



Purpose of Survey

INTRODUCTION Welcome to the 2021/2022 ONE DAY POINT PREVALENCE STUDY of flu vaccine uptake in RESIDENTS based in RESIDENTIAL CARE FACILITIES (LTCFs) in Ireland

This survey is a point prevalence survey: this means that all the data should be collected in a single day in each unit (e.g., all data for Unit A should be collected in the same working day). If completion of the full survey over one day may not be practical for larger LTCFs, make a plan to divide the LTCF into separate wards/units and collect the data over two or three consecutive days. It is very important that the data on a particular ward/unit is collected on the same day.

Each facility selects the day(s) to undertake the survey. The survey should be carried out in your LTCF once during the second week of December 2021, ideally **between Monday, 13th and Friday, 17th of that month**. It would be very much appreciated that the data is submitted for Friday, 14th January 2022.

The information collected in this survey will be analysed by HPSC and published in a summary report circa September 2022.

The survey should take about 2 minutes to complete, assuming you have the relevant data to hand.

For more information about this survey, please see the study protocol on the HPSC website or contact email Piaras O'Lorcain at piaras.olorcain@hpsc.ie. If for any reason you are unable to complete this survey online, please request a pdf verion of the survey, complete it, scan the document and kindly return it by email to piaras.olorcain@hpsc.ie. Many thanks in advance for completing this survey!

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By ticking the box below you are confirming that you consent for your personal data, or
that of others you have gained appropriate consent from, to be used for the purposes
described in the "Introduction" section of this form given above.

O Yes

O No

Name of Long Term/Residential Care Facilty (LTCF)

Address of Long Term/Residential Care Facilty (LTCF)

County Location of LTCF (please choose one option below)

O Carlow

Cavan

O Clare

O Cork

HSE Service Directory ID number of LTCF Location, if known

Type O O O O O O	e of LTCF (primary remit), (please choose one option below) Elderly Mental Health Intellectual Disability Other Disability Mixed Disability Hospice Care Mixed Care Other Care (not listed above)
Wha	at is the maximum bed capacity of the facility?
Is th	e LTCF registered with (please choose one option below)
0	HIQA (Health Infomation Quality Authority)
0	MHC (Mental Health Commission)
0	Both HIQA and MHC
0	Neither HIQA nor MHC
0	Other
0	Unknown

HIQA Number, if Registered/Known
MHC Number, if Registered/Known
How is the LTCF funded/staffed/managed? (please choose one option from the list below)
O HSE funded/staffed/managed
O Section 38 funded
O Section 39 funded
O Privately funded/staffed/managed
Other Unknown
Officioni
Date of Data Collection (up to what date is the data current?)
Date must be entered as dd/mm/yyyy, for example, 01/11/2021

Vaccination Details

Number of ELIGIBLE Long-Term Care Residents:
Number of VACCINATED Long-Term Care Residents:
Number of ELIGIBLE Respite/Short-Term Care Residents:
Number of VACCINATED Respite/Short-Term Care Residents:
Respite Resident Vaccination Policy Is there a policy that all elective respite patients should be vaccinated before admission? Please choose one option below O Yes O No
Unknown

Any further comments?
Data Provider Details
Data Provider's Name:
Data Provider's Position:
Data Provider's Email Address:
\${m://Email1}

Data Provider's Contact Telephone Number (please include area code, for example, 01-8765300):

Would you like to submit another survey response on behalf of another LTCF?

O Yes

O No

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