


DCOP NF39A Form	Health Information and Quality Authority Designated centres for older people (DCOP) Quarterly notification of incidents* NF39A Any occasion where restraint was used	 Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte
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Section 1. Centre details.

Centre name	
Centre ID (OSV)	
Unit or ward name (if applicable)	
Reporting year	
Reporting quarter	Quarter 1 (Jan, Feb, Mar) Quarter 2 (Apr, May, Jun) Quarter 3 (Jul, Aug, Sep) Quarter 4 (Oct, Nov, Dec)
Have physical restraints been used in the quarter?	Yes No If 'Yes' please complete Section 2.
Have environmental restraints been used in the quarter?	Yes No If 'Yes' please complete Section 3.
Have chemical restraints been used in the quarter?	Yes No If 'Yes' please complete Section 4.

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

Section 2. Restraints - Physical restraint.

Details of any occasion where a restraint was used.

#	Type of physical restraint	Frequency of use	No. of residents	Other details
1.	Bedrails Bed bumpers Chair Lap belt Lap tray/ table Other			
2.	Bedrails Bed bumpers Chair Lap belt Lap tray/ table Other			
3.	Bedrails Bed bumpers Chair Lap belt Lap tray/ table Other			
4.	Bedrails Bed bumpers Chair Lap belt Lap tray/ table Other			
5.	Bedrails Bed bumpers Chair Lap belt Lap tray/ table Other			
6.	Bedrails Bed bumpers Chair Lap belt Lap tray/ table Other			

Section 3. Restraints - Environmental restraint.

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			
2.	Door lock Window lock Seclusion Other			
3.	Door lock Window lock Seclusion Other			
4.	Door lock Window lock Seclusion Other			

Section 4. Restraints – Chemical restraint.

	Type of chemical restraint	Frequency of use	No. of residents	Other details
1.				
2.				
3.				

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
Authorised signatory for and on behalf of the
registered provider

Signed

Date

Contact number
(during office hours)

This form should be either:

- **emailed** to: dcop@hiqa.ie or,
- **posted** to: DCOP Regulatory Support Team, Regulatory Support Services, Health Information and Quality Authority, Head Office, Unit 1301, City Gate, Mahon, Cork, T12 Y2XT.

Telephone no: (021) 240 9300

Email: dcop@hiqa.ie