NF03* Form	Health Information and Quality Authority **Serious injury† to a resident that requires immediate medical and or hospital treatment**	Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Section 1. Designated centre details		For official use
Centre name		☐
Centre ID (OSV)		☐
Unit or ward name (if applicable)		☐

Section 2. Resident's details		For official use
Resident's unique identifier†		☐
Is this resident under the age of 18?	Yes ☐ No ☐	☐
Describe the current **status of the resident**, such as physical or mental state:		☐
Please notify HIQA of any further adverse outcome(s) **within three weeks**, following submission of this notification.		

* Please complete this form using HIQA's statutory notification guidance. You can download the guidance at www.higa.ie

† For more information on what is defined as a 'serious injury', please read our statutory notification guidance.

Section 2. Resident's details		For official use
Has an NF03 form been submitted for this person in the past 12 months?	Yes ☐ No ☐	☐
If **yes**, how many NF03 forms have been previously submitted?		☐

Section 3. Injury details				For official use
Date of injury		**Time** of injury		☐
Nature of injury Please tick the relevant box or boxes		Vital organ trauma ☐ Fracture ☐ Concussion ☐ Burn ☐ Sprain or strain ☐ Unknown ☐ Other ☐		☐
If you have ticked **other**, please provide details:				☐
Describe the resident's injury, including where on the body the injury is:				☐

Section 3. Injury details		For official use
How did the injury happen? Please tick the relevant box or boxes	Fall ☐ Fire or heat ☐ Unknown ☐ Other ☐	☐
If you have ticked **other**, please provide details:		☐
Where did the injury happen? Please tick the relevant box or boxes	Resident's bedroom ☐ Corridor ☐ Communal room ☐ Garden or grounds ☐ Bath or shower room ☐ Toilet ☐ Kitchen ☐ Outside the centre (visiting) ☐ Unknown ☐ Other ☐	☐
If you have ticked **other**, please provide details:		☐

Section 4. Circumstances of the injury		For official use
What was the resident doing when the injury happened? Please tick the relevant box or boxes	Receiving care ☐ Leisure activity ☐ Unknown ☐ Other ☐	☐
If you have ticked **other**, please provide details:		☐
Who was the resident with when the injury happened? Please tick the relevant box or boxes	Alone ☐ Nursing staff ☐ Care staff ☐ Resident's family member ☐ Another resident (unsupervised) ☐ Other ☐	☐
If you have ticked **other**, please provide details:		☐
What was the **intent** of the injury?	Accidental or unintended ☐ Self-harm ☐ Alleged assault ☐ Other ☐	☐
If you have ticked **other**, please provide details:		☐
If requested please submit a copy of the outcome of the investigation with the status of actions or recommendations to the Office of the Chief Inspector within **20 days** of the request.		

Section 4. Circumstances of the injury	For official use
Please describe the **circumstances** that led to the injury:	
	☐

Section 5. Medical or hospital treatment			For official use
What **immediate action** was taken following the injury?			
			☐
What **treatment** has the resident received? Please tick the relevant box or boxes	Medical treatment	☐	☐
	Hospital treatment	☐	
If you have ticked **medical treatment**, please provide detail of the medical attention that was required:			☐

Section 5. Medical or hospital treatment		For official use
If you have ticked **hospital treatment**, please provide these details:		
Date hospitalised:		
Hospital name:		☐
Date of discharge:		
Who was the resident discharged to?		

Section 6. Declaration		For official use
I, the undersigned, declare that the information I have provided in this notification form is true to the best of my knowledge and belief.		
Name (print)		☐
Position	Person in charge ☐ Authorised signatory for and on behalf of the registered provider ☐	☐
Signed		☐
Date		☐
Contact number (during office hours)		☐

This form should be either:

- **emailed** to: notify@hiqa.ie **or**,
- **posted** to: Notifications Team, Regulatory Support Services, Health Information and Quality Authority, Dublin Regional Office, George's Court, George's Lane, Smithfield, Dublin 7, D07 E98Y.

Telephone no: (01) 814 7400 Email: notify@hiqa.ie