**COVID-19 Vaccine**

**Policy & Procedure When Outside Vaccine Provider Administers COVID-19 Vaccines – Employees**

**Updated 05.20.2021**

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Policy: It is the policy of this facility that when the COVID-19 vaccine becomes available, all employees who meet the criteria established by the Advisory Committee on Immunization Practices are strongly encouraged to receive the COVID-19 Vaccine unless contraindicated.

When the COVID-19 Vaccine will be Administered by Partner Pharmacy or Other Vaccine Provider in the Facility:

Supplies

* Partner Pharmacy or other vaccine provider will bring all supplies for administration of the COVID-19 vaccine
* Facility will have on hand supplies/emergency equipment for managing anaphylaxis (as allowed by State):
	+ Epinephrine prefilled syringe or autoinjector (at least 3 doses on hand)
	+ H1 antihistamine
	+ Blood Pressure Cuff
	+ Stethoscope
	+ Pulse Oximeter
	+ Oxygen CPR Mask

Procedure

* 1. Infection Preventionist or designee will:
		1. Coordinate vaccination program with Partner Pharmacy or other vaccine provider
		2. Post dates, times, and locations when the COVID-19 vaccine will be offered.
		3. Identify if employee is moderately or severely ill with or without a fever. Do not administer COVID-19 Vaccine until employee recovers
		4. Provide education (current EAU Fact Sheet for COVID-19 Vaccine) on the risks, benefits, and potential side effects of the COVID-19 vaccine
		5. Obtain written informed consent from employee
			+ - Attach EAU Fact Sheet for COVID-19 Vaccine that will be administered to the written consent form. The employee will have the opportunity to accept or refuse the COVID-19 vaccine, and to change their decision
		6. COVID vaccines and other vaccines may be administered without regard to timing. “This includes simultaneous administration of COVID-19 vaccines and other vaccines on the same day, as well as coadministration within 14 days.”1
		7. TB Tests and mRNA COVID-19 vaccines:

**“**COVID-19 vaccines should not be delayed because of testing for TB infection. Testing for TB infection with one of the immune-based methods, either the [tuberculin skin test (TST) or an interferon release assay (IGRA)](https://www.cdc.gov/tb/topic/testing/tbtesttypes.htm), can be done before or during the same encounter as COVID-19 vaccination. When testing with TST or IGRA cannot be done at the same time as COVID-19 vaccination, these tests should be delayed ≥4 weeks after the completion of COVID-19 vaccination but generally should not be cancelled”2

* + 1. Employees with active COVID-19 infection: “Vaccination of people with known current SARS-CoV-2 infection should be deferred until the person has recovered from the acute illness (if the person had symptoms) and they have met [criteria](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html) to discontinue isolation. This recommendation applies to people who experience SARS-CoV-2 infection before receiving any vaccine dose and those who experience SARS-CoV-2 infection after the first dose of an mRNA vaccine but before receipt of the second dose.”2 Coordinate with employees physician or Medical Director.
		2. If employee previously received passive antibody therapy for COVID-19, defer vaccination for at least 90 days.
		3. If employee has underlying medical conditions, is immunocompromised, pregnant, or lactating instruct to counsel with physician to advise on COVID-19 vaccination.
		4. The Pfizer BioNTech Vaccine may be offered to employees under 18 years of age with parent/guardian informed consent. (Pfizer-BioNTech vaccine is recommended for people aged 12 years and older) (The Moderna and J&J/Janssen vaccines are currently only authorized for ages 18 and up).
		5. Do not administer the COVID-19 Vaccine to employees who have had a severe reaction or allergy to a prior dose of COVID-19 vaccine or any of its components. Advise employee to contact physician for direction.
			- * Precautions to vaccine require physician approval for administration and include:

History of a severe reaction to any vaccine (i.e., anaphylaxis)

History of a severe allergic reaction, such as anaphylaxis, to any injectable medication

* + 1. Partner Pharmacy or vaccine provider will administer the COVID-19 Vaccine
			- * Partner Pharmacy or vaccine provider will provide documentation of COVID-19 Vaccine Administration (date, lot #, manufacturer, expiration date, and site given) to facility and provide a vaccination card or printout to employee identifying the COVID-19 vaccine received, date and where received.

