Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Regulation of Health and Social Care Services

Monitoring notifications handbook

Guidance for registered providers and persons in charge of designated centres for older people

Effective February 2018

Safer Better Care

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 of a designated centre for older people must notify the Office of the Chief Inspector of the occurrence of certain events in the centre. The Office of the Chief Inspector refers 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 Residents in Designated Centres for Older People) Regulations 2013 as amended, specifically in Regulation 31 and Schedule 4. In this guidance document, whenever we say 'the regulations', we are referring to this set of regulations.

There are three types of monitoring notifications:

- three-day monitoring notifications
- quarterly monitoring notifications, and
- six-monthly nil returns.

Three-day monitoring notifications: The person in charge must the notify the Office of the Chief Inspector when any of the ten types of event set out in Regulation 31(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 **ten events** are:

- The unexpected death of any resident, including the death of any resident following transfer to hospital from the designated centre
- Any outbreak of any notifiable disease
- Any serious injury to a resident that requires immediate medical or hospital treatment
- Any unexplained absence of a resident from the designated centre
- Any allegation, suspected or confirmed of abuse of any resident
- Any allegation of misconduct by the registered provider or by a member of staff

- Any occasion where the registered provider became aware that a member of staff is the subject of review by a professional body
- Any fire
- Any loss of power, heating or water
- Any incident where an unplanned evacuation of the centre took place.

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 on (021) 240 9646 or by email to notify@hiqa.ie, and confirm its occurrence in writing within three working days.

When the person in charge notifies the Office of the Chief Inspector of an unexpected death of a resident they must provide the cause of death in writing as soon as it has been established. This is required by the regulations. This may not always be possible; however, every effort should be made to seek confirmation of the 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 31(3) Schedule 4 on a quarterly basis.

The **five** events are:

- Any occasion where restraint was used.
- Any occasion when the fire alarm equipment was operated other than for the purpose of a fire practice, drill or test of equipment.
- Any recurring pattern of theft or burglary.
- Any death of a resident, including cause of death, that did not require notification within three working days (i.e. not 'unexpected').
- Any pressure ulcer (Category II or higher) sustained by a resident[1].

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 following year.

Six-monthly nil returns: The **provider** must notify the Office of the Chief Inspector in writing on a six-monthly basis where there has been **no occurrence** of the events specified as requiring notification, (a) within three working days, and (b) quarterly notification, in the preceding six months. Submission dates for return of the nil return of quarterly and or the three-day notification form are:

- 31 July (covering the period January to June)
- 31 January (covering the period July to December).

[1] This incident is not set out in Schedule 4 but has been specified by the Chief Inspector under Schedule 4.

If you have sent the Office of the Chief Inspector any three-day monitoring notifications or quarterly monitoring notifications during the six-month period, the registered provider is not required to make this return.

Submitting monitoring notifications

An online portal has been developed for ease of submitting notifications. Use of the HIQA Portal has many 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 HIQA Portal, the forms can be downloaded from HIQA's 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. Via the HIQA Portal
2. By email to 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 and **six-monthly nil returns** can be submitted:

1. Via the HIQA Portal
2. By email to dcop@hiqa.ie
3. By post to **DCOP Regulatory Support Team**, Health Information and Quality

Authority, Head Office, Unit 1301, City Gate, Mahon, Cork T12 Y2XT

Monitoring notifications submitted by email or post will take longer to process than those submitted via the HIQA Portal. The different email and postal addresses for three-day monitoring notifications, quarterly monitoring notifications and nil returns are listed above.

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 the response of the registered provider or person in charge 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 is one exception to this:

- Where there has been an unexpected death of a resident, the regulations require

the cause of death to be submitted once it has been established.

A notification submitted using the HIQA 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 HIQA Portal labelled 'notification history'.

If a notification 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 to be provided.. This will allow 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, please submit the following information:

- 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 resident in notification forms. Therefore, when submitting information or follow -p 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 requested by the inspector.

