

# CCAC Outbreak Notification Form

**ATTENTION: Placement Services**  
Fax (416) 506-0439

## Facility Information

**Facility Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Outbreak Type:**     Respiratory         Enteric

**Outbreak Number:** 3895 - \_\_\_\_\_ - \_\_\_\_\_

**Region:**         North         South         East         West

**Infection Control Practitioner (or designate):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Facility approves the release of this information if required:    Yes    No**

## Notification

- 1<sup>st</sup> - Initial Outbreak Notification
- 2<sup>nd</sup> – Notification of Lab Confirmation
- 3<sup>rd</sup> - Final Report (Outbreak declared over)

## Facility Admission Status

- Facility closed to all admissions
- Floor/ward closed to all admissions
- Facility admissions restricted
- Floor/ward admissions restricted
- No restrictions