

Regulation of
Health and Social
Care Services

Monitoring notifications handbook

Guidance for persons in charge of children's special care
designated centres

January 2019

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent authority established to drive high-quality and safe care for people using our health and social care services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

HIQA aims to safeguard people and improve the safety and quality of health and social care services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has statutory responsibility for:

- **Setting Standards for Health and Social Services** — Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland.
- **Regulation** — Registering and inspecting designated centres.
- **Monitoring Children's Services** — Monitoring and inspecting children's social services.
- **Monitoring Healthcare Safety and Quality** — Monitoring the safety and quality of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** — Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.
- **Health Information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

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Section 1. Monitoring notifications

What are monitoring notifications?

The person in charge or, for one particular type of notification, the registered provider of a children's special care designated centre, must notify the Office of the Chief Inspector of the occurrence of certain events in your centre. The Office of the Chief Inspector refer to these as **monitoring notifications**.

The duties of the person in charge and the registered provider in relation to these **monitoring notifications** are set out in the Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017, specifically in Regulation 27 and Schedule 6. In this guidance document, 'the regulations' referred to is this set of regulations.

There are two types of monitoring notifications:

- three-day monitoring notifications
- quarterly monitoring notifications.

Three-day monitoring notifications: The person in charge must notify the Office of the Chief Inspector when any of the nine types of event set out in Regulation 27 (1) occur in the centre. Notifications must be submitted to the Office of the Chief Inspector in writing within **three working days** of the event occurring.

The **nine events** are:

- The death of a child, including the death of a child following his or her transfer to hospital from the special care unit, and the circumstances and cause of death when established
- An outbreak of any notifiable disease
- Any serious injury to a child requiring immediate medical treatment
- An allegation of child abuse
- where a child is removed, absconds, fails to return, is prevented from returning, is missing or is otherwise absent from the special care unit

- An allegation of misconduct of the registered provider or a staff member or a person working as an intern, a trainee, a person on a placement as part of a vocational training course or a person employed under a contract for services
- A staff member is the subject of review by a professional body
- A fire
- An unplanned evacuation

Three-day monitoring notifications that are the responsibility of the registered provider: The registered provider must notify the Office of the Chief Inspector of one type of event set out in Regulation 27(5). This notification must be submitted to the Office of the Chief Inspector in writing and within **three working days** of the event occurring.

The **one event** is:

- any investigation regarding the alleged misconduct of the person in charge.

Each event is discussed in detail in Section 2 and is summarised in Table 1. Where an incident is especially urgent or serious, the person in charge may wish to let the Office of the Chief Inspector know of its occurrence immediately by phone at (021) 240 9646 or by email to notify@higa.ie and to confirm its occurrence in writing within three working days.



When the person in charge notifies the Office of the Chief Inspector of the death of a child you must provide the cause of death in writing as soon as it is established. While this may not always be possible, every effort should be made to seek confirmation of cause of death.

Quarterly monitoring notifications: The person in charge must notify the Office of the Chief Inspector in writing of the occurrence of the events set out in Regulation 27(3) and Schedule 6 of the regulations on a quarterly basis.

These events include:

- any instance of restraint
- any instance of single separation
- any occasion on which the fire equipment is operated other than for the purpose of a fire practice, drill or test of equipment
- any loss of power, heating or water
- an injury of a child not required to be notified within three working days.

Each event is discussed in detail in Section 3 and is summarised in Table 1.

Notifications of events that occur are required to be submitted on the following dates:

- Quarter 1 on 30 April
- Quarter 2 on 31 July
- Quarter 3 on 31 October
- Quarter 4 on 31 January of the next year.

Submitting monitoring notifications

An online portal has been developed for ease of submitting notifications. Use of the Provider Portal has benefits such as:

- easy to navigate online forms
- acknowledgment of receipt of notifications, including the reference ID
- availability of submitted forms for future reference.

Should you choose not to use the Provider Portal, the notification forms can be downloaded from the HIQA website. The standard forms request the information required by the regulations. They also request some additional details that will help the inspector to understand exactly what happened and how it was responded to. Table 1 lists the form name and form ID for each of

the different types of notification events.

How to submit a monitoring notification

Three-day monitoring notifications can be submitted:

1. By using the Provider Portal
2. By emailing notify@hiqa.ie
3. By post to **Information Handling Centre**, Health Information and Quality Authority, Dublin Regional Office, George's Court, George's Lane, Smithfield, Dublin 7.

