


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

Section 3. Restraints - Environmental restraint.					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"/>

Section 4. Restraints – Chemical restraint.					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 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