

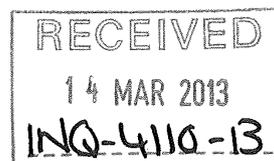
2 Franklin Street, Belfast, BT2 8DQ
DX 2842 NR Belfast 3

Your Ref:
BMcL-0038-13

Our Ref:
HYPW50/2

Date:
14th March 2013

Mr B McLoughlin
Assistant Solicitor to the Inquiry
Inquiry into Hyponatraemia-related Deaths
Arthur House
41 Arthur Street
Belfast
BT1 4GB



Dear Mr McLoughlin

**RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS- RAYCHEL
FERGUSON (PRELIMINARY)**

I refer to the above matter and to your letter dated 12th December 2012,
reference as quoted above. I also refer to our Mr Johnston's letter dated 21st
February 2013, and specifically the response at point 5 thereof.

My client, the Western Trust has instructed me to provide you with copies of the
following documents:-

1. Circular P 1/86- 'Notification of Untoward Events/Unusual Occurrences
Board Headquarters'
2. Policy of the former Sperrin Lakeland Health and Social Care Trust-
Reference- ADM 1 9/96

You will note that these documents have been referred to at points 3 and 4 (a) of
Mr Hugh Mills' Statement (WS-293-2).

Yours sincerely



Angela Crawford
Solicitor

Providing Support to Health and Social Care



WESTERN HEALTH AND SOCIAL SERVICES BOARD

15 GRANSHA PARK, CLOONEY ROAD,
LONDONDERRY, BT47 1TG
Tel. No. [REDACTED]

DISTRIBUTION LIST: A.D.F.G3.G9.M.R.

FILE NO: 585/73

DATE: 3. 2. 1986.

Dear Sir/Madam,

Notification of Untoward Events/Unusual Occurrences

To Board Headquarters

This Circular defines the procedure to be adopted when an incident occurs. It covers the following categories:-

1. UNTOWARD EVENTS RELATING TO THE MENTALLY HANDICAPPED AND MENTALLY ILL IN THE CARE OF THE BOARD.
2. UNTOWARD EVENTS AND UNUSUAL OCCURRENCES IN BOARD FACILITIES OR IN RESPECT OF OFFICERS ON BOARD BUSINESS.

PLEASE NOTE: Legal Proceedings are dealt with in Circular PM 15/77.

SECTION I

NOTIFICATION OF UNTOWARD EVENTS RELATING TO THE MENTALLY HANDICAPPED AND MENTALLY ILL IN THE CARE OF THE BOARD

An untoward event is defined as:

- a) Unauthorised or unpredicted absence by Patient/Resident.
- b) Accident caused to or by Patients/Residents incurring injury.
- c) Sudden, unexpected or unnatural death of Patient/Resident.
- d) A contravention, or possible contravention of the Mental Health Act (N.I.) 1961.

PROCEDURE

- 1) The Group Administrator shall contact the General Manager or his Nominee by telephone as soon after the event as possible providing the following information:-
 - a) The nature of the incident;
 - b) Brief summary of the circumstances;
 - c) Name, Date of Birth, Status and home address of Patient/Resident;
 - d) Name of Hospital/Home or, if other, the place where the incident occurred;

/e) Date and

- e) Date and time of incident;
- f) Whether person had homicidal or suicidal tendencies;
- g) Whether the relatives and R.U.C. were informed.

This contact will normally be made during working hours only unless the incident is of a serious nature demanding immediate action or may result in undue publicity.

The General Manager or his Nominee will notify the Department of Health and Social Services and the Chief Officer/Officers concerned.

- 2) The Verbal Report will be followed by a written confirmation according to the nature of the incident:

- a) Death or serious injury

Where the event results in death or serious injury the Group Administrator after consultation with the appropriate Unit of Management staff will provide the General Manager with a DETAILED INCIDENT REPORT for the information of the Area Executive Team and the Board and for despatch to the Legal Department of the Central Services Agency.

In the case of a death it will be a requirement of the Board to decide whether, in the event of an inquest, legal representation is required and to notify the Chief Legal Adviser accordingly. The Group Administrator is required to notify the date of the inquest as soon as it is known to the General Manager, who will ensure that the Board is legally represented and provide appropriate briefing.

