NIMS
National Incident Management System

TUSLA NIRF 01 – V02
Date Issued: Nov 2017

NATIONAL INCIDENT REPORT FORM (NIRF)

NIRF – 01 PERSON/DANGEROUS OCCURANCE

NIMS record Number:

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 D D M M Y Y Y Y

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

Location *E.g. Area and name of residential facility etc.*

Specific Location *E.g. Room in residential facility etc.* **Offsite?** ☐

SECTION B DID THIS RELATE TO...? (tick one only ✓)

☐ **Person** (Go to Section C)

☐ **Dangerous Occurrence** (Go to Page 4 Section L)

SECTION C: 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 D: 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 E: 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: _____

Description of incident:

SECTION F: PERSON AFFECTED DETAILS

First name

Surname

Date of birth D D M M Y Y Y Y

☐ **Female** ☐ **Male**

Who was involved…? (tick one only ✓)

- ☐ **Service user** – Go to section **G**
- ☐ **Staff member** – Go to section **H**
- ☐ **Agency / Panel staff** – Go to section **H**
- ☐ **Student** – Go to section **H**
- ☐ **Volunteer** – Go to section **H**
- ☐ **Member of public** – Proceed to section **J**
- ☐ **External Contractor** – Go to section **I**

SECTION G: SERVICE USER DETAILS ONLY

Category of Person:

☐ **Child (in care of Tusla)** ☐ **Child (known to Tusla)**

This incident occurred under…? (tick one only ✓)

- ☐ **ACTS**
- ☐ **Adoption**
- ☐ **Aftercare**
- ☐ **Child Protection**
- ☐ **Domestic Violence**
- ☐ **Separated Children Seeking Asylum**
- ☐ **Education Welfare Service**
- ☐ **Out of Hours**
- ☐ **Inspectorates**
- ☐ **Fostering**
  - ☐ Relative
  - ☐ General
- ☐ **Residential** (tick one only ✓)
  - ☐ Out of State
  - ☐ Private
  - ☐ TUSLA Provided
  - ☐ Special Care
- ☐ **Family Support**
- ☐ **Other, please specify:**

SECTION H: STAFF MEMBER / AGENCY / PANEL STAFF / STUDENT / VOLUNTEER DETAILS ONLY

Category of person affected: E.g. social worker, admin, etc.

This incident occurred under…? (tick one only ✓)

- ☐ **ACTS**
- ☐ **Adoption**
- ☐ **Aftercare**
- ☐ **Child Protection**
- ☐ **Domestic Violence**
- ☐ **Separated Children Seeking Asylum**
- ☐ **Corporate Service**
- ☐ **Education Welfare Service**
- ☐ **Family Support**
- ☐ **Fostering**
- ☐ **Inspectorates**
- ☐ **Residential** (tick one only ✓)
  - ☐ TUSLA Provided
  - ☐ Special Care
- ☐ **Out of Hours**
- ☐ **Other, please specify:**

Employee no.

Date absence commenced (if known) D D M M Y Y Y Y

Date returned to work (if known) D D M M Y Y Y Y

Work days lost

SECTION I: EXTERNAL CONTRACTOR DETAILS ONLY

Company name:

Company no:

SECTION J: WHAT WAS THE OUTCOME AT THE TIME OF THE INCIDENT?

	✓ Outcome	Body Part Affected
Near Miss	☐ **Near Miss**	E.g. Arm, Spine, Lung, Other Physiological
No Harm	☐ **No Injury**	
Harm	☐ **Injury not requiring first aid**	
	☐ **Injury or illness, requiring first aid**	
	☐ **Injury requiring medical treatment**	
	☐ **Long-term disability / Incapacity (incl. psychosocial)**	
	☐ **Permanent Incapacity (incl. Psychosocial)**	
	☐ **Death**	

SECTION K: WHAT TYPE OF HAZARD DID THIS INCIDENT RELATE TO? (Tick one option from Steps 1, 2, & 3)

	Step 1	Step 2	Step 3
Bio Hazards	☐ **Biological Hazards / Acquired Infections**	☐ Bacteria ☐ Fungus / Mould ☐ Prion ☐ Virus ☐ Organism Unknown	☐ Exposure to Bite (Human) ☐ Exposure to Bite (Insect / Animal) ☐ Exposure to Bodily Fluids ☐ Exposure to Ingestion / Food Water ☐ Exposure to Needle Stick ☐ Exposure to Skin Contact ☐ Inhalation/Airborne ☐ Equipment, Implements, Facilities, ☐ Sharps (Non Needle) ☐ Unknown ☐ Other

SECTION K CNTD: WHAT TYPE OF HAZARD DID THIS INCIDENT RELATE TO? (Tick one option from Steps 1, 2, & 3)

