

# Vaccination Clinic Administration Process Guide

## A Checklist for Long-Term Care Facilities

Long Term Care Facilities (LTCF) should ensure they have an agreement in place for ongoing COVID-19 vaccination with their LTCF pharmacy provider or another designated provider [Long-Term Care Pharmacies Participating in the Federal Retail Pharmacy Program](#).

### Pre-Vaccination Administration:

- Establish facility points of contact (POCs), one of whom should be a licensed nurse, to communicate with and coordinate vaccination administration with the pharmacy provider.
  - Primary POC Name: \_\_\_\_\_
  - Secondary POC Name: \_\_\_\_\_
  - \* *Best practice recommendation: designate a primary and secondary POC (e.g., administrator, director of nursing, or the infection preventionist) to receive notifications from your pharmacy provider.*
- Determine which manufacturer's COVID-19 vaccination/boosters, influenza, and pneumonia vaccines your pharmacy will stock i.e., Pfizer, Moderna, Janssen, high dose quadrivalent fluzone, PCV13, PPSV23, etc.
- Notify your pharmacy provider when the need for vaccination administration of residents and/or staff is identified. Notify your pharmacy of the number of vaccines needed for each brand of COVID-19 vaccines.
- Screen all residents and staff to determine who is eligible to receive vaccinations. Screening should include prior immunization, medical precautions, and/or medical contraindications. Follow CDC and ACIP recommendations for vaccines.
  - [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#)
  - [ACIP Influenza Vaccine Recommendations | CDC](#)
  - [Routine and Influenza Immunization Services During the COVID-19 Pandemic: Interim Guidance | CDC](#)
  - [ACIP COVID-19 Vaccine Recommendations | CDC](#)
  - [ACIP Pneumococcal Vaccine Recommendations | CDC](#)
- Notify your pharmacy of the number of COVID-19 vaccines needed for additional doses or booster doses.
- Notify your pharmacy provider of the number and type of influenza vaccines needed if conducting flu vaccinations along with COVID-19 vaccinations.

- Develop process for vaccine administration.
  - Determine if pharmacy provider or facility team will administer vaccine.
  - Identify facility staff to assist with vaccination administration to include names and roles. Obtain supplies the facility needs to provide for vaccination administration (tables, chairs, trash receptacles, gloves, sharps container, band-aids, alcohol wipes, hand hygiene supplies, etc.).
    - Will pharmacy provider supply vials or pre-filled syringes for facility staff to administer?
    - How emergency medications will be supplied, in the event of a severe anaphylactic reaction, and by whom (pharmacy or facility)? [HQIN COVID-19 Vaccine Administration Quick Reference](#)
  - Designated area for vaccine clinic for staff or residents.
    - Ensure dedicated space is well-ventilated, well-lighted, clean, and provides ample space for resident and staff to practice safe social distancing (at least 6 feet) while waiting to receive their vaccine and for the 15-minute observation period after each immunization.
    - Have one table and two chairs for vaccine administration area.
      - Non-fabric chairs are preferred as they will allow for proper disinfecting procedures.
      - Power source or extension cords positioned in a way to safely provide power for laptops or other electronic devices.
    - Source control masks for vaccinators (may provide their own), residents and staff.
    - Identify residents needing bedside vaccination versus centralized vaccination area.
  - Bedside vaccination for residents.
    - Determine how many residents will be vaccinated in one day.
    - Develop plan for monitoring signs and symptoms of adverse reactions (15 minutes, 30 minutes for residents at higher risk for adverse reaction).
      - How will observation period be staffed and monitored.
    - Staff access to emergency medication in the event of a severe anaphylactic reaction.

- Facility POC to discuss specific information required with your pharmacy POC such as:
  - Insurance information for staff and residents.
  - Primary care physician.
  - Documentation of consent or consent forms.

