

Infection Control Manual – Residential Care Part 2 – Infection Control Program Guidelines IC2: Infection Control Program Elements

IC2:0800 Resident Health Program

1.0 PURPOSE

An Infection Control Resident Health Program is required to enhance the quality of care for all residents, staff and visitors of the facility by reducing the risk of infections.

2.0 GUIDELINES

2.1 See IC4, Resident Health Program for standards

http://www.healthlinkbc.ca/pdf/immunization-adults-seniors-high-risk.pdf

2.2 Community Care and Assisted Living Act Residential Care Regulation

http://www.health.gov.bc.ca/ccf/adult_care.html

• Influenza vaccine:

Annually for all residents without medical contraindications and who have not received the current year's vaccine

Pneumococcal vaccine: update

Recommended for all residents without medical contraindications and who have not received a previous vaccine dose in their lifetime.

Pneumococcal Vaccine is usually given only once. One booster at five years is indicated for anybody with one or more: chronic disease of the kidneys or liver, asplenia, sickle cell disease, or poor immune system function due to disease (e.g. HIV, lymphoma, Hodgkin's, Multiple Myeloma) or because of therapy (e.g. high-dose systemic steroid drugs to prevent transplant rejection)
For solid organ transplant recipients, there is evidence that antibody titers decline

For solid organ transplant recipients, there is evidence that antibody titers decline after 3 years. Experience with re-immunization after solid organ transplant is limited

Combined diphtheria-tetanus vaccine:

A booster dose of Td is recommended every ten years