


DCOP NF40 Form	Health Information and Quality Authority Designated centres for older persons (DCOP) Nil return of quarterly and/or three day notification*	 Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte
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Please ensure you are completing the correct form.

You should submit this form to 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 any:

- **incident outlined** in the quarterly notification (listed in section 2) or,
- **three day** notification (listed in section 3).

Section 1. Centre details			For official use
Centre name			<input type="checkbox"/>
Centre ID (OSV)			<input type="checkbox"/>
Please tick the applicable 6 month period and state the year.			
Period 1 (Jan, Feb, Mar, April, May, June)	<input type="checkbox"/>	Year	<input type="checkbox"/>
Period 2 (July, Aug, Sept, Oct, Nov, Dec)	<input type="checkbox"/>	Year	

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

† As per the Health Act 2007 and regulations thereunder.

Section 2. Nil return of any incident identified in the quarterly notification (NF39 Form).			For official use
Please tick the relevant box or boxes for the notification type or types where there has been no occurrence of any incident in the period.			
NF39	Use of restraint.	<input type="checkbox"/>	<input type="checkbox"/>
NF39	Fire alarm equipment activated.	<input type="checkbox"/>	
NF39	Recurring pattern of theft or burglary.	<input type="checkbox"/>	
NF39	Death of a resident including cause of death (other than NF01).	<input type="checkbox"/>	
NF39	Notification of a pressure ulcer (grade 2 or higher) sustained by a resident.	<input type="checkbox"/>	

Section 3. Nil return any of three day notification.			For official use
Please tick the relevant box or boxes for the notification type or types where there has been no occurrence of any incident in the period.			
NF01	Unexpected death of a resident.	<input type="checkbox"/>	<input type="checkbox"/>
NF02	An outbreak of any notifiable disease.	<input type="checkbox"/>	
NF03	Serious injury to a resident which requires immediate medical and or hospital treatment.	<input type="checkbox"/>	
NF05	Unexplained absence of a resident from the designated centre.	<input type="checkbox"/>	
NF06	Allegation, suspected or confirmed, of abuse to a resident.	<input type="checkbox"/>	

Section 3. Nil return any of three day notification.			For official use
Please tick the relevant box or boxes for the notification type or types where there has been no occurrence of any incident in the period.			
NF07	Allegation of misconduct by the registered provider or by a member of staff.	<input type="checkbox"/>	<input type="checkbox"/>
NF08	Staff member is the subject of review by a professional body.	<input type="checkbox"/>	
NF09	Any fire, loss of power, heating, water or unplanned evacuation of the designated centre.	<input type="checkbox"/>	

Section 4. 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"/> Authorised person <input type="checkbox"/>	<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