



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

I. Early Contacts with Pharmacy Partners -- identifying a single point of contact within an organization improves planning efficiency.

- a. Communication with multiple points of contact within the pharmacy partner organizations impeded planning.
 - i. CVS mitigated by having their regular Omnicare pharmacist serve as the main point of contact..
 - ii. 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.**
 - i. 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.



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

- d. **Keep copies of insurance cards and consent forms on file.**
- iii. Clinic Day - Recommendations for a coordinated, swift vaccination clinic day include:
 - a. **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. Arrange to feed the pharmacy partners.
 - b. **Logistical Recommendations**
 - i. **Considerations for paperwork.**
 - i. Complete participant information to be uploaded into the [Walgreens LTCF COVID-19 Registration Portal](#) 72 hours prior to the clinic. This can be done through the **Web Form** process, which will allow the user to enter one Resident or Staff member at a time OR through a **File Upload** process, which will allow the user to download and complete a template and then upload the file (Note: the file upload is limited to 1,000 lines per upload). Registration guide attached. **Completing this information prior to the clinic will support data reporting to the state registry and to the CDC's Tiberius.** Information to be collected includes:
 - a. Patient demographic information (first name, last name, DOB, gender, phone number, address)
 - b. Allergies and/or health conditions; race/ethnicity
 - ii. Insurance information (Insurance Name, Member ID, Member Group)
 - iii. **Ensure Vaccine Administration Record (VAR) is signed and complete prior to immunization** for each resident or staff member who intends to receive a vaccine on the day of the clinic. If more than one dose (typically 21 or 28 days between doses) of the vaccine is required, the VAR must be completed for each
 - iv. **Have a copy machine set up at the check in desk.** Some facilities found this very helpful for those few we did not have insurance cards for.
 - v. **Have current fact sheets and insurance information organized and ready for each resident and staff before the start of Clinic 1.**
 - 1. The pharmacy will need to have access to these.
 - 2. Insurance may change for some individuals January 1, 2021; thus, ensure the appropriate insurance information is used.
 - ii. **Assign roles for individuals for the admin staff in the facility.**



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

- i. Consider providing personnel for: line management, food and supplies, travel to residents with vaccinators, monitoring, check in, maintaining the tracking sheet and waitlists, to coordinate traffic, to answer billing and consent issues, taking temperatures (health screening), helping to fill out paperwork.
- iii. **Considerations for the space**
 - i. Make a plan to control the flow of people moving through the process.
 - ii. Consider using a waiting room, vaccination room and recovery room.
 - iii. The space will need many tables to accommodate the pharmacies' billers, registration team, a couple vaccination desks, a place for them to put their supplies, and a table for them to pull the vaccine
 - iv. **Choose a large space (such as a dining room)** where people can be spaced at least 6 feet apart.
 - v. Provide signage requiring people to wear masks.
 - vi. Individuals had color coded wait cards (similar to the DMV)
 - vii. Provide vaccinators access to wifi.
- iv. **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.
- v. **Make a plan for the order to vaccinate staff and residents.** Consider suggested best practices:
 - i. Choose if your clinic will vaccinate nursing home residents, night shift staff members, or another group first.
 - ii. Have a system (excel) to track staff and residents who got vaccinations, waitlisted individuals. This will allow you to have a real time number of vaccinations occurred.
 - iii. Vaccinate employees or residents in *alphabetical order* to retrieve documentation easily.
 - iv. 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.
 - v. **Don't go room by room unless necessary** (ex. residents who are not mobile).
 - 1. 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.



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

2. Some facilities had residents who can not come to the vaccinators sit on a chair or wheelchair outside their room. This allowed for fast vaccinations and to monitor them safely for adverse reactions.
- vi. **Anticipate most recipients wanting the vaccine.** Most residents and at least 50-70% of the staff wanted the vaccine so far.
1. Some facilities had a wait list and put people on a first come first serve basis on it at the very end of the clinic. The wait list was 40+ people. Facilities fit direct care workers in who made last minute decisions throughout the day rather than having them wait until the end and were able to vaccinate all of them.
- iv. Side Effects - side effects range from none to very minor
- 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. **Track the lot numbers of the vaccines in case of adverse reactions.**
 - c. **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.

