


DCOP	Health Information and Quality Authority	 Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cálíocht Sláinte
NF39	Designated centres for older people (DCOP)	
Form	Quarterly notification of incidents *	

Section 1. Centre details			For official use
Centre name			<input type="checkbox"/>
Centre ID (OSV)			<input type="checkbox"/>
Unit or ward name (if applicable)			<input type="checkbox"/>
Please tick the applicable quarter and state the year.			
Quarter 1 (January, February, March)	<input type="checkbox"/>	Year	<input type="checkbox"/>
Quarter 2 (April, May, June)	<input type="checkbox"/>	Year	
Quarter 3 (July, August, September)	<input type="checkbox"/>	Year	
Quarter 4 (October, November, December)	<input type="checkbox"/>	Year	

* Please complete this form with HIQA's notification guidance. You can download the guidance at www.hiqa.ie

Section 2. Restraints			For official use
Details of any occasion where a restraint was used.			
Have physical restraints [†] been used in the quarter? If yes , please state the type of physical restraint.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Type of physical restraint	No. of occasions	No. of residents	<input type="checkbox"/>
Bed rail <input type="checkbox"/>			
Bed bumpers <input type="checkbox"/>			
Lap belt <input type="checkbox"/>			
Chair <input type="checkbox"/>			
Heavy table <input type="checkbox"/>			
Laptop table <input type="checkbox"/>			
Limiting his or her freedom <input type="checkbox"/>			
Other <input type="checkbox"/>			
If you have ticked other , please provide details.			
Have environmental restraints been used in the quarter? If yes , please state the type of environmental restraint.		Yes <input type="checkbox"/> No <input type="checkbox"/>	

[†] As per the Health Act 2007 and regulations thereunder, the person in charge shall ensure that a written report is provided to the Chief Inspector at the end of each quarter in relation to any occasion when restraint was used.

Section 2. Restraints			For official use
Details of any occasion where a restraint was used.			
Type of environmental restraint	No. of occasions	No. of residents	
Door lock <input type="checkbox"/>			<input type="checkbox"/>
Window lock <input type="checkbox"/>			
Seclusion <input type="checkbox"/>			
Other <input type="checkbox"/>			
If you have ticked other , please provide details:			<input type="checkbox"/>
Have chemical restraints been used in the quarter? If yes , please state the number of occasions and residents.		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
No. of occasions		No. of residents	<input type="checkbox"/>
Please include any additional information relevant to this section.			<input type="checkbox"/>

Section 3. Fire alarm equipment activated			For official use
Any occasion other than for the purpose of fire practice, drill or test of equipment.			
Has the fire alarm equipment been operated in the quarter? If yes , please state the reason.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason fire alarm equipment was activated		No. of occasions	<input type="checkbox"/>
Automatic detection of fire	<input type="checkbox"/>		
Automatic detection of smoke	<input type="checkbox"/>		
False alarm or malicious activation	<input type="checkbox"/>		
Fire alarm malfunction	<input type="checkbox"/>		
Manual call point activation such as a red break glass unit	<input type="checkbox"/>		
Other	<input type="checkbox"/>		
If you have ticked other , please provide details.			
Please provide details for each occasion fire alarm equipment was activated.			<input type="checkbox"/>

Section 3. Fire alarm equipment activated Any occasion other than for the purpose of fire practice, drill or test of equipment.	For official use
Please include any additional information relevant to this section.	
	<input data-bbox="1310 622 1347 658" type="checkbox"/>

Section 4. Recurring pattern of theft or burglary		For official use
Two or more occasions of theft or burglary at the designated centre.		
Have there been two or more instances of theft or burglary in the quarter? If yes , please state the number of instances.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
What is the total number of instances in the quarter?		<input type="checkbox"/>
Who is the injured party? Please tick the relevant box or boxes.	Resident <input type="checkbox"/>	<input type="checkbox"/>
	Staff member <input type="checkbox"/>	
	Registered provider <input type="checkbox"/>	
	Relative or friend of a resident <input type="checkbox"/>	
	Visiting consultant <input type="checkbox"/>	
	Other <input type="checkbox"/>	
If other , please provide details.		
What is the missing item? Please tick the relevant box or boxes.	Cash <input type="checkbox"/>	<input type="checkbox"/>
	Personal belongings <input type="checkbox"/>	
	Property <input type="checkbox"/>	
	Other <input type="checkbox"/>	
If other , please provide details.		

Section 4. Recurring pattern of theft or burglary Two or more occasions of theft or burglary at the designated centre.	For official use
What actions have been taken to address the pattern of theft or burglary? 	<input type="checkbox"/>
Please include any additional information relevant to this section. 	<input type="checkbox"/>

Section 5. Death of a resident including cause of death				For official use
Any occasion that does not require an NF01				
Has the death of a resident[†] or residents occurred in the quarter? If yes , please state how many.			Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
How many deaths have occurred in the quarter?				<input type="checkbox"/>
Please provide the following information for each death [†] that has occurred				
Residents unique identifier	Cause of death	Date	Time (am or pm)	<input type="checkbox"/>

[†] other than a death notified under an NF01 notification

Section 5. Death of a resident including cause of death Any occasion that does not require an NF01				For official use
Residents unique identifier	Cause of death	Date	Time (am or pm)	
				<input type="checkbox"/>

Please continue on a separate photocopy of section 5 if necessary.

Please include any additional information relevant to this section.	
	<input type="checkbox"/>

Section 6. Pressure ulcer (grade 2 or higher) sustained by a resident or residents			For official use
How many residents have sustained a pressure ulcer, grade 2 or higher, in the quarter?			<input type="checkbox"/>
Please state the number of instances of grade 2 pressure ulcer.			<input type="checkbox"/>
Please state the number of instances of grade 3 pressure ulcer.			<input type="checkbox"/>
Please state the number of instances of grade 4 pressure ulcer.			<input type="checkbox"/>
Please state how many of the grade 2 or higher pressure sores you have identified were sustained in each of these locations.	Designated centre		<input type="checkbox"/>
	Hospital		<input type="checkbox"/>
	Other		<input type="checkbox"/>
If you have ticked other, please provide details.			<input type="checkbox"/>
How many pressure ulcers (grade 2 or higher) required medical or hospital treatment?	Medical treatment		<input type="checkbox"/>
	Hospital treatment		<input type="checkbox"/>
Please include any additional information relevant to this section.			<input type="checkbox"/>
			<input type="checkbox"/>

Section 7. 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)		<input type="checkbox"/>
Position	Person in charge <input type="checkbox"/>	<input type="checkbox"/>
	Authorised person <input type="checkbox"/>	
Signed		<input type="checkbox"/>
Date		<input type="checkbox"/>
Contact number (during office hours)		<input type="checkbox"/>

Please return the completed signed form by email to rst@hiqa.ie or by post to:

Regulatory Support Team
 Health Information and Quality Authority
 Dublin Regional Office
 George's Court
 George's Lane
 Smithfield
 Dublin 7

Tel: 01 814 7400