Quarterly monitoring notifications can be submitted:

1. By Provider Portal
2. By emailing children@hiqa.ie
3. By post to **Regulatory Support Team**, Health Information and Quality Authority, Dublin Regional Office, George's Court, George's Lane, Smithfield, Dublin 7.

Monitoring notifications you submitted by email or post will take longer to process than those that submitted through the Provider Portal. Please note above the different email and postal addresses for three-day monitoring notifications and quarterly monitoring notifications.

What happens to the submitted monitoring notification?

In general, the inspector will review the information and will risk assess it. The inspector may contact you if you have not provided all the information required by the regulations or if they need additional information.

After the information has been risk-assessed, the inspector will decide on an appropriate response. The regulatory response may include:

1. Closing the notification and retaining it for information
2. Requesting further or follow-up information
3. Requesting a compliance plan update
4. Requesting a provider assurance report

5. Referring the information to an appropriate agency
6. Carrying out an inspection of the service.

The information submitted as part of the notification on how the registered provider or person in charge has or is responding to the specific event should assure the Office of the Chief Inspector that any risk to the quality and safety of care and support is being addressed.

When and how to submit follow-up information?

While follow-up information is normally only required when the inspector specifically requests it, there are one exception to this:

- Where there has been a death of a child, the regulations require the the circumstances and cause of death to be submitted when established.

A notification submitted using the Provider Portal is assigned a **notification reference number** in the format NOT-XXXXX. You should quote this reference if you need to supply follow-up or additional information. The reference number of past notifications can be found in the section of the Provider Portal called Notification history.

If a notification is submitted by email or through the post, a reference number may not be issued; however, one is generated internally.

If the **notification reference number** is not known, see the box below for the information that should be provided to enable the Office of the Chief Inspector to locate the original notification that the information relates to.

Before submitting follow up information, check that you have included:

- ✓ the notification reference number.

If the notification reference number is unknown, then the following information should be included:

- ✓ Your centre ID (also called ORG SERVICE ID)
- ✓ Your centre name
- ✓ The notification type of the original notification (for example, NF01, NF02, NF09, NF39A)
- ✓ The date you first submitted your notification of the event.

Follow-up information and data protection

The Office of the Chief Inspector will not request the name of any child in notification forms. Therefore, when submitting information or follow-up documents, make sure the name of the person or persons involved in the event are removed. This is to protect their privacy. This is particularly important when sending outcomes of investigations or sensitive or confidential information that the inspector may request.

Maintaining a record of notifications submitted

The Regulation 20(1) requires the registered provider to keep a copy of every notification submitted to the Office of the Chief Inspector **in perpetuity** from the date of notification. Inspectors may ask to see these as part of an inspection. Every notification submitted through the Provider Portal is available in the portal's Notification History section. This record fulfills the requirement of this regulation. If the Provider Portal is not used, you must have arrangements in place to ensure that you retain a copy of all notifications submitted to the Office of the Chief Inspector by email or by post.

A video tutorial for accessing the notification history in the Provider Portal is available on HIQA's website in the [resource centre section](#).

Do notifications to the Office of the Chief Inspector affect the registered provider or person in charges' obligation to notify other bodies?

Notifications to the Office of the Chief Inspector have no impact on any obligation the registered provider or person in charge may have (under statute or otherwise) to report an incident to other bodies such as the Coroner, the Child and Family Agency (Tusla), An Garda Síochána or professional bodies such as CORU, Ireland's multi-profession health regulator.

What are the consequences of failure to notify?

Failure to comply with the regulations will be reported on in the compliance plan following an inspection. It may also constitute an offence under the Health Act 2007 as amended.

How do you use the Provider Portal?

There are a number of resources on HIQA's [website](#) to guide new and existing users of the Provider Portal. They include a user's guide and video tutorials. These can be accessed through the HIQA website's [resource centre](#).

A designated helpdesk for portal users can be accessed by emailing portalsupport@hiqa.ie.

Portal users whose accounts are locked should email portalsupport@hiqa.ie.

How do you submit a notification by email?

The Provider Portal is the most efficient way to submit a notification. If for any reason the portal is unavailable, notifications can be submitted by email. All notification forms are available on the HIQA website's [resource centre](#).

