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1. Introduction

This is a guidance document for registered providers and persons in charge of designated centres for persons with disabilities, and older people.

As a registered provider or person in charge of a designated centre, you are legally required to notify us of certain prescribed incidents, events, or changes within your centre under the following legislation:

Designated centres for persons with disabilities

- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013
- Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, as amended

Designated centres for older people

- Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013
- Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015, as amended

Notifications keep us informed of incidents that happen within designated centres and inform us of any changes to the information submitted as part of the registration of the centre. We use this information to inform our continuous monitoring of designated centres.

The timescales by which you must notify us of prescribed events/incidents depends on the type of event. For example, some incidents must be notified within three working days, or, at the end of each quarter, or, in response to proposed changes within the designated centre (for example, change of person in charge).

It is your responsibility to be familiar with the relevant timescales and ensure notifications are submitted within the prescribed period. Failure to do so may have implications for registration as well as possibly constituting an offence under the Health Act 2007.

2. Three-day notification forms: general guidance for the person in charge on completing monitoring-related notifications (NF01, NF02, NF03, NF05, NF06, NF07, NF08 & NF09 FORMS)

<p>Incidents to be notified within three working days</p>	<p>The Regulations require the following incidents to be notified to the chief inspector within three working days of their occurrence:</p> <ul style="list-style-type: none"> • the unexpected death of any resident (NF01 form) • an outbreak of any notifiable disease (NF02 form) • any serious injury to a resident which requires immediate medical and/or hospital treatment (NF03 form) • any unexplained absence of a resident from the designated centre (NF05 form) • any allegation, suspected or confirmed, of abuse of any resident (NF06 form) • any allegation of misconduct by the registered provider or by a staff member (NF07 form) • any occasion where the registered provider becomes aware that a member of staff is the subject of review by a professional body (NF08 form) • any fire, loss of power, heating, water, or any incident of unplanned evacuation of the designated centre (NF09 form)
<p>Purpose of the three-day notifications</p>	<p>These notifications are to inform the chief inspector of incidents that happen in designated centres.</p>
<p>To what types of services do these requirements apply?</p>	<p>These requirements apply to designated centres for older people and designated centres for persons (children and adults) with disabilities.</p>
<p>Who is responsible for the notifications?</p>	<p>The person in charge is responsible for submitting these notifications.</p>
<p>What are the timeframes for these notifications?</p>	<p>The Regulations specify that you must notify the chief inspector in writing within three working days of the occurrence of incident.</p> <p>The chief inspector requests that, if the matter is urgent and serious, you let us know immediately by phone or by email to notify@hiqa.ie and confirm in writing within three working days.</p>

<p>What is the statutory basis for the notifications?</p>	<p>For designated centres for older people the statutory basis is Regulation 31, Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.</p> <p>For designated centres for persons (children and adults) with disabilities the statutory basis is Regulation 31, Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.</p> <p>The full text of both Regulations is provided in the Appendix to this document.</p>
<p>How do I notify the chief inspector?</p>	<p>The Regulations require you to notify the chief inspector in writing. You can provide information to us by telephone but any information you provide this way must be confirmed in writing within the three working day timeframe.</p> <p>To accommodate written notification, we have developed a number of standard forms (NF01 – NF09). The standard forms help you to provide us with the information required by the Regulations. In each form, you are asked for some additional information that will help the inspector to understand what happened and how you responded to it. This will allow the inspector to make a judgment as to what regulatory action (if any) we need to take in response to the incident.</p>
<p>Where can I get the notification forms?</p>	<p>The easiest and most efficient way for you to notify us is by using the online Provider Portal. You can access the Provider Portal by clicking on the "login" tab on the home page of our website, www.hiqa.ie. First time users of the Provider Portal are referred to our website's resource centre which contains a video on how to register as a Provider Portal user. If you require further assistance using the Provider Portal please email portalsupport@hiqa.ie.</p> <p>For persons in charge and providers who are unable to use the Provider Portal to submit a notification, our website's resource centre also contains notification forms available to download.</p> <p>The notification forms are available in editable PDF, so you will need Adobe Acrobat Reader software installed on your computer to access them. Adobe Acrobat Reader software can be downloaded for free here.</p> <p>To complete the editable PDF form, you can save the blank form to your computer. On the saved form, enter the details asked for (using the tab button to navigate through the form) and save the</p>

