

THE BUCKLAND CONVALESCENT HOSPITAL Trading as



ACN 000 243 863 ABN 82 517 110 268

39 HAWKESBURY ROAD  
SPRINGWOOD NSW 2777

ADDRESS ALL CORRESPONDENCE TO:  
THE CHIEF EXECUTIVE OFFICER  
PO BOX 117, SPRINGWOOD NSW 2777

TELEPHONE: 02 4752 2500

FACSIMILE: 02 4752 2580

EMAIL: buckland@buckland-rv.com.au

Web: www.buckland-rv.com.au

*...we care*

## CONSENT TO GIVE ANTIVIRAL “TAMIFLU” TO RESIDENTS IN EVENT OF POSITIVE INFLUENZA A or B DIAGNOSIS - Winter 2023.

Dear relatives and Friends of Buckland,

The risk of infection from Influenza A or B contributes to a greater risk for residents in aged care settings. Prompt administration of the Antiviral “TAMIFLU” is strongly recommended for residents in Aged Care and is administered to assist with symptoms if infected with Influenza A/B strains.

As part of the Department of Health’s winter preparedness plan, packs of the prescription-only medication, Tamiflu (oseltamivir), an oral antiviral used to treat and prevent influenza A and B infections, has been deployed to residential aged care facilities (RACF) in a one-off preplacement.

With this in mind, we ask if either Next of Kin or Resident sign this consent form to administer antivirals in the event of their loved one/themselves contracting the virus. On signing this document we can promptly commence antivirals no matter what day or time (recommended within 48 hours of symptoms onset and no later). Treatment can be effective in assisting people who are displaying symptoms and who also have a higher risk of progressing to severe disease.

This medication is recommended for use in residents in Aged Care settings and has been supplied to Aged Care facilities for timely access and is also available at community pharmacies.

**Tamiflu for influenza prevention** - Public Health Units may also recommend Tamiflu as a preventive measure as well.

### Please sign below for consent:

I give permission for Buckland Aged Care to administer antivirals in the event of Influenza A & B to assist with symptom management and alleviate symptoms.

Resident name: \_\_\_\_\_

Resident Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Next of Kin Name: \_\_\_\_\_

Next of Kin: Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Lisa Murray - Infection Prevention and Control Lead Buckland Aged Care Services**