Employee to provide documentation of vaccine administration to the facility to be placed in the employee medical file

* + 1. Employee will be observed for acute anaphylactic reaction for 30 minutes following administration if they have had “a history of immediate allergic reaction of any severity to a vaccine or injectable therapy and persons with a history of anaphylaxis due to any cause”. All other employees will be observed for 15 minutes.
			- * Early identification of anaphylaxis:

“**Respiratory**: sensation of throat closing or tightness, stridor (high-pitched sound while breathing), hoarseness, respiratory distress (such as shortness of breath or wheezing), coughing, trouble swallowing/drooling, nasal congestion, rhinorrhea, sneezing

**Gastrointestinal**: nausea, vomiting, diarrhea, abdominal pain, or cramps

**Cardiovascular**: dizziness; fainting; tachycardia (abnormally fast heart rate); hypotension (abnormally low blood pressure); pulse difficult to find or “weak”; cyanosis (bluish discoloration); pallor; flushing

**Skin/mucosal**: generalized hives; widespread redness; itching; conjunctivitis; or swelling of eyes, lips, tongue, mouth, face, or extremities

**Neurologic**: agitation; convulsions; acute change in mental status; sense of impending doom (a feeling that something bad is about to happen)

**Other**: sudden increase in secretions (from eyes, nose, or mouth); urinary incontinence”3

* + - * + “Symptoms of anaphylaxis often occur within 15-30 minutes of vaccination, though it can sometimes take several hours for symptoms to appear. Early signs of anaphylaxis can resemble a mild allergic reaction, and it is often difficult to predict whether initial, mild symptoms will progress to become an anaphylactic reaction. In addition, symptoms of anaphylaxis might be more difficult to recognize in people with communication difficulties, such as long-term care facility residents with cognitive impairment, those with neurologic disease, or those taking medications that can cause sedation. Not all symptoms listed above are necessarily present during anaphylaxis, and not all patients have skin reactions”.3

**Protocol for Management of Anaphylaxis**

* Facility will follow protocol for Management of anaphylaxis in accordance with State guidance, to include:
	+ - Assessment of airway, breathing circulation and mentation rapidly
		- Call 911
		- Place employee in a supine position with feet elevated unless upper airway obstruction is present, or employee is vomiting.
		- Administration of Epinephrine per Medical Director standing order.
* \*\*For example: “Epinephrine (1 mg/ml aqueous solution [1:1000 dilution]) is the first-line treatment for anaphylaxis and should be administered immediately.
* In adults, administer a 0.3 mg intramuscular dose using a premeasured or prefilled syringe, or an autoinjector in the mid-outer thigh.
* The maximum adult dose is 0.5 mg per dose.
* Epinephrine dose may be repeated every 5-15 minutes as needed to control symptoms while waiting for emergency medical services. (document and report number of doses to EMS)
* Because of the acute, life-threatening nature of anaphylaxis, there are no contraindications to epinephrine administration.”3
	+ Employees who have been determined to have had a severe allergic reaction to an mRNA COVID-19 vaccine should not receive a second dose.1
		1. Update employee vaccination record.
		2. Employee will be provided with information on scheduling for second dose of the COVID-19 vaccine date (if required – dependent upon the COVID-19 vaccine. If 2 doses are indicated, the employee must receive the vaccine from the same manufacturer—it cannot be interchanged).
	+ “The mRNA COVID-19 vaccine series consist of two doses administered intramuscularly:
* Pfizer-BioNTech COVID-19: 3 weeks or 21 days after the first dose
* Moderna : one month or 28 days after the first dose

**“**The second dose of Pfizer-BioNTech and Moderna vaccines should be administered as close to the recommended interval as possible, but not earlier than recommended (i.e., 3 weeks [Pfizer-BioNTech] or 1 month [Moderna]).However**,** second doses administered within a grace period of 4 days earlier than the recommended date for the second dose are still considered valid. If it is not feasible to adhere to the recommended interval and a delay in vaccination is unavoidable, the second dose of Pfizer-BioNTech and Moderna COVID-19 vaccines may be administered up to 6 weeks (42 days) after the first dose.”1

