---|---|---|
| Clinical Care | Blood/Blood Product | Cryoprecipitate | Administration | Adverse Effect |
| | | Fresh Frozen Plasma | Communication/Consent | Contaminated |
| | | LG Plasma | Documentation/Records | Contraindicated |
| | | Other | Donating blood | Expired/Recalled Blood/Blood Product |
| | | Platelet (Apheresis) | Equipment | Failure/malfunction of equipment |
| | | Platelets (Pooled) | Monitoring | Inappropriate for Task/Wrong Device |
| | | Red cells | Pre Transfusion Testing | Incomplete/Inadequate |
| | | SD Plasma | Preparation/Dispensing | Lack of Availability |
| | | Whole Blood | Prescribing | |
| | | | Presentation/Packaging | |
| | | | Storage | |

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Process | Problem / Cause |
|---|---|---|---|---|
| **Clinical Care** | **Blood/Blood Product** | | Supply/Ordering/Transport | Not performed when indicated/Delay |
| | | | Transfusing blood | Omitted/Delayed Dose |
| | | | Unknown | Pre Existing Medical Condition |
| | | | | Unknown |
| | | | | Wrong Blood/Blood Product |
| | | | | Wrong Dose or Frequency |
| | | | | Wrong Label/Instructions |
| | | | | Wrong Patient |
| | | | | Wrong Process/Treatment/Procedure |
| | | | | Wrong Quantity/Duration |
| | | | | Wrong Storage |
| | **Care Management** | Community | Assessment/Monitoring | Incomplete/Inadequate |
| | | Inpatient | Tests/Investigations | Lack of Availability |
| | | Outpatient/ED | Treatment/Intervention | Not performed when indicated/Delay |
| | | | | Other Adverse Event/Patient Safety Incident |
| | | | | Pre Existing Medical Condition |
| | | | | Retained Foreign Object |
| | | | | Wrong Body Part/Side/Site |
| | | | | Wrong Patient |
| | | | | Wrong Process/Treatment/Procedure |
| | **Diagnosis** | Delayed Diagnosis | Assessment/Monitoring | Incomplete/Inadequate |
| | | Misdiagnosis/Incorrect Diagnosis | Test Interpretation | Lack of Availability |
| | | Missed Diagnosis | Tests/Investigations | Not performed when indicated/Delay |

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Process | Problem / Cause |
|---|---|---|---|---|
| **Clinical Care** | | | | Other Adverse Event/Patient Safety Incident |
| | **Labour/Delivery** | Caesarean section (elective) <br> Caesarean section (emergency) <br> Instrumental delivery (Forceps) <br> Instrumental Delivery (Multiple Instruments) <br> Instrumental Delivery (Vacuum, Ventouse, Kiwi) <br> Non Instrumental Delivery | Assessment/Monitoring <br> Tests/Investigations <br> Treatment/Intervention | Adverse Event <br> Adverse Event Requiring Transfer / Return to Theatre <br> Incomplete/Inadequate <br> Lack of Availability <br> Not performed when indicated/Delay <br> Retained Foreign Object <br> Wrong Process/Treatment/Procedure |
| | **Medical Radiation Procedures** | Diagnostic Radiology & Nuclear Medicine*D <br> Radiotherapy*R <br> *D – see in Problem / Cause list values that apply only for this Sub Hazard, Please Specify <br> *R – see in Problem / Cause list values that apply only for this Sub Hazard, Please Specify | Checking Patient ID Procedure <br> Clinical Details on Referral <br> Communication/Consent <br> Documentation/Records <br> Equipment <br> Performing Procedure <br> Pregnancy Status <br> Unknown | Diagnostic Exposure greater than intended (above notifiable level) *D <br> Diagnostic Exposure greater than intended (below notifiable level) *D <br> Dose or volume variation in one fraction >10% wrt fraction dose*R <br> Dose or volume variation in one fraction >10-20% wrt fraction dose*R <br> Dose or volume variation in one fraction >20% wrt fraction dose*R |