Maintaining a record of notifications submitted

The regulations[2] require the registered provider to keep a copy of every notification submit to the Office of the Chief Inspector for a period of not less than **seven years** from the date of notification. Inspectors may ask to see these as part of an inspection. Every notification submitted through the HIQA Portal is available in the portal's 'notification history' section. This record fulfills the requirement of the regulation. If the HIQA 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 on accessing the notification history in the HIQA 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 HIQA 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 Health Service Executive (HSE), An Garda Síochána or professional bodies such as the Nursing and Midwifery Board of Ireland or 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 to use the Provider HIQA Portal?

[2] Regulation 21 (1)

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

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

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

How to submit a notification by email?

The HIQA 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 in the 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, while quarterly monitoring notifications and six-monthly nil returns should be sent to dcop@hiqa.ie.

Notification forms may be changed from time to time. The HIQA Portal and the resource centre will always have the current version of the notification form. Please do not use older, obsolete versions of forms.

Table 1: Monitoring notifications — summary details

Monitoring notifications		
Three-day monitoring notifications		
Form	**Event**	**Further information**
NF01	The unexpected death of any resident, including the death of any resident following transfer to hospital from the designated centre	**Person responsible for notifying:** Person in charge of the centre **Timeframe:** within three working days of the occurrence of the event **Follow up information:** as requested by the inspector, except for NF01, where the cause of death must be submitted.
NF02	Any outbreak of any notifiable disease	
NF03	Any serious injury to a resident that requires immediate medical or hospital treatment	
NF05	Any unexplained absence of a resident from the designated centre	
NF06	Any allegation, suspected or confirmed of abuse of any resident	
NF07	Any allegation of misconduct by the registered provider or by a member of staff	
NF08	Any occasion where the registered provider became aware that a member of staff is the subject of review by a professional body	
NF09	Any fire Any loss of power, heating or water Any incident where an unplanned evacuation of the centre took place	
Quarterly monitoring notifications		
Form	**Event**	**Further information**
NF39A	Any occasion where restraint was used	**Person responsible for notifying:** person in charge of the centre **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. **Follow up information:** as requested by the inspector
NF39B	Any occasion where the fire alarm equipment was operated other than for the purpose of a fire practice, drill or test of equipment.	
NF39C	Any recurring pattern of theft or burglary.	
NF39D	Any death of a resident, including cause of death, other than those that required notification within three working days.	
NF39E	Any pressure ulcer (category 2 or higher) sustained by a resident.	
Six-monthly nil return		
NF40	Six-monthly nil return for events that require notification within three days or on a quarterly basis	**Person responsible for notifying:** registered provider **Timeframe:** where no event requiring a three-day notification (NF01 – NF09) or notification on a quarterly basis (NF39A-E) occurred in the preceding six months: • 31 July (covering the period January to June)

		• 31 January (covering the period July to December).

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 HIQA Portal will have the centre name and Centre ID (OSV) pre-populated.

ii. Resident details and the use of unique identifiers

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

When a resident is assigned a number, a record of the number and the resident to whom it relates must be kept. **The identifier for a resident should be unique to them and used in all future notifications**. This number should **not** be used for any other resident. 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 resident 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

t the end of each form is a declaration section. Completing this section indicates that the information provided is correct to the best knowledge of the person submitting the notification.

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 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 completes the notification form, they must do so with the full knowledge and delegation of the person in charge.

vi. Before you submit the completed the form — whether using the HIQA 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 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
    -

Please ensure that the names of residents and staff involved in the incident have not been mentioned.

NF01 The unexpected death of any resident

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

What is an unexpected death?

The regulations do not define an 'unexpected death'. However, the Chief Inspector ha offered this definition to assist in making this notification. An unexpected death is one that was not anticipated or occurred earlier than expected.

What if the cause of death is not yet known?

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 Any outbreak of any notifiable disease

The Office of the Chief Inspector must be notified of the outbreak of any notifiable disease.

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, for example diphtheria or viral hemorrhagic fever".[3].

What if a diagnosed cause has not yet been 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).

[3] *Case Definitions for Notifiable Diseases* (Version 1.8)(HPSC). 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 resident that requires immediate medical or hospital 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, for example 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) which do not require further treatment.

What if the situation deteriorates?

If the resident'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). A new NF03 form is not required.

