**REPORTING ADVERSE EVENTS TO THE NQMC**

1. Name and location of BreastScreen Service/SCU:

| Name of Service/SCU | *Choose an item.* |
| --- | --- |
| Location | *Enter response here.* |

1. Category of adverse event:

**Level 1  (Please enclose full adverse event report)**

**Level 2**  **(Only required IF adverse event has potential national implications/learnings)**

**Level 3**  **(Only required IF adverse event has potential national implications/learnings)**

*Please note:*

* *Adverse event classifications are outlined in Section 9 of the BreastScreen Australia Accreditation Handbook (p.85).*

1. Dates of adverse event (DD/MM/YYYY):

| Date adverse event identified | *Enter response here.* |
| --- | --- |
| Date/s of event occurrence | *Enter response here.* |

1. Description of adverse event:

| 1. What happened? | *Enter response here.* |
| --- | --- |
| 1. Where did it happen? | *Enter response here.* |
| 1. Why did it happen? | *Enter response here.* |
| 1. Date/duration? | *Enter response here.* |
| 1. Immediate action taken? | *Enter response here.* |

1. Summary of analysis findings (for Level 1 events an investigation that includes an examination of root causes):

| *Enter response here.* |
| --- |

1. Actions taken by Service and/or SCU and SQC:

| 1. Has the incident been contained? | *Enter response here.* |
| --- | --- |
| 1. Who has been notified? | *Enter response here.* |
| 1. What remedial actions are required/underway to manage risk (include timeframes)? | *Enter response here.* |

1. National implications of adverse event:

*Do you consider there are any potential national implications arising from this adverse event?*

| *Enter response here.* |
| --- |

1. Lessons/recommendations arising from adverse event:

| *Enter response here.* |
| --- |

1. Submitted by:

| **Name of authorised SCU representative** | *Enter response here.* |
| --- | --- |
| **Date (DD/MM/YYYY)** | *Enter response here.* |

**Please note:** The BreastScreen Australia Accreditation Handbook describes the requirements for adverse event reporting in full in Section 9 (page 83 – 87).