

Sterixa IPAC Consultation Request Form

Section 1 – Facility Information

Facility Name: _____

Facility Type:

- ☐ A - Acute care, Hospital, Day surgery, Outpatient clinics
- ☐ B - Long term care, LTCH, Retirement home, Assisted living, Group home, Shelter
- ☐ Other: _____

Address: _____

Contact Person: _____

Role/Title: _____

Phone: _____ Fax: _____

Email: _____

Section 2 – Service Requested

- ☐ Case-Based Consult (e.g., suspected MDRO, exposure, isolation questions)
- ☐ Outbreak Control Consult (e.g., suspected or confirmed outbreak, cluster of cases, outbreak resolution)
- ☐ IPAC Audit Service (e.g., routine quality review, accreditation prep, post-outbreak evaluation)

Section 3 – Reason for Consultation

- ☐ Possible staff/patient exposure
- ☐ MDRO or resistant organism case review
- ☐ Isolation/cohorting question
- ☐ Cluster of illness / suspected outbreak
- ☐ Confirming if outbreak criteria are met
- ☐ Declaring an outbreak over

- ☐ Routine audit / quality assurance
- ☐ Accreditation Canada preparation
- ☐ Post-outbreak evaluation
- ☐ Other (please specify): _____

Section 4 – Case/Outbreak Details (if applicable)

Date issue identified: _____

First positive case: _____

Unit/area affected: _____

Method(s) of positive case confirmation: _____

Total number of residents/patients affected: _____

Symptoms observed: ☐ Respiratory ☐ Gastrointestinal ☐ Rash/skin ☐ Other (please specify) _____

Laboratory results (if available): _____

Initial control measures taken (e.g., isolation, enhanced cleaning): _____

Has Public Health been notified? ☐ Yes ☐ No

If yes, Health Unit contact: _____

Section 5 – Audit Details (if applicable)

Type of audit requested: ☐ Comprehensive facility-wide ☐ Targeted area ☐ Post-outbreak

Areas of focus: ☐ Hand hygiene ☐ Environmental cleaning ☐ PPE use ☐ Isolation practices
☐ Policy review ☐ Staff education ☐ Other(please specify) : _____

Preferred timeline for audit: ☐ Routine (within 2–4 weeks) ☐ Urgent (within 1 week)

Section 6 – Urgency & Timeline

☐ Case-Based Consults: Routine response within 24 hours; urgent cases within hours.

☐ Outbreak Control Consults: Initial outbreak response within hours; ongoing support provided until outbreak resolution (based on two incubation periods without new cases).

☐ Audit Services: Scheduled according to facility needs and urgency.

Section 7 – Supporting Documents

- ☐ Line list
- ☐ Laboratory results
- ☐ Policies/protocols in question
- ☐ Outbreak or case notes
- ☐ Other supporting documents

Additional Information

Please provide any additional details relevant to the case, outbreak, or audit request:

Section 8 – Authorization

I authorize Sterixa IPAC Consulting to review the above information and provide consultation services.

Note: To add a signature, please select "E-Sign" from the menu in the top left corner of this document.

Name: _____

Title: _____

Signature: _____

Date: _____