*NIMS Healthcare Picklists, version 2, March 2024*

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Process | Problem / Cause |
|---|---|---|---|---|
| **Clinical Care** | **Medical Radiation Procedures** | Diagnostic Radiology & Nuclear Medicine*D  Radiotherapy*R | Checking Patient ID Procedure  Clinical Details on Referral  Communication/Consent  Documentation/Records  Equipment  Performing Procedure  Pregnancy Status  Unknown | Dose to comforters and carers > Medical council guidelines |
| | | | | Failure /Malfunction |
| | | | | Inadvertent deterministic effects |
| | | | | Inadvertent dose to foetus (<1mSv) |
| | | | | Inadvertent dose to foetus (> 1mSv) |
| | | | | Other |
| | | | | Total dose or volume variation >10% wrt total prescribed dose*R |
| | | | | Total dose or volume variation >20% wrt total prescribed dose*R |
| | | | | Total dose or volume variation >5-10% of total prescribed*R |
| | | | | Wrong Body Part/Side/Site (above notifiable levels) |
| | | | | Wrong Body Part/Side/Site (below notifiable levels) |
| | | | | Wrong Dose (NM >20% greater than intended) *D |
| | | | | Wrong Dose (NM 10%-20% greater than intended) *D |

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Process | Problem / Cause |
|---|---|---|---|---|
| Clinical Care | Medical Radiation Procedures | Diagnostic Radiology & Nuclear Medicine*D<br><br>Radiotherapy*R | | Wrong Dose (NM therapeutic dose given instead of diagnostic) *D |
| | | | | Wrong drug (radiopharmaceutical) *D |
| | | | | Wrong Patient (>1mSv) |
| | | | | Wrong Patient (<1mSv) |
| | | | | Wrong Process/Treatment/Procedure |
| | Medication | Inhalation | Administration | Adverse Drug Reaction |
| | | Intra Muscular | Monitoring | Contraindicated |
| | | Intravenous | Preparation/Dispensing (Pharmacy) | Drug Interaction |
| | | Oral | Prescribing | Failure/malfunction of equipment |
| | | Rectal | Reconciliation | Incomplete/Inadequate |
| | | Sub Cutaneous | Storage | Not performed when indicated/Delay |
| | | Topical | Supply/Ordering/Transport | Omitted/Delayed Dose |
| | | Unknown/Other | | Wrong Dose/Strength |
| | | | | Wrong Drug |
| | | | | Wrong Formulation/Route |
| | | | | Wrong Frequency |
| | | | | Wrong Label/Instructions |
| | | | | Wrong Patient |
| | | | | Wrong Quantity/Duration |

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Process | Problem / Cause |
|---|---|---|---|---|
| Clinical Care | Nutrition | Enteral | Administration | Adverse Effect |
| | | General diet | Communication/Consent | Failure/malfunction of equipment |
| | | Other | Dispensing/Allocation | Inappropriate for Task/Wrong Device |
| | | Parenteral | Documentation/Records | |
| | | Special diet | Equipment | Incomplete/Inadequate |
| | | | Preparation/Manufacturing/Cooking | Lack of Availability |
| | | | Prescribing/Requesting | Not performed when indicated/Delay |
| | | | Presentation | Pre Existing Medical Condition |
| | | | Storage | Unknown |
| | | | Supply/Ordering/Transport | Wrong Consistency |
| | | | Unknown | Wrong Diet |
| | | | | Wrong Frequency |
| | | | | Wrong Patient |
| | | | | Wrong Process/Treatment/Procedure |
| | | | | Wrong Quantity/Duration |
| | | | | Wrong Storage |
| | Surgical/Medical Procedures | Intra Procedure | Assessment/Monitoring | Incomplete/Inadequate |
| | | Post Procedure | Tests/Investigations | Lack of Availability |
| | | Pre Procedure | Treatment/Intervention | Not performed when indicated/Delay |
| | | | | Other Adverse Event/Patient Safety Incident |
| | | | | Retained Foreign Object |
| | | | | Wrong Body Part/Side/Site |

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Process | Problem / Cause |
|---|---|---|---|---|
| Clinical Care | Surgical/Medical Procedures | | | Wrong Patient |
| | | | | Wrong Process/Treatment/Procedure |

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Problem / Cause |
|---|---|---|---|
| Crash/Collision | Crash/Collision | Crash/Collision | Crash/Collision |

