

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

Term	Instruction/Definition for Reporting
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/ 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. 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. 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). e.g., 84 of the residents living in the Willow unit on November 19th had been immunized.

<p>NO. OF RESIDENTS IN THIS AREA VACCINATED AGAINST PNEUMOCOCCUS (Resident)</p>	<p>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.</p>
<p>DOES YOUR FACILITY HAVE PRE-PRINTED ORDERS TO:</p>	<p>4 questions related to facility outbreak preparedness. Please check off Yes or No to answer the questions.</p>