	<p>completed form. We ask that you email the completed form to notify@hiqa.ie.</p> <p>Alternatively, you can print the form, complete it by hand, scan the completed form, and email the scanned document to notify@hiqa.ie. If you require assistance using the forms please email notify@hiqa.ie.</p> <p>From time to time, we may make changes to the notification forms. The Provider Portal or our resource centre will always have the current version of each form and we will notify you in advance of any changes.</p>
<p>Who should complete the form?</p>	<p>The person in charge is responsible for notifying the chief inspector. If someone other than the person in charge completes the form, they must do so as a delegate of the person in charge (i.e. acting on behalf of the person in charge and with their agreement).</p> <p>As the person in charge, you should ensure that there are clear arrangements within the centre as to who is responsible for notifying us on your behalf when you are absent from the centre.</p>
<p>What kind of details should I supply where 'additional information applicable to this notification' is requested?</p>	<p>As a general rule when completing notification forms, you should try to provide as much detail as you can. The information you give should be factual, objective and accurate.</p> <p>When asked open-ended questions such as "Please provide additional information applicable to this notification", you should provide details that you think may help the inspector to understand the incident more fully. This will allow the inspector to make a judgment as to what (if any) action we need to take in response to the information supplied. The information you supply here may reduce the need for the inspector to contact you directly about the event.</p>
<p>Are residents' details requested in the notification forms?</p>	<p>In some of the notification forms, we ask you to provide details of the residents who have been affected by the incident. To protect residents' privacy we ask you to use a Resident's Unique Identifier for each resident instead of his or her name. The next section provides some advice on how to correctly assign unique identifiers to residents.</p>

<p>How do I assign a Resident's Unique Identifier?</p>	<p>To protect the privacy of residents, registered providers or persons in charge should assign a unique identifier to each resident. The identifier should be a number. The number you use should not allow for the identification of the resident. For example, the number should not be the resident's date of birth, admission date, room number or NIDD¹.</p> <p>A method of validating the resident's unique identifier should be kept securely in the centre and made available to your inspector on request.</p>
<p>How do I complete the declaration section?</p>	<p>If you do not notify us using our online Provider Portal, you must complete the "Declaration" section of each form. When you complete this section you are declaring that the information you have provided in the form is correct to the best of your knowledge and belief.</p> <p>In the declaration section, we ask you to print your name in full and to sign the form with your usual signature. If you complete the form using the editable PDF form, rather than by hand, you can print your name in the signature field.</p> <p>If you complete the form by hand, it is especially important that you complete the declaration section legibly so that we know who to contact, if we need you to give us more information or clarification.</p>
<p>How do I submit a three day notification?</p>	<p>You should only submit your notification once, using one of the following methods.</p> <ol style="list-style-type: none"> 1. If you complete a notification using the online Provider Portal, we will receive your notification as soon as you click submit! 2. Alternatively you may email notify@hiqa.ie with the completed form as an attachment, or, 3. Post the completed form to: Information Handling Centre, Health Information and Quality Authority, Dublin Regional Office, George's Court, George's Lane, Smithfield, Dublin 7. <p>Please note, notifications submitted by email or post will take longer to process.</p>

¹ National Intellectual Disability Database personal identification number.

<p>Confirmation of receipt of your notification and the notification reference number.</p>	<p>When you submit your notification using our online Provider Portal, you will automatically be given a notification reference number, for example "NOT-123456". If you submit your notification form via email or post, a reference number will only be issued on request. Please send your request to notify@hiqa.ie.</p> <p>Your reference number is required if you send us follow up correspondence relating to the notification such as, cause of death, where not available at the time of notification, or details of internal investigations.</p>
<p>Do I need to keep a copy of the notification?</p>	<p>Yes, the Regulations require you to keep a record of all the notifications you submit to us² for a period of not less than 7 years from the date of the notification. As part of your inspection, your inspector may ask to see a copy of these notifications.</p> <p>Our online Provider Portal saves a history of all notifications you have submitted via the Portal. A video tutorial for accessing your notification history is available on our website's resource centre.</p>
<p>What are the consequences of failure to notify?</p>	<p>Failure to comply with the Regulations may have implications for your registration, as well as possibly constituting an offence under the Health Act 2007.</p>
<p>Does submitting an NF01 – NF09 affect my obligations to notify other bodies of the incident?</p>	<p>No, submitting notifications to the chief inspector does not have an impact on any other obligations you may have (under statute or otherwise) to report the incident to other bodies such as; the Coroner, the Health Service Executive, the Child and Family Agency, An Garda Síochána or professional bodies such as the Nursing and Midwifery Board of Ireland or the Health and Social Care Professionals Council (CORU).</p>

² Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 Regulation 21 (1) *Records* and Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities (Children and Adults) Regulations 2013 Regulation 21 (1) *Records*

3. Individual forms and their notification requirements

3.1 Unexpected death of a resident (form NF01)

<p>What is an 'unexpected death'?</p>	<p>The Regulations do not define an 'unexpected death'. It is your responsibility to use your judgment as to whether a death is unexpected or not. You should carefully consider the circumstances of the death. If you judge that it is an 'unexpected death' you should notify the chief inspector using this notification process (NF01 Form Unexpected death of a resident). If you judge that it is not an 'unexpected death' you should report it to the chief inspector at the end of the quarter as part of your quarterly notifications (page 22). If you are in doubt as to which process to use you can contact notify@hiqa.ie.</p>
<p>What information is requested in the form?</p>	<p>We ask you to provide details such as the date and time of death, the date and time the death was discovered, and the circumstances and medical cause of death (where known at the time of returning the form).</p>
<p>What should I do if I don't yet know the cause of death?</p>	<p>In the form we ask for the cause of death where this information is available. In most situations, the cause of death will not be established at the time of the notification. The Regulations require that you provide the chief inspector with the cause of death in writing once it has been established³. This should be done by email to notify@hiqa.ie.</p> <p>Your email should quote the reference number of the notification to which it relates.</p>
<p>Are residents' details requested in the form?</p>	<p>In the form we ask for details of the deceased resident's date and time of death and the circumstances and medical cause of death (where available). We do not ask for the deceased resident's name. The General Guidance Section (page 6) provides advice on how to assign unique identifiers to residents to protect their privacy.</p>

³ Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Regulation 31(2) and Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Regulation 31(2)

3.2 An outbreak of any notifiable disease (form NF02)

<p>What are 'notifiable diseases'?</p>	<p>'Notifiable diseases' are those diseases identified and published by the Health Protection Surveillance Centre (www.hpsc.ie) and include Clostridium Difficile infection, Noroviral infection, Methicillin-Resistant Staphylococcus Aureus (MRSA), Influenza and Hepatitis.</p> <p>The person in charge of the centre must notify the chief inspector of any outbreak of these diseases.</p> <p>If you are unsure as to whether a disease is a 'notifiable disease', your medical practitioner will be able to advise you.</p>
<p>What is an outbreak?</p>	<p>The Health Protection Surveillance Centre provides the following definition of an 'outbreak';</p> <p>"An outbreak of infection or food-borne illness may be defined as two or more linked cases of the same illness, or the situation where the observed number of cases exceeds the expected number, or a single case of disease caused by a significant pathogen (e.g. diphtheria or viral hemorrhagic fever)"⁴.</p> <p>Once you have notified us of the outbreak, you do not need to complete additional notification forms to update us if another resident or staff member has shown symptoms or is affected. Your inspector may however ask you for further details by telephone or in writing as part of monitoring the ongoing situation.</p>
<p>What should I do if I don't yet have a diagnosed cause of the outbreak?</p>	<p>In the form we ask for the diagnosed cause of the outbreak where this information is available. In many situations, the diagnosed cause of the outbreak will not be confirmed at the time of the notification. In such circumstances, you should complete the form by stating the suspected diagnosis. Your inspector may contact you for an update on the situation as part of monitoring the ongoing situation.</p>

⁴ Page 106, *Case Definitions for Notifiable Diseases* (2012 Version 1.3)(HPSC) available at <http://www.hpsc.ie/NotifiableDiseases/CaseDefinitions/File,823.en.pdf> (accessed October 2015)

<p>What information is requested in the form?</p>	<p>We ask for the date of the onset of the outbreak, the diagnosed cause of the outbreak, the number of residents affected, and their current status. Where staff have been affected we ask you to describe the measures you have taken to maintain staff numbers and skills mix. We ask you to provide the name of the agencies that you have notified of the outbreak, and the samples you have sent for analysis. We also ask you to outline the measures you have taken to prevent or reduce the risk of reoccurrence.</p>
<p>Are residents' details requested in the form?</p>	<p>In the form we ask for the current status of each resident affected by the outbreak. We do not ask for the resident's name. The General Guidance Section (page 6) provides advice on how to assign unique identifiers to residents to protect their privacy.</p>

3.3 Serious injury to a resident that requires medical and/ or hospital treatment (form NF03)

<p>What is a 'serious injury'?</p>	<p>The term 'serious injury' is not defined in the Regulations. The chief inspector has provided the following guidance on what we consider a 'serious injury';</p> <p>"any bodily injury that involves a substantial risk of death, unconsciousness, extreme physical pain, protracted and obvious disfigurement, serious impairment of health or <u>serious loss</u> or impairment of the function of any bodily organ e.g. fracture, burn, sprain/strain, vital organ trauma, a cut or bite resulting in an open wound, concussion etc."</p> <p>The term 'serious injury' <u>does not include</u> minor injuries for which first aid is sufficient or minor injuries reviewed by a general practitioner and which do not require further treatment.</p> <p>The term 'serious injury' does not include 'serious illnesses' which may require the resident's admission to hospital. A wound resulting from surgery does not generally require notification as a 'serious injury'.</p> <p>Persons in charge of designated centres for persons (children and adults) with disabilities are required to report any injury which is not a 'serious injury' to us at the end of the quarter as part of their quarterly notification⁵.</p>
<p>What if the 'serious injury' is sustained as a consequence of an alleged assault?</p>	<p>If the injury is sustained as a consequence of an alleged assault, we ask you to provide us with a copy of the report of your internal investigation into the alleged assault within twenty working days.</p> <p>To protect the privacy of the individuals involved, internal investigation reports should have all names and other identifiers removed before they are submitted to the chief inspector.</p> <p>You should submit the investigation report to the chief inspector by email to notify@hiqa.ie. Your email should quote the reference number of the notification to which it relates.</p>

⁵ Persons in charge of designated centres for older people are not required to report such injuries as part of their quarterly notifications.