Fields marked orange auto-populate

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Problem / Cause |
|---|---|---|---|
| Dangerous Occurrences | Environment Factors | Disposal of Clinical Waste | Breached/non compliant |
| | | Food Safety | Inadequate/Insufficient |
| | | General Hygiene | |
| | | Noise Level | |
| | | Other | |
| | | Overcrowding | |
| | | Pest control | |
| | | Water Supply | |
| | | Work Environment | |
| | HSA Dangerous Occurrences | Breathing Apparatus | Accidental Collision |
| | | Building under construction/demolition | Burst |
| | | Closed Vessel | Collapse |
| | | Dangerous Substance/Pathogen | Contact with Overhead Lines |
| | | Explosives | Explosion |
| | | Flammable Chemical | Failure |
| | | Load Bearing Part | Fire |

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Problem / Cause |
|---|---|---|---|
| Dangerous Occurrences | HSA Dangerous Occurrences | Other | Ignition |
| | | Pipeline | Overturning |
| | | Plant/Place | Uncontrolled/Accidental Release |
| | | Revolving mechanical component | |
| | | Scaffolding | |
| | | Vehicle/Tank carrying Dangerous Substance | |
| | | Vehicle/Train/Locomotive | |
| | | Walls/Floors of building | |
| | Occupational Disease | Anthrax | Notifiable |
| | | COVID-19 | Unnotifiable |
| | | Malaria | |
| | | Measles | |
| | | Other | |
| | Organisational & Management Factors | Fire Regulations | Breached/non compliant |
| | | Infection and Control Policies and Protocols | Inadequate/Insufficient |
| | | Medication Safety Policy | |
| | | Other | |
| | | Other Protocols/Policies/Regulations | |
| | | Security | |
| | | Smoking Policy | |
| | Other | Other | Breached |
| | | | Failure |
| | | | Inadequate/Insufficient |
| | Staff Factors | Competence | Inadequate/Insufficient |
| | | Equipment Resources | Unavailable |

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Problem / Cause |
|---|---|---|---|
| Dangerous Occurrences | Staff Factors | Knowledge and skills | |
| | | Other | |
| | | Staff Resources | |
| | Systems/Installations | CCTV Systems | Accidental Collision |
| | | Electrical Installation | Breached |
| | | Fire System | Breached/non compliant |
| | | IT Systems | Burst |
| | | Other | Collapse |
| | | Power | Contact with Overhead Lines |
| | | Telephone/Bleeper Systems | Explosion |
| | | | Failure |
| | | | Fire |
| | | | Ignition |
| | | | Inadequate/Insufficient |
| | | | Missing |
| | | | Notifiable |
| | | | Overturning |
| | | | Release/Escape |
| | | | Unavailable |
| | | | Unavailable/mislabelled/lost |
| | | | Uncontrolled/Accidental Release |
| | | | Unnotifiable |

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Problem / Cause |
|---|---|---|---|
| Exposure to Behavioural Hazards | Adult Abuse | By a Family Member/Relative | Bullying |
| | | By a Member of the Public | Emotional Abuse |
| | | By a Peer/Student | Financial Abuse |

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Problem / Cause |
|---|---|---|---|
| Exposure to Behavioural Hazards | Adult Abuse | By a Service User | Neglect |
| | | By a Staff Member | Physical Abuse |
| | | Other | Sexual Abuse |
| | Child Abuse | By a Family Member/Relative | Bullying |
| | | By a Member of the Public | Emotional Abuse |
| | | By a Peer/Student | Neglect |
| | | By a Service User | Physical Abuse |
| | | By a Staff Member | Sexual Abuse |
| | | Other | |
| | Self Injurious Behaviour | Intentional Self Injurious Behaviour | Absconsion/Missing |
| | | Other | Attempted Suicide |
| | | Unintentional Self Injurious Behaviour | Banging Self against Walls/Furniture/Surfaces |
| | | | Hitting Body/Slap/Punch self incl. Scratching & Picking |
| | | | Inappropriate eating |
| | | | Inappropriate Touching |
| | | | Induced Vomiting |
| | | | Other |
| | | | Pulling Hair |
| | | | Self Harm |
| | | | Spitting |
| | | | Stripping Clothes in Public Area |
| | | | Suicide |
| | | | Throwing Objects |
| | | | Urinating on Hands |
| | Violence, Harassment and Aggression | By a Family Member/Relative | Aggression towards an inanimate object |

