

## APPENDIX 3 – TEMPLATE FORM FOR RECORDING IMPORTANT CONTACT DETAILS

### Important Contact Details for Management of EVD

Contact		Landline	Mobile
<b>AND Health Protection</b>	Dr Kevin Kelleher	061 483347	087 2447632
<b>NIU Mater Hospital</b>	On-call ID Consultant	01 8032000	
<b>NVRL</b>	Daytime On-call	01 716 4401	087 980 6448
<b>HPSC</b>		01- 8765300	
<b>Local designated receiving hospital 1</b> <ul style="list-style-type: none"> <li>• Designated contact point</li> <li>• IPCT rep</li> <li>• Consultant microbiologist</li> <li>• OHS rep</li> </ul>			
<b>Local designated receiving hospital 2</b> <ul style="list-style-type: none"> <li>• Designated contact point</li> <li>• IPCT rep</li> <li>• Consultant microbiologist</li> <li>• OHS rep</li> </ul>			
<b>Local designated receiving hospital 3</b> <ul style="list-style-type: none"> <li>• Designated contact point</li> <li>• IPCT rep</li> <li>• Consultant microbiologist</li> <li>• OHS rep</li> </ul>			
<b>Local HSE communications office</b>			
<b>Local Public Health Department</b>			
<i>Add as required</i>			