Completing the form

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

NF05 Any unexplained absence of a resident from the designated centre

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 resident has been found to be missing from a 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 Any allegation, suspected or confirmed, of abuse of any resident

What is abuse?

The regulations define abuse as follows:

> "'abuse' means mistreatment of any kind and includes the physical, financial or material, psychological, sexual or discriminatory mistreatment or neglect of a resident"

What if the allegation has not been confirmed?

Any allegations of suspected or confirmed abuse must be notified to the Office of the Chief Inspector.

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

The centre's policies and procedures should guide staff when deciding whether a resident's challenging actions or behaviours constitute abuse of another resident. 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 residents' behaviour that challenges unless it impacts **to such an extent** on another resident or residents, that it **falls clearly** within the (above) definition of abuse.

Notifying allegations of abuse, suspected or confirmed, 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 resident by a member of staff or the registered provider, the Office of the Chief Inspector should be 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 Allegation of misconduct by the registered provider or by a member of staff

Who is a registered provider or member of staff?

The registered provider is the person whose name is entered in the register as the person carrying on the business of the designated centre. The regulations define staff as "persons employed by the registered provider", including **"persons placed in employment with the registered provider by an employment agency** used by that registered provider". This does not include "persons who provide professional services to the designated centre and to whom the registered provider pays fees for such services, or volunteers."

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?

The Office of the Chief Inspector should be notified within three working days of an allegation of misconduct.

Are details on residents or staff requested in the form?

The form asks whether the allegation of misconduct relates to the registered provider or to a staff member. Where the allegation relates to a staff member, please indicate the role of the staff member, 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 Any occasion where the registered provider became aware that a member of staff is the subject of review by a professional body

Who is a member of staff?

The registered provider is the person whose name is entered in the register as the person carrying on the business of the designated centre. The regulations define staff as "persons employed by the registered provider", including **"persons placed in employment with the registered provider by an employment agency** used by that registered provider". This does not include "persons who provide professional services to the designated centre and to whom the registered provider pays fees for such services, or volunteers."

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, and
- Ireland's multi-profession health regulator (CORU)

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 Any fire, any loss of power, heating or water; or any incident where an unplanned evacuation of the designated centre took place

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

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.

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 older people, there are six 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 that 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 pattern of theft or burglary during the quarter, an NF39C form does not have 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 deaths in the centre during the quarter, they can all be reported using one NF39D 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 occasion 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 recurring pattern of theft or burglary in the designated centre
- **NF39D** Any death of a resident that did not require notification within three working days
- **NF39E** Any pressure ulcer (Category II or higher) sustained by a resident

NF39A Any occasion where physical, environmental or chemical restraint was used

What is restraint?

The regulations define restraint as "The intentional restriction of a person's voluntary movement or behaviour". The regulations require the provider to ensure that restraint is only used in the accordance with national policy, as published by the Department of Health from time to time[4]. The current national policy, 'Towards a Restraint Free Environment' (Department of Health, 2011), provides detailed definitions of restraint (physical, chemical and environmental), which we have reproduced below. It also outlines principles to inform the use of restraint in your centre. The designated centre's policy on the use of restraint, the recording of the use of restraint and the quarterly monitoring return should be in line with these definitions.

Definitions of physical restraint, chemical restraint and environmental restraint provided in 'Towards a Restraint Free Environment', Department of Health, 2011:[5]

Physical restraint is any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body **that the individual cannot easily remove, that restricts freedom of movement or normal access to one's body**.

'Easily remove' means: the device can be removed intentionally by the resident in the same manner as it was applied by the staff considering the resident's physical condition and ability to accomplish the objective.

[4] Regulation 7 *Managing Behaviour that is challenging* requires
[5] Available from http://health.gov.ie/wp-content/uploads/2014/03/trfe_english.pdf

'Freedom of movement' means: any change in place or position for the body or any part of the body that the person is physically able to control.

While equipment that promotes the independence, comfort or safety of a resident, or which is specifically requested by the resident, may be appropriate in specific circumstances, it may also constitute a physical restraint under the definition above.

Chemical restraint is the intentional use of medication to control or modify a person's behaviour or to ensure a patient is compliant or not capable of resistance; where the treatment is not necessary for the condition; or the intended effect of the drug is to sedate the person for convenience or for disciplinary purposes.