Inquest reports, when received, will be sent to the Department of Health and Social Services and Group concerned.

- b) Absconding patients

Written notification is provided on the standard Form "Notification of patient going absent without leave". A copy of this form is submitted to the Administrative Services Department, Board Headquarters. The return of a patient and notification of next of kin should be telephoned to the Nominated Officer or his Deputy.

- c) Accidents

Written notification is completed on the standard "Notification of Accident" form. A copy of which is submitted to the Board's Personnel Department. If the accident is considered to be of a serious nature a more detailed report is to be provided in accordance with Section 2 of this Circular.

SECTION 2

UNTOWARD EVENTS AND UNUSUAL OCCURRENCES IN BOARD FACILITIES OR IN RESPECT OF
OFFICERS ON BOARD BUSINESS

This Category covers a wide range of incidents which include the following headings:-

- 1) Civil Disturbances;
- 2) Injury to Staff/Patients/Visitors;
- 3) Damage to Board Property;
- 4) Damage to Staff Property;
- 5) Criminal Acts; - (See also Appendices II & III)
- 6) Accidents;
- 7) Any incident which may create concern for the health, safety or welfare of patients, residents, staff or the general public.

PROCEDURE

1) MINOR INCIDENTS

a) Accidents

Reports are provided on standard "Notification of Accident" form - copies of which are submitted to the Board Personnel Department.

b) Fires

Reports are submitted on standard "Report on outbreak of Fire" form to the Board Administrative Services Department.

c) Traffic Accidents

Reports are submitted on standard "Vehicle Accident Report" form to the Board Transport Department.

These cases may evolve into claims which will be subject to the Legal Proceedings in which case follow up data will be subject to the process defined under Circular PM 15/77.

2) MAJOR INCIDENTS

Incidents would be considered major if they involve:-

- a) Death or serious injury;
- b) Significant Damage to Property;
- c) A depletion in the running of the service;

/d) The Police

APPENDIX I

CONTACT INFORMATION FOR GROUP OFFICERS

	<u>TITLE</u>	<u>NAME</u>	<u>BOARD EXTN.</u>	<u>HOME NUMBER</u>
	General Manager	T.J. Frawley	█	█
Nominated Officer	ACAO P/MS	Mr. E.T. Watson	█	█
Deputy	PAO P/MS	Mr. A.S. Dunne	█	█

DEPARTMENTAL BRANCHES - FOR CONTACT BY BOARD OFFICERS

DUNDONALD HOUSE - BELFAST █

<u>NAME</u>	<u>EXTN.</u>	<u>NAME</u>
<u>Operational Services Division B</u>		
General Hospitals Branch	█	█
Supportive Services Branch	█	█
<u>Operational Services Division C</u>		
Child Care Branch	█	█
Mentally Handicapped Branch	█	█
<u>Operational Services Division D</u>		
Mental Health Branch	█	█
Elderly Care Branch	█	█

Outside hours contact Duty Officer - Northern Ireland Office
at Stormont House - Telephone No. Belfast █

THIS CIRCULAR SUPERCEDES BOARD CIRCULAR PM6/80

GUIDELINES FOR USE IN THE EVENT OF BURGLARY, THEFT OR OTHER
MALICIOUS OR CRIMINAL ACTIVITY AFFECTING BOARD PROPERTY AND
STAFF, OR PATIENTS AND CLIENTS IN A BOARD FACILITY

1. The Unit Administrator will notify the Group Administrator by telephone and immediately thereafter follow up with a written report of the incident.
2. In appropriate cases the Group Administrator or in his absence the Deputy Administrator or Units Administrator will notify the R.U.C. and request that they investigate the circumstances.
3. A report will be telephoned to the General Manager or his Nominee at Board Headquarters and copies of subsequent written reports shall be forwarded as soon as possible.
4. Staff and Union representation at the facility involved should if likely to be affected, be made aware of the impending R.U.C. investigation into the incident and asked to give full co-operation to the Police in an effort to bring the investigation to a speedy and successful conclusion.
5. The Group Administrator will consult with the R.U.C. on the methods which they propose to use in carrying out their investigations. In all cases where other than routine investigatory methods are proposed the Group Administrator will refer the matter to the General Manager or his nominee for consideration and approval prior to such methods being implemented by the R.U.C. For this purpose, routine investigatory methods may be defined as the questioning of and taking statements from those who may be in a position to assist Police inquiries.
6. Members of the Area Executive Team through the General Manager or his Nominee, the Unit Management Team and Senior Professional staff at the facility should be kept fully informed and consulted as appropriate.
7. Confidentiality of records/information about clients or patients must be safeguarded.

