|  |  |
| --- | --- |
| 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)* |
|  |  |  |