


NF09* Form DCSC	Health Information and Quality Authority Designated Centre – Special Care Unit (DCSC) Any fire [†] or unplanned evacuation of the designated centre	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Section 1. 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 incident			For official use
What incident happened at the designated centre?	Fire <input type="checkbox"/>		<input type="checkbox"/>
	Unplanned evacuation <input type="checkbox"/>		
Date of incident		Time of incident	<input type="checkbox"/>
Was there an evacuation of the designated centre?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
If yes , was the emergency plan effective?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
If no , please state why the emergency plan was not effective:			<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

[†] As defined in the Authority's statutory notification guidance.

Section 2. Details of the incident		For official use
Was there structural damage to the designated centre?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

Section 3. Resident's details		For official use
Was any resident injured or affected as a result of the incident?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If yes , please state how many residents were injured or affected?		<input type="checkbox"/>
Has an NF03 been submitted to the Authority in respect of the injured or affected resident(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If no , please complete the following for each resident:		
Resident's unique identifier [†]	Describe the current status of the resident	<input type="checkbox"/>
		<input type="checkbox"/>

[†]As per the Authority's statutory notification guidance

Section 3. Resident's details		For official use
Resident's unique identifier [§]	Describe the current status of the resident	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Please note: you are required to notify HIQA of any serious injury via an NF03 and or any death of a resident via the NF01 in addition to the submission of this notification.		

Section 4. Actions taken	For official use
What immediate actions did you take to ensure that all residents are safe? (if required)	<input type="checkbox"/>

[§]As per the Authority's statutory notification guidance

Section 4. Actions taken		For official use
If there was structural damage to the designated centre, please outline the measures you have taken to ensure residents' safety and comfort :		<input type="checkbox"/>

Section 5. 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 signatory for and on behalf of the registered provider	<input type="checkbox"/>
Signed		<input type="checkbox"/>
Date		<input type="checkbox"/>
Contact number (during office hours)		<input type="checkbox"/>

This form should be either:

- **emailed** to: notify@hiqa.ie or,
- **posted** to: Notifications 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: notify@hiqa.ie