NIMS
National Incident Management System

HC NIRF 01 – V13
Date issued: June 2026

NATIONAL INCIDENT REPORT FORM (NIRF) NIRF - 01 PERSON

NIMS Record Number:

Please complete this form to the best of your knowledge at the time of reporting the incident. ***Use date format DD/MM/YYYY throughout***

SECTION A: GENERAL INCIDENT DETAILS

Date of Incident ☐☐☐☐☐☐☐☐ *DD/MM/YYYY*

Time of Incident ☐☐☐☐ *Use 24 hour clock HH/MM*

Location _____

Specific Location _____
E.g. Office, carpark etc.

Onsite? ☐ **Offsite?** ☐

SECTION B: PERSON AFFECTED DETAILS

Surname _____

First Name _____

Date of birth ☐☐☐☐☐☐☐☐

Female ☐ **Male** ☐ **Not Known** ☐

SECTION C: SUMMARY OF INCIDENT

Please do not include any personal identifiers such as names etc.

SECTION D: IMMEDIATE ACTIONS TAKEN

Please do not include any personal identifiers such as names etc.

SECTION E: Who was involved/harmed? (tick one)

- ☐ External Contractor - Go to section H then J
- ☐ Member of the Public - Go to section J
- ☐ Panel Staff/Agency/Locum - Go to section F then G then J
- ☐ Service User - (Resident/Patient/Client) Go to section F then I
- ☐ Staff Member - Go to section F then G then J
- ☐ Volunteer - Go to section F then G then J
- ☐ Work Placement/Trainee - Go to section F then G then J

SECTION F: Division (tick one)

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

SECTION G: STAFF MEMBER/ AGENCY STAFF/ PANEL STAFF/ STUDENT/ VOLUNTEER DETAILS (involved/ harmed)

Category of person _____

Employee no. _____

Date absence commenced (If known) ☐☐☐☐☐☐☐☐

Date returned to work (If known) ☐☐☐☐☐☐☐☐

Lost Days _____

Note: For employee incidents that result in an absence from duty, the date the absence commenced , and the date employee returned to work should be recorded on the NIMS

SECTION H: CONTRACTOR DETAILS

Company name _____

Company no. _____

Data Protection - The data requested in this form will be used to process information on reported incidents by the HSE and HSE-funded services. The HSE and HSE-funded services are disclosing information of adverse incidents, as defined in the NTMA Amendment Act (2000) with the State Claims Agency. The HSE and SCA retain personal data for the performance of their statutory functions and in accordance with the relevant Records Retention Policy(s). Please contact the HSE and/or the SCA about your (as in the patient/staff member) data protection rights and details of the organisation's Data Protection Officer.

SECTION I: SERVICE USER DETAILS

Healthcare Record No _____

Lead Clinician _____

This incident involved… (Tick one)

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

Incident Occurred Under (Service/Specialty)

_____

E.g. Dental, Laboratory Service, Maternity Service

Sub-Service

_____

E.g. Antenatal, Audiology, Radiotherapy

SECTION J: WHAT WAS THE OUTCOME OF THE INCIDENT?

Outcome at the time of reporting the incident – harm is described in the HSE risk impact table		Body Part Affected
☐ Near Miss e.g. nearly given wrong drug ☐ No Injury e.g. wrong drug given but no harm occurred ☐ Injury not requiring first aid ☐ Injury or illness, requiring first aid	Category 3 - Near miss, no harm or minor harm	*E.g. Arm, Spine, Lung, Other, Physiological*
☐ Injury requiring medical treatment	Cat 2 -Moderate harm as described in the IMF	
☐ Long-term disability / Incapacity Psychosocial) ☐ Permanent Incapacity (incl. Psychosocial) ☐ Death	Category 1 - Severe harm or death	

SECTION K WHAT TYPE OF HAZARD DID THIS INCIDENT RELATE TO? (Tick one option from each column below for the relevant category)

