


<b>DCOP</b> <b>NF39A</b> <b>Form</b>	<b>Health Information and Quality Authority</b> Designated centres for older people <b>(DCOP)</b> <b>Quarterly notification of incidents* NF39A</b> <b>Any occasion of use of restrictive practices</b>		 <b>Health Information and Quality Authority</b> An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte
<b>Section 1. Centre details.</b>			
Centre name			
Centre ID (OSV)			
Unit or ward name (if applicable)			
Reporting <b>year</b>			
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)		
Have <b>physical restraints</b> been used in the quarter?	Yes                      No If 'Yes' please complete Section 2.		
Have <b>environmental restraints</b> been used in the quarter?	Yes                      No If 'Yes' please complete Section 3.		
Have <b>chemical restraints</b> 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](http://www.higa.ie)

## Section 2. Restrictive practice - Physical restraint.

Details of any occasion where a restrictive practice 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. Restrictive practice - Environmental restraint.**

Details of any occasion where a restrictive practice 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. Restrictive practice – 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@higa.ie](mailto:dcop@higa.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@higa.ie](mailto:dcop@higa.ie)