**Incident Form NE1a: Serious Injuries**

**The Private Dentistry (Wales) Regulations 2017**

Guidance on completing and submitting statutory notifications forms is available on our website

**Part 1: The establishment or agency**

|  |  |
| --- | --- |
| **Dental Practice name** |  |
| **Registration number**  (taken from certificate of registration) |  |

**Part 2: The patient**

|  |  |  |
| --- | --- | --- |
| **Unique Identifier**  (Do not use name) | **Date of Birth**  (dd/mm/yyyy) | **Gender**  (male/ female) |
|  |  |  |

**Part 3: The injury**

|  |  |  |
| --- | --- | --- |
| **What part of the body was injured?** |  | |
| **How did the injury occur?** |  | |
| **Date and time injury occurred** | **Date** (dd/mm/yyyy) | **Time** (hh:mm) |
|  |  |
| **Where was the patient when the injury occurred?** |  | |
| **Circumstances leading to the injury**  Please give details of what happened? |  | |

**Part 4: Medical treatment**

|  |  |
| --- | --- |
| **Please detail what, if any, medical attention the patient received for the injury.** |  |
| **Please detail what, if any, hospital the patient has been admitted to.** |  |

**Part 5: Actions taken**

|  |  |
| --- | --- |
| **Immediate actions taken** |  |
| **Is an internal investigation taking place? If so please confirm the date when the investigation report will be submitted to HIW.**  (dd/mm/yyyy) |  |

**Part 6: Others informed** (where applicable)

|  |  |
| --- | --- |
| **Organisation / Individual** | **Date informed** (dd/mm/yyyy) |
| **Relative / Carer** |  |
| **Local Health Board** |  |
| **Patient’s Local Social Services Authority** |  |
| **Safeguarding Adults** (POVA) / **Safeguarding Children** (POVC) |  |
| **Police** |  |
| **Health and Safety Executive** |  |
| **Accountable Officer** (if related to Controlled Drugs) |  |
| **Professional organisation** (e.g. GDC) |  |

**Part 7: Form completed by**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Email address** | **Job title** | **Date** (dd/mm/yyyy) |
|  |  |  |  |

**Please return completed forms to Healthcare Inspectorate Wales via Objective Connect or via recorded delivery to Healthcare Inspectorate Wales, Welsh Government Buildings, Rhydycar Business Park, Merthyr Tydfil, CF48 1UZ.**

**If you do not have an Objective Connect account please contact HIW on**

**0300 062 8163.**

**General Data Protection Regulation 2016**

HIW, on behalf of the Welsh Government uses this information to process the notification and will share your information with other regulatory bodies, law enforcement agencies and with others within the Welsh Government if needed.

The information provided on the notifiable event forms enables HIW to assess the conduct of health care establishments and agencies in light of the regulatory requirements imposed by the Regulations and what, if any, action is required from a regulatory perspective to ensure ultimately that patients are being appropriately safeguarded.

The Welsh Government will hold your data for 10 years following closure in line with audit requirements.

You have the right to access the personal data we are processing about you, rectify inaccuracies, in certain circumstances object to processing or erasure of your data and lodge a complaint.

For further details and the full Privacy Notice is available at [www.hiw.org.uk](http://www.hiw.org.uk)