	Step 1	Step 2	Step 3
Behavioural Hazards	☐ **Self-Injurious Behaviour**	☐ Intentional ☐ Unintentional	☐ Absconsion / Missing ☐ Attempted Suicide ☐ Banging Self Against ☐ Walls/Furniture/Surfaces ☐ Hitting Body/Slap/Punch Self incl. ☐ Scratching & Picking ☐ Inappropriate Eating ☐ Inappropriate Touching ☐ Self-Harm ☐ Stripping Clothes in Public Area ☐ Suicide ☐ Throwing objects ☐ Other _____
	☐ **Violence, Harassment and Aggression** ☐ **Child Abuse** ☐ **Adult Abuse**	☐ By a Family Member / Relative ☐ By a Member of the Public ☐ By a Peer / Student ☐ By a Prisoner ☐ By a Service User ☐ By a Staff Member	☐ Aggressive towards inanimate object ☐ Discrimination/Prejudice/Racial ☐ Intimidation / Threat ☐ Neglect ☐ Non-Compliant / Obstructive / Rude ☐ Physical Assault / Abuse ☐ Physical Harassment ☐ Sexual Assault / Abuse ☐ Sexual Harassment ☐ Unintentional Aggressive Behaviour ☐ Bullying ☐ Verbal Assault / Abuse ☐ Verbal Harassment ☐ Other _____
Physical Hazards	☐ **Slip / Trip / Fall**	☐ From Height ☐ From Equipment / Furniture ☐ Same Level / Ground ☐ On Stairs ☐ On Steps ☐ Other _____	☐ Unknown ☐ Pre Existing Medical Condition ☐ Inadequate supervision gen health / post op ☐ Obstruction / protruding object ☐ Surface contaminants ☐ Rough terrain / irregular surface ☐ Inappropriate equipment use ☐ Failure / malfunction of equipment ☐ Horseplay ☐ Physical training / sport ☐ Weather Condition ☐ Inadequate Lighting / design ☐ Other _____
	☐ **Non Mechanical (Incl. Person / Animal)**	☐ Object / Tools (Non Sharps) ☐ Sharps (Non Needle) ☐ Other ☐ Person	☐ Human Use / Error ☐ Obstruction / Protruding Object ☐ Physical Training / Sport ☐ Defective Equipment ☐ Unsafe / Inappropriate system ☐ Unknown ☐ Task ☐ Load ☐ Working Environment ☐ Individual Capability ☐ Other _____
	☐ **Ergonomics (Incl. manual / people handling)**	☐ Manual Handling ☐ Other ☐ Patient Handling ☐ Restraint / Intervention	
	☐ **Mechanical Components**	☐ Catering equipment ☐ Door / Gate / Barrier ☐ Healthcare Equipment ☐ Lifting Equipment / Accessories ☐ Office / Business equipment	
	☐ **Temperature**	☐ Hot ☐ Cold	☐ Liquid / Food / Steam ☐ Equipment / Utensils ☐ Atmosphere / Environment
	☐ **Fire** ☐ **Vibration** ☐ **Electrical** ☐ **Noise** ☐ **Radiation**	☐ Please Specify _____	☐ Defective Equipment ☐ Human Use / Error ☐ Unknown ☐ Unsafe System ☐ Explosion ☐ Exposure ☐ Electrical Wiring / installation

SECTION K CNTD: WHAT TYPE OF HAZARD DID THIS INCIDENT RELATE TO? (Tick one option from Steps 1, 2, & 3)

	Step 1	Step 2	Step 3
Chemical Hazards	☐ **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 / Adhesive ☐ Petrol ☐ Polish Radon ☐ Rodenticide ☐ Soap ☐ Sodium Hydroxide ☐ Solvents ☐ Spent / Used Oil Product ☐ Sulphuric Acid ☐ Wrong Patient ☐ Other_____

SECTION L: WHAT TYPE OF DANGEROUS OCCURANCE DID THIS INCIDENT RELATE TO? (Tick one option from Steps 1, 2, 3)

	Step 1	Step 2	Step 3
Dangerous Occurrences	☐ **Environment Factors** ☐ **HSA Dangerous Occurrences** ☐ **Organisational & Management Factors** ☐ **Systems/Installations** ☐ **Occupational Disease** ☐ **Staff Factors** ☐ **Other, Please Specify** _____	☐ Dangerous Substance/Pathogen ☐ Drugs/Alcohol Policy ☐ Electrical Installation ☐ Fire System ☐ Food Safety ☐ General Hygiene ☐ Measles ☐ Overcrowding ☐ Pest Control ☐ Walls/Floors of building ☐ Work Environment ☐ Building under construction/demolition ☐ Staff Resources ☐ Other, Please Specify _____	☐ Fire/Ignition ☐ Unavailable/Mislabelled/Lost ☐ Unnotifiable ☐ Breached/non-compliant ☐ Overturning ☐ Missing ☐ Inadequate/Insufficient ☐ Failure ☐ Collapse ☐ Accidental Collision ☐ Notifiable ☐ Release/Escape ☐ Burst ☐ Other, Please Specify _____

SECTION M: IMMEDIATE ACTIONS TAKEN

SECTION N: 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

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

Line Manager Signature (where required)**:** _____

Date D D M M Y Y Y Y

SECTION O: WITNESS DETAILS (Name, Contact No. etc.)