- Follow your facility or state requirements regarding a physician order for the vaccine. Current CDC guidance regarding orders states:  
*No, the Public Readiness and Emergency Preparedness Act (PREP Act) authorizes State- licensed pharmacists to order and administer, and State-licensed or registered pharmacy interns acting under the supervision of the qualified pharmacist to administer, COVID-19 vaccinations that have been authorized or licensed by the FDA. [CDC FAQs about COVID-19 Vaccination in Long-Term Care Facilities](#)*

- Create a tracking sheet for residents and staff who have:
  - Accepted or declined the vaccine.
  - Completed consent form.
- Ensure staff assisting with vaccination administration are knowledgeable on how to identify and respond to a severe anaphylactic reaction to the vaccine. [CDC Preparing for the Potential Management of Anaphylaxis after COVID-19 Vaccination](#)
- Be prepared to activate EMS and begin clinical management in the event a severe anaphylactic reaction occurs. Facility should provide pulse oximeter and BP devices (manual with stethoscope and/or automatic).

## Educate and Obtain Consent: Residents

*\*Note: Consents for residents and staff should be completed at least one day prior to the vaccination administration scheduled in your facility.*

- Identify facility staff who will oversee obtaining resident consent:
  - Name(s): \_\_\_\_\_
- Obtain and retain copies of:
  - Vaccination consent forms.
  - Vaccine fact/education sheets for education prior to consent.

*Disclaimer: The U.S. Food and Drug Administration amended the emergency use authorizations (EUAs) of the Moderna COVID-19 Vaccine and the Pfizer-BioNTech COVID-19 Vaccine to authorize bivalent formulations of the vaccines for use as a single booster dose at least two months following primary or booster vaccination.*

  - COVID-19 FDA EUA fact sheet for consent:
    - [Pfizer](#)
    - [Moderna](#)
    - [Janssen/J&J](#)
    - [CDC Answering Residents and Loved Ones Questions About COVID-19 Vaccines](#)
    - [Who is Eligible for a COVID-19 Vaccine Booster Shot?](#)
    - [COVID-19 Vaccine Booster Shots](#)
  - [CDC Influenza \(Flu\) Vaccine Print Materials](#)
- Prepare and promote vaccine acceptance with residents and staff. Consider postings flyers, meeting one-on-one, setting up town hall or unit meetings, etc.
  - [CDC Frequently Asked Questions about COVID-19 Vaccination in Long-Term Care Facilities](#)
  - [CDC Post-acute and Long-term Care Facility Toolkit: Influenza Vaccination among Healthcare Personnel](#)
- Identify which residents can and cannot consent for themselves.
- Residents who can consent:
  - Meet with resident(s) to discuss the importance of the vaccine, explain the benefits versus risk, answer questions, and determine their interest.

- Share FDA EUA fact sheets/ Vaccine Information Statements on COVID-19 vaccine and influenza vaccine.
- Residents who are unable to consent themselves:
  - Identify residents' healthcare proxies (e.g., Power-of-attorney (POA), Resident Representative.
  - (RR), or legal guardian) and their contact information.
  - Contact residents' healthcare proxies to discuss need to obtain consent:
  - Share FDA EUA fact sheets/ Vaccine Information Statements on COVID-19 vaccine and influenza vaccine.
    - Reinforce value of vaccine and answer questions.
    - Provide additional resources for other questions.
  - Follow up with RR/health care proxy as needed.
- Document education and consent
  - Document name of resident or representative that received the education including benefits and potential side effects.
  - Document date of education.
  - Document any identified contraindications.
  - Document the education materials used or include a sample copy in the resident medical record.
  - Document and securely store copy of consent to share with pharmacy provider, per their protocol, and for review on the day of vaccination administration.

## Educate and Obtain Consent: Staff

- Promote vaccine acceptance with staff ([AHCA/NCAL Get Vaccinated](#); [AHRQ Take Your Best Shot!](#)).
- Involve medical director and facility infection preventionist to answer questions.
- Share consent form and FDA EUA fact sheet/ Vaccination Information Statement for each vaccine.
 

