



POLICY PAN-10: Anti-Viral Medication/Vaccines Receiving/Storing and Tracking

Infection Control

Approval Date: December 18, 2007
Approval Authority: Administrator, Norview Lodge
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Procedure

- The IPAC Lead or alternate will be responsible for receiving, storing and tracking the use of Anti-viral's/ Influenza vaccine.
- The pharmacy will send the Anti-viral medication directly to the IPAC Lead or designate. The IPAC Lead or designate and a second person of the OMT will sign and date the medication received and place in the vaccine fridge.
- The Public Health Department will send the Influenza vaccine directly to the IPAC Lead or designate. The Infection Prevention and Control Professional or designate and a second person of the OMT will sign and date the medication received and place in the locked storage cabinet.
- Anti-viral medication will be stored in a locked cabinet in the locked filing room in the main office. The vaccine fridge will be moved to an equipment storage room with emergency power outlet and kept under lock and key with only the OMT having access to both rooms (if required).
- Required amount of antiviral medication will be provided to the Registered Staff in each Resident Home area on a daily basis by a member of the OMT who will maintain a record on the Resident Distribution Anti-viral Tracking Form (Appendix A) (if required)
- Consents for vaccines/anti-virals are to be completed by the Resident/POA on admission and reviewed annually thereafter.
- The IPAC Lead or designate will ensure prescriptions for anti-virals and pandemic flu vaccine administration are contained from the medical director and or the attending physician and included on Residents files.

Providing Anti-virals and Vaccine to Staff

Priority grouping of staff issued anti-virals and vaccinated once a vaccine becomes available as established.

Resident Distribution Antiviral Tracking Form

Resident Home Area: _____

Antiviral Medication: _____

Date	Amount on Hand	Amount Out	Balance	Signature of OMT Member	Registered Staff Signature

*Note: when new amount received from pharmacy to document across the form
Reviewed by H&S Committee (if applicable):