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| **To be completed by the health unit IPAC team requesting the service.  If there is any additional information to be forwarded, please forward to: *SEhubintake@kingstonhsc.ca*** | | |
| **Name and contact information of person making the referral:** |  | |
| **Team/Organization making the referral:** | HPE Public Health  KFL&A Public Health IPAC Team  LGL Public Health IPAC Team | |
| **Date of request, :** |  | |
| **Facility Name:** |  | |
| **Facility Address:** |  | |
| **Facility Contact Name and Phone/Email:** |  | |
| **Type of Facility:** | Long-Term Care Home  Retirement Home  MCCSS Congregate Setting  Shelter  Other Congregate Living Setting | |
| **Facility Details:** | *Please provide details regarding number of beds, layout, number of floors, number of residents/staff etc.* | |
| **IPAC Area(s) of Concern: (check all that apply)** | Surveillance  Visitor Education  Isolation Plans  Cohorting  Physical Distancing  Hand Hygiene  PPE Use | Environmental Cleaning  Auditing  Outbreak Management Planning  Outbreak Support  IPAC Champion Training  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Priority Level:** | Urgent (Within 2 business days)  High (Within 5 Business days)  Low (As capacity allows) | |
| **General Assessment** | *Would you like a general assessment done of the facility with the PHO checklist?*  Yes  No | |
| **Specific IPAC Concerns and request for support:** | *Please outline the specific IPAC concern(s) and what supports would benefit the facility:* | |
| **Support to date:** | *Please outline any previous supports provided:* | |
| **Any reports or Attachments?** | Yes  No | |
| **Is the facility aware of this request?** | Yes  No | |
| **Is facility in active outbreak (if yes, please specify)?** | Yes  No | |
| **Joint visit request?** | Yes  No | |
| *Please send all requests for IPAC Support to: SEhubintake@kingstonhsc.ca* | | |