APPENDIX III

PROCEDURE IN RESPECT OF AN UNTOWARD EVENT REGARDING AN ACT, OR SUSPECTED ACT, ASSAULT, OR SUSPECTED ASSAULT OF A PHYSICAL/HETEROSEXUAL/HOMOSEXUAL NATURE

A person who witnesses/suspects or has such an incident brought to his/her attention takes the following action immediately.

IMMEDIATE ACTION

- A. Reports verbally and in writing to his/her line manager.
- B. Line Manager notifies Assistant Principal Social Worker who has the responsibility to notify the Assistant Director (Group) who in turn notifies the Director of Social Services.
- C. Social Services management to contact immediately Central Services Agency solicitor and implement his advice; telephone conversation followed up by a report to be sent both to the C.S.A. and Area Board - agree as to who notifies the R.U.C. and inform Area Board Headquarters (Administrative Services) of action taken.
- D. A.P.S.W. on behalf of A.D.S.S. (G) would make the decision regarding the request for a medical examination.

WITHIN 24 HOURS

- E. Next of kin informed within 24 hours.
- F. Within 24 hours - untoward event incident form or incident report completed and sent to Area Board Headquarters. Also Social Services management at Unit level to notify administrative colleagues at local level immediately and they will notify Area Board (Administrative Services) by telephone.

WITHIN 24 - 48 HOURS

- G. Case conference/s arranged within 24 hours if possible and no later than 48 hours. In extreme situations immediate action regarding separation/removal of clients in their personal interests may require to be taken before case conference.
- H. All relevant personnel to be present at the case conference, e.g. G.P. legal adviser, relatives (where appropriate) - if relatives not present they must be informed of outcome of case conference, key worker, essential social services management, social work staff, appropriate medical consultant and other relevant carers.

MATTERS RELATING TO CASE CONFERENCE AND BOARD PROCEDURES

- I. Purpose of case conference.
 - (i) elicit all facts pertaining to the incident.
 - (ii) ensure all aspects of client's life are looked at in case conference.
 - (iii) agree course of action - taking into consideration criminal/legal aspects, medical, psychiatric, etc. caring and supervision responsibilities, who does what? when will review take place - identify one key person who has liaison role.

/(iv) written

- (iv) written report of case conference forwarded to senior management at Unit and Area level as soon as possible.
- J. Area Board requires to notify Dundonald House in accordance with procedures of untoward events.

THIS PROCEDURE RELATES TO ALL CLIENT GROUPS WHETHER IN RESIDENTIAL OR DAY CARE AND TO THOSE LIVING IN THE COMMUNITY FOR WHOM THIS BOARD HAS A LEGAL RESPONSIBILITY.

February 1997

ADM 1 9/96

Sperrin Lakeland Health and Social Care Trust

Procedures for Recording and Notifying Accidents, Untoward Events and Unusual Occurrences on Trust Premises

1. This procedure covers a wide range of incidents which includes the headings below. They are however not intended to replace the reporting requirements necessary through statutory functions or specified other reporting bodies such as the Mental Health Tribunal or under Children Order legislation. The general principles of this policy will however apply in all cases.

Incidents could refer to :

- (i) Civil Disturbances
- (ii) Injury to Staff / Patient / Visitor
- (iii) Damage to Trust Property
- (iv) Damage to Staff Property
- (v) Criminal Acts {See also Appendix 1}
- (vi) Traffic Accidents
- (vii) Any incident, including near misses, which may create concern for the Health, Safety or Welfare of Patients Residents, Clients, Staff or the general public.
- (viii) Children in Care - Residential or Community

REGISTRY DEPARTMENT
SPERRIN LAKELAND TRUST HEADQUARTERS
STRATHDENE HOUSE
TYRONE & FERMANAGH HOSPITAL SITE
OMAGH BT79 0NS

Requirements laid down by the Mental Health Commission means that modified forms and reporting procedures are necessary in line with the Care and Responsibility Audit for Mental Health Services. The need to report incidents to the Central Services Administrator will however still apply.