<p>What follow up information is required?</p>	<p>When you notify us of a serious injury to a resident, we ask that you inform us of any further adverse outcomes within three weeks of the original notification. This should be done by email to notify@hiqa.ie.</p> <p>Your email should quote the reference number of the notification to which it relates. You are not required to complete another NF03 form to provide this update.</p>
<p>What information is requested in the form?</p>	<p>We ask for the date and time of the serious injury, the nature of the serious injury, and, how and where the injury was sustained. We also ask for details of the treatment the resident received for the injury, the current status of the resident and the resident's history of serious injury over the last 12 months.</p>
<p>Are residents' details requested in the form?</p>	<p>In the form we ask for details of the resident's injury, its treatment and their history of serious injury. We do not ask for the resident's name. The General Guidance Section (page 6) provides advice on how to assign unique identifiers to residents to protect their privacy.</p>

3.4 Unexplained absence of a resident from the designated centre (form NF05)

<p>What is an 'unexplained absence'?</p>	<p>The Regulations do not define the term 'unexplained absence'. The chief inspector has given the following guidance on what constitutes an unexplained absence.</p> <p>"An unexplained absence has occurred when a resident has been found to be missing from a centre without the staff's knowledge of his or her whereabouts."</p>
<p>What information is requested in the form?</p>	<p>We ask for the date and duration of the absence and whether the resident's family and/or An Garda Síochána were informed of the absence. We also ask for details of the circumstances of the absence, the actions taken in response to the absence, the resident's current status, and, the resident's history of unexplained absences in the last 12 months.</p>
<p>Are residents' details requested in the form?</p>	<p>In the form we ask for details of the resident's absence, their current status and their history of unexplained absences. We do not ask for the resident's name. The General Guidance Section (page 6) provides advice on how to assign unique identifiers to residents to protect their privacy.</p>

3.5 Any allegation, suspected or confirmed, of abuse (form NF06)

<p>What is 'abuse'?</p>	<p>The Regulations define abuse as follows:</p> <p>“‘abuse’ means mistreatment of any kind and includes the physical, financial or material, psychological, sexual or discriminatory mistreatment or neglect of a resident”⁶.</p> <p>The <i>National Quality Standards for Residential Care Settings for Older People in Ireland</i> (2009) and the <i>National Standards for Residential Services for Children and Adults with Disabilities</i> (2013) both provide a definition of abuse and definitions of the different types of abuse. These definitions are provided in full below:</p>
<p>National Quality Standards for Residential Care Settings for Older People in Ireland (2009)</p>	
<p>Abuse is a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person or violates their human or civil rights.</p>	
<p>Physical abuse, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.</p> <p>Sexual abuse, including rape and sexual assault or sexual acts to which the person has not consented, or could not consent, or into which he or she was compelled to consent.</p> <p>Psychological abuse, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.</p> <p>Financial or material abuse, including theft, fraud, exploitation, pressure in connection with wills, property, or inheritance, or financial transactions, or the misuse or misappropriation of property, possessions or benefits.</p> <p>Neglect and acts of omission, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.</p> <p>Discriminatory abuse, including racism, sexism that is based on a person’s disability, and other forms of harassment, slurs or similar treatment.</p>	

⁶ Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 Regulation 2 *Definitions* and Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 Regulation 2 *Definitions*

National Standards for Residential Services for Children and Adults with Disabilities (2013)

Abuse: ⁺ any act, or failure to act, which results in a breach of a vulnerable person's human rights, civil liberties, physical and mental integrity, dignity or general wellbeing, whether intended or through negligence, including sexual relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms

- **physical abuse**, including corporal punishment, incarceration (including being locked in one's home or not allowed out), over or misuse of medication, medical experimentation or involvement in invasive research without consent, and unlawful detention of psychiatric patients;
- **sexual abuse and exploitation**, including rape, sexual aggression, indecent assault, indecent exposure, forced involvement in pornography and prostitution;
- **psychological threats and harm**, usually consisting of verbal abuse, constraints, isolation, rejection, intimidation, harassment, humiliation or threats of punishment or abandonment, emotional blackmail, arbitrariness, denial of adult status and infantilising people with disabilities, and the denial of individuality, sexuality, education and training, leisure and sport;
- **interventions which violate the integrity of the person**, including certain educational, therapeutic and behavioural programmes;
- **financial abuse** including fraud and theft of personal belongings, money or property;
- **neglect, abandonment and deprivation**, whether physical or emotional, in particular an often cumulative lack of healthcare or negligent risk taking, of food or of other daily necessities, including in the context of educational or behavioural programmes;
- **institutional violence** with regard to the place, the level of hygiene, the space the rigidity of the system, the programme, the visits, the holidays.

