

NF03* Form DCSC	Health Information and Quality Authority Designated Centre – Special Care Unit (DCSC) Serious injury [†] to a resident that requires immediate medical and/or hospital treatment	 <p>Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cálíocht Sláinte</p>
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Section 1. Designated centre details	
Centre name	
Centre ID (OSV)	
Unit or ward name (if applicable)	

Section 2. Resident's details	
Resident's unique identifier [†]	
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.	
Has an NF03 form been submitted for this person in the past 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Section 2. Resident's details

If **yes**, how many NF03 forms have been previously submitted?

Section 3. Injury details

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:

How did the injury happen?

Please tick the relevant box or boxes

Fall

Fire or heat

Section 3. Injury details

	Unknown <input type="checkbox"/>
	Other <input type="checkbox"/>
If you have ticked Other , please provide details:	
<p>Where did the injury happen? Please tick the relevant box or boxes</p>	Resident's bedroom <input type="checkbox"/> Corridor <input type="checkbox"/> Communal room <input type="checkbox"/> Garden or grounds <input type="checkbox"/> Bath or shower room <input type="checkbox"/> Toilet <input type="checkbox"/> Kitchen <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/>
If you have ticked other , please provide details:	

Section 4. Circumstances of the injury

<p>What was the resident doing when the injury happened?</p>	Receiving care <input type="checkbox"/> Leisure activity <input type="checkbox"/>
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Section 4. Circumstances of the injury

Please tick the relevant box or boxes

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

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:

Please describe the **circumstances** that led to the injury:

Section 4. Circumstances of the injury

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Section 5. Medical or hospital treatment

What **immediate action** was taken following the injury?

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What **treatment** has the resident received?

Medical treatment

Please tick the relevant box or boxes

Hospital treatment

If you have ticked **medical treatment**, please provide details of the medical attention that was required:

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If you have ticked **hospital treatment**, please provide these details:

Date hospitalised:

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Hospital name:

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Section 5. Medical or hospital treatment

Date of discharge:

Who was the resident discharged to?

Section 6. Declaration

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

Other

If you ticked **other**, please specify your role in the designated centre

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