


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 <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Section 1. Designated centre details

Centre name	
Centre ID (OSV)	
Unit or ward name (if applicable)	

Section 2. Resident's details

Resident's unique identifier [†]	
Is this resident under the age of 18?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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.higa.ie

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

Section 2. Resident's details

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

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

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:

Section 4. Circumstances of the injury

What was the resident doing when the injury happened?

Please tick the relevant box or boxes

Receiving care

☐

Leisure activity

☐

Unknown

☐

Other

☐

If you have ticked **other**, please provide details:

Who was the resident with when the injury happened?

Please tick the relevant box or boxes

Alone

☐

Nursing staff

☐

Care staff

☐

Resident's family member

☐

Another resident (unsupervised)

☐

Other

☐

If you have ticked **other**, please provide details:

What was the **intent** of the injury?

Accidental or unintended

☐

Self harm

☐

Alleged assault

☐

Other

☐

If you have ticked **other**, please provide details:

Section 4. Circumstances of the injury

Please describe the **circumstances** that led to the injury:

Section 5. Medical or hospital treatment

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

☐

If you have ticked **medical treatment**, please provide detail of the medical attention that was required:

Section 5. Medical or hospital treatment

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

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)

The most secure and convenient way to submit the notification form is through the [HIQA Portal](#).

Should you wish to continue in hardcopy, 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