As the forms are in editable PDF format, Adobe Acrobat Reader software is required to access them.

Three-day monitoring notifications should be sent to notify@hiqa.ie, and quarterly monitoring notifications should be sent to children@hiqa.ie.

Notification forms may be changed from time to time. The Provider Portal and the resource centre will always have the current version of the notification form; therefore, the forms should be accessed from here rather than saved locally.

Table 1: Monitoring notifications – summary details

Monitoring notifications		
Three-day monitoring notifications		
Form	Event	Further information
NF01	The death of a child, including the death of a child following his or her transfer to hospital from the special care unit, and the circumstances and cause of death when established.	<p>Person responsible for notifying: Person in charge of the centre</p> <p>Timeframe: Within three working days of the occurrence of the event</p> <p>Follow-up information: As requested by the inspector, except for NF01, where the cause of death must be submitted</p>
NF02	An outbreak of any notifiable disease.	
NF03	Any serious injury to a child requiring immediate medical treatment.	
NF05	where a child is removed, absconds, fails to return, is prevented from returning, is missing or is otherwise absent from the special care unit.	
NF06	An allegation of child abuse.	
NF07	An allegation of misconduct of the registered provider or a staff member or a person working as an intern, a trainee, a person on a placement as part of a vocational training course or a person employed under a contract for services.	
NF08	A staff member is the subject of review by a professional body.	
NF09	A fire or unplanned evacuation of the centre.	
Three-day monitoring notifications		
Form	Event	Further information
NF07	any investigation regarding the alleged misconduct of the person in charge.	<p>Person responsible for notifying: Registered provider</p> <p>Timeframe: Within three working days of the occurrence of the event</p>
Quarterly monitoring notifications		
Form	Event	Further information
NF39A	Any instance of restraint or single separation.	<p>Person responsible for notifying: Person in charge of the centre</p> <p>Timeframe: Events that took place in Q1 should be notified on 30 April. Q2 should be notified on 31 July Q3 should be notified on 31 October. Q4 should be notified on 31 January of the next calendar year.</p> <p>Follow up information: As requested by the inspector</p>
NF39B	Any occasion on which the fire equipment is operated other than for the purpose of fire practice, drill or test of equipment.	
NF39C	Any loss of power, heating or water.	
NF39D	Any injury to a child not required to be notified within three working days.	

Section 2. Three-day monitoring notifications

Information common across three-day monitoring notifications

i. Centre details

The start of each form requires the centre details, including the centre name and the Centre ID (OSV). Notifications submitted through the Provider Portal will have the centre name and Centre ID (OSV) pre-populated.

ii. Child details and the use of unique identifiers

Where the event being notified involves a child, a unique identifier should be used rather than the child's name. This is to ensure the child's privacy is protected and complies with data protection. The identifier should be a number. It should not be possible to identify the child from the number used, for example, do not use the child's date of birth, admission date, room number or National Intellectual Disability Database personal identification number.

When a child is assigned a number, a record of the number and the child to whom it relates must be kept. **The identifier for a child should be unique to them and used in all future notifications.** This number should **not** be used for any other child. A method of validating the unique identifier should be kept securely in the centre and be available to an inspector if requested. This could be as simple as keeping a list of each child and the unique identifier assigned to them.

iii. Staff member details

Where the event being notified involves a member of staff, the staff member's role and not their name should be used.

iv. Providing additional information applicable to the notification

Many of the forms request 'any additional information applicable to this notification'. As a general rule when completing the forms, try to provide as

much detail as possible. The information should be **factual, objective and accurate**.

v. Completing the declaration section

At the end of each form is a declaration section. Completing this section indicates that the information provided by the person in charge or registered provider is correct to the best of their knowledge and belief.

If completing the PDF version of the form, the name of the person submitting the notification should be typed in the signature field.

The person in charge or the registered provider as relevant is responsible for notifying the Office of the Chief Inspector of the events set out in the regulations. If someone other than the person in charge or registered provider, as appropriate, completes the notification form, they must do with the full knowledge and delegation of the person in charge or registered provider.

vi. Before you submit the completed the form — whether using the Provider Portal or email

Before submitting the form check that it is clear from the information contained:

- ✓ what exactly has occurred
- ✓ what actions were taken or are proposed to take in response to the incident
- ✓ what actions were taken to address any concerns around the safety and wellbeing of the residents arising from the incident
- ✓ the names of residents and staff have not been included.