⁺ As defined in the Council of Europe, Resolution ResAP (2005)1 on safeguarding adults and children with disabilities against abuse. For detailed guidance on the signs and symptoms and types of child abuse, please refer to Children First: National Guidance for the Protection and Welfare of Children (2011)

<p>What if the allegation hasn't been confirmed?</p>	<p>You are required to notify the chief inspector of any allegation, suspected or confirmed, of abuse within three working days.</p>
<p>How does this requirement apply to situations where a resident is impacted by the challenging behaviour of another resident?</p>	<p>Your centre's policies and procedures should guide your staff when they have to decide whether a resident's challenging behaviour constitutes abuse of another resident. These policies and procedures should reflect national guidance and best practice.</p> <p>As a general rule, we do not require you to notify us of residents' behaviour that challenges unless it impacts to such an extent on another resident(s) that it clearly falls within the (above) definition of abuse.</p>

<p>What information is requested in the form?</p>	<p>We ask for the date and time of the alleged abuse, the date the allegation was reported, and the type of abuse alleged. We ask whether the person alleged to have abused the resident is a member of staff and whether you have informed the family of the resident and/or An Garda Síochána of the alleged abuse.</p> <p>We also ask you for details of the current status of the resident and the actions that have been taken in response to the allegation including those actions taken to ensure that all residents are safe.</p>
<p>Are residents' details requested in the form?</p>	<p>In the form we ask for details of the current status of the resident and the type of abuse alleged. We do not ask for the resident's name. The General Guidance Section (page 6) provides advice on how to assign unique identifiers to residents to protect their privacy.</p>
<p>What follow up information is required?</p>	<p>To comply with the Regulations, designated centres must have policies and procedures around the prevention, detection and response to abuse⁷. Where there is any allegation of abuse, the person in charge must investigate the allegation⁸.</p> <p>The person in charge is requested to return the following information to us within 20 working days of the notification of the allegation of abuse:</p> <ul style="list-style-type: none"> • A copy of the centre's policies and procedures around the prevention, detection and response to abuse (where they have changed since they were last submitted to us). • A copy of the internal investigation report into the allegation of abuse. <p>Where, for any reason, the report of the internal investigation is not complete within the 20 working days, we ask the person in charge to submit a draft report outlining</p> <ol style="list-style-type: none"> a) the steps that have been taken, b) the reasons why the internal investigation report is not complete, and c) the next steps the provider intends to take to ensure the safety of the residents⁹.

⁷Health Care Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Regulation 4 *Written Policies and Procedures*

Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities), Regulations 2013 Regulation 4 *Written policies and procedures*

⁸Health Care Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Regulation 8 *Protection*

Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities), Regulations 2013 Regulation 8 *Protection*

⁹Health Care Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 Regulation 8 (1) *Protection* Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Regulation 8 (2) *Protection*

	<p>In these circumstances, we ask the person in charge to submit the internal investigation report to us as soon as it becomes available.</p> <p>In the event that the allegation relates to a legacy issue (e.g. historical abuse), matters of a criminal nature, or previous allegations of misconduct that have only recently come to light, while it may not be for the person in charge to investigate the allegation, it is the responsibility of the person in charge to keep us informed of developments in the investigation.</p>
<p>How should I submit the follow up information for this notification?</p>	<p>To protect the privacy of the individuals involved, internal investigation reports should have all names and other identifiers removed before they are submitted to us.</p> <p>You should submit the investigation report to us by email to notify@hiqa.ie. Your email should quote the reference number of the notification to which it relates.</p>
<p>If the allegation of abuse is against a member of staff, do I need to complete two forms?</p>	<p>Where there is an allegation of abuse of a resident by a member of staff, or the registered provider, you can notify the chief inspector of this using the NF06 Form <i>Any allegation, suspected or confirmed, of abuse</i>.</p> <p>Where there is an allegation of other misconduct by a member of staff or the registered provider, you can notify the chief inspector of this using the NF07 Form <i>Allegation of misconduct by the registered provider or by a staff member</i>.</p>
<p>Residential services for children with disabilities and mixed residential services for children and adults with disabilities</p>	<p>Where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child the requirements of national guidance must be applied. The current national guidance is <i>Children First: National Guidance for the Protection and Welfare of Children</i> (2011, DCYA).</p> <p><i>Children First</i> provides detailed information on the types of child abuse, the signs and symptoms of child abuse, and the roles and responsibilities of organisations and individuals working with children. The Child and Family Agency (Tusla) has a section of its website providing guidance on Children First specifically directed to organisations and individuals working with children¹⁰ (available here).</p>

¹⁰<http://www.tusla.ie/children-first/roles-and-responsibilities/organisations>

3.6 Allegation of misconduct by the registered provider or by a staff member (form NF07)

<p>Who is a 'registered provider' or 'staff member'?</p>	<p>The registered provider is the person whose name is entered in a register as the person carrying on the business of the designated centre.</p> <p>The Regulations define 'staff' as – “persons employed by the registered provider and includes persons placed in employment with the registered provider concerned by an employment agency used by that registered provider but does not include— (a) persons who provide professional services to the designated centre and to whom the registered provider pays fees for such services, or (b) volunteers;”</p> <p>As the person in charge is also a member of staff, the person in charge is required to notify the chief inspector of any allegation of misconduct made against him/her.</p>
<p>What is 'misconduct'?</p>	<p>The Regulations do not define 'misconduct'. The chief inspector has given the following guidance on 'misconduct'</p> <ul style="list-style-type: none"> ▪ For professionally registered staff such as nurses and social workers, misconduct is generally considered to be a failure to adhere to proper standards of conduct, performance and ethics (as laid down by the relevant registration body e.g. An Bord Altranais (Nursing and Midwifery Board) or CORU). ▪ Misconduct should be considered in terms of the staff member's job description, the centre's operational policies and procedures, any code of conduct expected of employees and other professional codes of practice. ▪ Any breaches of such codes that require disciplinary action by management should be notified to us. ▪ For the registered provider (or provider entity), an example of misconduct may be where the provider (or provider entity) is convicted of an offence under health and safety legislation or where there is an allegation of financial misappropriation at head office.
<p>What if the allegation of misconduct hasn't been confirmed?</p>	<p>Once you become aware that an allegation has been made, you must notify us within three working days.</p>

