

CDC Pharmacy Partnership LTCF Vaccine Clinics: Lessons Learned from National Associations

This document contains recommendations for LTCF Vaccine Clinics informed by lessons learned from National Associations in an effort to support an effective and efficient vaccination process.

I. **Early Contacts with Pharmacy Partners**

Communication with multiple points of contact within the pharmacy partner organizations impeded planning.

- a. CVS mitigated by having their regular Omnicare pharmacist run interference.
- b. Walgreens (after consultation with their national office) assigned a single local contact.

II. **The Consent Process - consent is a long process that should be combined with education**

The process of having consent forms ready before Clinic 1 is labor intensive and requires prior planning.

Recommendations for an effective and efficient consent practice include:

- a. Obtain and document verbal consent from POAs as needed. Survey staff ahead of time to see who is actually going to take the vaccine in Clinic 1 and who needs more information first.
- b. Spend time educating and communicating with staff and residents about the vaccine.
 - i. Send out emails to families with consent forms and CDC information
 - ii. Host a zoom meeting with families to educate and answer questions.
 - iii. Include medical directors in meetings with families to answer questions.
 - iv. Encourage families to call or email with additional questions.
 - v. Encourage families to return consent forms by fax, email, scan, or drop-off.
 - vi. Create an FAQ document specific to your clinic.
- c. Streamline the consent practice
 - i. Make the consent form a fillable form.
 - ii. Download and fill in as much information as possible (demographics, insurance) on the consent form before asking the recipient or family to complete the rest.
 - i. [CVS Consent Form](#)
 - ii. [Walgreens Consent Form](#)
 - iii. Make one-on-one calls or visits to residents and families.
 - iv. Create a copy/copies of each form in case upload glitches occur.
 - v. Provide copies of consent forms to pharmacists when they arrive on site.



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III. Clinic Day - clinics are as unique as providers but there are many common threads

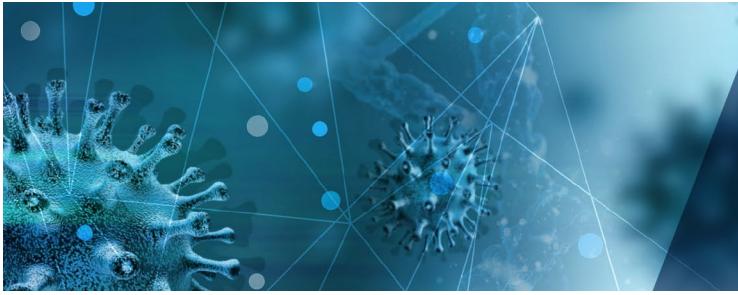
Recommendations for a coordinated, swift vaccination clinic day include:

- a. Have current fact sheets and insurance information organized and ready for each resident and staff before the start of Clinic 1. The pharmacy will need to have access to these.
 - i. Insurance may change for some individuals January 1, 2021; thus, ensure the appropriate insurance information is used.
- b. Gather the residents and staff in a day room/dining room or a room which can hold at least 20 people (socially distanced with masks).
 - i. Vaccinate employees or residents in *alphabetical order* to retrieve documentation easily.
 - i. Consider a “fast pass” system for people who need to get in and out quickly to get back on the floor to skip the line.
 - ii. Don’t go room by room unless necessary (ex. residents who are not mobile).
 - iii. If room by room visits are necessary, consider having a staff person with organized paperwork accompany the pharmacists as they move from room to room.
- c. Factor in time for the pharmacists to prepare and set up.
 - i. Pharmacists may need time to draw up sets of injections, which means there may be a pause in between each set where recipients may need to wait.
- d. Determine who is getting vaccinated and when. Choose if your clinic will vaccinate nursing home residents, night shift staff members, or another group first.
- e. Anticipate most recipients wanting the vaccine. Most residents and at least 50-70% of the staff wanted the vaccine so far.

IV. Side Effects - side effects range from none to very minor

Observations of and recommendations for managing side effects include:

- a. Arrange for people who were vaccinated to be distanced and observed for 15 minutes in the direct sight line of the observers.
 - i. Consider giving each recipient a timer to track their 15 minutes, then clean the timers and reuse them.
- b. The most common side effect was arm soreness, but that was manageable. In one case several residents had very low-grade fevers, and in another, several staff members had headaches and didn’t feel well.
- c. There were few call outs. In three cases there were none the next day, and in one case two staff members called out for one day.



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V. General Recommendations

- a. It is *your* clinic, not that of the pharmacy partner, so take charge of the logistics through good planning to make it run smoothly.
- b. It is essential to track the lot numbers of the vaccines in case of adverse reactions.
- c. Arrange to feed the pharmacy partners.
- d. Have a copier nearby in case you need to duplicate cards, paperwork, etc.

VI. Overall Observations - very positive experience even in the first week of clinics!

- a. We are making history.
- b. Staff and residents were excited about this historic event. When the pharmacists rolled their cart into the staff room, the staff cheered and applauded, and the pharmacists felt appreciated.
- c. The event was a morale booster and an important one to document and share.