Procedure for Adverse Incident Reporting – IR 1 Form

1.0 Introduction

When an adverse incident occurs, a record of what happened must be completed. Each incident will require a review of what happened, why it occurred, and steps taken to resolve the incident and to prevent recurrence. Line managers will ensure that incident forms – IR 1 forms – are available in each area for this purpose. ***(order as stock item WGA 6439)***

2.0 Definition

An adverse incident is ***any unexpected or unplanned incident that has a short or long term detrimental effect on patients, staff or others, which results in material loss or damage, loss of opportunity or damage to reputation. This definition includes 'near miss' reporting.***

3.0 Procedure for Reporting an Adverse Incident

3.1 Secure the location and ensure that further immediate harm is prevented. Where first aid is required this should be instituted, referral to A&E or Occupational Health should be considered. Inform line manager.

3.2 A list of non-clinical incidents which must be reported to the Health & Safety Executive (N.I.) is attached in appendix 1. Also attached is a list of clinical and other incidents which should be reported. This list is not comprehensive but should give an indication of what should be reported.

3.3 Where problems arise outside the Line Managers competence he/she should contact Mr John Orchin, Health & Safety Manager/Mrs June Champion, Clinical Risk Manager exts: [redacted] or the Communication Centre.

3.4 Legibly document all the information in black pen or ink on the incident report (IR 1 form). As these forms are three part carbonated forms, ensure that addressograph labels, if used, are applied to each form, otherwise print firmly using a separation board between each set of forms.

3.5 Document fact only, not opinion. It is important to complete all parts of the form. State N/A (not applicable) where it is appropriate to do so.

3.6 For patient related incidents, make a comprehensive entry covering relevant clinical details in the patient's medical record. The IR 1 form **should not** be filed in the medical record.

3.7 For staff incidents, make an entry in the yellow accident book (BI 510) to cover requirements for industrial injuries benefit as required by the Social Security Act (NI) 1967.

3.8 In the event of a sharps injury follow the procedure in the Trust Policy Manual – 'Exposure to Body Fluids – Policy for Management of (including Sharps injuries) TP8/98'.

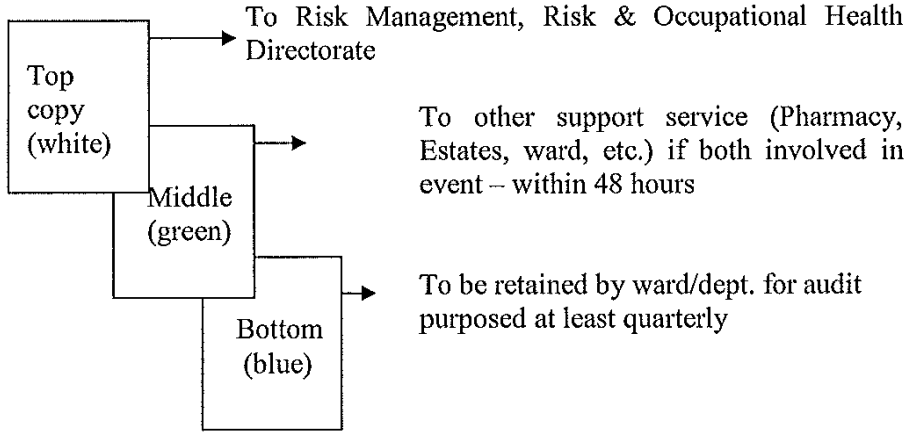
4.0 Grade the incident

4.1 The IR 1 report form requires you to grade each incident as to severity. These grades are outlined as follows:

Severity	Can be defined as:
Major	• life threatening • long-term significance to person • outcome could have serious consequences
Moderate	• serious morbidity • intermediate with some significance to person • significant disruption in time, service
Minor	• self limiting • minimal interruption of activities • short term
Insignificant	• probable risk in time • no interruption
Near miss	• no adverse outcome but risk potential evident

5.0 Forward the report:

5.1 Once the IR 1 form is complete, you will need to send it on for review and action if required. The diagram below outlines the procedure to follow:



5.1.1 The middle (green) copy is used as a mechanism for two services to resolve a particular incident, e.g.:

- a drug dispensing error is picked up on the ward and an IR 1 form would be completed, the top copy (white) is sent to Risk Management, the middle copy (green) should go to pharmacy to notify that an error was made and bottom copy (blue) retained by the ward/dept.