NF01 The death of any child including the death of a child following his or her transfer to hospital from the special care unit, and the circumstances and cause of death when established

You must notify the Office of the Chief Inspector of the death of a child, including the death of any child following transfer to hospital from the designated centre.

What if the cause of death is not known yet?

In some cases, the cause of death may not be established at the time the notification is made. It can be several months before the cause of death is established in some cases. The Office of the Chief Inspector acknowledges that this is often outside the control of the person in charge. The regulations require that the Chief Inspector is provided with the cause of death **in writing** when it has been established. This can be done by emailing notify@hiqa.ie. As outlined in Section 1, this email should quote the reference number of the original notification.

Completing the form

The form should be completed in full, and the information provided should be clear and accurate.

NF02 An outbreak of any notifiable disease

The Office of the Chief Inspector must be notified of the outbreak of a notifiable disease, as identified and published by the Health Protection Surveillance Centre.

What are notifiable diseases?

Notifiable diseases are those diseases identified and published by the Health Protection Surveillance Centre www.hpsc.ie and include *Clostridium difficile* infection, norovirus infection, Meticillin-Resistant *Staphylococcus aureus* (MRSA), influenza and hepatitis.

What is an outbreak?

The Health Protection Surveillance Centre provides the following definition of an 'outbreak':

An outbreak of infection or food-borne illness may be defined as two or more linked cases of the same illness or the situation where the observed number of cases exceeds the expected number, or a single case of disease caused by a significant pathogen. (e.g. diphtheria or viral hemorrhagic fever).¹

What if a diagnosed cause is not yet determined?

In some situations, the diagnosed cause of the outbreak may not be confirmed at the time of the notification. Where this is the case, state the suspected diagnosis and provide the confirmed diagnosis by email when it becomes available. If a follow-up email with the confirmed diagnosis is required, it should quote the notification reference number to allow the Office of the Chief Inspector to locate the original incident (see Section 1).

¹ *Case Definitions for Notifiable Diseases* (Version 1.8). Dublin: Health Protection and Surveillance Centre; 2012, p106. Available from <http://www.hpsc.ie/NotifiableDiseases/CaseDefinitions/File.823.en.pdf> (accessed October 2017)

What if the situation deteriorates after notifying the Office of the Chief Inspector?

If the situation deteriorates and more people become infected after making the notification, a follow-up email should be sent, quoting the original notification reference number to allow the Office of the Chief Inspector to locate the original incident (see Section 1).

Completing the form?

The form should be completed in full, and the information provided should be clear and accurate.

NF03 Any serious injury to a child that requiring immediate medical treatment

What is a serious injury?

The term 'serious injury' is not defined in the regulations. The Chief Inspector has provided the following guidance:

any bodily injury that involves a substantial risk of death, unconsciousness, extreme physical pain, protracted and obvious disfigurement, serious impairment of health or serious loss or impairment of the function of any bodily organ e.g. fracture, burn, sprain/strain, vital organ trauma, a cut or bite resulting in an open wound, concussion etc.

The term 'serious injury' does not include minor injuries for which first aid is sufficient or minor injuries reviewed by a general practitioner (GP) and which do not require further treatment.

What if the situation deteriorates?

If the child's condition deteriorates after submitting the notification, a follow-up email should be sent, quoting the reference number of the initial notification (see Section 1). Completing another NF03 form to provide this update is not required.

Completing the form?

The form should be completed in full, and the information provided should be clear and accurate.

NF05 Where a child is removed, absconds, fails to return, is prevented from returning, is missing or is otherwise absent from the special care unit

What is an unexplained absence?

The regulations do not define the term 'unexplained absence'. The Chief Inspector has given the following guidance:

An unexplained absence has occurred when a child has been found to be missing from or has failed to return to the designated centre without the staff's knowledge of his or her whereabouts.

Completing the form?

The form should be completed in full, and the information provided should be clear and accurate.

NF06 An allegation of child abuse

What is abuse?

The regulations do not define abuse. The Chief Inspector has given the following guidance in line with the Children First Act (2015) and Children First National Guidance for the Protection and Welfare of Children (2017):

'abuse' means harm of any kind and is categorized into four different types: neglect, emotional abuse, physical abuse and sexual abuse.

What if the allegation has not been confirmed?

