NIMS
National Incident Management System

HC NIRF 04 – V01
Date issued: April 2015

NATIONAL INCIDENT REPORT FORM (NIRF)
NIRF - 04 COMPLAINT/ DANGEROUS OCCURRENCE

NIMS record no.:

The purpose of the incident form is to capture and report the incident with the initial available information. This will be followed up by the relevant department / individual within the organisation.

SECTION A: GENERAL INCIDENT DETAILS

Date of incident `D D M M Y Y Y`

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

Location *The parent location the party involved was attached to e.g. Ward in Hospital, Room in Health Centre etc.*

Offsite ◯ **Onsite** ◯

Description of Incident: *Description should be brief and factual*

SECTION B: COMPLAINANT DETAILS

First name

Surname

Date of Birth `D D M M Y Y Y`

Female ◯ **Male** ◯

SECTION C: INCIDENT CLASSIFICATION

INSTRUCTIONS

Choose the hazard type that related to the incident below, go to correct table as indicated. Please describe the cause of the incident using the *Incident Classification* tables below, tick the appropriate *sub hazard* type within that table then choose the appropriate *Please Specify, Process and Problem/Cause* in that row only. Be sure to only choose one option in each column.

For example, the below extract relates to a complaint received from a member of the public stating there was not enough parking spaces, the user should choose the Complaint/Service User Experience hazard, this will direct them to table 2, choose the appropriate s*ub hazard type (*1) and then choose the relevant *Please Specify* (2) and *Problem/Cause* (3) within the access procedure row.

✔	Sub Hazard Type/Please Specify	✔	Process	✔	Problem/Cause
✔	Access **Step 1**		Medication/Equipment	✔	Inadequate/Insufficient
			Personnel/|Services/Treatment		Failure
			Admission/ Appointment		Compromised
			Referral letter		Breached
			Facilities		
		✔	Car parks/Transfer/Transport		

Step 3 (arrow to Problem/Cause)
Step 2 (arrow to Car parks/Transfer/Transport)

Did this incident relate to a… (tick one only)

◯ **Dangerous Occurrence** – *Go to table 1*

◯ **Complaint/Service User Experience** – *Go to table 2*

Table 1 – Dangerous Occurrence

✔	Sub Hazard Type	✔	Please Specify	✔	Problem/Cause
	Staff Factors		Staff Resources		Unavailable
			Equipment Resources		Inadequate/Insufficient
			Competence		
			Knowledge and Skills		
			Other, Please Specify		
	Organisational & Management Factors		Smoking Policy		Breached/Non-Compliant
			Security		Inadequate/Insufficient
			Fire Regulations		
			Infection Control Policy		
			Medication Safety Policy		
			Other Protocols/Policies/Regulations		
			Other, Please Specify		
	Environment Factors		Food Safety		Breached/Non-Compliant
			Water Supply		Inadequate/Insufficient
			Pest Control		
			General Hygiene		
			Noise Level		
			Work Environment		
			Overcrowding		
			Disposal of Clinical Waste		
			Other, Please Specify		

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Table 1 – Dangerous Occurrence Continued...

Systems/Installations	Power	Failure
	Fire System	Breached
	Electrical Installation	Inadequate/Insufficient
	CCTV Systems	
	IT Systems	
	Telephone/Bleeper Systems	
	Other, Please Specify	
Occupational Disease	Anthrax	Notifiable
	Malaria	Unnotifiable
	Measles	
	Other, Please Specify	
HSA Dangerous Occurrences	Load Bearing Part	Collapse
	Closed Vessel	Overturning
	Plant/Place	Failure
	Flammable Chemical	Explosion
	Scaffolding	Fire
	Building under Construction/Demolition	Ignition
	Walls/Floors of Building	Uncontrolled/Accidental Release
	Dangerous Substance/Pathogen	Accidental Collision
	Explosives	Contact with Overhead Lines
	Pipeline	Burst
	Vehicle/Tank Carrying Dangerous Substance	
	Breathing Apparatus	
	Vehicle/Train/Locomotive	
	Revolving Mechanical Component	
	Other, Please Specify	
Other	Other, Please Specify	Failure
		Breached
		Inadequate/Insufficient