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Problem / Cause |
|---|---|---|---|
| Exposure to Behavioural Hazards | Violence, Harassment and Aggression | By a Member of the Public<br>By a Peer/Student<br>By a Prisoner<br>By a Service User<br>By a Staff Member<br>Other | Bullying<br>Direct Physical Assault<br>Discrimination/Prejudice/Racial<br>Intimidation/Threat<br>Neglect<br>Non Compliant/Obstructive/ Rude<br>Physical Harassment<br>Sexual Assault<br>Sexual Harassment<br>Unintentional aggressive behaviour<br>Verbal Assault<br>Verbal Harassment |

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Problem / Cause |
|---|---|---|---|
| Exposure to Biological Hazards | Bacteria<br>Fungus/Mould<br>Organism Unknown<br>Prion<br>Virus | Organism Known<br>Organism Unknown | As a result of Dept. Activities<br>Equipment, Implements, Facilities, Sharps (Non Needle)<br>Exposure to Bite (Human)<br>Exposure to Bite (insect/Animal)<br>Exposure to Bodily Fluids<br>Exposure to Ingestion/Food/Water<br>Exposure to Needle Stick<br>Exposure to Skin Contact (Person to Person)<br>Inhalation/Airborne<br>No apparent Reason<br>Unknown |

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Problem / Cause |
|---|---|---|---|
| Exposure to Chemical Hazards | Acid/Alkaline | Hydrochloric Acid | Applies to all Sub Hazard Types: |
| | | Other | |
| | | Sodium Hydroxide | Human/User Error |
| | | Sulphuric Acid | Lack of Supervision |
| | Agri Chemicals | Animal Remedy | Unknown |
| | | Chemical Fertilizer | Unsafe System |
| | | Fungicide | |
| | | Herbicide | |
| | | Insecticide | |
| | | Other | |
| | | Rodenticide | |
| | Gas | Carbon Dioxide | |
| | | Carbon Monoxide | |
| | | Natural Gas | |
| | | Other | |
| | | Radon | |
| | Other Chemical Products | Drugs | |
| | | Glue/Adhesive | |
| | | Other | |
| | | Paint/Paint Product | |
| | | Solvents | |
| | Particulates | Asbestos | |
| | | Crystalline Silica | |
| | | Metallic Dust | |
| | | Organic Dust | |
| | | Other | |

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Problem / Cause |
|---|---|---|---|
| Exposure to Chemical Hazards | Petroleum and synthetic oil based products | Diesel/Kerosene | Applies to all Sub Hazard Types: |
| | | Grease | |
| | | Motor/Gear/Hydraulic Oil | Human/User Error |
| | | Other | Lack of Supervision |
| | | Petrol | Unknown |
| | | Spent/Used Oil Product | Unsafe System |
| | Sanitation/Cleaning Chemicals | Bleach | |
| | | Detergent | |
| | | Disinfectant | |
| | | Drain/Oven Cleaner | |
| | | Other | |
| | | Polish | |
| | | Soap | |
| | Toxic Metals | Arsenic | |
| | | Cadmium | |
| | | Lead | |
| | | Other | |

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Problem / Cause |
|---|---|---|---|
| Exposure to Physical Hazards | Electrical | Cable (underground) | Defective Equipment |
| | | Equipment | Human/User Error |
| | | Other | Unknown |
| | | Socket | Unsafe System |
| | | Wire (Overhead) | |
| | Ergonomics (including manual/people handling) | Lighting | Inappropriate technique/system |
| | | Manual Handling | Individuals Capability |

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Problem / Cause |
|---|---|---|---|
| Exposure to Physical Hazards | Ergonomics (including manual/people handling) | Other | Load |
| | | Patient Handling | Task |
| | | Physical Intervention | Unknown |
| | | Ventilation | Working Environment |
| | | Workstation | |
| | Fire | Accidental | Atmospheric/Environmental Conditions |
| | | Malicious | Defective Equipment |
| | | Unknown | Electrical Wiring/Installation |
| | | | Explosion |
| | | | Human/User Error |
| | | | Unknown |
| | Mechanical Components | Catering Equipment | Defective Equipment |
| | | Door/Gate/Barriers | Human/User Error |
| | | Healthcare Equipment | Unknown |
| | | Lifting Equipment/Accessories | Unsafe System |
| | | Maintenance/Gardening Equipment | |
| | | Office/Business Equipment | |
| | | Recycling Equipment | |
| | | Weapons/Ammunition/Explosives | |
| | | Workshop equipment | |
| | Noise | Continuous | Animal |
| | | Not Specified | As a result of Dept. Activities |
| | | Single Incident | Equipment |
| | | | Explosion |
| | | | Human |
| | | | Unknown |