You are required to notify the Office of the Chief Inspector of any suspected or confirmed abuse.

How does this requirement apply to situations where a child's well being is impacted by the actions or behaviours of another child?

The centre's policies and procedures should guide staff in deciding whether a child's challenging actions or behaviours constitutes abuse of another child. These policies and procedures should reflect national guidance and best practice.

As a general rule, it is not necessary to notify the Office of the Chief Inspector of children's behaviour that challenges unless it impacts **to such an extent** on another child(ren) that it **falls clearly** within the (above) definition of abuse.

Notifying allegations, suspected or confirmed cases of abuse that occurred in the past?

The Office of the Chief Inspector should be notified within three working days of the allegation becoming known. It may not be possible to investigate the allegation, for example, where it relates to a case of historical abuse or in matters of a criminal nature; however, the Office of the Chief Inspector

should be notified nonetheless.

If there is an allegation of abuse about a member of staff, should two forms be completed?

Where there is an allegation of abuse of a child by a member of staff or the registered provider, the Office of the Chief Inspector is notified using the NF06 form. Where there is an allegation of **other misconduct** by a member of staff or the registered provider, the Office of the Chief Inspector should be notified using the NF07 form.

Completing the form?

The form should be completed in full, and the information provided should be clear and accurate.

NF07 An allegation of misconduct of the registered provider or a staff member or a person working as an intern, a trainee, a person on a placement as part of a vocational training course or a person employed under a contract

Who is a registered provider?

The registered provider is the person whose name is entered in the Register as the person carrying on the business of the designated centre.

What is misconduct?

The regulations do not define misconduct. The Chief Inspector has given the following guidance:

For professionally registered staff such as nurses and social workers, misconduct is generally considered to be a failure to adhere to proper standards of conduct, performance and ethics (as laid down by the relevant registration body e.g. An Bord Altranais (Nursing and Midwifery Board) or CORU).

Misconduct should be considered in terms of the staff member's job description, the centre's operational policies and procedures, any code of conduct expected of employees and other professional codes of practice. Any breaches of such codes that require disciplinary action by management should be notified to the Office of the Chief Inspector.

For the registered provider (or provider entity), an example of misconduct may be where the provider (or provider entity) is convicted of an offence or where there is an allegation of financial misappropriation.

What if the allegation of misconduct has not been confirmed?

You must notify the Office of the Chief Inspector within three working days of becoming aware that an allegation has been made.

Are residents' or staff details requested in the form?

The form asks whether the allegation of misconduct relates to the registered provider or a staff member. Where the allegation relates to a staff member, the role of the staff member is requested, whether the centre has a Garda vetting report for them and whether they are currently reporting for duty. The name of the staff member is not requested.

Completing the form?

The form should be completed in full, and the information provided should be clear and accurate.

NF08 A staff member is the subject of review by a professional body

Who is a member of staff?

The regulations define staff members as:

persons employed by the registered provider and **includes persons placed in employment with the registered provider by an employment agency used by that registered provider** but does not include a person who works in the special care unit as an intern, trainee, a person on a placement as part of a vocational training course or a person employed under a contract for services.

What is a professional body?

A professional body is an organisation formed to promote the interests of a profession and the public interest. The main professional bodies relevant to staff in designated centres are:

- The Nursing and Midwifery Board of Ireland
- CORU, Ireland's multi-profession health regulator.

Should the notification be submitted where the person has left employment before the hearing?

If the person was a member of staff when the provider became aware of the review, the Office of the Chief Inspector should be notified.

Completing the form?

The form should be completed in full, and the information provided should be clear and accurate.

NF09 A fire or unplanned evacuation

The Office of the Chief Inspector should be notified within three working days:

- If there was a fire in the centre
- If there was an unplanned evacuation of the centre in response to the activation of fire alarm equipment
- If there was an unplanned evacuation of the centre for any other reason.

Planned fire alarm activations and planned evacuations for the purpose of fire practice, drill or test of equipment **do not require notification**. Other occasions where a fire alarm is activated should be notified on a quarterly basis (see Section 3).

Completing the form?

The form should be completed in full, and the information provided should be clear and accurate.

