

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

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

Facility Admission Status

- ☐ Facility closed to all admissions

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

Outbreak Notification To CCAC

November 2012