Reports should be forwarded no later than 48 hours after the accident or injury.

The incidents as described may lead to claims against the Trust, and be subject to legal proceedings. In such cases follow up data will be required. It is therefore important that all relevant detail is captured at or as soon as possible after the incident. Accurate notes, records and statements must be made and retained for further reference.

2.1 Procedures to be followed

Categories (i) - (vii)

- {a} Accidents / Injuries

Reports are provided on standard "Notification of Accident / Injury" form, ref. SLT/ACC/9/96.

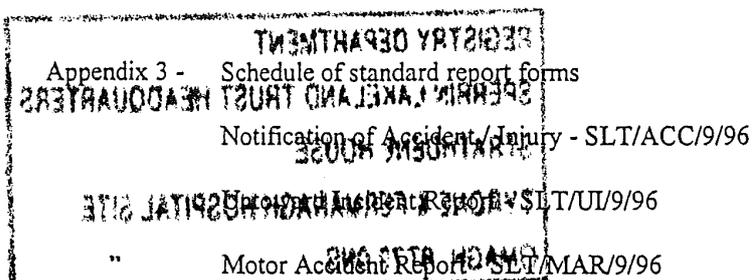
The Manager / Head of Department must ensure that the form is completed at source and submitted to the appropriate Programme Director (Guidance notes on completion of form is to be found at Appendix 2). Local managers must also complete a RIDDOR form (Reporting of Injuries, Diseases and Dangerous Occurrence Regulations) if required by the Regulations.

A copy of the report together with any subsequent investigation report called for by the Programme Director, should be forwarded to the Central Services Administrator.

Appendices

Appendix 1 - Guidelines - Burglary, theft etc.

Appendix 2 - Guidelines for completing standard Accident / Injury form (SLT/ACC/9/96)



Untoward Events in Children's Homes

Untoward Events within Family & Child Care Services
other than for Children's Homes

Both notified on form SLT/UIC/9/96

Report of Fire Incident - SLT/FI/9/96

Appendix 4 - Reporting Flowchart

Standard Report forms as listed in Appendix 3 can be obtained from General Services Managers offices.

A master copy may be obtained from Registry, Trust Headquarters for local reproduction if required.

GUIDELINES FOR COMPLETING ACCIDENT/INJURY FORM

This form must be COMPLETED AS SOON AS POSSIBLE whenever an Accident / Injury occurs and forwarded without delay in accordance with these guidance notes. A supplementary * RIDDOR form may also be required to be completed.

1. Location of Accident

Please give full details where Accident / Injury occurred.

2. Status of person Injured

Employee: Includes all staff directly employed by the Trust.

Contract Worker: Includes those who are working in Trust premises under a legitimate contract between a firm and the Trust

Trainees: Includes all professional and paramedical students as well as YTP's and other trainees / apprentices

Other: Includes volunteer workers

Patient: Includes Day care patients, Inpatients and Outpatients

Client: Includes Residential and Day Centre

Visitor: Includes all visitors

3. Description of Accident / Injury

Clear, factual details of what actually happened should be recorded here. This should include details of any others involved.

If the form is being completed by someone other than the person directly involved, state clearly if you:

- Actually saw the Accident / Injury
- Merely saw the result of the Accident / Injury
- or that it was reported/stated by e.g. the employee or patient that the following happened

N.B. DO NOT MAKE ASSUMPTIONS ABOUT CONTRIBUTORY FACTORS, ONLY STATE WHAT IS KNOWN TO YOU

4. Head of Department Report

{a} Was equipment / apparatus involved?

If so, give details of the type, age, condition etc. of any equipment that may have been involved, e.g. trolleys, handtools, needles, beds, etc. The condition of the equipment may include that it was new, old, in good repair, contaminated with body secretions, lacking a proper guard or used with a guard in place.

