NF03* Form DCOP	Health Information and Quality Authority **Serious incident or injury† to a resident that requires hospital admission or resulted in death**	Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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 ☐ 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.	
Has an NF03 form been submitted for this person in the past 12 months?	Yes ☐ No ☐

* 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 incident' and 'serious injury' please read our statutory notification guidance.

Section 2. Resident's details	
If **yes**, how many NF03 forms have been previously submitted?	

Section 3. Serious incident or serious injury	
This is a serious incident report ☐ **Proceed to Section 6**	This is a serious injury report ☐ **Proceed to Section 4**

Section 4. Injury details			
Date of injury		**Time** of injury	
Type of injury Please tick the relevant box or boxes		Burn	☐
		Concussion	☐
		Fracture	☐
		Other	☐
		Sprain or strain	☐
		Unknown	☐
		Vital organ trauma	☐
If you have selected **other**, please provide details:			

Section 4. Injury details	
Describe the resident's injury, including where on the body the injury is:	
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 ☐

Section 4. Injury details

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

Section 5. 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:

Section 5. Circumstances of the injury		
What was the **intent** of the injury?	Accidental or unintended	☐
	Self harm	☐
	Alleged assault	☐
	Other	☐
If you have ticked **other**, please provide details:		
Please describe the **circumstances** that led to the injury:		

Section 6. Circumstances of the incident	
Describe the circumstances of the incident:	
Who was the resident with when the incident happened? Please tick the relevant box or boxes	Alone ☐ Nursing staff ☐ Care staff ☐ Resident's family member ☐ Another resident (unsupervised) ☐ Other ☐
Describe the actions taken in the centre in response to the incident:	

Section 7. Hospital admission	
What **immediate action** was taken following the incident/injury?	
Please provide details of hospital admission:	
Date of admission:	
Hospital name:	
Date of discharge:	
Who was the resident discharged to?	

Section 8. 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