


DCOP NF40 Form	Health Information and Quality Authority Designated centres for older persons (DCOP) 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** notifications (listed in section 3).

Section 1. Centre details.

Centre name	
Centre ID (OSV)	
Unit or ward name (if applicable)	
Reporting year	
Reporting period	Period 1 (Jan, Feb, Mar, Apr, May, Jun) Period 2 (Jul, Aug, Sep, Oct, Nov, Dec)

*Please complete this form with HIQA'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 notifications (NF39A – NF39E Form).	
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
No occasion where restraint was used (NF39A).	
No occasion where fire alarm equipment was activated (NF39B).	
No recurring pattern of theft or burglary (NF39C).	
No death of a resident other than notified by NF01 (NF39D).	
No pressure ulcer (category II or higher) sustained by a resident (NF39E).	

Section 3. Nil return of any incident identified in the three day notifications (NF01 - NF09 Form).	
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
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.

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: 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: dcop@hiqa.ie