- following a staff tripping incident on a damaged floor the middle (green) copy should go to the Estates Department.

5.1.2 If the green copy does not need to be forwarded to another service, then send it with the white copy to Risk Management who will hold it with the original top copy.

5.2 Further advice can be obtained from the Health & Safety Manager or Clinical Risk Manager on ext: [redacted] Out of hours further advice can be obtained from the line manager or the Bed Management Co-ordinator.

6.0 What happens after an incident is reported?

6.1 Initially there should be discussions within the Directorate, normally by the departmental manager, about the incident and any follow-ups that should be undertaken by staff themselves.

6.2 If another support service was involved or needs to be involved in the incident follow up, the second (green) copy will initiate a response by the manager of that service. This is particularly true for the following:

- radiation (Medical Physics will lead on investigations for radiation)
- microbiological exposure (e.g. Hepatitis B)
- medication errors
- facilities and environmental issues (i.e. building maintenance, clinical waste, non-medical clinical equipment)

6.3 The top copy will be received by the Risk Management, Risk & Occupational Health Directorate, and an acknowledgement of receipt for **major/moderate incidents** sent. This will identify when the IR 1 form was received, who is dealing with it and indication of follow up by Risk Management. If the second (green) copy was sent to another service and was indicated on the form itself (see 'action' section on form), then Risk Management may seek further information from that Department on the event as part of the overall follow ups.

6.1.1 In the event of verbal notification, the Risk Management staff will take basic details from you and ask that the top copy be sent and if appropriate, advise that the second copy (green) be sent to others who may need to be involved in follow ups.

6.1.2 You may also be advised to provide supporting statements about the incident especially if it is serious, i.e. if a report to the Coroner or the Health & Safety Executive is required, or lastly, if there is a view by staff that a complaint or litigation may ensue, then the Litigation Management will require statements.

6.2 Incidents requiring notification to government organisations (i.e. Health and Safety Executive, Environmental Health, RUC and Coroner will be co-ordinated by Risk Management/Litigation Management.

- **Exceptions for others to notify government organisations: Radiation**

Notification will be undertaken by the Trust Radiation Protection Adviser based in Medical Physics who will oversee any investigation from then on and report to the appropriate government organisation.

- **Exceptions for others to notify government organisations: Medicines**

The Pharmacy Department will undertake investigations and notification to the Department of Health. Where involvement of Medical Physics is also required, Pharmacy and the Radiation Protection Adviser will liaise.

6.3 Risk Management will follow up on specific reported incidents. This may involve liaising with other Directorates, researching other types of incidents, developing guidelines and/or notification to Directors of potential risks, options for risk reduction and required resources.

6.4 Each incident is categorised by the Risk Management into person category (e.g. patient, staff), type and cause of incident, any contributory factors and severity of the incident.

6.5 The information is entered into a managed database system registered under the Data Protection Act. Each entry is made using a unique identifier number. Information is reviewed to determine trends or patterns within the Trust and to initiate research or project work which would help to further identify and reduce risks. An example of this would be reviewing manual handling injuries to severity and locations to assist in developing strategies with line managers to reduce risks.

6.6 Statistical information will routinely be made available to the Risk Management Steering Group, Trust Health & Safety Committee, Directorate Risk Management Group. This information is anonymous and confidential.

6.7 The Risk Management Steering Group may choose through this review to establish a task group to assess and evaluate risks identified through incident reports as part of the Trust strategy for risk management.

7.0 Procedure for managing major/moderate incidents.

7.1 Events graded major or moderate require further immediate action. These may be serious incidents, but generally will not require activation of the Trust's disaster plans.

8.0 Guidelines for dealing with major/moderate incidents

8:1 Follow the Trust procedure for incident reporting. The Directorate Management Team will take action immediately to prevent any further harm/potential harm to patients, staff or others if required. This may involve shutting down equipment, suspending treatments or operations, withdrawing facilities.