The appropriate use of drugs to reduce symptoms in the treatment of medical conditions such as anxiety, depression, or psychosis, does not constitute restraint. Chemical restraint is always unacceptable.

Environmental restraint is the intentional restriction of a resident's normal access to their environment, with the intention of stopping them from leaving, or denying them their normal means of independent mobility, means of communicating, or the intentional removal of the ability to exercise civil and religious liberties. The design, layout, equipping, and operation of a nursing home should be developed in a manner to maximise residents' capacity to exercise personal autonomy and choice.

Are bedrails and lap belts always considered a physical restraint?

In line with the definition of physical restraint given above, the Chief Inspector has provided the following clarification on the classification of bedrails and lap belts as restraint: "Where a resident can safely release themselves from a bedrail of their own volition in order to get in or out of bed, or can safely free themselves from a lap belt of their own volition, then the use of a bedrail or lap belt in this context does not need to be reported to the Chief Inspector as an occasion when restraint was used".

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 please:

- classify the restraint from a list of options: environmental restraint (door lock, seclusion, window or other), physical restraint (bed bumpers, bedrails, chair, lap belt or other) or chemical restraint,
- specify the number of residents that the restraint has been applied to during the quarter,
- detail the frequency of use, and
- provide any other relevant 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 the inspector should be aware of. For example, if during the quarter, three residents in the centre had bedrails in place which they could not easily release, the form could be completed as follows:

Classification of the restraint: 'physical restraint — bedrails

'The number of residents 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 An occasion of fire alarm activation

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, please:

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

NF39C Any recurring pattern of theft or burglary

What is a recurring pattern of theft or burglary?

For the purpose of this notification, 'recurring' is defined as **two or more** occasions of theft or burglary in the quarter.

Completing the form

The form allows for details of a **maximum of seven occasions** of theft or burglary.

For each occasion, please::

- specify the date the theft or burglary was discovered
- select the type of injured party from a drop-down list of options
- select the type of item stolen from a drop-down list of options

- provide details of the occurrence
- provide details of the actions taken in response to the occurrence.

NF39D Any death of a resident that did not require notification within three working days

What deaths must be notified?

Any death of a resident that took place during the quarter that has not already been notified to the Office of the Chief Inspector within three working days of the death (under the NF03 process – detailed in Section 2).

Completing the form

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

For each death, please:

- provide the deceased resident's unique identifier
- specify the cause of death
- specify the date of death
- provide any other relevant details.

NF39E Any pressure ulcer (Category II and higher) sustained by a resident

What pressure ulcers must be notified?

The Office of the Chief Inspector must be notified at the end of the quarter of all pressure ulcers sustained by residents where the pressure ulcer was Category II or higher. The pressure ulcer classification system referred to is the International NPUAP/EPUP Pressure Ulcer Classification System 2009. Pages 12 and 13 of 'The Prevention and Treatment of Pressure Ulcers: Quick Reference Guide'[6] contains a description of each category and is reproduced in Appendix 3 of this document.

What details are requested in the form?

The form allows for details to of a **maximum of ten pressure ulcers**.

For each pressure ulcer, please:

- select the category of the pressure ulcer from a drop-down list of options
- select the location where the pressure ulcer was sustained from a drop-down list of options
- indicate whether the pressure ulcer required medical treatment
- indicate whether the pressure ulcer required hospital treatment
- provide any other relevant details.

[6] https://www.npuap.org/wp-content/uploads/2014/08/Updated-10-16-14-Quick-Reference-Guide-DIGITAL-NPUAP-EPUAP-PPPIA-16Oct2014.pdf Accessed on 10/11/2017

Section 4. six-monthly nil return

The **provider** must notify the Office of the Chief Inspector in writing every six months where:

1. There has been **no occurrence** of any events specified as requiring notification within three working days, and
2. there has been **no occurrence** of any events specified as requiring notification on a quarterly basis[7].

The two submission dates for six-monthly nil returns are:

- **31 July** (covering the period January to June)
- **31 January** (covering the period July to December).

There is a standard form to support making this return. It is the **NF40** Six-monthly nil return for events that require notification within three working days or on a quarterly basis.