Exposure to Clinical Care

Sub Hazard Type	Sub Hazard	Process	Problem
☐ Blood / Blood Product	☐ Cryoprecipitate ☐ Fresh Frozen Plasma ☐ LG Plasma ☐ Platelet (Apheresis) ☐ Platelets (Pooled) ☐ Red cells ☐ SD Plasma ☐ Whole Blood ☐ Other	☐ Administration ☐ Communication/Consent ☐ Documentation/Records ☐ Donating Blood ☐ Equipment ☐ Monitoring ☐ Pre Transfusion Testing ☐ Preparation/Dispensing ☐ Prescribing ☐ Presentation/Packaging ☐ Storage ☐ Supply/Ordering/Transport ☐ Transfusing blood ☐ Unknown	☐ Adverse Effect ☐ Contaminated ☐ Contraindicated ☐ Expired/Recalled Blood/Blood Product ☐ Failure/Malfunction of Equipment ☐ Inappropriate for Task/Wrong Device ☐ Incomplete/Inadequate (1) ☐ Lack of Availability ☐ Not Performed When Indicated/Delay ☐ Omitted/Delayed Dose ☐ 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 ☐ Inpatient ☐ Outpatient/ED	☐ Assessment/Monitoring ☐ Tests/Investigations ☐ Treatment/Intervention	☐ Incomplete/Inadequate (1) ☐ Lack of Availability ☐ 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 ☐ Misdiagnosis/Incorrect Diagnosis ☐ Missed Diagnosis		☐ Incomplete/Inadequate (1) ☐ Lack of Availability ☐ Not Performed When Indicated/Delay ☐ Other Adverse Event/Patient Safety Incident
☐ Labour/ Delivery	☐ Caesarean Section (Elective) ☐ Caesarean Section (Emergency) ☐ Instrumental Delivery (Forceps) ☐ Instrumental Delivery (Multiple Instruments)		☐ Adverse Event (2) ☐ Adverse Event Requiring Transfer/ Return to Theatre (2) ☐ Incomplete/Inadequate (1) ☐ Lack of Availability ☐ Not Performed When Indicated/Delay ☐ Retained Foreign Object ☐ Wrong Process/Treatment/Procedure

	☐ Instrumental Delivery (Vacuum, Ventouse, Kiwi) ☐ Spontaneous Vaginal Delivery (SVD)		
☐ Medical Radiation Procedures	☐ Diagnostic Radiology & Nuclear Medicine ☐ Radiotherapy	☐ Checking Patient ID Procedure ☐ Clinical Details on Referral ☐ Communication/ Consent ☐ Documentation/ Records ☐ Equipment ☐ Performing Procedure ☐ Pregnancy Status ☐ Unknown	☐ Diagnostic Exposure greater than intended (above notifiable level) ☐ Diagnostic Exposure greater than intended (below notifiable level) ☐ Dose to Comforters and Carers > Medical Council Guidelines ☐ Failure/Malfunction ☐ Inadvertent Deterministic Effects ☐ Inadvertent Dose to Foetus (<1mSv) ☐ Inadvertent Dose to Foetus (>1mSv) ☐ Wrong Body Part/Side/Site (above notifiable levels) ☐ Wrong Body Part/Side/Site (below notifiable levels) ☐ Wrong Dose (NM > 20% greater than intended) ☐ Wrong Dose (NM 10 - 20% greater than intended) ☐ Wrong Dose (NM therapeutic dose given instead of diagnostic) ☐ Wrong Drug (Radiopharmaceutical) ☐ Wrong Patient (>1mSv) ☐ Wrong Patient (<1mSv) ☐ Wrong Process/Treatment/Procedure ☐ Dose or volume variation in one fraction >10% wrt fraction dose ☐ Dose or volume variation in one fraction >10-20% wrt fraction dose ☐ Dose or volume variation in one fraction >20% wrt fraction dose ☐ Total dose or volume variation >10% wrt total prescribed dose ☐ Total dose or volume variation >20% wrt total prescribed dose ☐ Total dose or volume variation >5-10% wrt total prescribed ☐ Other
☐ Medication	☐ Inhalation ☐ Intra Muscular ☐ Intravenous ☐ Oral ☐ Rectal ☐ Sub Cutaneous ☐ Topical ☐ Unknown/Other	☐ Administration ☐ Monitoring ☐ Preparation/Dispensing (Pharmacy) ☐ Prescribing ☐ Reconciliation ☐ Storage ☐ Supply/Ordering/Transport	☐ Adverse Drug Reaction ☐ Contraindicated ☐ Drug Interaction ☐ Failure/Malfunction of Equipment ☐ Incomplete/Inadequate (1) ☐ Not Performed When Indicated/Delay ☐ 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 1 _____ Medication 2 _____		
☐ Nutrition	☐ Enteral ☐ General Diet ☐ Parenteral ☐ Special Diet ☐ Other	☐ Administration ☐ Communication/Consent ☐ Dispensing/Allocation ☐ Documentation/Records ☐ Equipment ☐ Preparation/Manufacturing /Cooking ☐ Prescribing/Requesting ☐ Presentation ☐ Storage ☐ Supply/Ordering/Transport ☐ Unknown	☐ Adverse Effect ☐ Failure/Malfunction of Equipment ☐ Inappropriate for Task/Wrong Device ☐ Incomplete/Inadequate (1) ☐ Lack of Availability ☐ Not Performed When Indicated/Delay ☐ Pre Existing Medical Condition ☐ Unknown ☐ Wrong Consistency ☐ Wrong Diet ☐ Wrong Frequency ☐ Wrong Patient ☐ Wrong Process/Treatment/Procedure ☐ Wrong Quantity/Duration ☐ Wrong Storage
☐ Surgical / Medical Procedures	Stage of Care ☐ Intra Procedure ☐ Post Procedure ☐ Pre Procedure	Core Process ☐ Assessment/Monitoring ☐ Tests/Investigations ☐ Treatment/Intervention	☐ Incomplete/Inadequate (1) ☐ Lack of Availability ☐ Not Performed When Indicated/Delay ☐ Other Adverse Event/Patient Safety Incident ☐ Retained Foreign Object ☐ Wrong Body Part/Side/Site ☐ Wrong Patient ☐ Wrong Process/Treatment/Procedure
	Name of Initial Procedure *e.g. consultation, colonoscopy* Name of Subsequent Procedure ***(e.g. if required return to theatre)*** *e.g. EUA, hysterectomy*		