NOTE: Out of normal office hours i.e. between 5.00 p.m. & 8.00 a.m. weekdays and 24 hours at weekends and public holidays the following procedure should be followed.

8.2 Contact the Bed Manager immediately by telephone, stating the urgency of the situation. The Bed Manager will then contact the Risk Management Team (Health & Safety Manager/Clinical Risk Manager, as per rota). He/she will also notify the Clinical Director/Director, the Medical Director and the Director of Nursing and Patient Services. The Risk Management Team will notify Occupational Health and all external bodies such as the Health & Safety Executive, R.U.C. etc.

8.3 The Bed Manager will mobilise communications support through the Directorate of Corporate Affairs, they will base the initial response on a verbal report. Under no circumstances should employees talk directly to the media. All enquiries should be referred to Corporate Affairs.

8.4 The Bed Manager will identify the group/s of people likely to be involved, gather supporting information listed below. This will need to be given to the Risk Management Team once complete,

8.5

- Witness statements.
- Documents which may relate to the incident (e.g. batch numbers),
- Name of medical staff involved including named consultant.
- Treatment/technique used.
- Type of equipment/machinery involved.
- Clinical diagnosis.
- Indications of support including counselling for patients and staff.
- Additional staffing requirements necessary to maintain the service.

8.5 Depending on the nature of the incident and the type of patient/staff involved, full consideration should also be given as to whether it would be helpful for the clinical team to inform the patient's relatives of the incident at the same time. This will be decided by the Clinical Director in consultation with the staff involved and decide on the most appropriate method for informing them.

8.6 The Risk Management Team must consider the need for staff support and critical incident debriefing. The Occupational Health Adviser on call should be notified of the incident early in order that appropriate critical debriefing of staff can be planned.

8.7 Press statements should be released through the Corporate Affairs Directorate in conjunction with Trust Policy, i.e. Media Information about Patients and Confidentiality Policy. Patients must be notified before any press statement is released.

8.8 If major media attention is involved, the Directorate of Corporate Affairs will make arrangement to accommodate them away from patient areas and will be the liaison with them.

8.9 The Risk Management Team will co-ordinate investigation, monitoring and evaluation of the incident providing a written report to Directors on process, outcome and recommendations for change if required.

8.10 The Risk Management Team will liaise with the Legal Services Directorate notifying the Associate Medical Director and named Director for actions. They will also liaise with staff involved, supported by the Risk Management Service, to gather relevant information. All records, materials, documents and equipment related to the incident are to be retained for an indefinite period.

8.11 For patient incidents it is advisable to inform the patient's GP as soon as possible by telephone or by fax. The Clinical Director of the service involved will contact the GP and give the following information:

- The nature of the incident.
- The patients involved.
- How contact is being made.
- Written confirmation of actions.

If there has been a time interval between the incident and its discovery, the surgery should be contacted first to ensure that the patient is still alive and their current address. **It is imperative that GPs are kept informed and up-to-date, particularly, where their patient's welfare has been adversely affected.**

9.0 Monitoring and Evaluation

This will form part of Directorate audit activities

10.0 Version Control

Version 5
Mr John Orchin and Mrs June Champion for Risk & Occupational Health Directorate

Appendix 1

Non-clinical Adverse Incidents which must be reported

Health and safety incidents involving staff, patients and visitors ***must be reported to Risk Management within 5 working days for legal purposes***

