***[AGENCY NAME]* POLICIES AND PROCEDURES**

# SUBJECT: COVID-19 Vaccination

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## Accountability: Home Care Director Document No.:

**Reference:** [**CDC Vaccine FAQ**](https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Vaccines)

[**CDC: Post Vaccine Considerations for HCW**](https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html)

[**CDC: Post Vaccine Considerations for Residents**](https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-residents.html)

**POLICY:** All residents and staff will be provided an opportunity to receive vaccination against SARS-CoV-2 in an effort to reduce the spread of COVID-19.

**DEFINITIONS:**

 **Staff:** Includes employees, consultants, contractors, volunteers, and others who provide care and services to residents on behalf of the facility.

 **SARS-CoV-2:** An infectious disease caused by a newly discovered coronavirus. Most people infected with COVID-19 virus will experience mild to moderate illness.

 **Vaccine:** COVID-19 vaccines include Pfizer BioN-Tech, Moderna, and any other vaccine that receives EUA from the FDA or is / becomes fully licensed by the FDA.

**PROCEDURE:**

1. COVID-19 vaccinations will be administered according to the EUA Fact Sheet and/or VIS for licensed vaccines, including number of injections required.
2. COVID-19 vaccinations will be stored and handled according to the EUA Fact Sheet. – OR – Local County public health is responsible for vaccine storage and handling. – OR – The contracted pharmacy is responsible for vaccine storage and handling.
3. All residents and staff will be required to sign a consent or declination for the COVID-19 vaccination.
4. [ORGANIZATION NAME] will coordinate a COVID-19 vaccination clinic on-site with a vaccination partner.
5. [ORGANIZATION NAME] will coordinate with the Medical Director / Resident’s Primary Care Provider to obtain orders for vaccination (You may not need to add this if your pharmacy’s pharmacist is providing this order for initial vaccine).
6. All residents and staff will receive an EUA Fact Sheet on the specific vaccine to be administered.
7. Vaccine recipients are responsible for reading the EUA Fact Sheet. Staff will have access to an employee that can answer questions regarding vaccination or information found in the EUA Fact Sheet.
8. All staff and residents will complete the consent form provided by the pharmacy / vaccination clinic partner prior to vaccination.
9. Staff will observe any resident or employee for allergic reaction for 30 minutes following vaccine administration if that staff or resident has experienced an allergic reaction (of any kind) in the past.

***Signs and Symptoms of Allergic Reaction – include but may not be limited to (change based upon facility protocol if needed)***

* 1. RESPIRATORY: sensation of throat closing, stridor, SOB, wheeze, cough
	2. GASTROINTESTINAL: Nausea, vomiting, diarrhea, abdominal pain
	3. CARDIOVASCULAR: dizziness, fainting, tachycardia, hypotention
	4. SKIN/MUCOSAL: generalized hives, itching, or swelling of the lips, face, throat.
1. Staff will observe all residents and staff for allergic reaction for 15 minutes following the vaccine except for the individuals discussed in #6.

***Signs and Symptoms of Allergic Reaction – include but may not be limited to***

***(change based upon facility protocol if needed)***

* 1. RESPIRATORY: sensation of throat closing, stridor, SOB, wheeze, cough
	2. GASTROINTESTINAL: Nausea, vomiting, diarrhea, abdominal pain
	3. CARDIOVASCULAR: dizziness, fainting, tachycardia, hypotention
	4. SKIN/MUCOSAL: generalized hives, itching, or swelling of the lips, face, throat
1. Protocol for anaphylaxis will be in place. Organization will work with the vaccination clinic provider (pharmacy, local public health) to determine what they provide for anaphylaxis treatment/intervention and monitoring. [BASED UPON YOUR CLINIC PROVIDERS PLAN, PLEASE PUT YOUR SPECIFICS HERE. EX) PHARMACY WILL PROVIDE EPINEPHRINE INJECTION, ETC.].

***Staff and residents should not receive the vaccine if they have an allergy to any of the vaccine ingredients or have had an allergic reaction to the vaccination previously.***

1. **Monitoring: Residents Receiving Vaccine**
	1. Staff will monitor residents who receive vaccine Q shift for potential adverse reactions.
	2. Charting of adverse reactions will be by exception.
	3. If a resident develops the following symptoms, they will be placed into transmission-based precautions.
		* Cough
		* SOB
		* Rhinorrhea
		* Sore throat
		* Loss of taste or smell
		* Fever lasting > 2 days
		1. *If symptoms persist for more than two days, resident will be tested for COVID-19.*
		2. Resident will remain quarantined for 14-days unless they meet criteria to discontinue transmission-based precautions.
		3. Residents will not be cohorted with COVID-19 positive residents unless there is a positive SARS-Cov-2 laboratory test.
	4. If a resident develops the following symptoms, they will be placed into transmission-based precautions after symptom onset and monitored until fever resolves and symptoms improve.
		* Fever
		* Fatigue
		* Headache
		* Chills
		* Myalgia
		* Arthraliga
		* Arm Pain
		1. *If symptoms persist for more than two days, resident will be tested for COVID-19.* (Some providers have obtained SHO’s that also allow them to test for Influenza A/B at the same time).
		2. *If symptoms resolve in two days, precautions will be discontinued once the resident has had no fever for 24 hours.*
		3. Residents will not be cohorted with COVID-19 positive residents unless there is a positive SARS-Cov-2 laboratory test.
2. **Monitoring: Staff Receiving Vaccine**
	1. If a staff member develops the following symptoms, they will be excluded from work pending evaluation for possible causes, including SARS-CoV-2
		* Fever
		* Cough
		* SOB
		* Rhinorrhea
		* Sore throat
		* Loss of taste or smell
		* Fever lasting > 2 days
		1. Staff will return to work based upon the return-to-work policy.
		2. Staff with fever will be asked to not work until their fever is resolved for 24 hours without fever reducing medications.
	2. If a staff member develops the following symptoms, they will be evaluated and may be considered for return to work without viral testing if they feel well enough to work and are afebrile.
		* Fatigue
		* Headache
		* Chills
		* Myalgia
		* Arthraliga
		* Arm Pain
	3. If symptoms do not improve after 2 days staff should be excluded from work pending further evaluation and viral testing should be considered.
3. After vaccination, all staff and residents will receive a vaccine card with the first dose of vaccine documented on the card.

**Effective Date:**

**Reviewed By: Date:**

**Revised By: Date:**