|  |  |
| --- | --- |
| Description: RQIA memo header v1 | **Form (1a) - Notification of accidental or unintended exposure form**  *(Please complete all relevant sections)* |

**Part 1: Service Details**

|  |  |
| --- | --- |
| Name of organisation/hospital/site:  |       |
| Modality Type: |  |
| Local incident reference number: |       |

**Part 2: Details of Service Users affected**

|  |  |  |
| --- | --- | --- |
| **Unique Identifier***(Please Do Not Use Name)* | **Year of Birth***(yyyy)* | **Gender***(male/female)* |
|       |      |  |
|       |      |  |

*(if more than 2 service users are affected please list details of remaining individuals in Part 4 of this form)*

**Part 3: Information about the Event**

**Date:** *(dd/mm/yyy)* **Time:** *(24 hour clock)*

|  |  |  |
| --- | --- | --- |
|       |       |  |

***Please select one of the following:***

|  |  |
| --- | --- |
| [ ]  | **Wrong patient exposed** |
| [ ]  | **Wrong radioactive substance administered(NM)** |
|  |
| [ ]  |  **Unintended planning or verification exposure (RT)**  |
| [ ]  |  **Wrong examination including body part or modality**  |
| [ ]  |  **Failure to follow procedure regarding pregnancy or breast feeding enquiries** |
| [ ]  |  **Timing errors when an additional unintended exposure is undertaken** |
|  |
| [ ]  | **Incident involving several individuals to an extent significantly greater or lower than considered proportionate (but less then the guidance factors)** |
| [ ]  |  **Equipment malfunction**  |
| [ ]  |  **Unintended foetal exposure where there was no failure to follow procedures** |
| [ ]  |  **All other cases at the Employer’s discretion** |

**Any duty holder/relevant parties informed:**

|  |  |
| --- | --- |
| **Duty holder**  | **Date** *(dd/mm/yy)* |
| * Referrer
 |       |
| * Practitioner
 |       |
| * Employer
 |       |
| * Patient/patient representative
 |       |
| * Medical physics expert
 |       |
|  |       |
| **Others:***(e.g. NIAIC)* |       |       |
|       |       |

**Part 4 Concise description of surrounding circumstances**

|  |  |
| --- | --- |
| **Details of the event** *(Provide details of what happened, anatomical site or system affected, known contributory factors leading to the incident*) |       |
| **Any immediate action taken following the event** |       |
| **Any action taken to minimise recurrence and lessons learnt** (*where appropriate)* |       |
| **Please submit the medical physics expert (MPE) report of this incident with the notification form (or immediately when available)**[ ]  MPE report attached[ ]  MPE report to be forwarded when available |
|  |

**Part 5: Form Completed by:**

|  |  |  |
| --- | --- | --- |
| **Name** | ***Job Role*** | **Date** *(dd/mm/yy)* |
|  |  |       |