(1)(2)Please complete Section R (where applicable) as per the table at the end of the NIRF

Exposure to Behavioural Hazards:

Sub Hazard Type	Sub Hazard	Problem	
☐ Self-Injurious Behaviour	☐ Intentional Self-injurious Behaviour ☐ Unintentional Self-injurious Behaviour ☐ Other Specify (if applicable): _____	☐ Absconsion/Missing ☐ Attempted Suicide ☐ Banging Self Against Walls/Furniture/ Surfaces ☐ Hitting Body/Slap/Punch Self incl. Scratching & Picking ☐ Inappropriate Eating ☐ Inappropriate Touching ☐ Induced Vomiting	☐ Pulling Hair ☐ Self-Harm ☐ Spitting ☐ Stripping Clothes in Public Area ☐ Suicide ☐ Throwing Objects ☐ Urinating on Hands ☐ Other
☐ Adult Abuse	☐ By a Family Member/ Relative ☐ By a Member of the Public ☐ By a Peer/Student ☐ By a Service User ☐ By a Staff Member ☐ Other Details of instigator (if applicable): _____	☐ Bullying ☐ Emotional Abuse ☐ Financial Abuse ☐ Neglect ☐ Physical Abuse ☐ Sexual Abuse	
☐ Child Abuse		☐ Bullying ☐ Emotional Abuse ☐ Neglect ☐ Physical Abuse ☐ Sexual Abuse	
☐ Violence, Harassment and Aggression		☐ Aggression Towards an Inanimate Object ☐ Bullying ☐ Cyberbullying /Social Media ☐ Direct Physical Assault ☐ Discrimination/Prejudice/ Racial ☐ Intimidation/Threat ☐ Neglect	☐ Non-Compliant/ Obstructive/Rude ☐ Physical Harassment ☐ Sexual Assault ☐ Sexual Harassment ☐ Unintentional Aggressive Behaviour ☐ Verbal Assault ☐ Verbal Harassment

Exposure to Biological Hazards:

