



An Stiúrtóireacht um Ardchaighdeán  
agus Sábhálteacht Othar  
Oifig an Phríomhoifigigh Cliniciúil

National Quality and  
Patient Safety Directorate  
Office of the Chief Clinical Officer

# NIMS Picklist for Healthcare Locations

August 2023

Note: This document includes only selections available for Healthcare incidents

Fields included:



<b>People</b>	Who was involved	<i>page 2</i>
	Category of Person, Affected	<i>page 2-7</i>
	Sub Category of Person	
	Category of Person, Reporting	<i>page 7</i>
<b>Service</b>	Division	<i>page 8</i>
	Service	<i>page 8-11</i>
	Sub Service	
<b>Hazard</b>	Incident/Hazard Category	<i>page 12</i>
	Sub Hazard Type	
	Sub Hazard, Please Specify	
	Process	<i>page 12-30</i>
	Problem / Cause	
	Problem/Cause Specify	
<b>Injury</b>	Classification of Injury	<i>page 31</i>
	Type Of Injury	<i>page 31-34</i>
	Body Part Injured	<i>page 34-35</i>
<b>Severity</b>	Outcome At Time Of Incident Reporting	
	Additional Outcome Since Incident	
	Severity Rating	<i>page 36-37</i>
	Category of Incident	
	Did this result in	

The lists include all field values available in the system at time of release. Please note this Picklist is under review and will be updated as selections available in the system are changed.

## Section 1 People

Fields: Who was involved, Category of Person, Affected and Sub Category of Person;

Category of Person, Reporting

### Who was involved:

- Service User
- Member of the Public
- Staff Member
- Panel Staff/Agency/Locum
- Work Placement/Trainee
- Volunteer
- External Contractor

Who was involved	Category of Person, Affected	Sub Category of Person
Service User	Client	Client
	New Born	New Born
	Patient	Patient
	Resident	Resident
	Service User	Service User

Note: Sub category of person populated system side

Who was involved	Category of Person, Affected	Sub Category of Person
Member of the Public	Member of the Public	Member of the Public

Note: Sub category of person populated system side

Who was involved	Category of Person, Affected	Sub Category of Person
Staff Member	Allied Health Professional	Dietitian
		Healthcare Assistant
		Occupational Therapist
		Other
		Physiotherapist
		Psychologist
		Radiographer
		Social Worker
	Ambulance/Service User Transport	Drivers/Escort
		EMT
		Other
		Paramedic
	Catering/Housekeeping	Catering Staff
		Kitchen Staff
		Other
	Dental	Dental Staff

Who was involved	Category of Person, Affected	Sub Category of Person
Staff Member	Maintenance/Trades	Craftsman
		General Operative
		Maintenance
		Other
		Technician
	Medical	Consultant
		Medical Officers
		NCHD
		Other
		Public Health Doctors
	Nursing	Nurse/Midwife
		Other
		Psychiatric
		Public Health Nurse
	Other Staff	Administrative/Clerical
		Community Welfare Officer
		Healthcare Assistant
		Home Help
		Housekeeping
		Management
		Other
		Porter
		Security
		Special Needs Assistant
		Professional Grades
	Tech/Maintenance	Teacher/Instructor
		Administrative/Clerical
		Catering Staff
		Community Welfare Officer
		Consultant
		Craftsman
		Dental Staff
		Dietician
		Drivers/Escort
		EMT
		General Operative
		Healthcare Assistant
		Home Help
		Housekeeping
		Kitchen Staff
	Maintenance	
	Medical officers	
NCHD		

Who was involved	Category of Person, Affected	Sub Category of Person
Staff Member	Tech/Maintenance	Nurse/Midwife
		Occupational Therapist
		Other
		Paramedic
		Physiotherapist
		Porter
		Psychiatric
		Psychologist
		Public Health Doctors
		Radiographer
		Security
		Social worker
		Special Needs Assistant
		Teacher/Instructor
Technician		

Who was involved	Category of Person, Affected	Sub Category of Person
Panel Staff/Agency/Locum	Allied Health Professional	Dietician
		Healthcare Assistant
		Occupational Therapist
		Other
		Physiotherapist
		Psychologist
		Radiographer
		Social Worker
		Ambulance/Service User Transport
	EMT	
	Other	
	Paramedic	
	Catering/Housekeeping	Catering Staff
		Kitchen Staff
		Other
	Dental	Dental Staff
	Locum	Locum
	Maintenance/Trades	Craftsman
		General Operative
		Maintenance
		Other
		Technician
	Medical	Consultant
		Medical Officers
		NCHD

Note: Sub category of person highlighted orange is populated system side

Who was involved	Category of Person, Affected	Sub Category of Person
Panel Staff/Agency/Locum		Other
		Public Health Doctors
	Nursing	Nurse/Midwife
		Other
		Psychiatric
		Public Health Nurse
	Other Staff	Community Welfare Officer
		Healthcare Assistant
		Home Help
		Housekeeping
		Other
		Porter
		Security
		Special Needs Assistant
	Professional Grades	Other
		Teacher/Instructor
	Tech/Maintenance	Catering Staff
		Community Welfare Officer
		Consultant
		Craftsman
		Dental Staff
		Dietician
		Drivers/Escort
		EMT
		General Operative
		Home Help
		Housekeeping
		Kitchen Staff
		Locum
		Maintenance
		Medical officers
		NCHD
		Nurse/Midwife
		Occupational Therapist
		Other
		Paramedic
		Physiotherapist
		Porter
		Psychiatric
Psychologist		
Public Health Doctors		
Radiographer		
Security		

Who was involved	Category of Person, Affected	Sub Category of Person
Panel Staff/Agency/Locum	Tech/Maintenance	Special Needs Assistant
		Teacher/Instructor
		Technician

Who was involved	Category of Person, Affected	Sub Category of Person
Work Placement/Trainee	Allied Health Professional	Dietician
		Occupational Therapist
		Other
		Physiotherapist
		Psychologist
		Radiographer
		Social Worker
	Dental	Dental Staff
	Medical	Consultant
		Medical Officers
		NCHD
		Other
		Public Health Doctors
	Nursing	Nurse/Midwife
		Other
		Psychiatric
		Public Health Nurse
	Other Staff	Administrative/Clerical
		Management
		Other

Who was involved	Category of Person, Affected	Sub Category of Person
Volunteer	Ambulance/Service User Transport	Drivers/Escort
		EMT
		Other
		Paramedic
	Non Professional Volunteer	Non Professional Volunteer
Professional Volunteer	Professional Volunteer	

