

Incident: An event or circumstance which could have, or did lead to unintended and / or unnecessary harm. Please complete this form to the best of your knowledge at the time of reporting the incident.

SECTION A: GENERAL INCIDENT DETAILS

Date of incident Time of incident Use 24 hour clock Offsite?

Location E.g. Name of Residential Facility etc.

Specific Location E.g. Room in Residential Facility etc.

SECTION B: DETAILS OF "NEED TO KNOW" OR NOTIFICATION OF CHILD DEATH OR SERIOUS INCIDENT
(Likely to attract immediate public or political media attention)

Did this relate to...?

Need to know Event (NTK)-Go to section D below

Notification of Child Death or Serious Incident for NRP (National Review Panel) –Go to section E below

Neither-Proceed to section F

SECTION C: NEED TO KNOW (NTK)

Have a problem Agency wide impact

Have immediate national media interest

Have potential to expose the agency to corporate risk of litigation

Involves a number of other governmental or state agencies

Outline the escalation process you followed:

SECTION D: NOTIFICATION OF CHILD DEATH OR SERIOUS INCIDENT

How is the person known to TUSLA? (Tick one only ✓)

Incident relates to a child or young person in care please specify below:

(A) Residential Service _____

(B) Foster Care _____

Incident relates to a child or young person known to a service funded or procured by the Child & Family Agency.

Child Protection and Welfare Service.

Incident relates to a child or young person known to the Child & Family Agency Child Protection Services.

DSGVB (Domestic Sexual and Gender Based violence).

Incident relates to child or young person in receipt of aftercare services under Section 45 of the Child Care Act 1991.

Other: (please specify) _____

National Office Ref: _____

Date of Death: (if known)

SECTION E: CRASH/COLLISION

<p>How many vehicles were involved <input type="text"/></p> <p>How many people were involved (Includes drivers, passengers and/or pedestrians) <input type="text"/></p> <p>Weather conditions <u>E.g. raining, freezing, snowing</u></p> <p>Other factors <u>E.g. speed, animal, person</u></p>	<p>Did this involve... (Tick one only)</p> <p><input type="checkbox"/> Road/Land <input type="checkbox"/> Air <input type="checkbox"/> Water</p> <p>Road type <u>E.g. primary, secondary, motorway</u></p> <p>Road conditions <u>E.g. Icy conditions, surface water</u></p>
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Description of incident:

SECTION K: IMMEDIATE ACTIONS TAKEN

SECTION L: REPORTED BY: person who discovers the incident and unless otherwise stated within the organization, this person is responsible for completing the NIRF.

First name

Surname

Date notified

D	D	M	M	Y	Y	Y	Y
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Category of person

E.g. Social Worker, Line Manager etc.

Local system reference no.

Reporter Signature:

Date

D	D	M	M	Y	Y	Y	Y
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Line Manager Signature

(where required):

Date

D	D	M	M	Y	Y	Y	Y
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SECTION M: WITNESS DETAILS (Name, Contact No. etc.)