(OVER)

Appendix 3

Schedule of standard report forms

SPERRIN LAKELAND HEALTH AND SOCIAL CARE TRUST
NOTIFICATION OF ACCIDENT / INJURY

Hospital/Building _____

1. Name of injured Person: Surname _____ Forenames _____

2. Home Address: _____

*Inpatient/Outpatient/Resident/Client/Employee/Visitor/Other _____

Reg. Hospital Number _____ Age _____

- | | | | |
|----|--------------|---|-------------------|
| 3. | If Employee: | (1) Grade _____ Hours of Duty _____ | On Duty: YES / NO |
| | | (2) Has Employee ceased work as result of the Accident? | YES / NO |
| | | (3) Has the Employee been absent from work for more the 3 days as result of the Accident? | YES / NO |

Has * RIDDOR form been completed? YES / NO

4. Date of Accident _____ Time of Accident _____ am/pm

Place of Accident _____

5. Description of Accident _____

Contributory factors _____

6. Nature of Injury _____

7. Was Injured person referred for Medical Attention? YES / NO
 If YES state where _____

8. Was Injured person authorised to be in location and undertaking approved Duties? YES / NO
 If NO give details at (10) _____

9. Was Accident witnessed? YES / NO
 If YES witness statement overleaf MUST be completed

Signature of Injured person/person supplying above information _____

Name _____ Grade _____ Date _____

10. Statement regarding Accident by Head of Department (See Guidance Notes)(Continue on separate sheet if necessary)

Signature _____ Date _____

* RIDDOR - Reporting of injuries, diseases and dangerous occurrence regulations
 a:rrskmanage/acc-ward/accid97/rory

SPERRIN LAKELAND HEALTH AND SOCIAL CARE TRUST

Hospital / Building _____

UNTOWARD INCIDENT REPORT

(To be used in conjunction with "Write-Off" Procedure, where appropriate)

Please read explanatory notes overleaf

NATURE OF OCCURRENCE: _____

WARD/DEPT: _____ DATE OF OCCURRENCE: _____

LOCATION: _____ TIME OF OCCURRENCE: _____

REPORTED BY: _____ DESIGNATION: _____

REPORTED TO: _____ VERBAL/WRITTEN DATE: _____

(ANY WRITTEN REPORT TO BE ATTACHED): _____ RUC INFORMED: YES / NO / Not Applicable

IDENTITY OF PERSONS SUBMITTING STATEMENTS: _____

IMMEDIATE ACTION TAKEN: _____

ACTION TAKEN TO AVOID RECURRENCE: _____

SIGNED: _____ DESIGNATION _____ DATE _____

FOR THE ATTENTION OF THE FINANCE DEPARTMENT

WILL WRITE-OFF BE REQUIRED: YES NO

COST OF DAMAGE: _____ IS EX-GRATIA PAYMENT REQUESTED YES / NO

RECEIPT ATTACHED/WILL BE PROVIDED BY CLAIMANT: _____

RECEIPT TO BE OBTAINED BY: _____

DOES THIS INCIDENT REFER TO A CAPITAL ASSET: YES NO

CAPITAL ASSET No: _____ ASSET REGISTER UPDATED YES/NO

ANY OTHER REMARKS: _____

SIGNED: _____ DESIGNATION: _____ DATE: _____

a:riskmanage/acc-ward/uward97/rory

SLT/MAR/9/96

SPERRIN LAKELAND HEALTH AND SOCIAL CARE TRUST

MOTOR ACCIDENT REPORT FORM
(OFFICIAL VEHICLES ONLY)

To be completed by Driver or other responsible officer

HOSPITAL / FACILITY where vehicle is based _____

VEHICLE

MAKE/MODEL/ REGISTRATION OF VEHICLE _____

FOR WHAT PURPOSE WAS VEHICLE BEING USED _____

DRIVERS NAME _____ IS DRIVER A TRUST EMPLOYEE _____

WAS DRIVER USING THE VEHICLE WITH YOUR PERMISSION _____

ACCIDENT

DATE OCCURRED _____ TIME _____ PLACE _____

WEATHER CONDITIONS _____ ROAD CONDITIONS _____

ROAD WIDTH _____ WHAT LIGHTS ON VEHICLE IN USE _____

WHAT WAS YOUR SPEED (a) BEFORE ACCIDENT _____

(b) AT MOMENT OF ACCIDENT _____

IF PARTICULARS WERE TAKEN, ADDRESS OF POLICE STATION _____

STATE FULLY WHAT HAPPENED _____

SIGNATURE: _____ DATE: _____

DETAILS OF DAMAGE TO TRUST VEHICLE _____

SKETCH

GIVE MEASUREMENTS AND MAKE SKETCH AS INFORMATIVE AS POSSIBLE, SHOWING ROAD SIGNS. - ALSO SHOW POSITION OF VEHICLE, AT POINT OF IMPACT.