Note: Sub category of person highlighted orange is populated system side

Who was involved	Category of Person, Affected	Sub Category of Person
External Contractor	Catering/Housekeeping	Catering Staff
		Kitchen Staff
		Other
	Maintenance/Trades	Craftsman
		General Operative
		Maintenance

Who was involved	Category of Person, Affected	Sub Category of Person
External Contractor		Other
		Technician
	Other Staff	Builder
		Caterer
		Cleaner
		Other
	Professional Grades	Other
		Teacher/Instructor

### Category of Person, Reporting

Category of Person, Reporting
Allied Health Professional
Ambulance/Service User Transport
Catering/Housekeeping
Dental
General Support
Medical
Nursing/Midwifery
Tech/Maintenance



## Section 2 Service

Fields: Division, Service, Sub Service

### Division:

- Acute Hospital
- Ambulance
- Health & Wellbeing
- National Corporate Services\*
- Mental Health
- Primary Care
- Social Care

\*no service/ sub service

Division	Service	Sub Service	
Acute Hospital	Allied Health	Audiology	
		Chiropody / Podiatry	
		Counselling	
		Nutrition & Dietetics	
		Occupational Therapy	
		Ophthalmology	
		Optometry / Orthoptics	
		Other	
		Pharmacy	
		Physiotherapy	
		Psychology	
		Speech & Language Therapy	
		Dental	Dental
	Orthodontics		
	Gynaecology	Gynaecology	Fertility Treatment
			Gynaecology - General
			Other
	Laboratory Services	Laboratory Services	Biochemistry
			Histopathology
			Microbiology
			Other
			Pathology/Haematology
	Maternity Services	Maternity Services	Antenatal
			Delivery
			Postnatal
	Medicine	Medicine	Cardiology
			Dermatology
			Emergency Medicine
			Endocrinology
			Gastroenterology
			General Medicine
			Genito-urinary Medicine

Division	Service	Sub Service
Acute Hospital	Medicine	Haematology
		Infectious Diseases
		Medical Genetics
		Medical oncology
		Nephrology
		Neurology
		Oral Medicine
		Palliative Care
		Rehabilitation Medicine
		Respiratory Medicine
		Rheumatology
	Mental Health Services	Liaison Psychiatry
		Other
	Radiology	Cardiology
		CT
		Interventional Radiology / Fluoroscopy
		Mammography
		MRI
		Nuclear Medicine / PET CT
		Radiology - General
		Ultrasound
	Radiotherapy	Brachytherapy
		External Beam
		IMRT
	Specialist Services	Cancer Screening
		Other
		Palliative Care Services
		Regional Cancer services
	Surgery	Sexual Health
		Breast Surgery
		Cardio-thoracic
		Dental Surgery
		ENT / Otolaryngology
		Gastro-intestinal
		General Surgery
		Gynaecological Surgery
		Neurosurgery
		Ophthalmic Surgery
		Oral & Maxillofacial Surgery
		Orthopaedic Surgery
		Other
		Plastic & Reconstructive Surgery
Urology		
Vascular Surgery		

Division	Service	Sub Service
Ambulance	Ambulance Service (Road and Air)	Aeromedical Service (Air Corps)
		Clinical status 1 (Echo, Delta)
		Clinical status 2 (Charlie, Bravo)
		Clinical status 3 (Alpha, Omega)
		Mini Bus Services (Non-Emergency)
		Search and Rescue Helicopter Service (Irish Coast Guard)
	First Responder Service	First Responder Service
	Retrieval & Transfer Service	Adult Retrieval & Transfer (MICAS)
		Neonatal Retrieval & Transfer
Paediatric Retrieval & Transfer		

Division	Service	Sub Service
Health & Wellbeing	Health & Well-being	Corporate
		Environmental Health
		Health Promotion
		Other
		Public Health
		Screening

Division	Service	Sub Service
Mental Health	Mental Health Inpatient	Counselling in Primary Care
		General Adult Mental Health Services
		Liaison Psychiatry
		Mental Health Intellectual Disability
		National Forensic Mental Health Service
		Other
		Mental Health Outpatient
	General Adult Mental Health Services	
	Liaison Psychiatry	
	Mental Health Intellectual Disability	
	National Forensic Mental Health Service	
	Other	

Division	Service	Sub Service
Primary Care	Allied Health	Audiology
		Chiropody / Podiatry
		Counselling
		Nutrition & Dietetics
		Occupational Therapy
		Ophthalmology

Division	Service	Sub Service
Primary Care	Allied Health	Optometry / Orthoptics
		Other
		Pharmacy
		Physiotherapy
		Psychology
		Speech & Language Therapy
	Dental	Adults (with Medical Cards & Listed Conditions)
		Orthodontics
		School-going Children
	Maternity Services	Delivery
		Postnatal
	Nursing	Public Health Nursing
	Other Services	Home Help
		Other
	Specialist Services	Cancer Screening
		Other
		Palliative Care Services
		Regional Cancer Services
Sexual Health		

Division	Service	Sub Service
Social Care	Disability Services (Day Care)	Intellectual Disability
		Physical/Sensory Disability
	Disability Services (Residential)	Intellectual Disability
		Physical/Sensory Disability
	Disability Services (Respite)	Intellectual Disability
		Physical/Sensory Disability
	Older Persons	Home Care Support Service
		Nursing Home Support Schemes
		Other
		Residential Care - Public Long & Short Stay

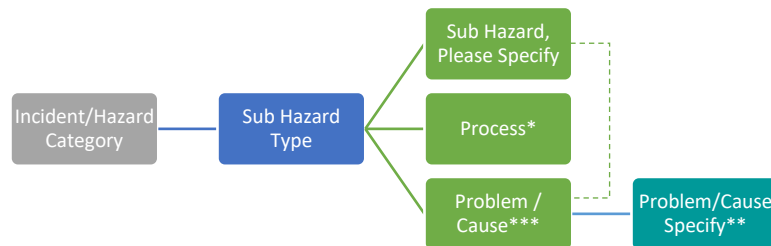
## Section 3 Hazard

Fields: Incident/Hazard Category, Sub Hazard Type, Sub Hazard, Please Specify, Process, Problem / Cause, Problem/Cause Specify