- physical assault resulting in injury
- exposure to body fluids, chemicals, cytotoxics or other potentially harmful substance
- any injury where a person at work is off **for more than three (3)** days after the incident
- any injury to a person NOT at work, but which results from an incident arising out of or in connection with work and results in them being taken to hospital for treatment
- any injury to a person who is NOT at work on hospital premises as a result of an incident if it falls into any of the categories listed below
- fracture of any bone other than fingers, thumbs or toes
- dislocation of shoulder, hip, knee or spine
- any amputation
- loss of sight of an eye (whether temporary or permanent); a penetrating injury to the eye, or a chemical or hot metal burn to the eye
- any injury resulting from electric shock or electrical burn leading to unconsciousness or needing admission to hospital for more than 24 hours
- any other injury requiring resuscitation or admission to hospital for more than 24 hours, or leading to hypothermia, heat induced illness or unconsciousness
- loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent
- acute illness requiring treatment or causing loss of consciousness caused by breathing in or swallowing any substance or absorbing it through the skin
- acute illness needing medical treatment where there is reason to believe it resulted from exposure to a pathogen or infected material
- dangerous occurrences related to lifting machinery, electric short circuit, explosion, fire, collapse of a building/structure, escape of a pathogen or substance (e.g. mercury) and other similar incidents.

Radiation

For Radiation incidents, contact the Radiation Protection Adviser (RPA) via Medical Physics, tel: [redacted] ext; [redacted] or the switchboard immediately. An incident form will need to be completed as per guidelines. Any further advice as to procedure will be given by the RPA.

- any radiation incident involving staff or patients.

Clinically Related Adverse Incidents which should be reported

Procedure

- Thrombosis including deep vein thrombosis as a result of treatment/procedure
- Exposure including overexposure or over-treatment with radiation **see list of Non-clinical incidents*
- Stroke/CVA as a result of treatment/procedure
- Cardiac arrest as a result of treatment/procedure
- Unexpected death as a result of treatment/procedure
- Unexpected wound infection as a result of treatment
- Damage to adjacent tissues, organs, etc.
- Consent not obtained prior to treatment
- Extravasation of cytotoxics and other potential harmful medications
- Missing items of equipment and/or items after invasive procedure
- Miscount of equipment and/or items which may have an effect on patient
- Sepsis as a result of treatment/procedures
- Use of unsterile equipment in situations where sterile equipment is required
- Operating or undertaking a procedure on wrong body part or area

Equipment

- Equipment failure or misuse
- A fault or failure of equipment

Drug

- Unexpected and/or serious side effects of medications including antidotes
- Errors in dispensing, prescribing and/or administration of medication, for example when:

    1 an antidote had to be, or needs to be given to reverse the effects of drugs given by a doctor or nurse or self administered by a patient excluding overdoses taken in the community
    2 an incorrect drug has been administered
    3 more than the dose prescribed of an IV drug has been given or where adverse clinical effects have occurred due to improper administration by excessive rate of infusion
    4 during administration of an IV, an incompatibility becomes apparent
    5 these are errors involving drugs given by intrathecal and epidural routes
    6 omissions of doses that may lead to serious clinical consequence.

- Any out of date products such as IV products prepared by Pharmacy, oral and parenteral chemotherapy products or otherwise which have been administered or could have been administered.

Other

- Perforation of any tissue, organ, etc. not as part of a procedure
- Any incident which may lead to serious clinical or non-clinical consequences /outcomes
- Any fracture sustained by a patient not associated with a pathological condition
- Unexpected damage to arteries, vessels and/or nerves
- Excessive bleeding and/or haemorrhage requiring transfusion
- Pressure sores
- Unexpected return to theatre
- Unqualified staff performing treatment/procedures
- Service delays
- Confidentiality issues
- Incidents which may affect patient care management (staffing levels, skills mix)
- Mislabelled specimens
- Wrong results given out
- Where a complaint or claim may arise from treatment or actions
- ANY OTHER CATEGORY WHICH GIVES CAUSE FOR CONCERN

