

Appendix A:

North Bay Regional
Health Centre



Centre régional
de santé de North Bay

Outbreak Transfer Notification to North Bay Regional Health Centre

Date:

Please be advised that _____ is being transferred from _____ where there is a _____ outbreak. Please ensure that appropriate isolation precautions are taken upon receipt of this resident if applicable.

At the time of transfer, this resident was: Confirmed of outbreak illness (on the line listing)
 Suspected of outbreak illness (on the line listing)
 Free of outbreak illness (NOT on the line listing)

Pending respiratory sample Yes No

Pending enteric sample Yes No

Resident is on antiviral medication: Yes No

Name of antiviral medication: _____ Start date: _____

Resident recovery date (symptom resolution): _____

Isolation end date: _____

Resident's vaccination status (If applicable)

Pneumococcal: Yes No Date: _____

Influenza: Yes No Date of most recent dose: _____

RSV: Yes No Date: _____

COVID-19: Yes No Date of most recent dose: _____

For further information, contact _____ at _____.

Please fax to Infection Control and Prevention Department at 705-495-7581 and send original with the patient. Thank you for your assistance in this matter.