

<b>DCD</b> <b>NF39A</b> <b>Form</b>	<b>Health Information and Quality Authority</b> Designated centres for persons (Children and Adults) with disabilities ( <b>DCD</b> ) <b>Quarterly notification of incidents * NF39A</b> <b>Any occasion where a restraint was used</b>	 <b>Health Information and Quality Authority</b> An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte
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<b>Section 1. Centre details.</b>
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Centre name	
Centre ID (OSV)	
Unit or ward name (if applicable)	
Reporting <b>year</b>	
Reporting <b>quarter</b>	<b>Quarter 1</b> (Jan, Feb, Mar) <b>Quarter 2</b> (Apr, May, Jun) <b>Quarter 3</b> (Jul, Aug, Sep) <b>Quarter 4</b> (Oct, Nov, Dec)
Have <b>physical restraints</b> been used in the quarter?	Yes                      No If 'Yes' please complete Section 2.
Have <b>environmental restraints</b> been used in the quarter?	Yes                      No If 'Yes' please complete Section 3.
Have <b>chemical restraints</b> been used in the quarter?	Yes                      No If 'Yes' please complete Section 4.

\* Please complete this form with HIQA's notification guidance. You can download the guidance at [www.hiqa.ie](http://www.hiqa.ie)

**Section 2. Restraints - Physical restraint.**

Details of any occasion where a restraint was used.

#	Type of physical restraint	Frequency of use	No. of residents	Other details
1.	Bedrails Bed bumpers Chair Lap belt Lap tray/ table Other			
2.	Bedrails Bed bumpers Chair Lap belt Lap tray/ table Other			
3.	Bedrails Bed bumpers Chair Lap belt Lap tray/ table Other			
4.	Bedrails Bed bumpers Chair Lap belt Lap tray/ table Other			
5.	Bedrails Bed bumpers Chair Lap belt Lap tray/ table Other			
6.	Bedrails Bed bumpers Chair Lap belt Lap tray/ table Other			

**Section 3. Restraints - Environmental restraint.**

Details of any occasion where a restraint was used.

#	Type of environmental restraint	Frequency of use	No. of residents	Other details
1.	Door lock Window lock Seclusion Other			
2.	Door lock Window lock Seclusion Other			
3.	Door lock Window lock Seclusion Other			
4.	Door lock Window lock Seclusion Other			

**Section 4. Restraints – Chemical restraint.**

	Type of chemical restraint	Frequency of use	No. of residents	Other details
1.				
2.				
3.				

## Section 5. 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  
Authorised signatory for and on behalf of the  
registered provider

Signed

Date

Contact number  
(during office hours)

This form should be either:

- **emailed** to: [dcd@hiqa.ie](mailto:dcd@hiqa.ie) or,
- **posted** to: DCD Regulatory Support Team, Regulatory Support Services, Health Information and Quality Authority, Dublin Regional Office, George's Court, George's Lane, Smithfield, Dublin 7, D07 E98Y.

Telephone no: (01) 814 7400

Email: [dcd@hiqa.ie](mailto:dcd@hiqa.ie)