<p>What if the allegation involves the abuse of a resident?</p>	<p>Not all allegations of misconduct are allegations of abuse of a resident. Where the allegation is of abuse of a resident by a registered provider or staff, we request that you use the NF06 form (above) to notify the chief inspector.</p> <p>Where the allegation is of other misconduct on the part of the registered provider or staff, we request that you use the NF07 Form to notify the chief inspector.</p>
<p>What information is requested in the form?</p>	<p>We ask for the date of the alleged misconduct and the role of the staff member against whom the allegation has been made. We also ask for the details of the alleged misconduct, the immediate actions taken in response to the allegation, the measures taken to ensure that all residents are safe, and the details of any internal investigation being conducted.</p>
<p>Are residents' or staff details requested in the form?</p>	<p>In the form we ask whether the allegation of misconduct relates to the registered provider or a staff member. Where the allegation relates to a staff member, we ask for the role of the staff member, whether the centre has a Garda vetting report for them, and, whether they are currently reporting for duty. We do not request the name of the staff member or any other identifier.</p>
<p>What follow up information is required for this notification?</p>	<p>You must notify us of any allegation of misconduct by the registered provider or by a member of staff. The person in charge is requested to provide us with a copy of the internal investigation report into the alleged misconduct within 20 working days of the notification of the allegation of misconduct.</p> <p>Where, for any reason, the report of the internal investigation is not complete within 20 working days, we ask that the person in charge return a draft report outlining</p> <ol style="list-style-type: none"> a) the steps that have been taken, b) the reasons why the internal investigation report is not complete, and c) the next steps the provider intends to take to ensure the safety of the residents. <p>In these circumstances, we ask the person in charge to return the internal investigation report to us as soon as it becomes available.</p>
<p>How should I submit the follow up information for this notification?</p>	<p>You should submit the investigation report to us by email to notify@hiqa.ie. Your email should quote the reference number of the notification.</p> <p>To protect the privacy of the individuals involved, internal investigation reports should have all names and other identifiers removed before they are submitted to us.</p>

3.7 Staff are the subject of a review by a professional body (form NF08)

Who is a 'member of staff'?	The Regulations ¹¹ define 'staff' as - "persons employed by the registered provider and includes persons placed in employment with the registered provider concerned by an employment agency used by that registered provider but does not include— (a) persons who provide professional services to the designated centre and to whom the registered provider pays fees for such services, or (b) volunteers;"
What is a professional body?	The main professional bodies for staff in designated centres are: <ul style="list-style-type: none"> • The Nursing and Midwifery Board of Ireland, and • The Health and Social Care Professionals Council (CORU)
Should I notify if the person has left employment before the hearing?	Yes, if the person was a member of staff when the provider became aware of the review, you should notify us.
What information is requested in the form?	We ask for <ul style="list-style-type: none"> • the role of the staff member that is the subject of the review and the nature of the incident under review • the name of the professional body undertaking the review • the date of the review hearing (if known) • the outcome of the review hearing (if known) • the date the review became known to the registered provider • the measures taken in the centre to ensure that all residents are safe, if the staff member is currently reporting for duty • the details of any internal investigation being conducted
Are staff details requested in the form?	We do not request the name of the staff member or any other identifier in the form.
What follow up information is required for this notification?	This notification does not require you to provide any specific follow up information to us. Your inspector may however ask for further details by telephone or in writing as part of ongoing monitoring.

¹¹ Health Care Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 Regulation 2 *Definitions*
Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Regulation 2 *Definitions*

3.8 Any fire, loss of power, heating, water, or unplanned evacuation of the designated centre (form NF09)

<p>What is a 'loss of power, heating or water'?</p>	<p>The chief inspector has defined a 'loss of power, heating or water' as a single occurrence of a loss of power, heating or water lasting longer than 30 minutes or two or more instances, each lasting less than 30 minutes, occurring in any 24 hour period.</p>
<p>What information is requested in the form?</p>	<p>We request the type of incident that occurred, the date and time of the incident and whether the incident necessitated an evacuation of the designated centre. We also ask for details of any resident injured or affected as a result of the incident, their current status, and the actions taken to ensure the safety of residents.</p>
<p>Are residents' details requested in the form?</p>	<p>In the form we ask for the number of residents injured or affected by the incident and the current status of each of these residents. We do not ask for the resident's name. The General Guidance Section (page 6) provides advice on how to assign unique identifiers to residents to protect their privacy.</p>
<p>Fire alarms</p>	<p>We only require three-day notification of the operation of fire alarm equipment where there was a fire in the centre and/or where an unplanned evacuation of the centre took place.</p> <p>Occasions where fire alarm equipment was operated (other than for the purpose of fire practice, drill or test of equipment) should be notified to us on a quarterly basis as part of your quarterly notifications (page 22).</p>

4. Quarterly statutory notifications in designated centres – NF39

There are separate sections within the NF39 form to support the person in charge when sending us statutory quarterly notifications.