### Incident/Hazard Category:

- NIRF1
  - Clinical Care
  - Exposure to Behavioural Hazards
  - Exposure to Biological Hazards
  - Exposure to Chemical Hazards
  - Exposure to Physical Hazards
  - Exposure to Psychological hazards
- NIRF 2 - Crash/Collision
- NIRF 3 - Property Damage/Loss (non crash/collision)
- NIRF 4 - Dangerous Occurrences

### Note on correlations:



\*Only for Incident/Hazard Category Clinical Care the Process field is available

\*\*Only for the following Problem / Cause values the Field Problem/Cause Specify is available:

- Incomplete/Inadequate
- Adverse Event
- Adverse Event Requiring Transfer / Return to Theatre

\*\*\*Note the options for Problem/Cause changes with each Sub Hazard Type. Additionally, the Sub Hazard Type Medical Radiation Procedures the Problem/Cause list has different values depending on the Sub Hazard, Please Specify selected (see note for \*<sup>D</sup> and \*<sup>R</sup> in the detailed table below for Medical Radiation Procedures)

Problem / Cause	Problem/Cause Specify
Incomplete/Inadequate	<ul style="list-style-type: none"> <li>Communication</li> <li>Consent</li> <li>Documentation</li> <li>Equipment</li> <li>Unknown/Other</li> </ul>
Adverse Event Adverse Event Requiring Transfer / Return to Theatre	<ul style="list-style-type: none"> <li>Cord Prolapse</li> <li>Eclampsia</li> <li>Low Apgars/Cord PH</li> <li>Other</li> <li>Placental Abrupton</li> <li>PPH</li> <li>Shoulder Dystocia</li> <li>Uterine Rupture</li> </ul>

Note: same drop-down list is available for field Problem/Cause Specify when the field Problem / Cause has the value Adverse Event or Adverse Event Requiring Transfer / Return to Theatre

Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Process	Problem / Cause
Clinical Care	Blood/Blood Product	Cryoprecipitate	Administration	Adverse Effect
		Fresh Frozen Plasma	Communication/Consent	Contaminated
		LG Plasma	Documentation/Records	Contraindicated
		Other	Donating blood	Expired/Recalled Blood/Blood Product
		Platelet (Apheresis)	Equipment	Failure/malfunction of equipment
		Platelets (Pooled)	Monitoring	Inappropriate for Task/Wrong Device
		Red cells	Pre Transfusion Testing	Incomplete/Inadequate
		SD Plasma	Preparation/Dispensing	Lack of Availability
		Whole Blood	Prescribing	
			Presentation/Packaging	

Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Process	Problem / Cause
Clinical Care	Blood/Blood Product		Storage	Not performed when indicated/Delay
			Supply/Ordering/Transport	Omitted/Delayed Dose
			Transfusing blood	Pre Existing Medical Condition
			Unknown	Unknown
	Care Management	Community Inpatient Outpatient/ED	Assessment/Monitoring Tests/Investigations Treatment/Intervention	Incomplete/Inadequate
				Lack of Availability
				Not performed when indicated/Delay
				Other Adverse Event/Patient Safety Incident
				Pre Existing Medical Condition
Diagnosis	Delayed Diagnosis Misdiagnosis/Incorrect Diagnosis Missed Diagnosis	Assessment/Monitoring Test Interpretation Tests/Investigations	Incomplete/Inadequate	
			Lack of Availability	
			Not performed when indicated/Delay	
				Wrong Blood/Blood Product
				Wrong Dose or Frequency
				Wrong Label/Instructions
				Wrong Patient
				Wrong Process/Treatment/Procedure
				Wrong Quantity/Duration
				Wrong Storage
				Retained Foreign Object
				Wrong Body Part/Side/Site
				Wrong Patient
				Wrong Process/Treatment/Procedure

Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Process	Problem / Cause
Clinical Care				Other Adverse Event/Patient Safety Incident
	Labour/Delivery	Caesarean section (elective)	Assessment/Monitoring	Adverse Event
Caesarean section (emergency)		Tests/Investigations	Adverse Event Requiring Transfer / Return to Theatre	
Instrumental delivery (Forceps)		Treatment/Intervention	Incomplete/Inadequate	
Instrumental Delivery (Multiple Instruments)			Lack of Availability	
Instrumental Delivery (Vacuum, Ventouse, Kiwi)			Not performed when indicated/Delay	
Non Instrumental Delivery			Retained Foreign Object	
Medical Radiation Procedures	Diagnostic Radiology & Nuclear Medicine* <sup>D</sup>	Checking Patient ID Procedure Clinical Details on Referral Communication/Consent Documentation/Records Equipment Performing Procedure Pregnancy Status Unknown	Wrong Process/Treatment/Procedure	
			Diagnostic Exposure greater than intended (above notifiable level) * <sup>D</sup>	
	Radiotherapy* <sup>R</sup>		Diagnostic Exposure greater than intended (below notifiable level) * <sup>D</sup>	
	*D – see in Problem / Cause list values that apply only for this Sub Hazard, Please Specify		Dose or volume variation in one fraction >10% wrt fraction dose* <sup>R</sup>	
	*R – see in Problem / Cause list values that apply only for this Sub Hazard, Please Specify		Dose or volume variation in one fraction >10-20% wrt fraction dose* <sup>R</sup>	
			Dose or volume variation in one fraction >20% wrt fraction dose* <sup>R</sup>	



Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Process	Problem / Cause																							
Clinical Care	Medical Radiation Procedures	<table border="1" data-bbox="779 288 1189 405"> <tr> <td data-bbox="779 288 1189 363">Diagnostic Radiology &amp; Nuclear Medicine*<sup>D</sup></td> </tr> <tr> <td data-bbox="779 363 1189 405">Radiotherapy*<sup>R</sup></td> </tr> </table>	Diagnostic Radiology & Nuclear Medicine* <sup>D</sup>	Radiotherapy* <sup>R</sup>	<table border="1" data-bbox="1245 288 1682 628"> <tr> <td data-bbox="1245 288 1682 336">Checking Patient ID Procedure</td> </tr> <tr> <td data-bbox="1245 336 1682 376">Clinical Details on Referral</td> </tr> <tr> <td data-bbox="1245 376 1682 416">Communication/Consent</td> </tr> <tr> <td data-bbox="1245 416 1682 456">Documentation/Records</td> </tr> <tr> <td data-bbox="1245 456 1682 496">Equipment</td> </tr> <tr> <td data-bbox="1245 496 1682 536">Performing Procedure</td> </tr> <tr> <td data-bbox="1245 536 1682 576">Pregnancy Status</td> </tr> <tr> <td data-bbox="1245 576 1682 628">Unknown</td> </tr> </table>	Checking Patient ID Procedure	Clinical Details on Referral	Communication/Consent	Documentation/Records	Equipment	Performing Procedure	Pregnancy Status	Unknown	<table border="1" data-bbox="1738 268 2145 1332"> <tr> <td data-bbox="1738 268 2145 336">Dose to comforters and carers &gt; Medical council guidelines</td> </tr> <tr> <td data-bbox="1738 336 2145 376">Failure /Malfunction</td> </tr> <tr> <td data-bbox="1738 376 2145 456">Inadvertent deterministic effects</td> </tr> <tr> <td data-bbox="1738 456 2145 536">Inadvertent dose to foetus (&lt;1mSv)</td> </tr> <tr> <td data-bbox="1738 536 2145 616">Inadvertent dose to foetus (&gt; 1mSv)</td> </tr> <tr> <td data-bbox="1738 616 2145 695">Other</td> </tr> <tr> <td data-bbox="1738 695 2145 807">Total dose or volume variation &gt;10% wrt total prescribed dose*<sup>R</sup></td> </tr> <tr> <td data-bbox="1738 807 2145 919">Total dose or volume variation &gt;20% wrt total prescribed dose*<sup>R</sup></td> </tr> <tr> <td data-bbox="1738 919 2145 999">Total dose or volume variation &gt;5-10% of total prescribed*<sup>R</sup></td> </tr> <tr> <td data-bbox="1738 999 2145 1078">Wrong Body Part/Side/Site (above notifiable levels)</td> </tr> <tr> <td data-bbox="1738 1078 2145 1158">Wrong Body Part/Side/Site (below notifiable levels)</td> </tr> <tr> <td data-bbox="1738 1158 2145 1238">Wrong Dose (NM &gt;20% greater than intended) *<sup>D</sup></td> </tr> <tr> <td data-bbox="1738 1238 2145 1332">Wrong Dose (NM 10%-20% greater than intended) *<sup>D</sup></td> </tr> </table>	Dose to comforters and carers > Medical council guidelines	Failure /Malfunction	Inadvertent deterministic effects	Inadvertent dose to foetus (<1mSv)	Inadvertent dose to foetus (> 1mSv)	Other	Total dose or volume variation >10% wrt total prescribed dose* <sup>R</sup>	Total dose or volume variation >20% wrt total prescribed dose* <sup>R</sup>	Total dose or volume variation >5-10% of total prescribed* <sup>R</sup>	Wrong Body Part/Side/Site (above notifiable levels)	Wrong Body Part/Side/Site (below notifiable levels)	Wrong Dose (NM >20% greater than intended) * <sup>D</sup>	Wrong Dose (NM 10%-20% greater than intended) * <sup>D</sup>
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Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Process	Problem / Cause																													
Clinical Care	Medical Radiation Procedures	<table border="1"> <tr> <td>Diagnostic Radiology &amp; Nuclear Medicine*<sup>D</sup></td> </tr> <tr> <td>Radiotherapy*<sup>R</sup></td> </tr> </table>	Diagnostic Radiology & Nuclear Medicine* <sup>D</sup>	Radiotherapy* <sup>R</sup>		<table border="1"> <tr> <td>Wrong Dose (NM therapeutic dose given instead of diagnostic) *<sup>D</sup></td> </tr> <tr> <td>Wrong drug (radiopharmaceutical) *<sup>D</sup></td> </tr> <tr> <td>Wrong Patient (&gt;1mSv)</td> </tr> <tr> <td>Wrong Patient (&lt;1mSv)</td> </tr> <tr> <td>Wrong Process/Treatment/Procedure</td> </tr> </table>	Wrong Dose (NM therapeutic dose given instead of diagnostic) * <sup>D</sup>	Wrong drug (radiopharmaceutical) * <sup>D</sup>	Wrong Patient (>1mSv)	Wrong Patient (<1mSv)	Wrong Process/Treatment/Procedure																						
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	Medication	<table border="1"> <tr> <td>Inhalation</td> </tr> <tr> <td>Intra Muscular</td> </tr> <tr> <td>Intravenous</td> </tr> <tr> <td>Oral</td> </tr> <tr> <td>Rectal</td> </tr> <tr> <td>Sub Cutaneous</td> </tr> <tr> <td>Topical</td> </tr> <tr> <td>Unknown/Other</td> </tr> </table>	Inhalation	Intra Muscular	Intravenous	Oral	Rectal	Sub Cutaneous	Topical	Unknown/Other	<table border="1"> <tr> <td>Administration</td> </tr> <tr> <td>Monitoring</td> </tr> <tr> <td>Preparation/Dispensing (Pharmacy)</td> </tr> <tr> <td>Prescribing</td> </tr> <tr> <td>Reconciliation</td> </tr> <tr> <td>Storage</td> </tr> <tr> <td>Supply/Ordering/Transport</td> </tr> </table>	Administration	Monitoring	Preparation/Dispensing (Pharmacy)	Prescribing	Reconciliation	Storage	Supply/Ordering/Transport	<table border="1"> <tr> <td>Adverse Drug Reaction</td> </tr> <tr> <td>Contraindicated</td> </tr> <tr> <td>Drug Interaction</td> </tr> <tr> <td>Failure/malfunction of equipment</td> </tr> <tr> <td>Incomplete/Inadequate</td> </tr> <tr> <td>Not performed when indicated/Delay</td> </tr> <tr> <td>Omitted/Delayed Dose</td> </tr> <tr> <td>Wrong Dose/Strength</td> </tr> <tr> <td>Wrong Drug</td> </tr> <tr> <td>Wrong Formulation/Route</td> </tr> <tr> <td>Wrong Frequency</td> </tr> <tr> <td>Wrong Label/Instructions</td> </tr> <tr> <td>Wrong Patient</td> </tr> <tr> <td>Wrong Quantity/Duration</td> </tr> </table>	Adverse Drug Reaction	Contraindicated	Drug Interaction	Failure/malfunction of equipment	Incomplete/Inadequate	Not performed when indicated/Delay	Omitted/Delayed Dose	Wrong Dose/Strength	Wrong Drug	Wrong Formulation/Route	Wrong Frequency	Wrong Label/Instructions	Wrong Patient	Wrong Quantity/Duration
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Drug Interaction																																	
Failure/malfunction of equipment																																	
Incomplete/Inadequate																																	
Not performed when indicated/Delay																																	
Omitted/Delayed Dose																																	
Wrong Dose/Strength																																	
Wrong Drug																																	
Wrong Formulation/Route																																	
Wrong Frequency																																	
Wrong Label/Instructions																																	
Wrong Patient																																	
Wrong Quantity/Duration																																	

Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Process	Problem / Cause
Clinical Care	Nutrition	Enteral	Administration	Adverse Effect
		General diet	Communication/Consent	Failure/malfunction of equipment
Other		Dispensing/Allocation	Inappropriate for Task/Wrong Device	
Parenteral		Documentation/Records	Incomplete/Inadequate	
Special diet		Equipment	Lack of Availability	
		Preparation/Manufacturing/Cooking	Not performed when indicated/Delay	
		Prescribing/Requesting	Pre Existing Medical Condition	
		Presentation	Unknown	
		Storage	Wrong Consistency	
		Supply/Ordering/Transport	Wrong Diet	
		Unknown	Wrong Frequency	
		Wrong Patient		
		Wrong Process/Treatment/Procedure		
		Wrong Quantity/Duration		
		Wrong Storage		
Surgical/Medical Procedures*5	Intra Procedure	Assessment/Monitoring	Incomplete/Inadequate	
		Tests/Investigations	Lack of Availability	
		Treatment/Intervention	Not performed when indicated/Delay	
	Post Procedure		Other Adverse Event/Patient Safety Incident	
Pre Procedure		Retained Foreign Object		
		Wrong Body Part/Side/Site		

Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Process	Problem / Cause
				Wrong Patient
				Wrong Process/Treatment/Procedure

Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Problem / Cause
Crash/Collision	Crash/Collision	Crash/Collision	Crash/Collision

Fields marked orange auto-populate

Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Problem / Cause
Dangerous Occurrences	Environment Factors	Disposal of Clinical Waste	Breached/non compliant
		Food Safety	Inadequate/Insufficient
		General Hygiene	
		Noise Level	
		Other	
		Overcrowding	
		Pest control	
		Water Supply	
	Work Environment		
	HSA Dangerous Occurrences	Breathing Apparatus	Accidental Collision
		Building under construction/demolition	Burst
		Closed Vessel	Collapse
		Dangerous Substance/Pathogen	Contact with Overhead Lines
		Explosives	Explosion
		Flammable Chemical	Failure
Load Bearing Part		Fire	

Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Problem / Cause
Dangerous Occurrences	HSA Dangerous Occurrences	Other	Ignition
		Pipeline	Overturning
		Plant/Place	Uncontrolled/Accidental Release
		Revolving mechanical component	
		Scaffolding	
		Vehicle/Tank carrying Dangerous Substance	
		Vehicle/Train/Locomotive	
		Walls/Floors of building	
	Occupational Disease	Anthrax	Notifiable
		COVID-19	Unnotifiable
		Malaria	
		Measles	
		Other	
	Organisational & Management Factors	Fire Regulations	Breached/non compliant
		Infection and Control Policies and Protocols	Inadequate/Insufficient
		Medication Safety Policy	
Other			
Other Protocols/Policies/Regulations			
Security			
Smoking Policy			
Other	Other	Breached	
		Failure	
		Inadequate/Insufficient	
Staff Factors	Competence	Inadequate/Insufficient	
	Equipment Resources	Unavailable	

Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Problem / Cause	
Dangerous Occurrences	Staff Factors	Knowledge and skills		
		Other		
		Staff Resources		
	Systems/Installations	CCTV Systems		Accidental Collision
		Electrical Installation		Breached
		Fire System		Breached/non compliant
		IT Systems		Burst
		Other		Collapse
		Power		Contact with Overhead Lines
		Telephone/Beeper Systems		Explosion
				Failure
				Fire
				Ignition
				Inadequate/Insufficient
	Missing			
	Notifiable			
	Overturning			
	Release/Escape			
	Unavailable			
	Unavailable/mislabelled/lost			
	Uncontrolled/Accidental Release			
	Unnotifiable			

Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Problem / Cause
Exposure to Behavioural Hazards	Adult Abuse	By a Family Member/Relative	Bullying
		By a Member of the Public	Emotional Abuse
		By a Peer/Student	Financial Abuse

Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Problem / Cause	
Exposure to Behavioural Hazards	Adult Abuse	By a Service User	Neglect	
		By a Staff Member	Physical Abuse	
		Other	Sexual Abuse	
	Child Abuse	By a Family Member/Relative	Bullying	
		By a Member of the Public	Emotional Abuse	
		By a Peer/Student	Neglect	
		By a Service User	Physical Abuse	
		By a Staff Member	Sexual Abuse	
		Other		
	Self Injurious Behaviour	Intentional Self Injurious Behaviour	Intentional Self Injurious Behaviour	Absconsion/Missing
			Other	Attempted Suicide
			Unintentional Self Injurious Behaviour	Banging Self against Walls/Furniture/Surfaces
		Unintentional Self Injurious Behaviour		Hitting Body/Slap/Punch self incl. Scratching & Picking
				Inappropriate eating
				Inappropriate Touching
				Induced Vomiting
				Other
				Pulling Hair
				Self Harm
			Spitting	
			Stripping Clothes in Public Area	
			Suicide	
			Throwing Objects	
			Urinating on Hands	
Violence, Harassment and Aggression	By a Family Member/Relative	Aggression towards an inanimate object		

Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Problem / Cause
Exposure to Behavioural Hazards	Violence, Harassment and Aggression	By a Member of the Public	Bullying
		By a Peer/Student	Direct Physical Assault
		By a Prisoner	Discrimination/Prejudice/Racial
		By a Service User	Intimidation/Threat
		By a Staff Member	Neglect
		Other	Non Compliant/Obstructive/ Rude
			Physical Harassment
			Sexual Assault
			Sexual Harassment
			Unintentional aggressive behaviour
			Verbal Assault
			Verbal Harassment

Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Problem / Cause
Exposure to Biological Hazards	Bacteria	Organism Known	As a result of Dept. Activities
	Fungus/Mould	Organism Unknown	Equipment, Implements, Facilities, Sharps (Non Needle)
	Organism Unknown		Exposure to Bite (Human)
	Prion		Exposure to Bite (insect/Animal)
	Virus		Exposure to Bodily Fluids
			Exposure to Ingestion/Food/Water
			Exposure to Needle Stick
			Exposure to Skin Contact (Person to Person)
			Inhalation/Airborne
			No apparent Reason
			Unknown



Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Problem / Cause				
Exposure to Chemical Hazards	Acid/Alkaline	Hydrochloric Acid	Applies to all Sub Hazard Types:  <table border="1"> <tr><td>Human/User Error</td></tr> <tr><td>Lack of Supervision</td></tr> <tr><td>Unknown</td></tr> <tr><td>Unsafe System</td></tr> </table>	Human/User Error	Lack of Supervision	Unknown	Unsafe System
		Human/User Error					
		Lack of Supervision					
		Unknown					
	Unsafe System						
	Other						
	Sodium Hydroxide						
	Sulphuric Acid						
	Agri Chemicals	Animal Remedy					
		Chemical Fertilizer					
		Fungicide					
		Herbicide					
		Insecticide					
		Other					
		Rodenticide					
	Gas	Carbon Dioxide					
		Carbon Monoxide					
		Natural Gas					
		Other					
		Radon					
	Other Chemical Products	Drugs					
Glue/Adhesive							
Other							
Paint/Paint Product							
Solvents							
Particulates	Asbestos						
	Crystalline Silica						
	Metallic Dust						
	Organic Dust						
	Other						

Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Problem / Cause				
Exposure to Chemical Hazards	Petroleum and synthetic oil based products	Diesel/Kerosene	Applies to all Sub Hazard Types:  <table border="1"> <tr><td>Human/User Error</td></tr> <tr><td>Lack of Supervision</td></tr> <tr><td>Unknown</td></tr> <tr><td>Unsafe System</td></tr> </table>	Human/User Error	Lack of Supervision	Unknown	Unsafe System
		Human/User Error					
		Lack of Supervision					
		Unknown					
		Unsafe System					
		Grease					
	Motor/Gear/Hydraulic Oil						
	Other						
	Petrol						
	Spent/Used Oil Product						
	Sanitation/Cleaning Chemicals	Bleach					
		Detergent					
		Disinfectant					
		Drain/Oven Cleaner					
		Other					
Polish							
Toxic Metals	Soap						
	Arsenic						
	Cadmium						
	Lead						
Other							

Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Problem / Cause
Exposure to Physical Hazards	Electrical	Cable (underground)	Defective Equipment
		Equipment	Human/User Error
		Other	Unknown
		Socket	Unsafe System
		Wire (Overhead)	
	Ergonomics (including manual/people handling)	Lighting	Inappropriate technique/system
		Manual Handling	Individuals Capability

Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Problem / Cause
Exposure to Physical Hazards	Ergonomics (including manual/people handling)	Other	Load
		Patient Handling	Task
		Physical Intervention	Unknown
		Ventilation	Working Environment
		Workstation	
	Fire	Accidental	Atmospheric/Environmental Conditions
		Malicious	Defective Equipment
		Unknown	Electrical Wiring/Installation
			Explosion
			Human/User Error
	Mechanical Components		Unknown
		Catering Equipment	Defective Equipment
		Door/Gate/Barriers	Human/User Error
		Healthcare Equipment	Unknown
		Lifting Equipment/Accessories	Unsafe System
		Maintenance/Gardening Equipment	
		Office/Business Equipment	
		Recycling Equipment	
		Weapons/Ammunition/Explosives	
	Workshop equipment		
Noise	Continuous	Animal	
	Not Specified	As a result of Dept. Activities	
	Single Incident	Equipment	
		Explosion	
		Human	
	Unknown		

Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Problem / Cause
Exposure to Physical Hazards	Non Mechanical (Including Person/Animal)	Animal	Weapons
		Object/Tools (Non Sharps)	Human/User Error
		Other	Obstruction/protruding object
		Person	Physical Training/Sport
		Sharps (non needle)	Unknown
	Radiation	Long term low dosage	Exposure
		Other	Unknown
		Short term high dosage	
	Slips, Trips, Falls	From Equipment/Furniture	Failure/malfunction of equipment
		From Height	Horseplay
		On Stairs	Inadequate lighting/design
		On Steps	Inadequate supervision general health care
		Other	Inadequate supervision post operative
		Same Level/Ground	Inappropriate use of equipment
	Temperature (excluding fire)	Cold	Obstruction/protruding object
		Hot	Physical Training/Sport
			Pre Existing Medical Condition
			Rough terrain/irregular surface
			Surface contaminants
			Unknown
	Weather Condition		
	Atmospheric/Environmental Conditions		
	Equipment/Utensils		
	Liquid/Food/Steam		

Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Problem / Cause
Exposure to Physical Hazards			Unknown
			Weapons
	Vibration	Hand/Arm Vibration	Equipment
		Whole Body Vibration	Unknown

Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Problem / Cause	
Exposure to Psychological hazards	Wrongful Accusation	By a Member of the Public	By a Dept	
	Wrongful Arrest	By a Member of the Public	By a Dept	
	Wrongful Death	of a Child		Alleged Breach of Care
		of a Colleague		In Clinical Care
		of a Family Member		In Custody
		of a Partner/Spouse		In Residential Care
				In the line of Dept Duties
	Wrongful Exposure	By a Member of the Public		To a Traumatic Event
		of a Child		
		of a Colleague		
		of a Family Member		
		of a Partner/Spouse		
		of a Patient		
Wrongful Injury	of a Child		In Clinical Care	
	of a Colleague		In Custody	
	of a Family Member		In Residential Care	
	of a Partner/Spouse		In the line of Dept Duties	
Wrongful Release	of information		By a Dept	
Wrongful Retention	of an Organ		By a Dept	

Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Problem / Cause
		of information	In Clinical Care

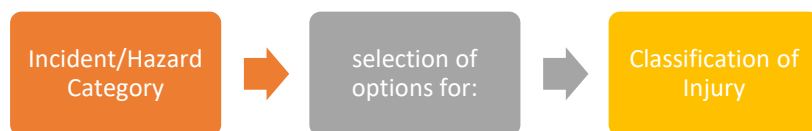
Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Problem / Cause
Property Damage/Loss (non crash/collision)	Environmental	Crops	Applies to all Sub Hazard Types:  Behavioural Factors Chemical Exposure/Contamination Confiscated/Seized Property Earth Fire Forced Entry Human/User Error Theft Unknown Water/Flood Wear and Tear Wind
		Drain	
		Land	
		Other	
		River	
		Water Supply	
	Personal Belongings	Dentures	
		Electrical Equipment	
		Glasses	
		Hearing Aid	
		Jewellery	
		Medical Equipment	
		Mobile Phone	
		Money	
	Structure/Building/Fixtures	Other	
		Ceilings/Walls	
		Fence/Gate/Pillar	
		Flooring	
		Other	
	Systems/Installations	Windows/Doors	
CCTV Systems			
Electrical Installation			
Fire System			

