


NF02* Form	Health Information and Quality Authority An outbreak of any notifiable disease[†]	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Section 1. Designated centre details		For official use
Centre name		<input type="checkbox"/>
Centre ID (OSV)		<input type="checkbox"/>
Unit or ward name (if applicable)		<input type="checkbox"/>

Section 2. Details of the outbreak		For official use
Start date of onset outbreak		<input type="checkbox"/>
What is the diagnosed cause of the outbreak?		<input type="checkbox"/>
Date of medical diagnosis		<input type="checkbox"/>
If the diagnosis is unknown or not yet confirmed, please state: 1. Symptoms. 2. Suspected diagnosis.		<input type="checkbox"/>
		<input type="checkbox"/>

* Please complete this form with the Authority's statutory notification guidance. You can download the guidance at www.higa.ie

[†] A notifiable disease is one that has been identified and published by the Health Protection Surveillance Centre.

Section 2. Details of the outbreak		For official use
Is this the first outbreak of this nature at the designated centre?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If no , how many previous outbreaks has there been in the last 12 months?		<input type="checkbox"/>

Section 3. Resident's details		For official use
How many residents have been affected?		<input type="checkbox"/>
Is any resident affected under the age of 18?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Please complete the following details for each resident affected		
Resident's unique identifier [†]	Describe the current status of the resident	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Please continue on a separate photocopy of this section if necessary.

[†] For more information on unique identifiers, see the Authority's statutory notification guidance

Section 4. Staff details		For official use
Have any staff members been affected by the outbreak?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If yes , please state: 1. The number of staff affected? <input type="text"/> 2. How staffing numbers and skill mix were maintained?		<input type="checkbox"/>

Section 5. Additional information		For official use
What agencies were notified and what samples have been sent for analysis?		
		<input type="checkbox"/>
What measures have been taken to prevent or reduce the risk of another outbreak?		
		<input type="checkbox"/>

Section 5. Additional information		For official use
Please include any additional information applicable to this notification:		<input type="checkbox"/>

Section 6. Declaration		For official use
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)		<input type="checkbox"/>
Position	Person in charge <input type="checkbox"/> Authorised person <input type="checkbox"/>	<input type="checkbox"/>
Signed		<input type="checkbox"/>
Date		<input type="checkbox"/>
Contact number (during office hours)		<input type="checkbox"/>

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