


NF39A Form DCSC	Health Information and Quality Authority Designated Centre – Special Care Unit (DCSC) Quarterly notification of incidents* NF39A Any occasion where physical, environmental or other restraint was used	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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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	
Quarter 2 (April, May, June)	<input type="checkbox"/>	Year	<input type="checkbox"/>
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"/>
One person restraint <input type="checkbox"/>			
Team restraint <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"/>	
Type of environmental restraint	No. of occasions	No. of residents	<input type="checkbox"/>
Structured time away <input type="checkbox"/>			
Single separation <input type="checkbox"/>			
Single occupancy <input type="checkbox"/>			
Other <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 3. 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 signatory for and on behalf of the registered provider <input type="checkbox"/>	
Signed		<input type="checkbox"/>
Date		<input type="checkbox"/>
Contact number (during office hours)		<input type="checkbox"/>

This form should be either:

- **emailed** to: children@hiqa.ie or,
- **posted** to: Children Regulatory Support 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: children@hiqa.ie