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Problem / Cause |
|---|---|---|---|
| Exposure to Physical Hazards | | | Weapons |
| | Non Mechanical (Including Person/Animal) | Animal | Human/User Error |
| | | Object/Tools (Non Sharps) | Obstruction/protruding object |
| | | Other | Physical Training/Sport |
| | | Person | Unknown |
| | | Sharps (non needle) | |
| | Radiation | Long term low dosage | Exposure |
| | | Other | Unknown |
| | | Short term high dosage | |
| | Slips, Trips, Falls | From Equipment/Furniture | Failure/malfunction of equipment |
| | | From Height | Horseplay |
| | | On Stairs | Inadequate lighting/design |
| | | On Steps | Inadequate supervision general health care |
| | | Other | Inadequate supervision post operative |
| | | Same Level/Ground | Inappropriate use of equipment |
| | | | Obstruction/protruding object |
| | | | Physical Training/Sport |
| | | | Pre Existing Medical Condition |
| | | | Rough terrain/irregular surface |
| | | | Surface contaminants |
| | | | Unknown |
| | | | Weather Condition |
| | Temperature (excluding fire) | Cold | Atmospheric/Environmental Conditions |
| | | Hot | Equipment/Utensils |
| | | | Liquid/Food/Steam |

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Problem / Cause |
|---|---|---|---|
| Exposure to Physical Hazards | | | Unknown |
| | | | Weapons |
| | Vibration | Hand/Arm Vibration | Equipment |
| | | Whole Body Vibration | Unknown |

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Problem / Cause |
|---|---|---|---|
| Exposure to Psychological hazards | Wrongful Accusation | By a Member of the Public | By a Dept |
| | Wrongful Arrest | By a Member of the Public | By a Dept |
| | Wrongful Death | of a Child | Alleged Breach of Care |
| | | of a Colleague | In Clinical Care |
| | | of a Family Member | In Custody |
| | | of a Partner/Spouse | In Residential Care |
| | | | In the line of Dept Duties |
| | Wrongful Exposure | By a Member of the Public | To a Traumatic Event |
| | | of a Child | |
| | | of a Colleague | |
| | | of a Family Member | |
| | | of a Partner/Spouse | |
| | | of a Patient | |
| | | of a State Employee | |
| | Wrongful Injury | of a Child | In Clinical Care |
| | | of a Colleague | In Custody |
| | | of a Family Member | In Residential Care |
| | | of a Partner/Spouse | In the line of Dept Duties |
| | Wrongful Release | of information | By a Dept |
| | Wrongful Retention | of an Organ | By a Dept |

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Problem / Cause |
|---|---|---|---|
| | | of information | In Clinical Care |

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Problem / Cause |
|---|---|---|---|
| Property Damage/Loss (non crash/collision) | Environmental | Crops | Applies to all Sub Hazard Types: |
| | | Drain | |
| | | Land | Behavioural Factors |
| | | Other | Chemical Exposure/Contamination |
| | | River | Confiscated/Seized Property |
| | | Water Supply | Earth |
| | Personal Belongings | Dentures | Fire |
| | | Electrical Equipment | Forced Entry |
| | | Glasses | Human/User Error |
| | | Hearing Aid | Theft |
| | | Jewellery | Unknown |
| | | Medical Equipment | Water/Flood |
| | | Mobile Phone | Wear and Tear |
| | | Money | Wind |
| | | Other | |
| | Structure/Building/Fixtures | Ceilings/Walls | |
| | | Fence/Gate/Pillar | |
| | | Flooring | |
| | | Other | |
| | | Windows/Doors | |
| | Systems/Installations | CCTV Systems | |
| | | Electrical Installation | |
| | | Fire System | |

| Incident/Hazard Category | Sub Hazard Type | Sub Hazard, Please Specify | Problem / Cause |
|---|---|---|---|
| Property Damage/Loss (non crash/collision) | Systems/Installations | IT Systems | Applies to all Sub Hazard Types: |
| | | Other | Behavioural Factors |
| | | Power | Chemical Exposure/Contamination |
| | | Telephone/Bleeper Systems | Confiscated/Seized Property |
| | Vehicle | Bicycle | Earth |
| | | Car | Fire |
| | | Other | Forced Entry |
| | | Van | Human/User Error |
| | Work Equipment | Maintenance/Gardening Equipment | Theft |
| | | Military Equipment | Unknown |
| | | Other | Water/Flood |
| | | Vehicular Equipment | Wear and Tear |
| | | Workshop equipment | Wind |

