

Immunization and Prophylaxis Record Residential Care

Form number: GF 8140

Standards:

Upon notification of admission to a Providence Health Care (PHC) Residential Care Facility:

- The most responsible physician completes a medical assessment prior to admission or by 5 business days after admission, which should include immunization status and screening for residents at High Risk for Mycobacterium Tuberculosis (TB).
- Residents should be screened for TB before admission by their private physician, public health, or TB Control. Due to the challenges of screening for TB prior to admission, a resident may be screened post admission as recommended in the table below if they are not symptomatic.

A physician's order is required for all immunizations, vaccinations diagnostic and radiological procedures.

Immunization and Prophylaxis

Prior to admission the Clinical Nurse Leader (CNL) or admitting nurse completes a preadmission-screening assessment and initiates the **Residential Care Immunization and Prophylaxis Record GF8140**, which includes information about previous vaccinations.

If the resident's immunization status is unknown, administer the vaccines as outlined on the Admission/Annual Physician Orders for Residential Care

On moving-in day, the nurse obtains an order for vaccinations, if necessary and faxes the order to pharmacy, who supplies the vaccine, an MAR the vaccines ordered. The RN administers the vaccines signs the MAR and updates the Residential Care Immunization and Prophylaxis Record GF8140.

During the year the RN updates the Residential Care Immunization and Prophylaxis Record as the resident is immunized with one time and yearly vaccinations.

The immunization and prophylaxis record will be kept at the front of the Prescriber's order section of the chart (last before the prescriber's orders).

Immunization Special Considerations

Pneumococcal Vaccine

- Residents with a documented history of Pneumococcal vaccination do not need to be revaccinated, as it is a onetime administration.
- Residents without a documented history of previous pneumococcal vaccination are vaccinated on admission.

Tetanus/Diphtheria Vaccine:

- Residents without a documented history of previous Tetanus/Diphtheria are vaccinated on admission.
- Tetanus/Diphtheria booster is administered every 10 years on all residents.

Influenza Vaccine: Is recommended for all residents on a yearly basis. It is to be given in the fall at the time of vaccine availability. Flu vaccine is also given to all new admissions from time of availability until the end of March.

Other: Document any other immunizations that the resident has received in the other section including the type and date.

Mycobacterium Tuberculosis Screening

The CNL also inquires about TB during the preadmission-screening process and assesses whether the resident is high risk for active TB. This includes inquiring about a Tuberculin Skin Test (TST), chest X-ray (CXR) in the last 6 months. If a CXR has not been done, arrange a chest x-ray as soon as possible especially if the resident is high risk.

TABLE: BCCDC TB MANUAL, SCREENING FOR ADULT LICENSED RESIDENTIAL COMMUNITY CARE FACILITIES
Tuberculin Skin Test (TST)

Resident	Tuberculin skin Test (TST)	Chest X-ray (CXR)	Symptom inquiry	Sputum for AFB X3
Complete prior to admission or within 1 month of admission if not symptomatic	YES—only for residents less than 60 years of age and previously skin test negative or unknown	YES—for residents 60 years of age and older, or symptomatic, or have a positive TST or persons who have risk factors for TB	Yes	YES If abnormal CXR or symptomatic: Submit 3 sputa for AFB

EXCLUSIONS FOR RESIDENTS CXR:

Where there is difficulty arranging a chest radiograph at the time of admission, the following are acceptable:

- A normal chest radiograph completed within one year preceding admission for asymptomatic clients.

EXCLUSION FOR TUBERCULIN SKIN TEST (TST):

- Previous TB
- History of anaphylaxis or severe reaction to TST
- Documented previous positive TST

High Risk Individuals

The following groups require special considerations for screening relating to their individual risk factors. TB Control recommends TST, symptom inquiry, and baseline chest x-ray for the following individuals:

- HIV positive
- Organ Transplant
- Dialysis

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- Prior to starting Tumor Necrosis Factor (TNF) inhibitor
- Street involved including; alcohol and/or substance users
- Follow-up screening based on the exposure to active TB or at the discretion of local healthcare providers

Symptoms of Active TB

- Cough, and/or sputum production greater than 3 weeks (Collect 3 sputum specimens on 3 consecutive days)
- Sputum production
- Blood in sputum (hemoptysis)
- Night sweats
- Fever
- Fatigue
- Weight loss
- Loss of appetite
- Chest pain
- Other symptoms will depend on the site of disease.

References

1. Community Care and Assisted Living Act, RESIDENTIAL CARE REGULATION, Other requirements on admission, Sect 49 (1) TB Screening, Includes amendments up to B.C. Reg. 10/2010, January 15, 2010
2. Health Link BC, BC Immunization Schedule, 65 years and older. December 2012
<http://www.healthlinkbc.ca/pdf/routine-immunization-schedule.pdf>
3. BC Centre for Disease Control, TB Manual. Feb, 2012. TB Screening for Adult Licensed Residential Community Care Facilities p8
http://www.bccdc.ca/NR/rdonlyres/7CDEAF08-D7F0-41A1-ABED-98BC3CEB6B96/0/BCCDC_TB_ManualRevisedFebruary_2012.pdf
4. Infection Prevention and Control Manual, Specific Diseases. ICS5002 – Tuberculosis
http://intranet.phc.ca/programs_services/infection_control/infection_control_manual/respiratory_infections/docs/related_documents/binary_110309.pdf

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