Sperrin Lakeland Health & Social Care Trust

Untoward Events in Children's Homes

1. *Definition.*

An Untoward Event is a serious event affecting a child.

2. *Events which are deemed to be untoward*

It is impossible to compile an exhaustive list of what constitutes an Untoward Event but the following, many of which are taken from the Children (NI) Order 1995 Regulations and Guidance (Volume 4 Residential Care), are listed as the main types of significant events which are likely to come within the definition of 1 above.

- a) The death of a child accommodated at the home;
- b) any conduct on the part of a member of staff of the home which is or may be such, in the opinion of the Trust, that he/she is not, or as the case may be would not be, a suitable person to be employed in work involving children;
- c) the suffering of serious harm by a child accommodated at the home;
- d) any serious accident involving a child accommodated at the home;
- e) any serious illness of a child accommodated at the home;
- f) the outbreak in the home of any notifiable infectious disease to which the Public Health Act (Northern Ireland) 1967 (a) applies;
- g) unexplained absences where a child's whereabouts remain unknown and which might reasonably create concern for his/her safety;
- h) an outbreak of fire;
- i) assault of, or serious threat to a child or member of staff by a child, relative or other adult;
- j) any other matters which give rise to a high level of concern or attract media attention should also be included and reported.

Sperrin Lakeland Health & Social Services Trust

Untoward Events within Family & Child Care Services

other than for Children's Homes

1. *Definition*

An Untoward Event is a serious event affecting a child who is being Looked After by the Trust whether in family placement, pre-adoptive placement or at home with parents.

The guidance that follows should be applied to all situations in which a child is Looked After with the exception of placement in a Children's Home for which a separate policy exists.

2. *Situations which are deemed to be untoward.*

It is impossible to compile an exhaustive list of what constitutes an Untoward Event but the following are listed as the main types of event which are likely to come within the definition in (1) above:

- a) The death of a child (accidental, self-inflicted, natural causes, murder or manslaughter);
- b) the serious injury of a child (accidental, self-inflicted or assault);
- c) serious misconduct on the part of a member of staff or foster carer e.g. where the matter requires investigation by the Police or disciplinary procedures are initiated;
- d) an allegation of criminal misconduct against a member of staff or foster carer or former member of staff or former foster carer;
- e) an investigation of organised child abuse as defined in the Joint Protocol Procedures;
- f) an investigation of serious child abuse e.g. multiple abuse;
- g) the serious ill health of a child (a high risk of permanent incapacity or death)
- h) assault of, or serious threat to a member of staff by a child, relative or another adult;
- i) unexplained absences where a child's whereabouts remain unknown and which might reasonably create concern for his/her safety;
- j) serious damage to a carer's property;
- k) any other matters which give rise to a high level of concern or attract media attention.

Sperrin Lakeland Health and Social Care Trust

Untoward Events Report

1 Child's Name DOB

2 Address

3 (a) Date of commencement of child being Looked After (b) Legal Status

(c) Date Current Placement Commenced

(d) Type of Placement

Foster Care	
Residential Care	
Home in Care	
Independent Living	

4 Category, Date and Time of Event

Name(s) of staff involved

5 Precise details of Untoward Event

.....
.....
.....
.....
.....

6 Precise details of action taken by carer(s)

.....
.....
.....
.....
.....

Signature Designation Date

7 Managerial comment on the handling of the event through its various stages including any other action that may have been helpful.

.....
.....
.....

Signature Designation Date

Report of fire incident

1. Hospital: _____	5. Estimated time to discovery: _____
_____	6. Time of call to Fire Brigade: _____
2. Date of fire: _____	7. Time Fire Brigade arrived: _____
3. Age of premises where fire occurred: _____	8. Time fire was extinguished: _____
4. Time of discovery _____	9. Estimated cost of damage: _____

Answer questions 10 to 20 by ringing one, or more, of the options provided.
It may be helpful to provide a sketch indicating the extent of fire and smoke spread.
Where 'Other' is indicated please specify on separate sheet.