Sub Hazard Type	Sub Hazard	Problem	
☐ Bacteria ☐ Fungus/ Mould ☐ Organism Unknown ☐ Prion ☐ Virus	☐ Organism Known ☐ Organism Unknown Specify (if applicable): _____ *E.g. COVID-19, MRSA etc.*	☐ As a result of Dept. Activities ☐ Exposure to Bite (Human) ☐ Exposure to Bite (Insect/Animal) ☐ Exposure to Bodily Fluids ☐ Exposure to Ingestion/Food/ Water ☐ Exposure to Needle Stick	☐ Exposure to Non Needle (Equipment, Implements, Facilities, Sharps) ☐ Exposure to Skin Contact (Person to Person) ☐ Inhalation/Airborne ☐ Unknown

Exposure to Chemical Hazards:

Sub Hazard Type	Sub Hazard		Problem
☐ 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 ☐ Other	☐ Human/User Error ☐ Lack of Supervision ☐ Unknown ☐ Unsafe System (Lack of training/risk assessment etc.)
	Specify (if applicable): _____		

Exposure to Physical Hazards:		
Sub Hazard Type	**Sub Hazard**	**Problem**
☐ Electrical	☐ Cable (Underground) ☐ Equipment ☐ Socket ☐ Wire (Overhead) ☐ Other Specify (if applicable): _____	☐ Defective Equipment ☐ Human/User Error ☐ Unknown ☐ Unsafe System
☐ Ergonomics (Including Manual/People Handling)	☐ Lighting ☐ Manual Handling ☐ Patient Handling ☐ Physical Intervention ☐ Ventilation ☐ Workstation ☐ Other Specify (if applicable): _____	☐ Inappropriate Technique/System ☐ Individuals Capability ☐ Load ☐ Task ☐ Unknown ☐ Working Environment
☐ Fire	☐ Accidental ☐ Malicious ☐ Unknown	☐ Atmosphere/ Environment Conditions ☐ Defective Equipment ☐ Electrical Wiring/Installation ☐ Explosion ☐ Human/User Error ☐ Unknown
☐ Mechanical Components	☐ Catering Equipment ☐ Door/Gate/Barriers ☐ Healthcare Equipment ☐ Lifting Equipment/ Accessories ☐ Maintenance/ Gardening Equipment ☐ Office/Business Equipment ☐ Recycling Equipment ☐ Workshop Equipment Specify (if applicable): _____	☐ Defective Equipment ☐ Human/User Error ☐ Unknown ☐ Unsafe System
☐ Noise	☐ Continuous ☐ Not Specified ☐ Single Incident	☐ Animal ☐ As a Result of Dept. Activities ☐ Equipment ☐ Explosion ☐ Human ☐ Unknown
☐ Non-Mechanical (Including Person/Animal)	☐ Animal ☐ Object/Tools (Non-Sharps) ☐ Person ☐ Sharps (Non-Needle) ☐ Other Specify (if applicable): _____	☐ Human/User Error ☐ Obstruction/ Protruding Object ☐ Physical Training/Sport ☐ Unknown
☐ Radiation	☐ Long term low dosage ☐ Short term high dosage ☐ Other Specify (if applicable): _____	☐ Exposure ☐ Unknown
☐ Slip/Trip/Fall	☐ From Equipment/Furniture ☐ From Height ☐ On Stairs ☐ On Steps ☐ Same Level/Ground ☐ Other Specify (if applicable): _____	☐ Failure/Malfunction of Equipment ☐ Horseplay ☐ Inadequate Lighting/Design ☐ Inadequate Supervision General ☐ Healthcare Inadequate ☐ Supervision Post Operative ☐ 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 ☐ Hot	☐ Atmosphere/ Environment Conditions ☐ Equipment/Utensils ☐ Liquid/Food/Steam ☐ Unknown ☐ Weapons
☐ Vibration	☐ Hand/Arm Vibration ☐ Whole Body Vibration	☐ Equipment ☐ Unknown

Exposure to Psychological Hazards:

Sub Hazard Type	Sub Hazard Breakdown	Problem/Cause
☐ Wrongful Release	☐ Of Information	☐ By a Department
☐ Wrongful Retention	☐ Of an Organ ☐ Of Information	☐ By a Department ☐ In Clinical Care

