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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* |