

Worksheet (form)

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Laboratory internal problem / incident (non-conformance) report

Any staff member can make a report. Use the Laboratory incident form for safety events or near misses.

| Laboratory and Section (Dept): | |
|-------------------------------------|------------------------------|
| Report prepared by: | Date: |
| Staff member(s) involved: | |
| Degree of severity (circle) : | MAJOR NEAR MISS MINOR UNSURE |
| Patient management affected: | YES NO UNSURE |
| Details of incident/problem (highli | ght if recurrent issue): |
| | |
| | |
| | |

Type of incident (more than one issue can be selected):

| Patient complaint | Clinician complaint | EQA failure | | |
|---|---------------------------------------|---------------------------|--|--|
| Mislabelled specimens | □ Specimen registration error | □ Incorrect result issued | | |
| Damage to equipment | □ Incorrect interpretation of results | □ Misuse of equipment | | |
| Delayed / non reporting of results | □ Failure to action abnormal results | □ Communication issue | | |
| Lab Policy breach | Professional conduct breach | Confidentiality breach | | |
| □ H&S incident* | □ Failure to adhere to Lab method | Security breach | | |
| □ Practice outside competence scope | □ Amended results (attach reports) | □ Other | | |
| □ Staff disagreements/ allegations of bullying | | | | |
| * Laboratory Safety Incident report required as well. | | | | |

| Quality Officer/Manager use: | |
|---|--|
| Non-conformance number assigned: | |
| Event recorded on the relevant Section / Laboratory NCR log sheet | |

| Further event description if required: | | | |
|---|--|--|--|
| Reviewed by head of section/lab manager/quality officer: (date and names) | | | |
| Lab. assessment (circle): MAJOR NEAR MISS MINOR Patient(s) affected? YES NO | | | |
| NB. If MAJOR and/or Patients affected, then notification of hospital management required ASAP – send copy. | | | |
| Date notified to hospital management (DMS): Notified by: | | | |
| Likely cause(s): | | | |
| Corrective actions required : date each action when taken and initial | | | |
| | | | |
| | | | |
| | | | |
| Staff meeting: date tabled and discussed (record relevant staff feedback): | | | |
| Management meeting review: <i>date, review staff input, confirm status of actions and determine whether further actions required;</i> <u>NB all open NCRs are tabled at each management meeting</u> | | | |
| Further actions required: | | | |
| Date non-conformance closed (date, name, signature): | | | |
| Record closure on the relevant Section / Laboratory problem log sheet | | | |

Amendment: 3/9/22: Staff disagreements/ allegations of bullying added as an option