## Section 4 Injury

Fields: Incident/Hazard Category(see specific list for detail), Classification of Injury, Type Of Injury, Body Part Injured

Relations between fields:

Incident/Hazard Category ➡ selection of options for: ➡ Classification of Injury
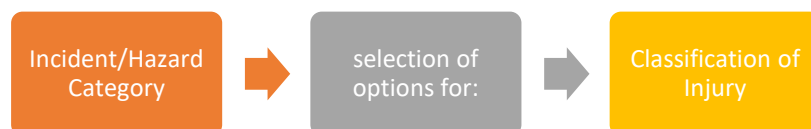
| Incident/Hazard Category ➡<br><br>Classification of Injury ⬇ | Clinical Care | Exposure to Behavioural Hazards | Exposure to Biological Hazards | Exposure to Chemical Hazards | Exposure to Physical Hazards | Exposure to Psychological hazards | Crash/ Collision* |
|---|---|---|---|---|---|---|---|
| Birth Specific Injury (Baby) | ☑ | | | | | | |
| Birth Specific Injury (Mother) | ☑ | | | | | | |
| Blood Specific Injury | ☑ | | | | | | |
| Diagnosed Disease/Disorder/Cond. | ☑ | | ☑ | ☑ | ☑ | ☑ | ☑ |
| Diagnosed Infection | ☑ | ☑ | ☑ | | | | |
| General Injuries | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ |
| Hearing/Sight Injury | ☑ | ☑ | | ☑ | ☑ | ☑ | ☑ |
| Misdiagnosis | ☑ | | | | | | |
| Musculoskeletal/Soft Tissue Injury | ☑ | ☑ | | | ☑ | ☑ | ☑ |
| Personal Loss | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ |
| Surgery Specific Injury | ☑ | | | | | | |
| Traumatic/Emotional Injury | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ |

*Only for Person related incidents

Note: for no harm incidents and near-miss incidents the injury fields are populated system-side to reflect No injury/ No body part affected.

| Classification of Injury | Type Of Injury |
|---|---|
| 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 |

| Classification of Injury | Type Of Injury |
|---|---|
| Birth Specific Injury (Baby) | Kernicterus |
| | Neonatal death |
| | Nerve Injury - brachial plexus (incl. Erbs Palsy) |
| | Nerve Injury - face |
| | Other |
| | Other unexpected deterioration |
| | Stillbirth |
| | Sub-galeal/sub-aponeurotic haemorrhage |
| | Unknown |
| Birth Specific Injury (Mother) | Death |
| | Hysterectomy (Perinatal) |
| | Incontinence (faecal & urinary) |
| | Incontinence (faecal) |
| | Incontinence (urinary) |
| | Other |
| | Perineal tear |
| | Post-Partum Haemorrhage |
| | Rhesus iso-immunisation |
| | Unknown |
| | Uterine rupture |
| Blood Specific Injury | Excessive Bleeding |
| | Fainting |
| | Febrile non-haemolytic transfusion reaction |
| | Immunological haemolysis |
| | Non-immunological haemolysis |
| | Other |
| Diagnosed Disease/Disorder/Cond. | Acute Radiation Syndrome |
| | Asbestosis |
| | Brucellosis |
| | Cancer |
| | Dermatitis |
| | Hepatitis |
| | HIV |
| | Legionnaires |
| | Narcolepsy/Cateplexy |
| | Other |
| | Pleural Plaques |
| | TB |
| | Unknown |
| Diagnosed Infection | Clostridium Difficle |
| | COVID-19 |
| | CPE |
| | ESBL |