If you have notified the Office of the Chief Inspector of the occurrence of any event that required three-day notification or any event that required quarterly notification during the six-month period, the provider does not need to send the Office of the Chief Inspector a nil return.

[7] 31(4) The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended

Appendix 1: Definitions of physical, chemical and environmental restraint from Toward a Restraint Free Environment (Department of Health 2011)[8]

Physical restraint is any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body **that the individual cannot easily remove, that restricts freedom of movement or normal access to one's body**.

'Easily remove' means: the device can be removed intentionally by the resident in the same manner as it was applied by the staff considering the resident's physical condition and ability to accomplish the objective.

'Freedom of movement' means: any change in place or position for the body or any part of the body that the person is physically able to control.
While equipment that promotes the independence, comfort or safety of a resident, or which is specifically requested by the resident, may be appropriate in specific circumstances, it may also constitute a physical restraint under the definition above.

Chemical restraint is the intentional use of medication to control or modify a person's behaviour or to ensure a patient is compliant or not capable of resistance; where the treatment is not necessary for the condition; or the intended effect of the drug is to sedate the person for convenience or for disciplinary purposes.

The appropriate use of drugs to reduce symptoms in the treatment of medical conditions such as anxiety, depression, or psychosis, does not constitute restraint. Chemical restraint is always unacceptable.

8
Available from http://health.gov.ie/wp-content/uploads/2014/03/trfe_english.pdf
Downloaded on 07/11/2017

Environmental restraint is the intentional restriction of a resident's normal access to their environment, with the intention of stopping them from leaving, or denying them their normal means of independent mobility, means of communicating, or the intentional removal of the ability to exercise civil and religious liberties. The design, layout, equipping, and operation of a nursing home should be developed in a manner to maximise residents' capacity to exercise personal autonomy and choice.

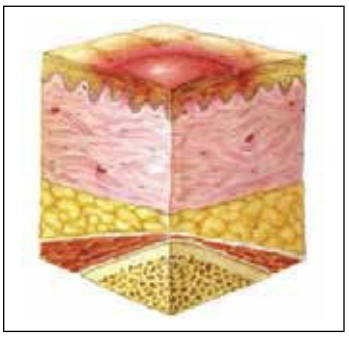
Appendix 3: International NPUAP/EPUAP pressure ulcer classification system

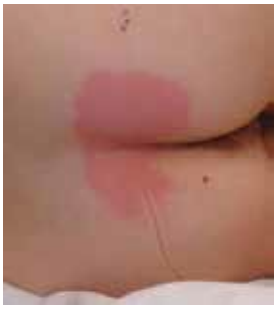
A pressure ulcer is localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. A number of contributing or confounding factors are also associated with pressure ulcers; the significance of these factors is yet to be elucidated.

Category/Stage I: Nonblanchable Erythema

Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.

The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue. Category/Stage I may be difficult to detect in individuals with dark skin tones. May indicate "at risk" individuals (a heralding sign ofrisk).



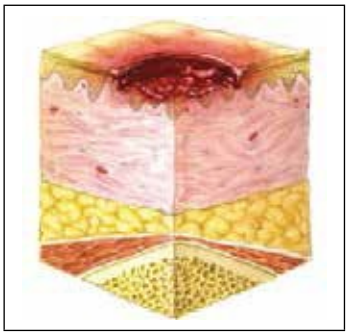


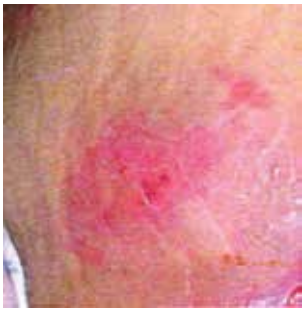
Category/Stage II: Partial Thickness Skin Loss

Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum- filled blister.

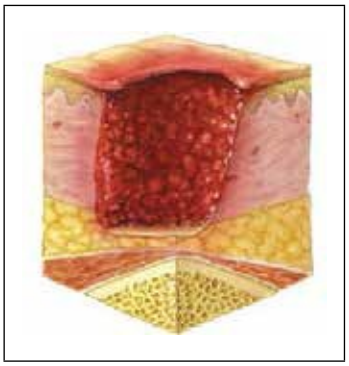
Presents as a shiny or dry shallow ulcer without slough or bruising.* This Category/Stage should not be used to describe skin tears, tape burns, perineal dermatitis, maceration or excoriation.

