



Purpose of Survey

INTRODUCTION

Welcome to the **second 2024/2025 Flu and COVID-19 Vaccine Uptake Survey** for **LONG-TERM / RESIDENTIAL CARE FACILITY-BASED** Health Care Workers for **final** returns.

HPSC has been monitoring the flu vaccine uptake of health care workers (HCWs) in LTCFs since the 2011-2012 influenza season. For the **2024-2025** season, final, end of season figures (From September 2024) should be be returned by Mid March 2025.

The flu vaccine uptake target is 75%. Private facilities (as well as section 38 and 39 agency entities) are also encouraged to submit data as well.

It would be very much appreciated that provisional uptake data for your facility from the beginning of September 2024 be submitted by **Friday, 7th March 2025**.

The information collected in this first survey will be analysed by HPSC and a final report will be posted on its website in late sumer 2025

The survey should take no more than 10 minutes to complete, provided you have the relevant data to hand. For more information about this survey, please see a copy of survey protocol here or 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 version 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 and Address of Long Term/Residential Care Facilty (LTCF)

County Location of LTCF



Eircode of LTCF Location

Enter eircode for example, D01A4A3, not as D01 A4A3

Community Health Organisation (CHO)

HSE Regional Health Area

Type of LTCF (primary remit)

Elderly

Mental Health
Intellectual Disability
Other Disability

Mixed Disability
Hospice Care
Children

Other Care (not listed above)

Mixed Care

What is the maximum bed capacity of the facility?

How is the LTCF funded/staffed/managed?



Vaccination Details

VACCINATION DETAILS

IMPORTANT NOTES PLEASE NOTE THAT IN ORDER TO SUCCESSFULLY UPLOAD THE CONTENTS OF THIS SURVEY ONLINE, DETAILS OF BOTH ELIGIBLE AND VACCINATED STAFF NUMBERS FOR ALL SIX HSE CATEGORIES OF STAFF WILL

BE REQUIRED: Management & Administration

Medical & Dental

Health & Social Care

Nursing

General Support

Other Patient & Client Care

For a complete list of job titles associated with each of the six HSE categories of staff, please <u>click here</u> and it will open in a new tab.

- -When inserting details of eligible staff numbers, please use actual numbers of staff (not temporary or short term agency staff) and not whole time equivalent figures.
- -NOTE: For each category of staff, the number of vaccinated staff CANNOT exceed the number of eligible staff.
- -Staff working outside the hospital setting should not be included in the survey returns

EXPLANATORY NOTES

- -Number eligible staff = Number of staff currently on payroll/headcount
- -Health and Social Care Professionals e.g. Physiotherapists, Dieticians, Radiographers, Social Workers
- -General Support staff e.g. Maintenance, Domestic Staff, Porters, Security, Radio, Technical Services
- -Other Patient and Client Care e.g. Attendants/Aides, Care assistants

Date of Data Collection

Date should be entered as dd/mm/yyyy, for example, 04/03/2025

Do you know how many eligible HCWs there are in your facility for each category of staff? O Yes O No
Do you know how many FLU Vaccinated HCWs there are in your facility for each category of staff? O Yes O No
Do you know how many COVID-19 Vaccinated HCWs there are in your facility for each category of staff? O Yes O No

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Number of Medical & Dental FLU VACCINATED Staff: (if unknown, please enter 0)

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Number of Nursing ELIGIBLE Staff: (if unknown, please enter 0)
Number of Nursing FLU VACCINATED Staff: (if unknown, please enter 0)
Number of Nursing COVID-19 VACCINATED Staff: (if unknown, please enter 0)
Number of General Support ELIGIBLE Staff: (if unknown, please enter 0)
Number of General Support FLU VACCINATED Staff: (if unknown, please enter 0)

Number of General Support <u>COVID-19</u> VACCINATED Staff: (if unknown, please enter 0)

Number of Other Patient & Client Care ELIGIBLE Staff: (if unknown, please enter 0)

Number of Other Patient & Client Care <u>FLU</u> VACCINATED Staff: (if unknown, please enter 0)

Number of Other Patient & Client Care <u>COVID-19</u> VACCINATED Staff: (if unknown, please enter 0)

Is there a policy that all staff should be vaccinated before taking up position? Please choose one option below



PLEASE ADD HERE NUMBER OF OTHER FLU VACCINATED STAFF THAT ARE
NOT ON HUMAN RESOURCES PAYROLL, INCLUDING STUDENTS
Note: Because students and short term agency staff for example, are not part of the perm
staff payroll/headcount, they cannot be included in the calculation of the total percentage
of the vaccine by HCWs in the hospital, because that will artificially inflate this value.
Other COVID-19 Vaccinated Staff
PLEASE ADD HERE NUMBER OF OTHER COVID-19 VACCINATED STAFF THAT
ARE NOT ON HUMAN RESOURCES PAYROLL, INCLUDING STUDENTS
Note: Because students and short term agency staff for example, are not part of the perm
staff payroll/headcount, they cannot be included in the calculation of the total percentage
of the vaccine by HCWs in the hospital, because that will artificially inflate this value.
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Source of Information
What sources of information do you use to collate the number of ELIGIBLE LTCF-
based HCWs in your facility? Click all that apply
Person In Charge
HR office
CHO HR office
National HR office if HSE
Other
Unsure

What sources of information do you use to collate the number of VACCINATED LTCF- pased HCWs in your facility? Click all that apply.
Person In Charge COVAX/IIS system portal COVAX/IIS dashboard Local LTCF records Self-reporting by HCWs Other Unsure
Data Provider Details
Data Provider's Name:
Data Provider's Position:

Data	Pro	vider's	Fmail	Addres	SS:

\${m://Email1}	
Data Provider's Contact Telephone Number: e.g. 086-1001000 or 01-1001000	

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

- O Yes
- O No

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