SECTION L: TYPE OF INJURY (tick only one from each column)

☐ 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 & urinary) ☐ Incontinence (faecal)	☐ Incontinence (urinary) ☐ Perineal tear ☐ Post-Partum Haemorrhage ☐ Rhesus iso-immunisation	☐ Unknown ☐ Uterine rupture ☐ Other _____
☐ 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	☐ Pleural Plaques ☐ TB ☐ Unknown ☐ Other _____
☐ Diagnosed Infection	☐ Clostridium Difficile ☐ COVID-19 ☐ CPE ☐ ESBL	☐ Hepatitis ☐ MRSA ☐ Norovirus ☐ Staph aureus bloodstream (SABSI)	☐ Unkown ☐ VRE ☐ VRSA ☐ Other _____
☐ 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 ☐ Pain/Discomfort ☐ 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 ☐ Soft tissue injury ☐ Sprain/Strain ☐ 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 *If pressure ulcer medical device-related please select accordingly on NIMS*	☐ P.Ulcer Mucosal: develop on mucosal membranes; no staging. Record how occurred in Summary of Incident Section ☐ P.Ulcer Suspected Deep Tissue Damage: non-blanching purple skin/blood blister ☐ P.Ulcer Unstageable: Full thickness tissue loss with slough/ eschar, stage ≥ 3	☐ Medical device-related pressure ulcer

☐ Personal Loss	☐ Additional/Further Surgery ☐ Defamation of Character ☐ Limb Deformity	☐ Loss of Consortium/Pecuniary Benefits ☐ Loss of Wages/Income/Business	☐ Organ Retention ☐ Unknown ☐ Other _____
☐ Surgery Specific Injury	☐ Damage to Organ/Body Part ☐ Dental Damage/Loss ☐ Inadequate Anaesthesia	☐ Loss of Organ/Body Part ☐ Nerve Injury/Loss of Function ☐ Retained Foreign Object	☐ Unexpected Complication/Deterioration ☐ Unknown ☐ Other _____
☐ Traumatic/ Emotional Injury	☐ Anxiety /Trauma ☐ PTSD	☐ Stress ☐ Unknown	☐ Worried Well ☐ Other _____

SECTION M: REPORTED BY:

Person who discovers the incident and unless otherwise stated within the organisation, this person is responsible for completing the NIRF.

Surname _____

First Name _____

Category of Person _____
E.g. Admin, Cleaner, Mgr.

Date Notified | | | | | | | | |

Local system reference no. _____

Reporter Signature _____

Date | | | | | | | | |

Line Manager Signature _____

Date | | | | | | | | |

SECTION N: WITNESSES DETAILS (Name, contact no. etc.)

SECTION O: TO BE COMPLETED BY LINE/DEPARTMENT MANAGER (For Entry on Incident Review Screen on NIMS)

Has Open Disclosure taken place with the Service User / their relevant person? * (tick one ✓) ☐ Yes ☐ No ☐ Unknown

Date of Open Disclosure*: | | | | | | | | |

SECTION P: CATEGORY 1 INCIDENTS ONLY

SAO Name: _____ **Date notified to SAO:** | | | | | | | | |

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:

Line Manager/Department Manager

Name: _____ **Title:** _____

Date: | | | | | | | | |

SECTION Q: TO BE COMPLETED BY QUALITY AND PATIENT SAFETY OFFICE (For Entry on Incident Review Screen on NIMS)

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

QPS Advisor Name : _____ **Date:** | | | | | | | | |

***Mandatory Field**

SECTION R: CLINICAL CARE PROBLEM/CAUSE (Please specify where applicable)

(1) If you have selected **Incomplete/Inadequate** above please select one of the following options:

☐ Communication
☐ Consent
☐ Documentation
☐ Equipment
☐ Unknown/Other

(2) If you have selected **Adverse Event** or **Adverse Event Requiring Transfer/ Return to Theatre** above please select one of the following options

☐ Cord Prolapse
☐ Eclampsia
☐ Low Apgars/Cord
☐ PH Other
☐ Placental Abruption
☐ PPH Shoulder
☐ Dystocia Uterine
☐ Rupture