Section 3: Quarterly Monitoring Notifications (NF39A – NF39E)

Quarterly notification forms

For designated centres for children in special care, there are five types of events that, if they occur, must be notified to the Office of the Chief Inspector at the end of the quarter. A standard form for each type of event has been developed. The form should be completed when one or more event of that type occurred during the quarter. If no event of that type occurred during the quarter, there is no requirement to complete the form. For example, if there has been no loss of power, heating or water during the quarter, an NF39C form is not required to be submitted. Each standard form allows for the notification of a number of events of that type, for example, if there have been five single separation events in the centre during the quarter, they can all be reported using one NF39A form. If a greater number of occurrences need to be reported than the form accommodates, more than one form of that type can be submitted.

The standard forms to support quarterly returns are as follows:

- **NF39A** Any instance of single separation or where physical, environmental or chemical restraint was used.
- **NF39B** Any occasion on which the fire alarm equipment was operated other than for the purpose of a fire practice, drill or test of equipment.
- **NF39C** Any loss of power, heating or water in the designated centre
- **NF39D** Any injury to a child not required to be notified within three working days.

NF39A Any instance of restraint or single separation

What is restraint?

The regulations define restraint as:

The intentional restriction of a child's voluntary movement or behaviour.

What is single separation?

The regulations define single separation as:

The confining of a child, with or without his or her agreement, in a safe and secure area as a means of control and as a response to the assessed extreme and immediate risk being presented by the child to (i) himself or herself or any other person, or (ii) property, where the damage to such property could cause a risk of injury to the child or to another person.

An outline of the principles to inform the use of Single Separation in special care units is provided in *A National Policy on Single Separation Use in Secure Accommodation for Children: Special Care and Oberstown* (Department of Children and Youth Affairs, 2016).

Use of restrictive procedures

The regulations set out requirements in relation to the use of restrictive procedures. Where it is used as a response to challenging behaviour, every effort should be made to identify and alleviate the cause of the challenging behaviour, alternative measures should be considered before it is used and it should be used for the shortest duration necessary.

Regulation 11(2) states 'the registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice'.

What details are requested in the form?

The form allows you to return details on the use of up to eight types of restraint.

For each type of restraint used during the quarter, you are asked to:

- classify the restraint from a list of options: physical restraint (single hold, team hold or other), environmental restraint (door lock, window or other), or chemical restraint
- specify the number of children that the restraint has been applied to during the quarter
- detail the frequency of use
- provide any other comments.

Depending on the restraint used, 'any other comments' could be used to provide a description of the restraint, how it was used, how long it was used for, or other details you want an inspector to be aware of. For example, if during the quarter three children in the centre had a team hold, the form could be completed as follows:

Classification of the restraint: "physical restraint – team hold"

The number of children the restraint was applied to: 3

The frequency of use: daily, or, used in ...circumstances, or used on...occasions where...

Any other comments: May give more details of occasions where used, or, details of how restraint was used.

NF39B Any occasion on which the fire equipment is operated other than for the purpose of fire practice, drill or test of equipment

The Office of the Chief Inspector must be notified at the end of the quarter of any occasion of fire alarm equipment activation (other than for the purpose of fire practice, drill or test of equipment) during the quarter.

Fire practices, drills or test of equipment do not need to be notified to us. However, these records may be reviewed as part of your inspection.

Completing the form?

The form allows for details of a **maximum of five occasions** of fire alarm activation.

For each occasion, the following information is requested:

- the date the alarm was activated
- the reason the alarm was activated from a drop down list of options
- details of the occurrence.

NF39C Any loss of power, heating or water

What constitutes a loss of power, heating or water in the designated centre?

The Chief Inspector has stated that a single occurrence of loss of power, heating or water lasting longer than 30 minutes or two or more instances, each lasting less than 30 minutes, occurring in any 24 hour period constitutes a loss of power, heating or water for the purpose of notification.

Completing the form?

The form allows for details of a **maximum of seven occasions** of a loss of power, heating or water.

For each occasion, the following information is requested:

- Specify the date of the occurrence
- Provide details of the occurrence
- Provide details of the actions taken in response to the occurrence

NF39D Any injury to a child not required to be notified within three working days

What injuries must be notified?

Any injury to a child that took place during the quarter and that has not already been notified to the Office of the Chief Inspector within three working days.

Completing the form?

The form allows details of a **maximum of ten injuries** during the quarter.

For each injury, the following information is requested:

- provide the child's unique identifier
- specify the injury
- specify the date of injury
- provide any other details of the injury.



Issued by the Office of the Chief Inspector
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