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    - [Who is Eligible for a COVID-19 Vaccine Booster Shot?](#)
  - [CDC Influenza \(Flu\) Vaccine Print Materials](#)
- Follow up with staff who have not completed consent.
  - [Who is Eligible for a COVID-19 Vaccine Booster Shot?](#)
  - [COVID-19 Vaccine Booster Shots](#)
- Document education and consent

- Document name of staff that received education including benefits and potential side effects.
- Document date of education.
- Document any identified contraindications.
- Document the education materials used or include a sample copy in the staff record.
- Document and securely store copy of consent to share with pharmacy provider, per their protocol, and for review on the day of vaccination administration.

## Pre-Vaccination Administration Day (<10 days)

- Develop a schedule for resident and staff vaccinations.
  - Decide which residents will be vaccinated in their room versus the vaccination administration site.
  - Set up schedule with room numbers and resident names for vaccination in their rooms.
  - Plan staffing to ensure enough staff are present on vaccination administration day to transport residents and support pharmacy staff.
- Submit required information to pharmacy, such as:
  - Number of residents needing the vaccine sorted by vaccine type and manufacturer.
  - Number of staff needing the vaccine [sorted by vaccine type and manufacturer](#).
  - Resident and staff consent forms.
  - Resident-specific information (e.g., demographics, allergies, diagnoses, special precautions, insurance information).
  - **Discuss specific information required with your pharmacy POC.**
- DAY PRIOR TO VACCINATION ADMINISTRATION:** Confirm with pharmacy any last-minute issues and final counts of residents and staff expected for vaccination.

## Day of Vaccination Administration:

*\*Note: Vaccine may be administered by pharmacist, health department personnel, National Guard or Medical Corp., state-appointed clinicians, or facility personnel.*

- Print roster of:
  - Residents receiving vaccine and whether it is first or second dose, additional dose, or booster:
    - In the vaccination administration area.
    - In their rooms with room numbers.
  - Staff receiving the vaccine and whether it is first or second dose.
- Facility coordinator to meet with pharmacy POC to:
  - Share roster of residents and staff receiving the vaccine.
  - Provide pertinent clinical information for residents and staff needed day of vaccination administration (e.g., temperature, any feeling sick or “not well”, history of previous vaccine issue e.g., Guillain Barre, SIRRS, need to use specific arm s/p breast CA, etc.).
  - Confirm order of vaccination administration: staff, residents who are mobile, resident’s bedside in cool/green areas, and finally resident’s bedside in warm/yellow areas.

- If hosting clinic, assign staff to each unit to transport residents.
- Assign staff to designated unit or resident rooms to administer vaccine(s).
- Assign designated clinical staff (at least one licensed nurse) who are familiar with the residents to the vaccination administration area to assist pharmacy staff as needed and monitor residents or staff waiting for the vaccine or in the post vaccine observation area.
- Assign a facility staff member to complete documentation on residents:
  - Collect information on vaccine administration from pharmacy clinical team.
  - Document in electronic medical record (EMR). If capable, scan the COVID-19 vaccination card into the EMR and retain the physical card which should be given to the resident or responsible party at discharge.

## Post Vaccination Administration

- Monitor residents for adverse effects of the vaccine as required. Provide printed material if appropriate to both residents and staff.
  - [CDC What to Expect after Getting a COVID-19 Vaccine](#)
  - [CDC Flu Vaccine Safety Information](#)
- After residents complete the required initial monitoring, continue to monitor for adverse reactions three times daily for 72 hours post vaccination.
- Encourage newly vaccinated staff to monitor and report vaccine adverse side effects to the designated POC at the facility and encourage them to use the [V-safe](#) app for reporting COVID-19 vaccine check-ins.
- Prepare to manage staff vaccinations that may occur if newly vaccinated staff are experiencing side effects.
  - [AHCA/NCAL Guidance on Staffing Consideration Post-Vaccination for COVID-19](#)
- Remind those vaccinated of second dose requirement if applicable.
- Update your facility's internal COVID-19 vaccination tracking document/spreadsheet and influenza tracking document.
- Report COVID-19 vaccination into the CDC's National Healthcare Safety Network (NHSN).
- Document flu vaccine in the MDS assessment.
- Update federal or state required vaccination administration databases. [NHSN Weekly HCP & Resident COVID-19 Vaccination Reporting](#)
- Prepare for your next clinic or bedside vaccine administration.