


NF07* Form DCSC	Health Information and Quality Authority Designated Centre – Special Care Unit (DCSC) Investigation of misconduct [†] by the registered provider, person in charge or member of staff	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Section 1. Centre details	
Centre name	
Centre ID (OSV)	
Unit or ward name (if applicable)	

Section 2. Allegation of misconduct			
Date of alleged misconduct		Date allegation reported	
Who is the person that reported the allegation of misconduct?	Resident	<input type="checkbox"/>	
	Nursing staff	<input type="checkbox"/>	
	Care staff	<input type="checkbox"/>	
	Administrative staff	<input type="checkbox"/>	
	Visiting professional	<input type="checkbox"/>	
	Relative	<input type="checkbox"/>	
	Friend	<input type="checkbox"/>	
	Volunteer	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	
If you have ticked other , please provide details:			

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

† As defined in HIQA's statutory notification guidance

Section 2. Allegation of misconduct

Who has the allegation of misconduct been made against?	Registered provider <input type="checkbox"/> Staff member or staff members <input type="checkbox"/> Person in charge <input type="checkbox"/>
If a staff member or staff members, what is their role or roles at the designated centre?	
Is there an An Garda Síochána vetting report on file for the staff member or staff members?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the staff member or staff members currently reporting for duty ?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 3. Details of the alleged misconduct

Please **provide details** of the alleged misconduct:

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What **immediate** actions have you have taken?

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Section 3. Details of the alleged misconduct

Please provide an outline of the **internal investigation** and actions taken with the person or persons the allegation has been made against:

Please state the measures you have taken to ensure that **all residents[‡] are safe?**

Please include any **additional information** applicable to this notification:

[‡] Please note you are required to notify HIQA of any alleged abuse of a resident via an NF06 or any serious injury to a resident via an NF03.

Section 3. Details of the alleged misconduct

Section 4. Follow up documentation

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 5. 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 <input type="checkbox"/> Other <input type="checkbox"/>
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