

Middlesex-London Health Unit Outbreak Notifications

The Middlesex-London Health Unit, as part of their obligation under the Mandatory Health Programs and Services Guidelines, December 1997, provides outbreak information to health-care sector participants including, but not limited to, hospitals, long-term care, contract nursing agencies and ambulance services. Location, type of outbreak, onset and resolution dates and the organism causing the disease (when known) is made available to assist recipients with decision-making regarding staffing, visiting and transfers; however, it is recognized that other factors (such as the maintenance of adequate staffing levels in a facility) also affect the decision-making process.

In order to receive the daily Outbreak Status Report, the Middlesex-London Health Unit requires that each recipient fill out this application. Applications are then subject to approval by the Middlesex-London Health Unit.

**PLEASE PROVIDE THE FOLLOWING INFORMATION**

We encourage you to use a generic facility e-mail address which can be accessed by more than one person should individual recipients be away. An application must be received for each recipient e-mail address within an organization. However, it is permissible for one recipient to receive the notification and forward it to others **within their organization only**.

**Facility/Organization Name**

**Your Name**

**Your Position Title**

**Phone Number and Ext.**

**Fax Number (provide ONLY if you wish to receive the notification by fax)**

**E-mail address (provide ONLY if you wish to receive the notification by e-mail)**

Agreement

I understand that the information provided to me by the Middlesex-London Health Unit via e-mail and/or fax regarding current outbreaks is confidential and to be used for infection control purposes only. The information is intended for the person and the organization named above and will not be forwarded to any other person outside of my facility/organization. I will notify you of any changes in my e-mail or fax or any changes with my association with the facility/organization I have listed above.

**Signature**

**Date**