

Submit to Public Health via Cerberus
FACILITY INFLUENZA-READINESS REPORT

(Please fill in all that applies to your facility)

FACILITY NAME:				DATE COMPLETED:	FACILITY FAX:
DIRECTOR OF CARE/ MANAGER OR ALTERNATE:				TEL:	FACILITY BED COUNT:
MEDICAL DIRECTOR:				TEL:	
Staff and Others <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	DOES YOUR FACILITY HAVE PRE-PRINTED ORDERS TO:	
			NO. WITH MEDICAL CONTRAINDICATION TO INFLUENZA VACCINE DOCUMENTED	DELIVER INFLUENZA VACCINE TO RESIDENTS EACH YEAR?	YES NO
REGULAR STAFF				START OUTBREAK MEASURES, INCLUDING ANTI-INFLUENZA MEDICATIONS?	YES NO
CASUAL STAFF				OFFER PNEUMOCOCCAL VACCINE TO ALL ELIGIBLE RESIDENTS UPON ADMISSION?	YES NO
VOLUNTEERS				DOES YOUR FACILITY HAVE AN 'OUTBREAK PREVENTION AND MANAGEMENT TEAM'?	YES NO
CONTRACT WORKERS [^] <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>	
[^] STAFF WHO WORK FOR COMPANIES THAT HAVE BEEN CONTRACTED TO CARRY OUT SERVICES WITHIN THE FACILITY (PURCHASED SERVICES, SUCH AS CLEANING SERVICES).					
Neighbourhoods, Floors or other Specified Areas in Facility					NOTES:
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)	
TOTAL FOR ALL NEIGHBOURHOODS/AREAS:					