

## FACILITY INFLUENZA-READINESS REPORT

(Please fill in all that applies to your facility)

FACILITY NAME:			DATE COMPLETED:	TEL:	FAX:	<b>NOTES:</b>			
DIRECTOR OF CARE/MANAGER:				TEL:					
DIRECTOR OF CARE/MANAGER ALTERNATE:				TEL:					
MEDICAL DIRECTOR:				TEL:					
MEDICAL DIRECTOR ALTERNATE:				TEL:					
RESPIRATORY OUTBREAK PROTOCOL AVAILABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO			NASAL SWAB KIT AVAILABLE?: <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>DOES YOUR FACILITY HAVE PRE-PRINTED ORDERS TO:</b>				
					DELIVER INFLUENZA VACCINE TO RESIDENTS EACH YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>Staff and Others</b>	NO. OF PEOPLE	NO. VACCINATED AGAINST INFLUENZA	NO. WITH MEDICAL CONTRAINDICATION TO INFLUENZA VACCINE DOCUMENTED	NO. WITH MEDICAL CONTRAINDICATION TO OSELTAMIVIR DOCUMENTED	INSTITUTE OUTBREAK MEASURES, INCLUDING ANTI-INFLUENZA MEDICATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO				
		SEASONAL			OFFER PNEUMOCOCCAL VACCINE TO ALL ELIGIBLE RESIDENTS UPON ADMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO				
REGULAR STAFF					<i>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 Hx of pneumococcal vaccine being given, then vaccinate.</i>				
CASUAL STAFF									
VOLUNTEERS									
CONTRACT WORKERS (not facility employees)									
<b>Wards or Units in Facility – completely separate = no sharing of people or things with other units</b>									
UNIT NAME	Floor	CAN THIS UNIT BE MADE COMPLETELY SEPARATE?		NO. OF RESIDENTS ON UNIT	NO. OF RESIDENTS ON THIS UNIT VACCINATED AGAINST INFLUENZA THIS SEASON	NO. OF RESIDENTS ON THIS UNIT VACCINATED AGAINST PNEUMOCOCCUS (*SEE NOTE ABOVE)	NO. OF RESIDENTS ON THIS UNIT WITH UP-TO-DATE ESTIMATED CREATININE CLEARANCE	NO. OF RESIDENTS ON THIS UNIT WITH OSELTAMIVIR DOSE CALCULATED	NO. RESIDENTS ON THIS UNIT WITH PRE-PRINTED ORDERS FOR PROPHYLACTIC ANTI-INFLUENZA MEDICATIONS
		Yes	No		SEASONAL				
<b>TOTAL FOR ALL UNITS:</b>									

**Return to GCPHUCDC@ health.qld.gov.au by June 30th**

# Gold Coast Hospital and Health Service



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