


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 Cailíocht Sláinte</small>
--	---	--

Section 1. Centre details	
Centre name	
Centre ID (OSV)	
Unit or ward name (if applicable)	

Section 2. Details of the incident			
What incident happened at the designated centre?	Fire <input type="checkbox"/>	Unplanned evacuation <input type="checkbox"/>	
Date of incident		Time of incident	
Was there an evacuation of the designated centre?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes , was the emergency plan effective?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no , please state why the emergency plan was not effective:			

* 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

Was there structural damage to the designated centre?

Yes No

Section 3. Resident's details

Was any resident **injured or affected** as a result of the incident?

Yes No

If **yes**, please state how many residents were injured or affected?

Has an **NF03** been submitted to the Authority in respect of the injured or affected resident(s)?

Yes No

If **no**, please complete the following for each resident:

Resident's unique identifier[‡]

Describe the current **status of the resident**

Resident's unique identifier[§]

Describe the current **status of the resident**

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

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

Section 3. Resident's details

Section 4. Actions taken

What **immediate** actions did you take to ensure that all residents are safe?
(if required)

If there was **structural damage** to the designated centre, please outline the measures you have taken to ensure **residents' safety and comfort:**

Section 4. Actions taken

--

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 <input type="checkbox"/>
	Other <input type="checkbox"/>
If you ticked other , please specify your role in the designated centre	
Signed	
Date	
Contact number (during office hours)	

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