

## Barts Health NHS Trust Incident Reporting Form - Active 01/11/2023

LFPSE fields are now integrated into the Trust's Event/Incident Reporting Form. Each time you complete and submit the form for a Patient Safety Event, the information is directly uploaded to the national database.

If you experience a spinning wheel when clicking onto a drop down box, please press F5 on your keyboard to resolve the issue.

We are aware of on-going issues with Datix. It has been escalated to the supplier and they are investigating.

If you are unable to view or update the incident, please email bh.datix@nhs.net.

This form should be used for reporting All incidents (including near misses). Completing this form does not constitute an admission of liability of any kind by any person. Any equipment involved in the incident should be retained in safe keeping for possible examination. Where death or serious injury has occurred this must be reported immediately by following the Incident Reporting Policy. To see the policy please click HERE

To access the Trust's Serious Incident Proforma please click **HERE**.

A \* indicates a mandatory field.

Click the button to view and select from the list of available options for that field.

Dates must be entered in the format *dd/mm/yyyy*. Alternatively, click the button to select the date from a calendar.

Click the icon for help with a particular field.

For assistance with completing this form, please email the Datix Mailbox

## **Incident Details**

This section provides the details of the incident. Please remember that the Description of Incident and Remedial Action sections must be anonymous and any identifiable data must be removed. If not already done so, the people involved must be listed as a contact.

Incident date (dd/MM/yyyy)
Please enter the date on which
the incident occurred in the
format dd/MM/yyyy. You can
click on the Calendar button if
you want to choose the date
from a calendar window.

03/05/2020

Time (hh:mm)

15:00

Incident Description
Please provide a brief summary
of the event, include factual
information only not opinions.
Please ensure that **NO** Person
Identification Information is
included in this field.

Please remove cap locks when typing

I found out today that the FF3 masks you are providing us with, in order for us to look after covid-19 patients, are expired. At the second floor of I&S juilding there is a donning area where all the FF3 masks, which are the only actual piece of equipment, which is stopping the virus from entering our respiratory tract, are expired since 2016. To make things worse there is a sticker above the expiry date in every box, stating another date, which still is from last year 2019. I have not been informed when I volunteered to work in ICU that I am not protected. I have not been informed that I am totally exposed, nor asked if I am willing to sacrifice my life. As my employer you have the duty to provide a safe environment for all of us and definitely I would expect at least not to be lied. I did not consent to be fully exposed. I definitely do not appreciate being mislead, myself and my

 Do not include names, this applies to patients, staff and relatives colleagues, with covering the initial expiry date. As a nurse I am accountable if I deliver anything expired to a patient, so are you towards us

Do not include dates of birth

Do not include hospital or NHS numbers

 Do not include telephone numbers, addresses, email addresses or post codes

Remedial action taken at the time of the incident or to prevent re-occurrence. Please provide a brief summary of the event, include factual information only not opinions.

You are accountable for our health. Not informing us, trying to cover dates and taking no action to improve the situation is putting my life at tremendous risk. Don't you think we deserve to know our masks are expired? don't you think we should have to consent to that risk? I am refusing to under any circumstances work in any covid area until the masks are safe to use. I would like to know who is responsible for this failure and what actions you took meanwhile to protect your employees.

## Please remove cap locks when typing

Do not include names, this applies to patients, staff and relatives

Do not include dates of birth

Do not include hospital or NHS numbers

○ Do not include telephone numbers, addresses, email addresses or post codes

Information entered here is exported to external agencies.

NR 25/08/2020 09:40:30

Last updated

## Investigation

Additional Investigators
If any additional managers were consulted in the investigation of this incident, please add their names to this list.

Click the button to view and select from the list of Investigators.

Any Investigator added in error can be removed using the button.

Please do not use this section if the incident needs to be reassigned to another Incident Manager

Date investigation started by Incident Manager (dd/MM/yyyy)

19/08/2020

Action Taken by Incident
Manager
Please ensure that NO
person identifiable
information is included in

reported expired mask has been distributed via NHS England, who have reviewed the risk and deemed mask safe to use, mask were relabelled with new dates and redistributed. reported incident was escalated to the via the trust infection control team and the executive board.