

Outbreak Antiviral Prophylaxis in Supportive Living Accommodation and Continuing Care Homes Type B 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 a healthcare provider for recommendations if client renal function changes significantly during influenza season or for treatment.

SLA/CCHB Outbreak Site	Site Contact
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Resident/Client						Physician	Pharmacy	Advance oseltamivir/ tamiflu Rx completed <i>(dd-Mon-yyyy)</i>	Influenza Vaccine <i>(current season)</i> (✓)	COVID 19 vaccine date last received <i>(dd-Mon-yyyy)</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		

This form documents a total of 10 clients