10. Fire discovered by:			
1 Employee	3 Visitor/passers-by	5 Smoke detector	7 Other (please specify)
2 Patient	4 Sprinkler	6 Heat detector	
11. Building type			
1 Not applicable	3 Nursing home	5 Staff residence	7 Office
2 Hospital	4 Community housing	6 Day centre/clinic	8 Other (please specify)
12. Location of fire			
1 Mental health ward	7 A & E	13 Street/main corridor	19 Estates deptment
2 Elderly ward	8 X-ray	14 Lab/pharmacy	20 Outside building
3 ITU/SCBU	9 Main kitchen	15 Admin/offices	21 Other (please specify)
4 Other ward	10 Main plant room	16 Main stores	
5 Operating department	11 Medical records	17 Education	
6 Outpatients	12 Boiler House	18 Laundry	
13. Method of extinguishment			
1 None	4 Fire hose	7 Smothering	10 CO ₂ , Halon etc.
2 Self extinguished	5 Dousing with water	8 Removal	11 Fire Brigade
3 Extinguisher	6 Equipment isolated	9 Sprinkler	12 Other (please specify)
14. Material first ignited			
1 Raw materials	5 Bedding, mattress (on bed)	9 Fittings	13 Decoration, soft toys
2 Vegetation	6 Upholstery	10 Food	14 Cleaning materials
3 Clothing on person	7 Other furnishings	11 Electrical insulation	15 Waste
4 Other textiles	8 Structure	12 Lagging	16 Unknown
			17 Other (please specify)
15. Spread of fire within room of origin			
1 Not applicable	3 Stored material	5 Furnishings/linings	7 Other (please specify)
2 Confined to item	4 Furnishings/fittings	6 Equipment	
16. Cause of fire			
1 Deliberate	5 Water heating	9 Equipment failure (elec)	13 Smoking
2 Cooking appliances	6 Hotwork	10 Equipment failure (mech)	14 Unknown
3 Space heating	7 Lighting	11 Wire and cable (fixed)	15 Other (please specify)
4 Central heating	8 Naked lights	12 Wire and cable (leads)	
17. Spread of smoke beyond room of origin (Provide sketch if necessary)			
1 Not applicable	4 Adjacent room(s)	7 Stairway(s)	10 Adjacent building(s)
2 Confined to room	5 Street/main corridor	8 Other floor(s)	11 Other (please specify)
3 Corridor(s)	6 Adjacent department(s)	9 Roof void(s)	
18. Spread of burning beyond room of origin (Provide sketch if necessary)			
1 Not applicable	4 Adjacent room(s)	7 Stairway(s)	10 Adjacent building(s)
2 Confined to room	5 Street/main corridor	8 Other floor(s)	11 Other (please specify)
3 Corridor(s)	6 Adjacent department(s)	9 Roof void(s)	
19. Route of fire spread			
1 Not applicable	3 Spaces/voids	5 Open fire door	7 External
2 Ducts	4 Defective fire stopping	6 Stairway/lifts	8 Other (please specify)
20. Extent of evacuation (Provide sketch if necessary)			
1 Unnecessary	4 Department	7 Floor	10 Adjacent building(s)
2 Room only	5 Street/main corridor	8 Other floor(s)	11 Other (please specify)
3 Adjacent rooms	6 Adjacent department(s)	9 Whole building	

27. 'Near miss' information

The following set of information considers the possible implications had the fire spread further.
Please indicate by ringing one, or more, of the options below.

Areas to be next affected (Provide sketch if necessary)

- | | | | |
|-------------------------|--------------------|-------------------------|---|
| 01 Not applicable | 07 Outpatients | 13 Boiler house | 19 Laundry |
| 02 Mental health ward | 08 A & E | 14 Street/main corridor | 20 Estates department |
| 03 Elderly ward | 09 X-ray | 15 Lab/pharmacy | 21 Adjacent buildings |
| 04 ITU/SCBU | 10 Main kitchen | 16 Admin/offices | 22 Other (please specify on separate sheet) |
| 05 Other ward | 11 Main plant room | 17 Main stores | |
| 06 Operating department | 12 Medical records | 18 Education | |