Incident/Hazard Category	Sub Hazard Type	Sub Hazard, Please Specify	Problem / Cause
Property Damage/Loss (non crash/collision)	Systems/Installations	IT Systems	Applies to all Sub Hazard Types: Behavioural Factors Chemical Exposure/Contamination Confiscated/Seized Property Earth Fire Forced Entry Human/User Error Theft Unknown Water/Flood Wear and Tear Wind
		Other	
		Power	
		Telephone/Beeper Systems	
	Vehicle	Bicycle	
		Car	
		Other	
		Van	
	Work Equipment	Maintenance/Gardening Equipment	
		Military Equipment	
		Other	
		Vehicular Equipment	
		Workshop equipment	

## Section 4 Injury

Fields: Incident/Hazard Category(see specific list for detail), Classification of Injury, Type Of Injury, Body Part Injured

Relations between fields:



Incident/Hazard Category →	Clinical Care	Exposure to Behavioural Hazards	Exposure to Biological Hazards	Exposure to Chemical Hazards	Exposure to Physical Hazards	Exposure to Psychological hazards	Crash/ Collision*
Classification of Injury ↓							
Birth Specific Injury (Baby)	<input checked="" type="checkbox"/>						
Birth Specific Injury (Mother)	<input checked="" type="checkbox"/>						
Blood Specific Injury	<input checked="" type="checkbox"/>						
Diagnosed Disease/Disorder/Cond.	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diagnosed Infection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
General Injuries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hearing/Sight Injury	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Misdiagnosis	<input checked="" type="checkbox"/>						
Musculoskeletal/Soft Tissue Injury	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Loss	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Surgery Specific Injury	<input checked="" type="checkbox"/>						
Traumatic/Emotional Injury	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

\*Only for Person related incidents

Note: for no harm incidents and near-miss incidents the injury fields are populated system-side to reflect No injury/ No body part affected.

Classification of Injury	Type Of Injury
Birth Specific Injury (Baby)	Apgar score <5@ 1 min &/or; 7@5mins &/or pH ≤ 7.0
	Aspiration
	Cerebral irritability / neonatal seizure
	HIE - Hypoxic Ischaemic Encephalopathy with Hypoglycaemia
	HIE Grade 1 - Hypoxic Ischaemic Encephalopathy
	HIE Grade 2 - Hypoxic Ischaemic Encephalopathy
	HIE Grade 3 - Hypoxic Ischaemic Encephalopathy
	Hypoglycaemia - severe



<b>Classification of Injury</b>	<b>Type Of Injury</b>
Birth Specific Injury (Baby)	Kernicterus
	Neonatal death
	Nerve Injury - brachial plexus (incl. Erbs Palsy)
	Nerve Injury - face
	Other
	Other unexpected deterioration
	Stillbirth
	Sub-galeal/sub-aponeurotic haemorrhage
	Unknown
Birth Specific Injury (Mother)	Death
	Hysterectomy (Perinatal)
	Incontinence (faecal & urinary)
	Incontinence (faecal)
	Incontinence (urinary)
	Other
	Perineal tear
	Post-Partum Haemorrhage
	Rhesus iso-immunisation
	Unknown
	Uterine rupture
Blood Specific Injury	Excessive Bleeding
	Fainting
	Febrile non-haemolytic transfusion reaction
	Immunological haemolysis
	Non-immunological haemolysis
	Other
Diagnosed Disease/Disorder/Cond.	Acute Radiation Syndrome
	Asbestosis
	Brucellosis
	Cancer
	Dermatitis
	Hepatitis
	HIV
	Legionnaires
	Narcolepsy/Cateplexy
	Other
	Pleural Plaques
	TB
	Unknown
Diagnosed Infection	Clostridium Difficile
	COVID-19
	CPE
	ESBL

<b>Classification of Injury</b>	<b>Type Of Injury</b>
Diagnosed Infection	Hepatitis
	MRSA
	Norovirus
	Other
	Unknown
	VRE
	VRSA
General Injuries	Allergic Reaction (incl. anaphylaxis)
	Blister
	Brain Injury /Concussion
	Burn/ scald/ corrosion
	Choking / asphyxia
	Circulatory / volume depletion
	Circulatory / volume overload
	Cut / Laceration / Graze / scratch
	Death
	Dental injury &/or loss
	Deterioration
	Haemorrhage
	Malaise/Nausea
	Nerve injury/Loss of Function
	Other
	Pain/Discomfort
	Puncture/bite
	Rash/irritation
Unknown	
Hearing/Sight Injury	Hearing Impairment/loss
	Other
	Sight Impairment/loss
	Tinnitus
	Unknown
Misdiagnosis	Cancer
	Fracture
	Infection
	Other
	Unknown
Musculoskeletal/Soft Tissue Injury	Amputation
	Bruising
	Crushing
	Dental Fracture/Tooth loss
	Dislocation
	Fracture
	Other

Classification of Injury	Type Of Injury
Musculoskeletal/Soft Tissue Injury	P. Ulcer Stage 1: Intact skin with non-blanchable redness over bony prominence
	P. Ulcer Stage 2: Part thickness dermis loss: blister/open ulcer/no slough
	P. Ulcer Stage 3: Full thickness tissue loss: +/- visible subcutaneous fat
	P. Ulcer Stage 4: Full thickness tissue loss/necrosis:exposed bone/tendon/muscle
	Repetitive Strain Injury (RSI)
	Slipped/Prolapsed Disc
	Soft tissue injury
	Sprain/Strain
	Swelling/Inflammation
	Unknown
	Whiplash
Personal Loss	Additional/Further Surgery
	Defamation of Character
	Limb Deformity
	Loss of Consortium/Pecuniary Benefits
	Loss of Wages/Income/Business
	Organ Retention
	Other
	Unknown
Surgery Specific Injury	Damage to organ/body part
	Dental Damage/Loss
	Inadequate anaesthesia
	Loss of organ/body part
	Nerve injury/Loss of Function
	Other
	Retained Foreign Object
	Unexpected complication/deterioration
	Unknown
Traumatic/Emotional Injury	Anxiety/Trauma
	Other
	PTSD
	Stress
	Unknown
	Worried Well

Value options for the field Body Part Injured are not filtered system-side. All options are available.