Organisational/Business Risks

Information Technology

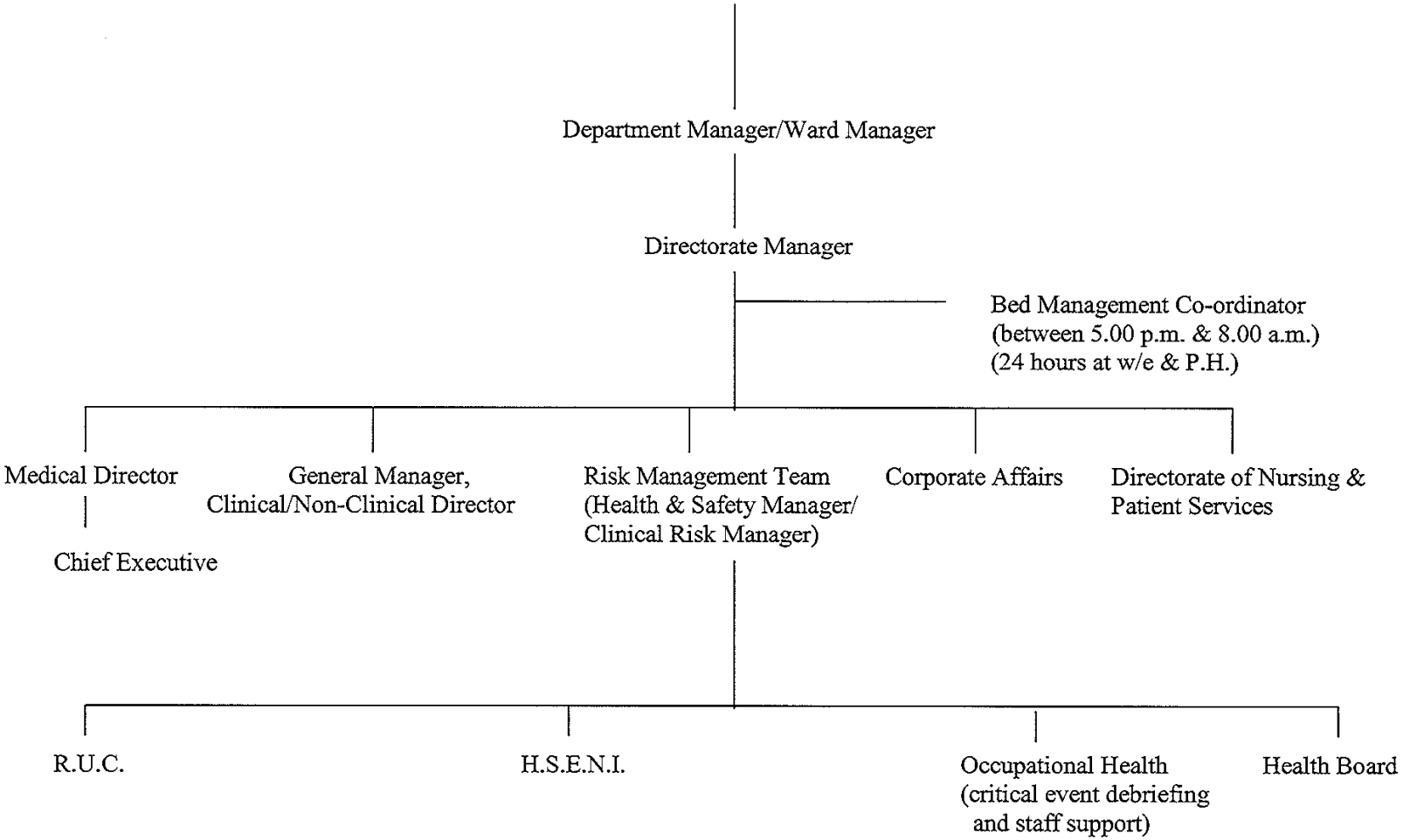
- the disclosure of confidential information to any unauthorised individual
- the integrity of the system or data being put at risk
- the availability of the system or information being put at risk
- an adverse impact, for examples:
  - embarrassment to the NHS
  - threat to personal safety or privacy
  - legal obligations or penalty
  - financial loss
  - disruption of activities
- denial of access to data
- destruction of data or equipment
- unauthorised modification of data

Business associated risks

- security incidents (theft, breach of confidentiality, threats, etc)
- damage to property, personal or Trust belongings
- service issues (delays, unavailable, inappropriate, inadequate)

FLOW CHART
FOR

Major/Moderate Adverse Incidents



F/Procedure/AdvEv/Feb2000/V5

Appendix 5

Patient' name and address	Patient's Hospital no.	Patient's GP	Check pts Circs (4)	Date & time & method of contact	Contacted by	Response to contact	Noted in record (4)	GP informed of contact (4)