

NF03	Notification Form Serious Injury to a Recipient¹ To be completed in conjunction with 'The Guide to Monitoring IPAS' document available at www.higa.ie	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Section 1. IPAS centre details	
Centre name	
Centre ID (OSV)	

Section 2. Recipient's details	
Recipient's unique identifier	
Is this recipient under the age of 18?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe the current status of the recipient , such as physical or mental state:	
Section 2. Recipient's details	

¹ A serious injury means an injury which creates substantial risk of death or which causes serious disfigurement or substantial loss or impairment of the mobility of the body as a whole or of the function of any particular bodily member or organ.

Has an NF03 form been submitted for this person in the past 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , how many NF03 forms have been previously submitted?	

Section 3. Injury details			
Date of injury		Time of injury	
Describe the recipient'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 ☐

Alleged assault ☐

Other ☐

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

Did this injury occur **in the centre**?

Yes ☐ No ☐

Section 4. 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:

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 recipient received?

Please tick the relevant box or boxes

Medical treatment

☐

Hospital treatment

☐

Please provide detail of the **treatment** that was required:

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	
Job title	
Signature	
	Type your name in the signature field
Date	
Contact number (during office hours)	

Please return the completed, signed form by email to ipasmonitoring@hiqa.ie
Please ensure **NF03 is clearly stated in the subject bar of the email**