Body Part Injured
Ankle(s)
Arm(s)
Back (incl. spine)

<b>Body Part Injured</b>
Brain
Breast(s)
Buttock(s) &/or sacral area
Chest (incl. Lungs, ribs)
Ear(s)
Elbow(s)
Eye(s)
Face
Finger(s) {incl. thumb(s)& nail(s)}
Foot / feet
Forehead
Hand(s)
Head (excluding Brain)
Heel(s)
Hip(s)
Knee(s)
Leg(s)
Multiple body parts
Neck
Nose
Not Yet Known
Oral cavity (incl. teeth & lips & throat)
Organ* <small>Please Specify</small>
Other Psychological* <small>Please Specify</small>
Pelvis
Reproductive organs / genitalia
Shoulder
Toe(s)(incl. nails)
Wrist(s)

Note \*text 'Please Specify' is displayed in input form as a separate field and is required only when using options Organ and Other Psychological. For reports this field is named **Body Part Other**.

## Section 5 Severity

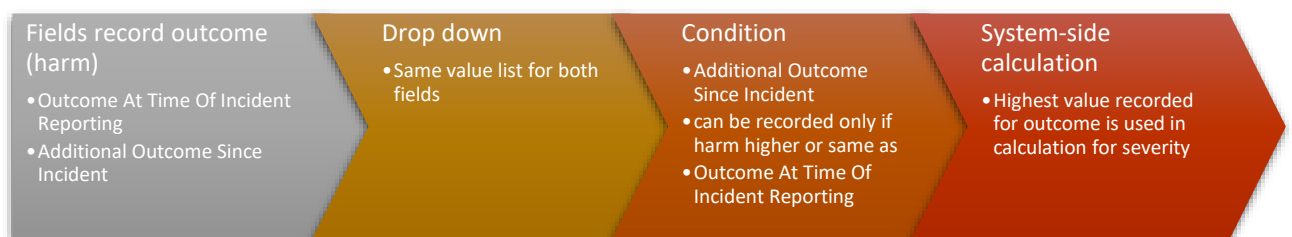
Fields: Outcome At Time Of Incident Reporting, Additional Outcome Since Incident, Severity Rating, Category of Incident, Did this result in

Note: only fields recorded are:

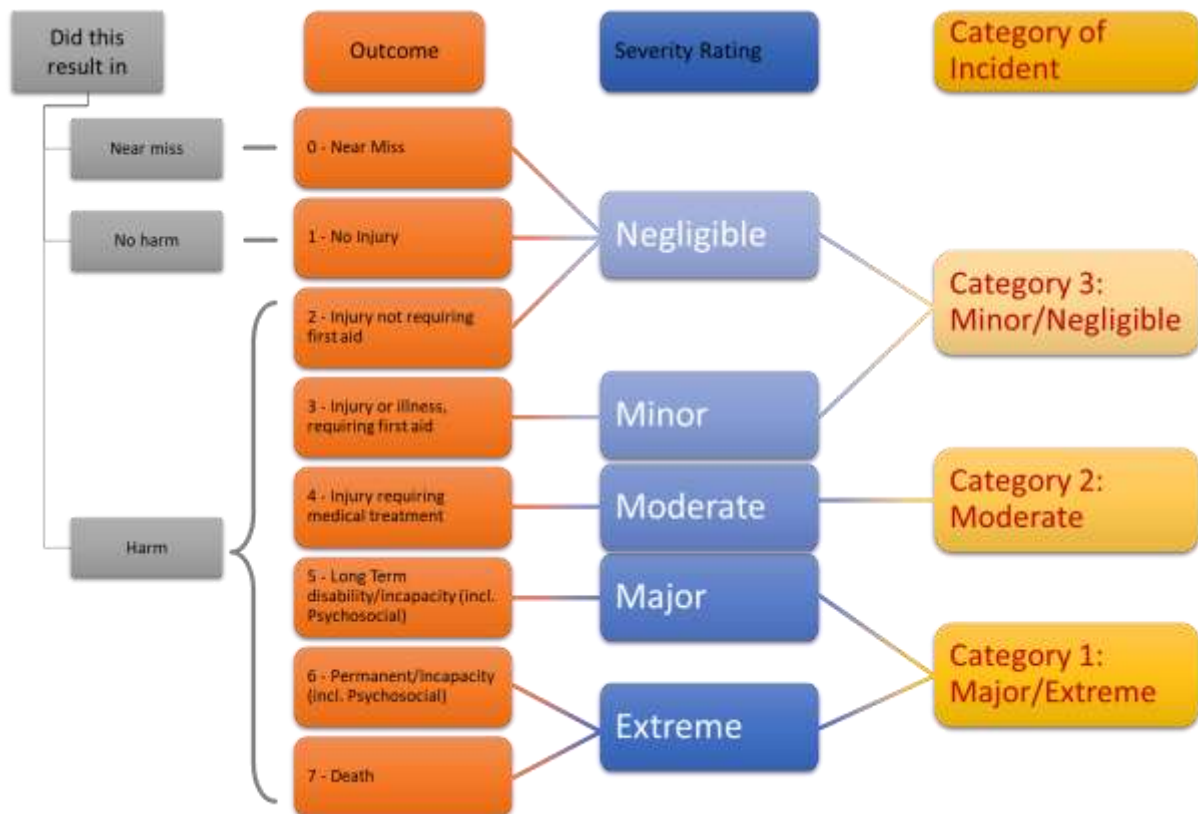
- Outcome At Time Of Incident Reporting – via Intake App
- Additional Outcome Since Incident – in the Incident Manager, in the Review section of the record

All other fields referenced here are calculated system-side

Relations between fields:



Below will use name 'Outcome' to signify Outcome At Time Of Incident Reporting if no higher Additional Outcome Since Incident is recorded or Additional Outcome Since Incident if harm recorded is higher.



Outcome	Severity	Category
0 - Near Miss	Negligible	Category 3: Minor/Negligible
1 - No Injury		
2 - Injury not requiring first aid		
3 - Injury or illness, requiring first aid	Minor	
4 - Injury requiring medical treatment	Moderate	Category 2: Moderate
5 - Long Term disability/incapacity (incl. Psychosocial)	Major	Category 1: Major/Extreme
6 - Permanent/Incapacity (incl. Psychosocial)	Extreme	
7 - Death		