NF211B	**Health Information and Quality Authority** Accidental or unintended exposure to ionising radiation*	Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

This form allows you to notify us of a significant event as required by Regulation 17(1)(e). This form must be used when notifying HIQA of significant events involving **Radiotherapy**. Significant events should be notified to HIQA within three working days of the discovery of the significant event.

Undertaking and medical radiological installation details		**For official use**
Undertaking **name**		
Undertaking **address** (include **Eircode**)		
Undertaking **email address**		
Undertaking **contact number**		
Medical radiological installation name where incident **occurred**		
Address incident **occurred** (include Eircode)		
Designated manager **name**		
Designated manager **email address**		
Designated manager **contact number**		

Section 1. Significant event details				**For official use**
Exact location incident **occurred** (area **or** department **or** room **or** unit)				
Date incident **occurred**				
Time incident **occurred** (HH:MM)				
Date incident **discovered**				
Multiple service users affected	**Yes**	**No**	**Number**†	
Service user **details**	**Gender**		**Age**	
	Male	Female		

* Please complete this form with HIQA's statutory notification guidance. You can download the guidance at www.hiqa.ie.

† If multiple service users are affected, please contact HIQA at radiationprotection@hiqa.ie for further advice.

Please provide **brief details** of the incident - no personally identifiable information (PII) should be submitted in line with General Data Protection Regulations (GDPR)					
Have **appropriate actions** been taken to **mitigate** against immediate **recurrence** of this incident?	**Yes**		**No**		
Please provide **brief details** of the **initial actions** taken to **mitigate against immediate recurrence** of this incident					

Significant event category		
Dose given to comforters and carers greater than 3 millisievert (mSv) for adults under 60 years of age and 15 millisievert (mSv) for those over 60 years of age		
Inadvertent dose to a foetus greater than 1 milligray (mGy)		
Incorrect anatomy greater than 1 millisievert (mSv)		
Incorrect procedure greater than 1 millisievert (mSv)		
No dose intended/incorrect patient exposed to greater than 1 millisievert (mSv)		
Radiotherapy dose or volume variation of 10% or greater from the total prescribed		
Radiotherapy dose or volume variation of 20% or greater from the fraction prescribed		
Unexpected tissue reactions (deterministic effects) as a result of radiotherapy treatment		
Any other radiation exposure incident considered to have serious patient safety implications, for example, multiple non-notifiable incidents of a similar nature		

Type of procedure **or** treatment involved in the **incident** (if other please submit NF211C)		
Radiotherapy		

Section 2. Radiotherapy incident details			**For official use**
Process step where the incident **occurred**	Imaging for radiotherapy planning		
	On-treatment quality management		
	Post-treatment completion		
	Pre-treatment review and verification		
	Service user assessment/consultation		

		Treatment delivery brachytherapy			
		Treatment delivery external beam radiotherapy			
		Treatment planning			
		Other, **please specify:**			
Treatment **intent**		Radical		Palliative	
Radiotherapy treatment delivery Please provide an **initial estimated radiation dose variation**			Greater than 10% variation total dose, **please specify**:		
			Greater than 20% variation in a fractionated dose, **please specify:**		
Other radiotherapy incidents			Please provide an **initial estimated effective dose** in millisievert (mSv)		
Type of incident	**Dose** error		Calculation error		
			Calibration error		
			Excess imaging dose		
			Treatment plan not physically deliverable		
			Wrong plan dose		
			Wrong prescription dose		
	Hardware/software error		Ancillary equipment		
			Medical radiological equipment		
	Volume error		Service user movement		
			Wrong anatomical site		
			Wrong service user		
			Wrong service user setup		
			Wrong shift from setup point		
			Wrong side (laterality)		
			Wrong target or organs at risk contours, or planning margins		
			Wrong treatment accessories		
	Other errors		Inappropriate or poorly informed decision to treat or plan		
			Service user related circumstance		
			Scheduling error		
	Other, **please specify:**				

Section 3. Open Disclosure				For official use
Was the incident that occurred considered to be a **clinically significant** unintended or accidental exposure?		Yes	No	
Did you **inform** the following individuals of this incident?	Service user/service user representative	Yes	No	
	Referrer	Yes	No	
	Practitioner	Yes	No	

Section 4. Notification of stakeholders				For official use
Please indicate, **where applicable**, if the following **stakeholders** have been **notified** of the incident:				
Medical Physics Expert		Radiation Therapy Services Manager		
Practitioner		Radiography Services Manager		
Risk Manager		Referrer		
Radiation Safety Officer		Radiation Safety Committee or equivalent		
Undertaking				
Other regulatory agencies where necessary, **please list if applicable**:				

Section 5. Follow-up documentation
The results of the investigation into the significant event and corrective measures to avoid such events must be submitted within the next 120 calendar days

Section 6. Declaration		For official use
By submitting, I declare that the information I have provided in this form is true to the best of my knowledge and belief. The undertaking is aware that I am making this submission on its behalf.		
Name (**print**)		
Job Title		
Contact number		
Signed		
	Type your name in the signature field	
Date		

- **Email** form to: radiationprotection@hiqa.ie
- **Telephone**: 01 8286750.