| Classification of Injury | Type Of Injury |
|---|---|
| Diagnosed Infection | Hepatitis |
| | MRSA |
| | Norovirus |
| | Other |
| | Unknown |
| | VRE |
| | VRSA |
| General Injuries | Allergic Reaction (incl. anaphylaxis) |
| | Blister |
| | Brain Injury /Concussion |
| | Burn/ scald/ corrosion |
| | Choking / asphyxia |
| | Circulatory / volume depletion |
| | Circulatory / volume overload |
| | Cut / Laceration / Graze / scratch |
| | Death |
| | Dental injury &/or loss |
| | Deterioration |
| | Haemorrhage |
| | Malaise/Nausea |
| | Nerve injury/Loss of Function |
| | Other |
| | Pain/Discomfort |
| | Puncture/bite |
| | Rash/irritation |
| | Unknown |
| Hearing/Sight Injury | Hearing Impairment/loss |
| | Other |
| | Sight Impairment/loss |
| | Tinnitus |
| | Unknown |
| Misdiagnosis | Cancer |
| | Fracture |
| | Infection |
| | Other |
| | Unknown |
| Musculoskeletal/Soft Tissue Injury | Amputation |
| | Bruising |
| | Crushing |
| | Dental Fracture/Tooth loss |
| | Dislocation |
| | Fracture |
| | Other |

| Classification of Injury | Type Of Injury |
|---|---|
| Musculoskeletal/Soft Tissue Injury | 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 |
| | Repetitive Strain Injury (RSI) |
| | Slipped/Prolapsed Disc |
| | Soft tissue injury |
| | Sprain/Strain |
| | Swelling/Inflammation |
| | Unknown |
| | Whiplash |
| Personal Loss | Additional/Further Surgery |
| | Defamation of Character |
| | Limb Deformity |
| | Loss of Consortium/Pecuniary Benefits |
| | Loss of Wages/Income/Business |
| | Organ Retention |
| | Other |
| | Unknown |
| Surgery Specific Injury | Damage to organ/body part |
| | Dental Damage/Loss |
| | Inadequate anaesthesia |
| | Loss of organ/body part |
| | Nerve injury/Loss of Function |
| | Other |
| | Retained Foreign Object |
| | Unexpected complication/deterioration |
| | Unknown |
| Traumatic/Emotional Injury | Anxiety/Trauma |
| | Other |
| | PTSD |
| | Stress |
| | Unknown |
| | Worried Well |

Value options for the field Body Part Injured are not filtered system-side. All options are available.

| Body Part Injured |
|---|
| Abdomen |
| Ankle(s) |
| Arm(s) |

| Body Part Injured |
|---|
| Back (incl. spine) |
| Brain |
| Breast(s) |
| Buttock(s) &/or sacral area |
| Chest (incl. Lungs, ribs) |
| Ear(s) |
| Elbow(s) |
| Eye(s) |
| Face |
| Finger(s) {incl. thumb(s)& nail(s)} |
| Foot / feet |
| Forehead |
| Hand(s) |
| Head (excluding Brain) |
| Heel(s) |
| Hip(s) |
| Knee(s) |
| Leg(s) |
| Multiple body parts |
| Neck |
| Nose |
| Not Yet Known |
| Oral cavity (incl. teeth & lips & throat) |
| Organ*Please Specify |
| Other Psychological*Please Specify |
| Pelvis |
| Reproductive organs / genitalia |
| Shoulder |
| Toe(s)(incl. nails) |
| Wrist(s) |

Note *text 'Please Specify' is displayed in input form as a separate field and is required only when using options Organ and Other Psychological. For reports this field is named **Body Part Other**.

## Section 5 Severity

Fields: Outcome At Time Of Incident Reporting, Additional Outcome Since Incident, Severity Rating, Category of Incident, Did this result in

Note: only fields recorded are:

- Outcome At Time Of Incident Reporting – via Intake App
- Additional Outcome Since Incident – in the Incident Manager, in the Review section of the record

All other fields referenced here are calculated system-side

Relations between fields:
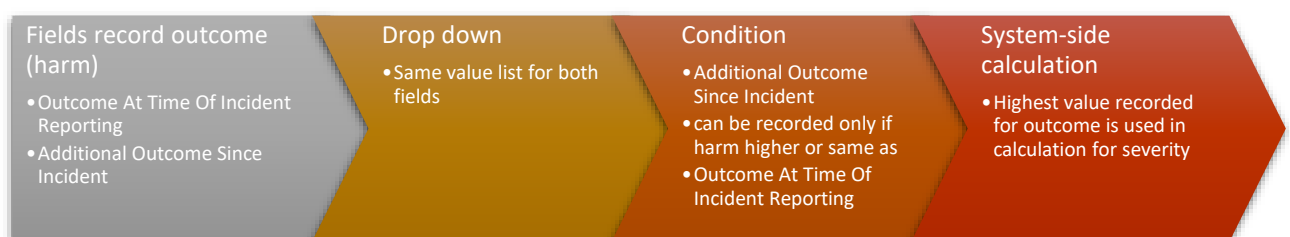


Below will use name 'Outcome' to signify Outcome At Time Of Incident Reporting if no higher Additional Outcome Since Incident is recorded or Additional Outcome Since Incident if harm recorded is higher.

