


DCD NF40 Form	Health Information and Quality Authority Designated centres for persons (Children and Adults) with disabilities (DCD) Nil return of quarterly and or three day notification*	 Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte
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Please ensure you are completing the correct form

This form should be submitted to the Office of the Chief Inspector every six months, if there has been **no occurrence of any incident** required to be notified to the Chief Inspector[†], this includes any:

- **incident outlined** in the quarterly notifications (listed in section 2) or,
- **three day** notification (listed in section 3).

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 period	Period 1 (Jan, Feb, Mar, Apr, May, Jun) Period 2 (Jul, Aug, Sep, Oct, Nov, Dec)	<input type="checkbox"/>

* Please complete this form with HIOA's statutory notification guidance. You can download the guidance at www.hiqa.ie

† As per the Health Act 2007 and regulations thereunder.

Section 2. Nil return of any incident identified in the quarterly notification (NF39A – NF39E Form).		For official use
Please tick the relevant box or boxes to confirm that there has been no occurrence of any incident of this type in the reporting period.	Confirm	<input type="checkbox"/>
No occasion where a restraint was used (NF39A).		
No occasion where fire alarm equipment was activated (NF39B).		
No recurring pattern of theft or burglary (NF39C).		
No injury to a resident other than notified by NF03 (NF39D).		
No death of a resident other than notified by NF01 (NF39E).		

Section 3. Nil return any of three day notification (NF01 - NF09 Form).		For official use
Please tick the relevant box or boxes to confirm that there has been no occurrence of any incident of this type in the reporting period.	Confirm	<input type="checkbox"/>
No unexpected death of a resident (NF01).		
No outbreak of any notifiable disease (NF02).		
No serious injury to a resident which required immediate medical and / or hospital treatment (NF03).		
No unexplained absence of a resident from the designated centre (NF05).		
No allegation, suspected or confirmed, of abuse to a resident (NF06)		
No allegation of misconduct by the registered provider or by a member of staff (NF07).		
No staff member the subject of review by a professional body (NF08).		
No fire, loss of power, heating, water or unplanned evacuation of the designated centre (NF09).		

Section 4. 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