

Outbreak Antiviral Prophylaxis in Non-Designated and Designated Supportive Living Sites Worksheet

Complete this worksheet in-advance to ensure timely and effective management at the facility once an outbreak is declared. Retain for your records.

Note: AHS may request the total number of residents with advance-prescriptions. Antivirals for asymptomatic residents should be initiated within 24 hours of confirmed influenza. Consult healthcare provider for recommendations if client renal function changes significantly during influenza season or for treatment.

SL/HL Outbreak Site	Public Health Outbreak Lead <i>(name, phone)</i>	Site Contact
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Resident/Client						Physician	Pharmacy	Advance-Rx completed <i>(dd-Mon-yyyy)</i>	Influenza Vaccine <i>(current season)</i> (✓)	Comments <i>(refusals, side effects, etc.)</i>
Home Care Client (✓)	Room No.	Last Name	First Name	Date of Birth <i>(dd-Mon-yyyy)</i>	PHN/ULI	Physician Name	Pharmacy Name			
Total								Total	Total	

This form documents a total of 10 clients