



SOUTHERN HEALTH-SANTÉ SUD
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Memorandum for Surgeons

(Infection Prevention & Control use only)

Date: _____

To: _____

Subject: Notification of Surgical Site Infection

As part of a quality improvement process, please find enclosed a *Surgical Site Infection Report Form* and/or a *Postoperative Telephone SSI Surveillance Script* identifying a surgical site infection (SSI) of one of your surgical patients. The criteria used by the Infection Control Practitioner (ICP) to identify an SSI are based on definitions developed by the Centers for Disease Control/National Healthcare Safety Network.

Thank-you for taking the time to review. Please do not hesitate to contact me if you have any questions or concerns.

Infection Control Practitioner: _____

Phone number: _____

Email address: _____