


<b>NF03<sup>*</sup></b> <b>Form</b>	Health Information and Quality Authority <b>Serious injury<sup>†</sup> to a resident that requires immediate medical and/or hospital treatment</b>	 <b>Health Information and Quality Authority</b> <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 <sup>†</sup>	
Is this resident under the age of 18?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe the current <b>status of the resident</b> , such as physical or mental state:	
Please notify the Authority of any further adverse outcome(s) <b>within three weeks</b> , following submission of this notification.	

<sup>\*</sup> Please complete this form with the Authority's statutory notification guidance. You can download the guidance at [www.higa.ie](http://www.higa.ie)

<sup>†</sup> 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?

Medical treatment

Please tick the relevant box or boxes

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](mailto: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