

## Tool 22: Facility Influenza-Readiness Report

**The Readiness Report** is a provincial requirement. The LTC/AL facilities need to report this to Public Health using Cerberus file sharing service. It provides information that is important in terms of assessment of readiness and is important with respect to quality care.

Public Health is required to collate the information from the Readiness Reports and submit it to the BC Centre for Disease Control for:

- Assessment of province-wide preparedness; and
- A provincial summary reports

Consequently, Public Health and/or Long-Term Care is expected to follow up with you if your Readiness Report is not received.

**The process of completing the Readiness Report is also a useful check for you to ensure that you are ready should you experience an Influenza Outbreak in your Care Community.**

**Submit to Public Health via Cerberus**  
**FACILITY INFLUENZA-READINESS REPORT**  
*(Please fill in all that applies to your Care Community)*

|  |                        |                                  |  |   |               |
|--|------------------------|----------------------------------|--|---|---------------|
| FACILITY NAME:   |                        | DATE COMPLETED:                  |  | FACILITY FAX:   |               |
| DIRECTOR OF CARE/<br>MANAGER OR ALTERNATE:   |                        | TEL:                             |  | FACILITY<br>BED COUNT:  |               |
| MEDICAL DIRECTOR:  |                        | TEL:                             |  |   |               |
| <b>Staff and Others</b><br><i>(Do not count people who will not be at the facility at all between November and the end of May)</i>                             | TOTAL NUMBER OF PEOPLE | NO. VACCINATED AGAINST INFLUENZA | NO. WITH MEDICAL CONTRAINDICATION TO INFLUENZA VACCINE DOCUMENTED      | <b>DOES YOUR FACILITY HAVE PRE-PRINTED ORDERS TO:</b>   |               |
|  |                        | SEASONAL                         |  | DELIVER INFLUENZA VACCINE TO RESIDENTS EACH YEAR?   | YES           |
| REGULAR STAFF  |                        |                                  |  | START OUTBREAK MEASURES, INCLUDING ANTI-INFLUENZA MEDICATIONS?  | YES<br>NO     |
| CASUAL STAFF   |                        |                                  |  | OFFER PNEUMOCOCCAL VACCINE TO ALL ELIGIBLE RESIDENTS UPON ADMISSION?  | YES<br>NO     |
| VOLUNTEERS   |                        |                                  |  | DOES YOUR FACILITY HAVE AN 'OUTBREAK PREVENTION AND MANAGEMENT TEAM'?   | YES<br>NO     |
| CONTRACT WORKERS <sup>^</sup><br><i>(Not Facility or FH employees)</i>   |                        |                                  |  | <i>*Pneumococcal vaccine is given once, with one booster at five years <u>only</u> for those with asplenia, sickle cell disease, immunosuppressive disease or treatment, or chronic disease of the kidneys or liver. If no prior History of pneumococcal vaccine being given, then vaccinate.</i> |               |
| <sup>^</sup> STAFF WHO WORK FOR COMPANIES THAT HAVE BEEN CONTRACTED TO CARRY OUT SERVICES WITHIN THE FACILITY (PURCHASED SERVICES, SUCH AS CLEANING SERVICES). |                        |                                  |  |   |               |
| <b>Neighbourhoods, Floors or other Specified Areas in Facility</b>   |                        |                                  |  |   | <b>NOTES:</b> |
| NAME OF NEIGHBOURHOOD OR OTHER SPECIFIED AREA  | FLOOR                  | NO. OF RESIDENTS IN THIS AREA    | NO. OF RESIDENTS IN THIS AREA VACCINATED AGAINST INFLUENZA THIS SEASON | NO. OF RESIDENTS IN THIS AREA VACCINATED AGAINST PNEUMOCOCCUS (*SEE NOTE ABOVE)   |               |
|  |                        |                                  |  |   |               |
|  |                        |                                  |  |   |               |
|  |                        |                                  |  |   |               |
|  |                        |                                  |  |   |               |
|  |                        |                                  |  |   |               |
|  |                        |                                  |  |   |               |
| <b>TOTAL FOR ALL NEIGHBOURHOODS/AREAS:</b>   |                        |                                  |  |   |               |



VIRAL RESPIRATORY OUTBREAK PROTOCOL AND TOOLKIT FOR RESIDENTIAL CARE  
 VERSION: SEPTEMBER 2023

In the event that the Cerberus website is down, please fax a copy of your form to 604-507-5439



## Influenza Immunization Readiness Report – Long Term Care Facilities 2023 – 2024 Season

| <b>Term</b>   | <b>Instruction/Definition for Reporting</b>   |
|---|---|
| FACILITY NAME   | Please print full name of the facility.   |
| DATE COMPLETED  | The date on which the long term care facility reports the number of immunized and total residents/staff.  |
| DIRECTOR OF CARE/<br>MANAGER OR ALTERNATE   | Please provide full name of the director/manager or alternative contact.  |
| MEDICAL DIRECTOR  | Please provide full name of the medial director.  |
| TEL   | Please provide telephone number for director/manager and medical director.  |
| FACILITY BED COUNT  | Total number of beds available at the facility for residents.   |
| STAFF AND OTHERS  | Do not count people who will not be at the facility at all between November and the end of May.<br>Direct or indirect contact with patients or residents, regardless of whether they are health care providers. This includes administrative or non-patient care staff (e.g. medical records, housekeeping and dietary). This exclude medical residents and students. |
| REGULAR STAFF   | Employed full-time or part-time staff who work on a regularly scheduled basis.  |
| CASUAL STAFF  | Employed staff that are not regularly scheduled to work other than during periods that such staff shall relieve a regular full-time or regular part-time employee and/or based on operational needs.  |
| VOLUNTEERS  | Not employed by the facility, Fraser Health, or contracted companies. A person who offers their time and labour to the facility (eg. music group helpers, daily mail delivery).   |
| CONTRACT WORKERS  | Staff who work for companies that have been contracted to carry out services within the facility (purchased services, such as cleaning services). Does not include facility or Fraser Health hired employees.   |
| TOTAL NUMBER OF PEOPLE (Staff)  | Provide total number of staff at the facility grouped by regular, casual, volunteer, and contracted staff.  |
| NUMBER VACCINATED AGAINST INFLUENZA (Staff)                                       | The number of staff at the residential care facility who have been immunized against influenza in the current season. Group by regular, casual, volunteer, and contracted staff.  |
| NAME OF NEIGHBOURHOOD OR OTHER SPECIFIED AREA (Resident)                          | Please print full name of the units/neighbourhoods where residents reside in the facility.  |
| NUMBER OF RESIDENTS IN THIS AREA (Resident)                                       | The number of individuals living in the unit/neighbourhood.<br>e.g. On December 19th, there were 86 residents residing at the Willow unit.  |
| NO. OF RESIDENTS IN THIS AREA VACCINATED AGAINST INFLUENZA THIS SEASON (Resident) | The number of individuals living in the unit/neighbourhood who have been immunized against influenza in the current season (whether prior to admission or at the facility).<br>e.g., 84 of the residents living in the Willow unit on November 19th had been immunized.   |
| NO. OF RESIDENTS IN THIS AREA VACCINATED AGAINST PNEUMOCOCCUS (Resident)          | Pneumococcal vaccine is given once, with one booster at five years only for those with asplenia, sickle cell disease, immunosuppressive disease or treatment, or chronic disease of the kidneys or liver. If no prior History of pneumococcal vaccine being given, then vaccinate.  |
| DOES YOUR FACILITY HAVE PRE-PRINTED ORDERS TO:                                    | 4 questions related to facility outbreak preparedness. Please check off Yes or No to answer the questions.  |