Te Whatu Ora
Health New Zealand

NIP incident notification form

Notify and attach this completed form to: nip.incidentnotification@health.govt.nz **Email Subject: NIP Adverse Event Notification**
Verified from the NIP Detecting Failsafe Report: Y ☐ N ☐

Section A – Provider notification details			
Provider or Health District to complete information below			
Incident date/ time			
Date/ time reported			
Site		Health District	
Person reporting incident:			
Name			
Contact phone number/s			
Email address			

Section B – Description (Provider to complete)			
Type of incident / adverse event / AEFI (it's possible two of the four options apply)			
Near miss ☐	**Incident ☐**	**Serious adverse event ☐**	**AEFI ☐**
Vaccine type and dose (e.g. Comirnaty 30mcg XBB.1.5 single dose vial)		**Dose details (circle):**	**Primary Dose 1 / Dose 2 / Dose 3** **Booster 1 / Booster 2** **Other:**
Age of consumer:		**Ethnicity:**	

Have the Health District's/Provider's Clinical Lead or Quality Lead been notified?	Y ☐ N ☐
If there is an adverse event following immunisation or a medication error, has this been reported to CARM?	Y ☐ N ☐
Has IMAC been contacted for advice and given to the consumer:	Y ☐ N ☐
Has the relevant system been updated to reflect actual dose given?	Y ☐ N ☐
Has a preliminary investigation been undertaken? List details below	Y ☐ N ☐
Has the consumer been informed and received and apology?	Y ☐ N ☐
Assign a preliminary SAC rating (circle one):	SAC 1 / 2 / 3 / 4

- **Incident** means any unplanned event resulting in, or having a potential for injury, ill health, damage or other loss, an incident includes an accident.
- **Adverse event** is an incident resulting in harm, or with the potential to result in harm to a health consumer. Please assign an adverse event SAC rating. Report a SAC 1,2 or 3 SAC event, a cluster of SAC 3/ 4 events +/- near misses.

- **Adverse event following immunisation (AEFI)** is an untoward medical event which follows immunisation and does not necessarily have a causal relationship with the administration of the vaccine. The adverse event may be an unfavourable or unintended sign, abnormal laboratory finding, symptom or disease.

Provider please note:

- Include information regarding open communication with an affected consumer, including date completed
- Include your findings in the actions you have taken to prevent reoccurrence
- Update this section of the form over time as incident investigation is progressed and then closed

Please provide as much detail of the incident as possible:

What went wrong? Were there any contributing factors? What were the immediate actions taken? What advice were you given and from whom? What changes will you be making to prevent this happening again? What follow up has been arranged for the consumer?

If the consumer received an early dose, please provide the number of days between doses.

Reviewed by (name and role): Clinical Lead or Quality Lead	