Estimate of time that would elapse before the next area was evacuated: _____

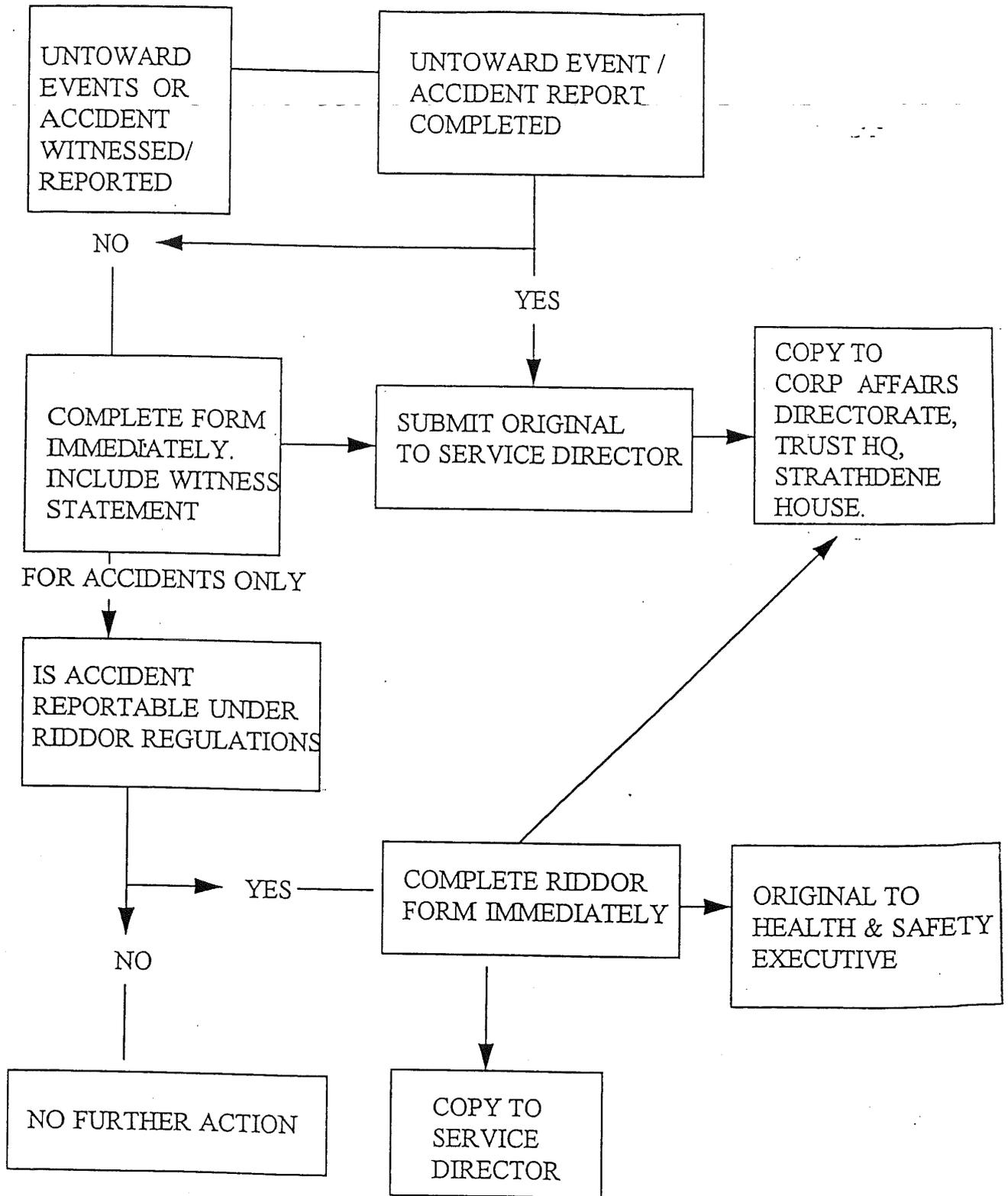
Estimate of time evacuation of the next area would take: _____

Divisional Director
Estate & Property Division
Estate Services Directorate
Stoney Road,
Dundonald,
Belfast BT16 0US

Completed by:

Name: _____ Position _____

Signature: _____ Date: _____



**KEEP RECORDS FOR MINIMUM OF SIX YEARS -
LONGER IF A CHILD IS INVOLVED**