* The Johnson & Johnson’s Janssen COVID-19 Vaccine is a one dose Viral Vector Vaccine.
	+ 1. All adverse events occurring in an employee following COVID-19 vaccinations under Emergency Use Authorization, including anaphylaxis will be reported to the Vaccine Adverse Event Reporting System (VAERS): <https://vaers.hhs.gov/>
			- Vaccine administration errors
			- Serious adverse events (AE)4
				* Death
				* A life-threatening Adverse Event
				* Inpatient hospitalization or prolongation of existing hospitalization
				* Persistent or signification incapacity or substantial disruption in the ability to conduct normal life functions
				* A congenital anomaly/birth defect
				* An important medical event that may jeopardize the individual and require medical or surgical interventions to prevent the above AE’s
			- Cases of Multisystem Inflammatory Syndrome
			- Cases of COVID-19 that result in hospitalization or death.
	1. IP will report the participation of employee COVID-19 vaccinations to the QAA committee.
	2. IP will report employee COVID-19 vaccinations in NHSN

**COVID-19 Vaccines Administered Outside the Facility:**

If the facility is unable to arrange COVID-19 vaccinations in the facility (i.e., unable to coordinate vaccine administration in the facility with partner pharmacy, other vaccine provider or facility is currently not an approved vaccine provider):

The Infection Preventionist will:

* 1. Work with employee(s) to coordinate vaccination program with outside vaccine provider for:
		1. New employees
		2. Employees in need of a second mRNA COVID-19 Vaccination
		3. Employees who did not receive the COVID-19 vaccination (i.e., illness)
		4. Employees who now elect to receive the COVID-19 vaccine who previously had refused
	2. Coordinate with local public health department, local pharmacies or partner health systems.
		1. Document all efforts to access COVID-19 vaccine
	3. Communicate to employee, dates, times, location and transportation arrangements, if needed, when the COVID-19 vaccine will be administered to employee(s)
	4. Provide education (current EAU Fact Sheet for COVID-19 Vaccine) on the risks benefits and potential side effects of the COVID-19 vaccine to the employee(s)
	5. Obtain written informed consent from employee. The employee has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision
		+ - 1. EAU Fact Sheet for COVID-19 Vaccine being administered to the written consent form.
	6. Request employees provide a copy of COVID-19 vaccination card to be placed in employee medical file
	7. IP to report employee vaccinations in NHSN

**NOTE: If** unable to obtain an appointment for a COVID-19 Vaccine for employee(s) document all efforts to obtain vaccine. Continue to investigate vaccination opportunities.

**References and Resources**

* 1Centers for Disease Control and Prevention. Interim Clinical Considerations for Use of COVID-19 Vaccines Currently authorized in the United States. Last Reviewed: May 14, 2021: <https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/clinical-considerations.html>
* 2Centers for Disease Control and Prevention. Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States, May 14, 2021: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>
* 3Centers for Disease Control and Prevention. Interim Considerations: Preparing for the Potential Management of Anaphylaxis after COVID-19 Vaccination. March 3, 2021: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/managing-anaphylaxis.html>
* 4Vaccine Adverse Event Reporting System (VAERS) Frequently Asked Questions (FAQs): <https://vaers.hhs.gov/faq.html>
* Centers for Disease Control and Prevention. Importance of COVID-19 Vaccination for Residents of Long-term Care Facilities. Updated Jan. 11, 2021: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/LTCF-residents.html>
* Centers for Disease Control and Prevention. COVID-19 ACIP Vaccine Recommendations. Advisory Committee on Immunization Practices (ACIP): <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html>
* Centers for Disease Control and Prevention. New COVID-19 Vaccination Provider Trainings. 03/24/2021: <https://www.cdc.gov/vaccines/covid-19/downloads/covid19-vaccination-provider-trainings.pdf>
* Food and Drug Administration Fact Sheet for Recipients and Caregivers. Emergency Use Authorization (EUA) of the Pfizer-Biontech COVID-19 Vaccine to Prevent Coronavirus Disease 2019 (COVID-19) in Individuals 16 Years of Age and Older, December 2020: <https://www.fda.gov/media/144414/download>
* Food and Drug Administration Fact Sheet for Healthcare Providers Administering Vaccine (Vaccination Providers) Emergency Use Authorization (EUA) of the Moderna COVID-19 Vaccine to Prevent Coronavirus Disease 2019 (COVID-19) 12/2020: <https://www.fda.gov/media/144638/download>