

Check-list for Long-Term Care Facilities to Use to Prepare for the Influenza Season (2017-2018)

This document can be used to assist staff in long-term care facilities to prepare for the influenza season. If you have any questions, contact the Vaccine Preventable Disease program staff at (705)743-1000.

Staff person responsible for completing this form: _____

	Activity	Particulars	Completion Date (YYYY/MM/DD)
1	supply of nasopharyngeal (NP) swabs in the facility	where: _____ expiry dates (YYYY/MM/DD): _____	
2	2 staff persons on each shift know how to obtain, store and transport NP swabs	staff names: Provincial Laboratory: 8:15am - 4:30pm weekdays (99 Hospital Dr – telephone: 743-6811)	
3	2 staff persons on each shift are aware of the symptoms of influenza (know case definition)	staff names:	
4	poster of symptoms of influenza is posted at every nursing station		
5	MOHLTC Outbreak guidelines available at: http://www.health.gov.on.ca/en/pro/programs/publichealth/flu/guide.aspx	where:	
6	2 staff persons on each shift are aware of how and why to contact the Public Health in the event of a suspected or confirmed respiratory outbreak	staff names: (705)743-1000 8:30 to 4:30 weekdays and (705)760-8127 after hours	
7	case reporting forms (line listing forms) are available and a designated staff person knows how to record the information	case reporting forms are located: _____ staff persons:	
8	policy in place regarding influenza immunization of staff (nursing, housekeeping, dietary, etc.)	person responsible for ensuring that all staff received appropriate information:	
9	Unimmunized staff are aware of the facility policy and public health recommendations when an influenza is declared		
10	list of staff who have not received the influenza vaccine	list is located: staff are aware of consequences if outbreak occurs: <input type="checkbox"/> Yes <input type="checkbox"/> No	

11	influenza vaccine promotion signs for visitors posted at the front door	posters are stored:	
12	hand hygiene signs available to post at the front door requesting that visitors wash their hands before visiting	signs are stored:	
13	hand sanitizer available at all entrances for staff, visitors and residents entering building	supplies of hand sanitizer	
15	sign advising visitors not to enter building if they are ill	signs are posted	
16	outbreak plans are reviewed with all management staff	inservice on the plan conducted on (YYYY/MM/DD):_____ by infection control practitioner (all management received inservice)	
17	list indicating if staff work in other health care institutions and name of the other facility	list located: staff aware that if an outbreak is present in the other facility, they must report to Supervisor	
18	method of daily surveillance of influenza-like-illness (ILI) is in place	name of staff responsible on each shift:	
19	vacation back-up person for infection control person (ICP) in place	Name of infection control practitioner (ICP) or lead: Name of back-up ICP:	
20	mechanism for contacting families regarding influenza outbreaks in place	mechanism and phone numbers: located:	
21	baseline temperatures on all residents available	temperatures are recorded on (YYYY/MM/DD):	
22	inservice for all staff on influenza conducted	inservices conducted on (YYYY/MM/DD):	
24	Obtain consent and prescription for antiviral medication use in advance for all residents	See MOHLTC Outbreak Guidelines: http://www.health.gov.on.ca/en/pro/programs/public_health/flu/guide.aspx	
25	antiviral policy in place referencing the MOHLTC Outbreak Guidelines	See MOHLTC Outbreak Guidelines: http://www.health.gov.on.ca/en/pro/programs/public_health/flu/guide.aspx	