

## State Strategies for Ongoing Post-Acute and Long-Term Care Resident and Staff COVID-19 Vaccination

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February 25, 2021

As the number of residents and staff in post-acute and long-term care (PALTC) communities receiving the COVID-19 vaccine continues to increase, we are hopeful that daily life within these communities will gradually return to what it was prior to the pandemic. However, the population of both residents and staff in PALTC is not static. New residents are admitted frequently, and staff turnover remains high. Therefore, facilities must develop processes that will allow for continuous and consistent vaccination of its residents and staff to protect the health of those living and working within the PALTC community. AMDA – The Society for Post-Acute and Long-Term Care Medicine proposes the following state strategies for ongoing PALTC resident and staff COVID-19 Vaccination.

1. Acknowledge that vaccination in PALTC will be a permanent and ongoing process due to changes in staff and admission/discharge of residents.
2. Develop processes to address continued staff and resident vaccination if there is not current availability of on-site vaccination at the facility. It will be particularly important to provide a clear plan for a 2<sup>nd</sup> vaccine dose for those who received their 1<sup>st</sup> dose during a 3<sup>rd</sup> vaccine clinic in a facility.
  - a. Every effort should be made to keep with the recommended schedule for timing of the second vaccination, with the same vaccine. However, as of February 10 2021, the Centers for Disease Control and Prevention (CDC) offers this additional guidance:  
*“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.”*
  - b. Until a clear process for continued COVID-19 vaccination in PALTC is in place, a “bridge” plan may be needed. This could be in the form of a mobile clinic, transportation options to community vaccination centers or pharmacies, partnering with local/county health departments, or partnering with a community commercial pharmacy (preferably one with LTC experience), or LTC pharmacy.
3. Coordinate a collaborative group of long-term care experts to create and implement a continued vaccination plan for PALTC. The group could include leaders from state chapters/affiliates of AMDA, the American Health Care Association (AHCA), LeadingAge and the American Society of Consultant Pharmacists (ASCP) (and other organizations as indicated).
  - a. Identify a point person from the state public health department with authority for vaccine allocation. Ideally invite health department contacts for initial planning; if unable, seek audience with state health department representative(s) as quickly as possible.
  - b. Frame the messaging for this strategy: Continued vaccination of staff and residents in long-term care leads to decreased hospitalization and lower overall mortality; the PALTC population is 1a/highest risk for serious morbidity and death from COVID-19.

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4. Review the three options for continued COVID-19 vaccination in PALTC, as discussed by the CDC as of February 8, 2021:
  - a. Long-term care facilities (LTCFs) can receive COVID-19 vaccine from a long-term care (LTC) pharmacy that is enrolled as a COVID-19 vaccine provider with their state or territory.
  - b. LTCFs can receive COVID-19 vaccine from a LTC pharmacy that is enrolled as a COVID-19 vaccine provider through the Federal Retail Pharmacy Program for COVID-19 Vaccination.
  - c. LTCFs can receive COVID-19 vaccine by enrolling directly with their state or territory as a COVID-19 vaccine provider.
    - Note that partnering with LTC Pharmacies (options 4a and 4b) will probably be the most viable options for most PALTC facilities.
    - States can consider collaborations with health care networks that have the capacity to administer continued COVID-19 vaccinations in facilities.
    - [Pharmacy COVID-19 Vaccination Administrator Agreement](#)
5. Obtain a list of long-term care pharmacies for each state. This enables each state to assess the capacity and interest of their LTC pharmacies and determine if they are enrolled in either the federal or state vaccine provider program. This is often not an extensive list, and a link to the ASCP web page with a map of LTC pharmacies by state is [here](#).
6. Ask LTC pharmacies these four questions:
  - a. Can you help with access to continued COVID-19 vaccination in PALTC facilities?
  - b. Are you enrolled in either the state or federal vaccine provider programs?
  - c. Would you be willing to actively collaborate with other LTC pharmacies to ensure residents and staff could get vaccinated in a timely manner?
  - d. Do you have storage capacity for [the Pfizer vaccine?](#) The Moderna vaccine?
7. Discuss logistics with LTC pharmacies:

- a. **Delivery and vaccination process.** Coordinate with the LTC pharmacy. Ideally, the pharmacy would acquire and coordinate the delivery of a vial or a pre-filled syringe (all based on numbers of recipients).

This may involve a weekly or monthly routine or be triggered by a specific number in a facility or area. Note that both the Moderna and Pfizer vaccines have specific storage and handling procedures along with a 6-hour window for use from first puncture.

If using the LTC pharmacy, vaccinations can be like a prescription. The pharmacy can gather demographic and patient information required for billing and then report to the state immunization information system (IIS) and the federal reporting system. For facilities already using the contracted pharmacies, much of this information is already in place. The SNF/LTC/AL facility could be authorized by the pharmacy to administer the vaccine.

Finally, consider engaging hospital systems for vaccination before discharge. A clear plan would be needed to determine responsibility for communication and documentation. Facilities will

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still need to coordinate subsequent doses with their LTC pharmacy or via alternative sources as discussed above.

- b. **Reporting and Documentation.** Delineate expectations and develop processes, in accordance with state and federal regulations, regarding vaccination Reporting and Documentation (including Adverse Events and CDC vaccine record cards).

- The below data set will be required by LTC pharmacies providing the vaccine for facility administration. It is critical that this information be returned to the pharmacy for state and federal reporting. Failure to maintain compliance with this mandate could result in loss of access to vaccine for the facility and/or the pharmacy.

**Data Set:**

- Date/and time administered
  - Race/Ethnicity of recipient (if not collected during consent)
  - Site of Administration (L/R)
  - Area of Administration (Deltoid)
  - Immunizer
  - And lot/exp (assuming pharmacy wasn't able to make sure the same lot/exp was sent if multiple vials)
- Encourage facilities to also document the vaccination in their medical records and scan the CDC vaccination record card for each resident in their medical record.

8. Prepare your facility:

- a. It is recommended that the facility designate at least 2 main Vaccination Coordinators to understand the storage/handling/Administration and Reporting Elements.
- b. While written consent is not federally required under vaccine EUA authorization, some pharmacies may still ask for this document. A [standard consent form](#) is available from ASCP. Note that verbal authorization from residents and/or legal guardian/POA is all that is required for vaccination. This should be documented in the medical record. It is important to contact the resident's decision maker prior to requesting the vaccine to ensure no vaccine is wasted.
- c. Prior to vaccine delivery, facility must send the pharmacy a listing of recipients and consent forms, and validate minimum orders (6 Pfizer, 11 Moderna) or pre-filled syringes.
- d. If the volume of staff not yet vaccinated requires a "mini vaccination clinic," the pharmacy may be able to send staff to administer the vaccines, or facility may consider working with state health department to give vaccine (just to set an expectation ahead of time)
- e. If the pharmacy is able to provide vaccine in prefilled syringes, it is required to be labeled for the recipient and it still is held to a six hour administration window from the first puncture of that vial. This includes transportation time. This will require significant coordination and may not always be an option. Some states are not allowing this option currently.

9. Discuss vaccine-specific issues with your state, such as which vaccines are available, storage issues, one vs. multiple doses, processes to avoid wasting vaccine doses, use of pre-filled syringes, etc. State interpretation of CDC guidance may also vary (for example, allowing facility staff to administer

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vaccine allocated from the state). The expectation will be to utilize all vaccines effectively and efficiently.

10. Stay informed as other vaccines receive Emergency Use Authorization approval, as new vaccines, including those that only require one dose, may likely have an impact on your ongoing strategy for ongoing vaccination.