


<b>DCD</b> <b>NF39A</b> <b>Form</b>	<b>Health Information and Quality Authority</b> Designated centres for persons (Children and Adults) with disabilities ( <b>DCD</b> ) <b>Quarterly notification of incidents * NF39A</b> <b>Any occasion where a restraint was used</b>	 <b>Health Information and Quality Authority</b> An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte
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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"/>
Reporting <b>year</b>		<input type="checkbox"/>
Reporting <b>quarter</b>	<b>Quarter 1</b> (Jan, Feb, Mar) <b>Quarter 2</b> (Apr, May, Jun) <b>Quarter 3</b> (Jul, Aug, Sep) <b>Quarter 4</b> (Oct, Nov, Dec)	<input type="checkbox"/>
Have <b>physical restraints</b> been used in the quarter?	Yes                      No If 'Yes' please complete Section 2.	<input type="checkbox"/>
Have <b>environmental restraints</b> been used in the quarter?	Yes                      No If 'Yes' please complete Section 3.	<input type="checkbox"/>
Have <b>chemical restraints</b> been used in the quarter?	Yes                      No If 'Yes' please complete Section 4.	<input type="checkbox"/>

\* Please complete this form with HIQA's notification guidance. You can download the guidance at [www.hiqa.ie](http://www.hiqa.ie)

**Section 2. Restraints - Physical restraint.**

Details of any occasion where a restraint was used.

For official use

#	Type of physical restraint	Frequency of use	No. of residents	Other details	
1.	Bedrails Bed bumpers Chair Lap belt Lap tray/ table Other				<input type="checkbox"/>
2.	Bedrails Bed bumpers Chair Lap belt Lap tray/ table Other				<input type="checkbox"/>
3.	Bedrails Bed bumpers Chair Lap belt Lap tray/ table Other				<input type="checkbox"/>
4.	Bedrails Bed bumpers Chair Lap belt Lap tray/ table Other				<input type="checkbox"/>
5.	Bedrails Bed bumpers Chair Lap belt Lap tray/ table Other				<input type="checkbox"/>
6.	Bedrails Bed bumpers Chair Lap belt Lap tray/ table Other				<input type="checkbox"/>

<b>Section 3. Restraints - Environmental restraint.</b>					For official use
Details of any occasion where a restraint was used.					
#	Type of environmental restraint	Frequency of use	No. of residents	Other details	
1.	Door lock Window lock Seclusion Other				<input type="checkbox"/>
2.	Door lock Window lock Seclusion Other				<input type="checkbox"/>
3.	Door lock Window lock Seclusion Other				<input type="checkbox"/>
4.	Door lock Window lock Seclusion Other				<input type="checkbox"/>

<b>Section 4. Restraints – Chemical restraint.</b>					For official use
	Type of chemical restraint	Frequency of use	No. of residents	Other details	
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>

Section 5. 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 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: [rst@hiqa.ie](mailto:rst@hiqa.ie) or,
- **posted** to: 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: [rst@hiqa.ie](mailto:rst@hiqa.ie)