There are two separate NF39 forms available depending on the type of service provided; one for designated centres for persons with disabilities and one for designated centres for older people. You can find out more about what information we require for each below. It is important that the correct form is completed and returned to us by the submission date.

The forms are available on our website for download [here](#). Submission dates

for return of the quarterly notification spreadsheet form are:

- **31 January** (for incidents that took place in October, November and December)
- **30 April** (for incidents that took place in January, February and March)
- **31 July** (for incidents that took place in April, May and June)
- **31 October** (for incidents that took place in July, August and September).

4.1 Quarterly forms for designated centres for persons (children and adults) with disabilities

At the end of each quarter, the person in charge must ensure that a written record is provided to us, under the Regulations¹².

The NF39 form is divided into 8 sections:

Section 1. Centre Details.

Section 2. Any occasion when restraint¹⁵ was used. You must include details of the type of restraint (physical, chemical or environmental restraint), the number of occasions and the number of residents subjected to restraint.

Section 3. Any occasion on which the fire equipment was operated other than for the purpose of fire practice, drill or test of equipment.

Section 4. A recurring pattern of theft or burglary.

Section 5. Non-serious injury to a resident. Any injury to a resident not required to be notified under Regulation 31(1) (d) of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (i.e. NF03).

Section 6 Any other deaths other than included under Regulation 31(1) (a) (i.e. NF01).

Section 7. Pressure ulcer (grade 2 or higher) sustained by a

resident/resident(s). You must include how many residents have sustained a pressure sore. Of those residents who sustained a pressure sore, you must include the number of instances of each grade of pressures sore from grade 2 to grade 4 and where (location) the pressure sore was sustained.

Section 8. Declaration.

¹² Regulation 31(3) of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013

¹³ Regulatory Notice RN02/2014 'Restrictive Procedures in Designated Centres for Persons with Disabilities' (HIQA, 2014) contains important information for providers and persons in charge on what constitutes a notifiable event.

4.2 Quarterly forms for designated centres for older people

At the end of each quarter, the person in charge must ensure that a written record is provided to us, under the Regulations¹⁴.

The NF39 form is divided into 7 sections:

Section 1. Centre Details.

Section 2. Any occasion when restraint¹⁵ was used.

You must include details of the type of restraint (physical, chemical or environmental restraint), the number of occasions and the number of residents subjected to restraint.

Section 3. Any occasion on which the fire equipment was operated other than for the purpose of fire practice, drill or test of equipment.

Section 4. A recurring pattern of theft or burglary.

Section 5. Any death, including the cause of death, other than those specified under Regulation 31(1) (i.e. NF01).

Section 6. Pressure ulcer (grade 2 or higher) sustained by a resident/resident(s). You must include how many residents have sustained a pressure sore. Of those residents who sustained a pressure sore, you must include the number of instances of each grade of pressures sore from grade 2 to grade 4 and where (location) the pressure sore was sustained.

Section 7. Declaration

¹⁴Under Regulation 31(3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

¹⁵ The Authority holds the view that where a resident can safely release themselves from a bed rail of their own volition in order to get in or out of bed or can safely free themselves from a lap belt of their own volition then the use of a bedrail or lap belt in this context does not need to be notified to the Authority as an occasion when restraint was used.

5. Six-monthly nil return forms

The registered provider is legally required to notify us on a six-monthly basis where no incidents which require to be notified under Regulation 31 have taken place¹⁶.

There are two separate nil return forms available depending on the type of service provided; one for designated centres for persons with disabilities and one for designated centres for older people. Persons in Charge can use these forms when making a six-monthly nil-return which advising us that no incidents under Regulation 31 have takenplace.

The two submission dates for return of the six-monthly nil-return forms are:

- **31 July** (covering the period January to June)
- **31 January** (covering the period July to December).

5.2 Nil return for designated centres for persons (children and adults) with disabilities

You are required to notify the Chief Inspector every six months if there has been **no occurrence** of any incident required to be notified to the Chief Inspector: this includes both incidents required to be notified within three days and those required on a quarterly basis. The nil return form is divided into four sections:

Section 1. Centre Details

Section 2. Nil return of any incident required to be notified on a quarterly basis. You are required to indicate by ticking the relevant box which incident you are making a nil return on. These include:

- Any occasion when restraint¹⁵ was used.
- Any occasion on which the fire equipment was operated other than for the purpose of fire practice, drill or test of equipment.
- A recurring pattern of theft or burglary.
- Non-serious injury to a resident.
- Any other deaths other than included under Regulation 31(1) (a) (i.e. NF01).
- Pressure ulcer (grade 2 or higher) sustained by a resident/resident(s).

