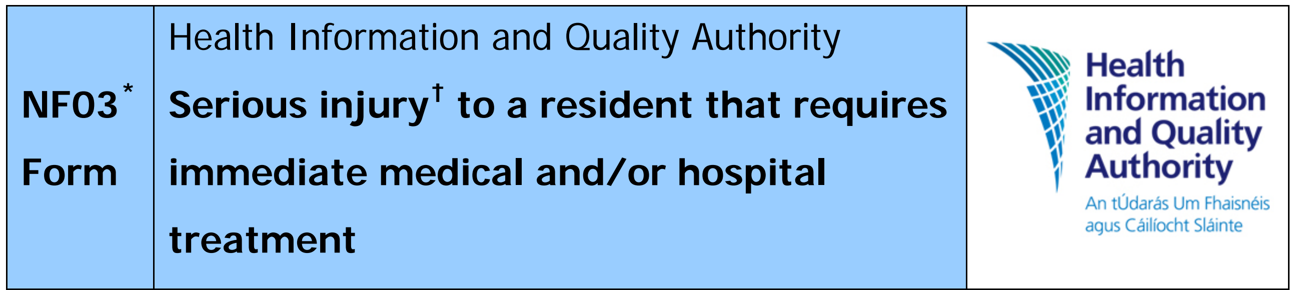

NF03[*] Form	Health Information and Quality Authority **Serious injury[†] to a resident that requires immediate medical and/or hospital treatment**	Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Section 1. Designated centre details		For official use
Centre name		☐
Centre ID (OSV)		☐
Unit or ward name (if applicable)		☐

Section 2. Resident's details		For official use
Resident's unique identifier[†]		☐
Is this resident under the age of 18?	Yes ☐ No ☐	☐
Describe the current **status of the resident**, such as physical or mental state:		☐
Please notify the Authority of any further adverse outcome(s) **within three weeks**, following submission of this notification.		

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

[†] For more information on what is defined as a 'serious injury' please read our statutory notification guidance.

Section 2. Resident's details		For official use
Has an NF03 form been submitted for this person in the past 12 months?	Yes ☐ No ☐	☐
If **yes**, how many NF03 forms have been previously submitted?		☐

Section 3. Injury details				For official use
Date of injury		**Time** of injury		☐
Nature of injury Please tick the relevant box or boxes		Vital organ trauma ☐ Fracture ☐ Concussion ☐ Burn ☐ Sprain or strain ☐ Unknown ☐ Other ☐		☐
If you have ticked **other**, please provide details:				☐
Describe the resident's injury, including where on the body the injury is:				☐

Section 3. Injury details		For official use
How did the injury happen? Please tick the relevant box or boxes	Fall ☐ Fire or heat ☐ Unknown ☐ Other ☐	☐
If you have ticked **other**, please provide details:		☐
Where did the injury happen? Please tick the relevant box or boxes	Resident's bedroom ☐ Corridor ☐ Communal room ☐ Garden or grounds ☐ Bath or shower room ☐ Toilet ☐ Kitchen ☐ Outside the centre (visiting) ☐ Unknown ☐ Other ☐	☐
If you have ticked **other**, please provide details:		☐

<table>
<tr><th colspan="2">Section 4. Circumstances of the injury</th><th>For official use</th></tr>
<tr><td>What was the resident doing when the injury happened?
Please tick the relevant box or boxes</td><td>Receiving care ☐
Leisure activity ☐
Unknown ☐
Other ☐</td><td>☐</td></tr>
<tr><td colspan="2">If you have ticked other, please provide details:</td><td>☐</td></tr>
<tr><td>Who was the resident with when the injury happened?
Please tick the relevant box or boxes</td><td>Alone ☐
Nursing staff ☐
Care staff ☐
Resident's family member ☐
Another resident (unsupervised) ☐
Other ☐</td><td>☐</td></tr>
<tr><td colspan="2">If you have ticked other, please provide details:</td><td>☐</td></tr>
<tr><td>What was the intent of the injury?</td><td>Accidental or unintended ☐
Self harm ☐
Alleged assault ☐
Other ☐</td><td>☐</td></tr>
<tr><td colspan="2">If you have ticked other, please provide details:</td><td>☐</td></tr>
<tr><td colspan="3">If you have ticked alleged assault, please submit a copy of the internal investigation report into the alleged assault to the Authority within 20 days.</td></tr>
</table>

Section 4. Circumstances of the injury	For official use
Please describe the **circumstances** that led to the injury:	☐

Section 5. Medical or hospital treatment			For official use
What **immediate action** was taken following the injury?			☐
What **treatment** has the resident received? Please tick the relevant box or boxes	Medical treatment	☐	☐
	Hospital treatment	☐	

Section 5. Medical or hospital treatment		For official use
If you have ticked **medical treatment**, please provide detail of the medical attention that was required:		☐
If you have ticked **hospital treatment**, please provide these details:		☐
Date hospitalised:		
Hospital name:		
Date of discharge:		
Who was the resident discharged to?		

Section 6. 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)		☐
Position	Person in charge ☐ Other ☐	☐
If you ticked **other**, please specify your role in the designated centre		☐

Date		☐
Contact number (during office hours)		☐

Please return the completed, signed form by email to notify@hiqa.ie **or** by post to:

Notifications Team

Health Information and Quality Authority

Dublin Regional Office

George's Court

George's Lane

Smithfield

Dublin 7

Tel: 01 814 7400