Table 2 – Complaints/Service User Experience

✔	Sub Hazard Type	✔	Please Specify	✔	Problem/Cause
	Access		Medication/Equipment		Inadequate/Insufficient
			Personnel/Services/Treatment		Failure
			Admission/Appointment		Compromised
			Referral Letter		Breached
			Facilities		
			Car Parks/Transfer/Transport		
			Visiting		
			Other, Please Specify		
	Accountability		Finance/ Bill		Inadequate/Insufficient
			Cost of Products		Failure
			Insurance Cover		Compromised
			Invoice Error		Breached
			Patient Feedback		
			Other, Please Specify		
	Communication and Information		Communication Skills		Inadequate/Insufficient
			Comments		Failure
			Delivery of Information		Compromised
			Communication Between Staff or Areas		Breached
			Communicating		
			Information		
			Telephone Availability		
			Other, Please Specify		
	Dignity and Respect		Behaviour		Inadequate/Insufficient
			End-of-Life Care Treatment		Failure
			Respect for Requests		Compromised
			Other, Please Specify		Breached
	Improving Health		Catering		Inadequate/Insufficient
			Food quality		Failure
			Support		Compromised
			Information/Understanding of Patient		Breached
			Compliance		
			Other, Please Specify		
	Participation		Consent		Inadequate/Insufficient
			Decision Making Process		Failure
			Other, Please Specify		Compromised
					Breached
	Privacy		Patients confidentiality		Inadequate/Insufficient
			Security of Files and Records		Failure
			Hospital Facilities (Privacy)		Compromised
			Other, Please Specify		Breached
	Safe and Effective Care		Support Services Post Discharge		Inadequate/Insufficient
			Clinical Handover		Failure
			Diagnosis		Compromised
			Adherence to Discharge Policy		Breached
			Discharge Letter		
			Discharge		
			Other, Please Specify		

Table 2 – Complaints/Service User Experience Continued…

✓	Sub Hazard Type	✓	Please Specify	✓	Problem/Cause
	Health and Safety Issues		Building		Inadequate/Insufficient
			Central Heating		Failure
			Equipment		Compromised
			Fixtures and Fittings		Breached
			Noise Levels		
			Pest Control		
			Overcrowding		
			Temperature Regulation		
			Waste Management		
			Other, Please Specify		
	Documentation/Records		Health Care Records		Inadequate/Insufficient
			Admission/Registration Process		Failure
			Information on Healthcare Record/Hospital Systems		Compromised
			Chart/Films/Scans Availability		Breached
			Control of Chart		
			Recording of Information		
			Other, Please Specify		
	Hygiene		Cleanliness of Area		Inadequate/Insufficient
			Hand Hygiene/Gel Dispensers		Failure
			Linen (Beds and Curtains)		Compromised
			Floor Condition		Breached
			Waste Management		
			Infection and Control Policies And Protocols		
			Other, Please Specify		

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

SECTION E: IMMEDIATE ACTION TAKEN

First name

Surname

Date notified [D][D][M][M][Y][Y][Y][Y]

Category of person (*e.g. Nurse, Catering Staff, Cleaner*)

Local system reference no. (   )

SECTION F: OPEN DISCLOSURE DETAILS

Was open disclosure required?

( ) Yes   ( ) No

Date of open disclosure [D][D][M][M][Y][Y][Y][Y]

Time of open disclosure [H][H][M][M] *Use 24 hour clock*

Any additional open disclosure details:

SECTION G: WITNESS DETAILS (Name, contact no. etc.)

Section H: SIGNATURES

Reporter Signature _____   **Date** [D][D][M][M][Y][Y][Y][Y]

Title _____

Line Manager Signature
(where required) _____   **Date** [D][D][M][M][Y][Y][Y][Y]

Title _____