*NIMS Healthcare Picklists, version 2, March 2024*
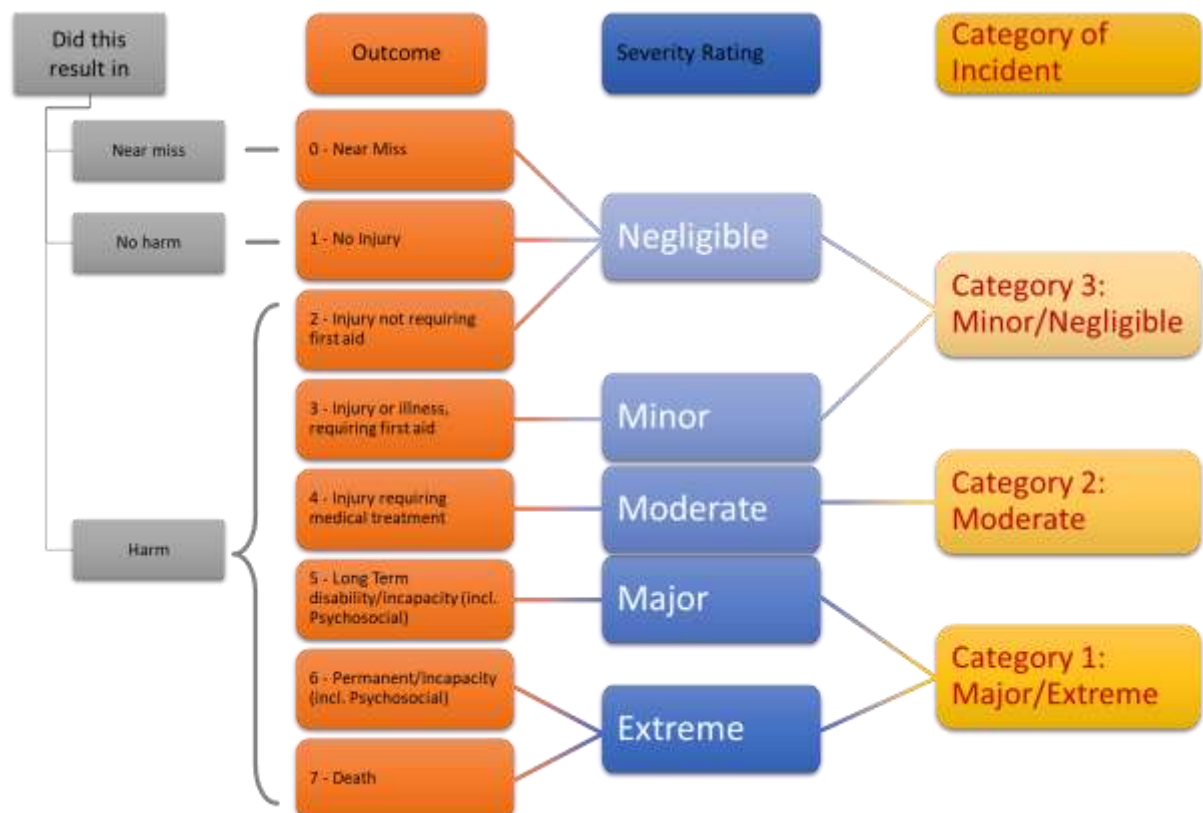
| Outcome | Severity | Category |
|---|---|---|
| 0 - Near Miss | Negligible | Category 3: Minor/Negligible |
| 1 - No Injury | | |
| 2 - Injury not requiring first aid | | |
| 3 - Injury or illness, requiring first aid | Minor | |
| 4 - Injury requiring medical treatment | Moderate | Category 2: Moderate |
| 5 - Long Term disability/incapacity (incl. Psychosocial) | Major | Category 1: Major/Extreme |
| 6 - Permanent/Incapacity (incl. Psychosocial) | Extreme | |
| 7 - Death | | |