Health Organisation: Choose an item.

REPORTABLE INCIDENT BRIEF MoH RIB No: RI22/0No.

*De-Identiﬁed*

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| --- | --- | --- | --- | --- |
| **PART A**  **Send RIB Part A to the Chief Executive or delegate for endorsement and submission to the Ministry of Health within 24 hours of incident notiﬁcation.** | | | | |
| **Incident Number:** | Click or tap here to enter text. | | | |
| **Harm Score:** | Click or tap here to enter text. | | | |
| **If not Harm Score 1, indicate the reason this is being reported:** | Click or tap here to enter text. | | | |
| **This incident is about:** | Choose an item. | | | |
| **Reason for Reporting:** (One sentence - include age and gender) | | | | |
| Click or tap here to enter text. | | | | |
| **Where and when did the incident happen?** | | | | |
| **Date of incident notiﬁcation:** | Click or tap to enter a date. | | | |
| **Date of actual incident:** | Click or tap to enter a date. | | | |
| **Time of incident:** | Click or tap here to enter text. | | | |
| **Principal incident type:** | Choose an item. | | | |
| **Speciﬁc Service:** | Choose an item. | | | |
| **Facility:** | Click or tap here to enter text. | | | |
| **Location additional Detail:** | Click or tap here to enter text. | | | |
| **What happened? What actions were taken in response?** (Six points maximum) | | | | |
| Click or tap here to enter text. | | | | |
| **Has Clinical Disclosure been initiated?** | Choose an item. | | **Date:** | enter a date. |
| **If no, please comment:**  Click or tap here to enter text. | | | | |
| **Any other immediate concerns/risks addressed:** | | | | |
| Click or tap here to enter text. | | | | |
| **External Notiﬁcations:** | Aged Care  Child Protection  Coroner  Dept Communities & Justice  Federal Agencies  Maternal Deaths  Media Team  NDIS  NSW Ombudsman  NSW Police  SafeWork NSW  TGA  Treasury Managed Funds  Perinatal  CHASM  SCIDUA  Other | | | |
| **If other, please specify:** | Click or tap here to enter text. | | | |
| **Media Interest:** | Click or tap here to enter text. | | | |
| **Is this the original submission of RIB Part A or an update?** | Choose an item. | | | |
| **If update, provide reason, approver and date:** | Click or tap here to enter text. | | | |
| **Contact Name:** Click or tap here to enter text. | | **Contact Number:** Click or tap here to enter text. | | |
| **Position:** Click or tap here to enter text. | | **Email Address:** Click or tap here to enter text. | | |
| **Date that this Reportable Incident Brief has been approved for transmission by:** | | Name of authorised person.  Click or tap to enter a date. | | |
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| **Part B**  **RIB Part B (mandatory) - Send to the Chief Executive or delegate for endorsement and submission to the Ministry of Health within 72 hours of incident notiﬁcation. The Chief Executive or Ministry of Health may direct RIB Part B be submitted sooner for speciﬁc incidents.** | | | | | |
| Is a preliminary risk assessment (PRA) or safety check required to be completed for the Chief Executive?  Choose an item.  *Responses to Part B can be* ***‘Not applicable’*** *if the Health Service is not undertaking a PRA or safety check.* | | | | | |
| Date and time of completed preliminary risk assessment or safety check submission to Chief Executive | | | | | |
| **Date:** | Click or tap to enter a date. | | | **Time:** | Click or tap here to enter text. |
| **Patient, Carer and Family** | | | | | |
| Click or tap here to enter text. | | | | | |
| **A Dedicated Family Contact has been appointed** | | Choose an item. | | | |
| **Staﬀ** | | | | | |
| Click or tap here to enter text. | | | | | |
| **Type of review planned** | | Choose an item.  Details where required. | | | |
| **Organisational risks** | | | | | |
| Click or tap here to enter text. | | | | | |
| **Other comments** | | | | | |
| Click or tap here to enter text. | | | | | |
| **Is this the original submission of RIB Part A+B or an update?** | | Choose an item. | | | |
| **If update, provide reason, approver and date** | | Click or tap here to enter text. | | | |
| **Contact Name:**  Click or tap here to enter text. | | | **Contact Number:**  Click or tap here to enter text. | | |
| **Position:**  Click or tap here to enter text. | | | **Email Address:** Click or tap here to enter text. | | |
| **Date that this Reportable Incident Brief has been approved for transmission by:** | | | Name of authorised person.  Click or tap to enter a date. | | |
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