Section 3. Nil return on any three day notifications. You are required to indicated by ticking the relevant box which incident you are making a nil return on. These include:

- Unexpected death of a resident
- An outbreak of any notifiable disease
- Serious injury to a resident which requires immediate medical and or hospital treatment
- Unexplained absence of a residents from the designated centre

- Allegation, suspected or confirmed, of abuse to a resident
- Allegation of misconduct by the registered provider or by a member of staff
- Staff member is the subject of review by a professional body
- Any fire, lost of power, heating, water or unplanned evacuation of the designated centre.

Section 4. Declaration

5.3 Nil return for designated centres for older people

You are required to notify us every six months if there has been **no occurrence** of any incident required to be notified to the Chief Inspector: this includes both incidents required to be notified within three days and those required on a quarterly basis. The nil return form is divided into four sections:

Section 1. Centre Details

Section 2. Nil return of any incident required to be notified on a quarterly basis. You are required to indicate by ticking the relevant box which incident you are making a nil return on.

These include:

- Any occasion when restraint¹⁵ was used.
- Any occasion on which the fire equipment was operated other than for the purpose of fire practice, drill or test of equipment.
- A recurring pattern of theft or burglary.
- Any death, including the cause of death, other than those specified under Regulation 31(1) (i.e. NF01).
- Pressure ulcer (grade 2 or higher) sustained by a resident/resident(s).

Section 3. Nil return on any three day notifications. You are required to indicate by ticking the relevant box which incident you are making a nil return on. These include

- Unexpected death of a resident
- An outbreak of any notifiable disease
- Serious injury to a resident which requires immediate medical and or hospital treatment
- Unexplained absence of a residents from the designated centre
- Allegation, suspected or confirmed, of abuse to a resident
- Allegation of misconduct by the registered provider or by a member of staff
- Staff member is the subject of review by a professional body
- Any fire, lost of power, heating, water or unplanned evacuation of the designated centre.

Section 4. Declaration

¹⁶ Under Regulation 31(4) of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and Regulation 31(4) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013

Appendix 1:

Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013

Notification of incidents:

31. (1) Where an incident set out in [paragraphs 7 \(1\) \(a\) to \(j\) of Schedule 4](#) occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.

(2) The person in charge shall ensure that, when the cause of an unexpected death has been established, the Chief Inspector is informed of that cause in writing.

(3) The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

(4) Where no report is required under paragraphs (1) or (3), the registered provider concerned shall report that to the Chief Inspector at the end of each 6 month period.

Paragraphs 7 (1) (a) to (j) of Schedule 4

7. Notifications under Regulation 31

1. The Chief Inspector shall be notified of the occurrence of any of the following events within 3 days of such occurrence and a record of the event shall be kept:

- (a) the unexpected death of any resident, including the death of any resident following transfer to hospital from the designated centre, and the circumstances and cause of death when established;
- (b) any fire;
- (c) any loss of power, heating or water;
- (d) any incident where an unplanned evacuation of the designated centre took place;
- (e) an outbreak of any notifiable disease;
- (f) any serious injury to a resident that requires immediate medical and/or hospital treatment;
- (g) any unexplained absence of a resident from the designated centre;
- (h) any allegation, suspected or confirmed of abuse of any resident;

(i) any allegation of misconduct by the registered provider or by a member of staff;

(j) any occasion where the registered provider became aware that a member of staff is the subject of review by a professional body.

Paragraphs 7(2) (k) to (n) of Schedule 4

2. The Chief Inspector shall be notified at quarterly intervals of the occurrence of any of the following events and a record of such an occurrence shall be kept:

(k) any occasion when restraint was used;

(l) any occasion on which the fire alarm equipment is operated other than for the purpose of fire practice, drill or test of equipment;

(m) a recurring pattern of theft or burglary;

(n) any death, including cause of death, other than those specified in (a) above; and

(o) such other adverse incident the Chief Inspector may require.

Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013

Notification of incidents

31. (1) The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre:

- (a) the unexpected death of any resident, including the death of any resident following transfer to hospital from the designated centre;
- (b) an outbreak of any notifiable disease as identified and published by the Health Protection Surveillance Centre;
- (c) any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place;
- (d) any serious injury to a resident which requires immediate medical or hospital treatment;
- (e) any unexplained absence of a resident from the designated centre;
- (f) any allegation, suspected or confirmed, of abuse of any resident;
- (g) any allegation of misconduct by the registered provider or by staff; and
- (h) any occasion where the registered provider becomes aware that a member of staff is the subject of review by a professional body;

(2) In the case of an unexpected death notified to the us pursuant to paragraph (1)(a) the person in charge shall also ensure that written notice is provided to the chief inspector setting out the cause of the death when same has been established.

(3) The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre:

- (a) any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used;
- (b) any occasion on which the fire alarm equipment was operated other than for the purpose of fire practice, drill or test of equipment;
- (c) where there is a recurring pattern of theft or burglary;
- (d) any injury to a resident not required to be notified under paragraph (1)(d);
- (e) any deaths, including cause of death, not required to be notified under paragraph (1)(a); and
- (f) any other adverse incident the chief inspector may prescribe.

(4) Where no incidents which require to be notified under (1), (2) or (3) have taken place, the registered provider shall notify the chief inspector of this fact on a six monthly basis.

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