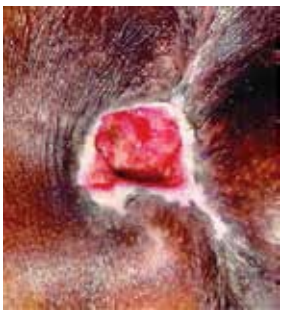
**Bruising indicates suspected deep tissue injury.*





Category/Stage III: Full Thickness Skin Loss

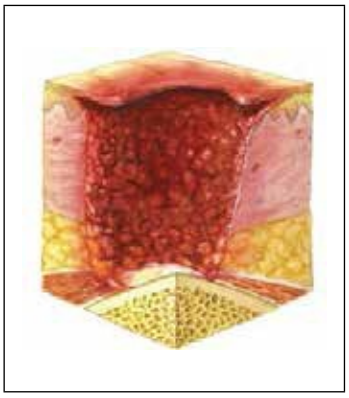


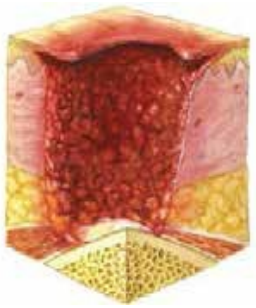


Full thickness tissue loss. Subcutaneothe Office of the Chief Inspector fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.

The depth of a Category/Stage III pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolthe Office of the Chief Inspector do not have subcutaneothe Office of the Chief Inspector tissue and Category/Stage III ulcers can be shallow. In contrast, areas of significant adiposity can develop extremely deep Category/Stage III pressure ulcers. Bone/tendon is not visible or directly palpable.

Category/Stage IV: Full Thickness Tissue Loss



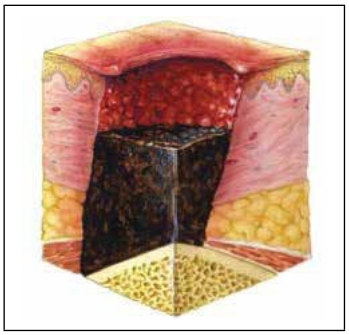


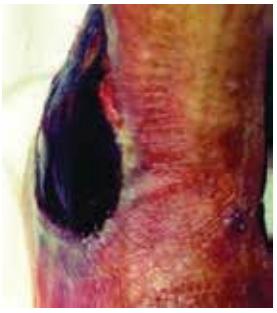
Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunneling.

The depth of a Category/Stage IV pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolthe Office of the Chief Inspector do not have subcutaneothe Office of the Chief Inspector tissue and these ulcers can be shallow. Category/Stage IV ulcers can extend into muscle and/or supporting structures (e.g.,

fascia, tendon or joint capsule) making osteomyelitis possible. Exposed bone/tendon is visible or directly palpable.

Unstageable: Depth Unknown

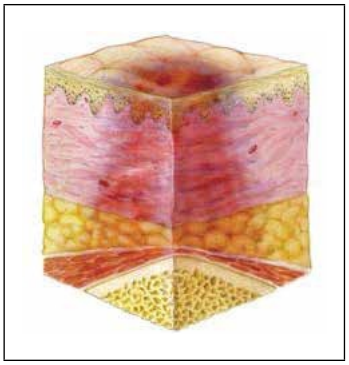




Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed.

Until enough slough and/or eschar is removed to expose the base of the wound, the true depth, and therefore Category/Stage, cannot be determined. Stable (dry, adherent, intact without erythema or fluctuance) eschar on the heels serves as 'the body's natural (biological) cover' and should not be removed.

Suspected Deep Tissue Injury: Depth Unknown



Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue.

Deep tissue injury may be difficult to detect in individuals with dark skin tones. Evolution may include a thin blister over a dark wound bed. The wound may further evolve and become covered by thin eschar. Evolution may be rapid exposing additional layers of tissue even with optimal treatment.

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