**COVID-19 Vaccination Policy and Procedures**

**Date of Implementation:** [insert date]

**Definitions:**

**Staff**: means those individuals who work in the facility on a regular basis (at least once a week), including individuals who may not be physically in the nursing home for a period of time due to illness, disability, or scheduled time off, but who are expected to return to work. This also includes individuals under contract or arrangement, including hospice, dialysis staff, physical therapists, occupational therapists, speech therapists, mental health professionals or volunteers, who are in the facility on a regular basis.

**Emergency Use Authorization (EUA):** is a mechanism to facilitate the availability and use of medical countermeasures, including vaccines, during a public health emergency, such as the current COVID-19 pandemic. The EUA process is a way to ensure safety while still expediting approval in emergent situations.

**Fully Vaccinated:** refers to an individual being 14 days post single-dose vaccine or 14 days post second vaccination in a two-dose series.

**Prolonged Exposure:** means an individual has been in close contact (within 6 feet) of a COVID-19 positive person for 15 minutes or more over a 24-hour period.

**Background:**

On December 1, 2020, the Advisory Committee in Immunization Practices (ACIP) recommended that health care personnel (HCP) and long-term care (LTC) facility residents be offered COVID-19 vaccination first. Ensuring LTC residents receive COVID-19 vaccinations will help protect those who are most at risk of severe infection or death from COVID-19.

CMS released a “Center for Clinical Standards and Quality/Quality, Safety & Oversight Group” Memo (QSO-21-19-NH) on May 11, 2021 establishing regulatory requirements related to COVID-19 vaccination for residents and staff and establishing a reporting requirement to the CDC’s National Healthcare Safety Network (NHSN) LTCF COVID-19 module to allow for transparency of COVID-19 vaccination uptake among staff and residents in nursing homes across the United States.

**Policy:**

This policy and related procedures are intended to assist [Facility name] in ensuring resident protection against the SARS-CoV-2 or COVID-19 virus. [facility name] understands the best protection against the COVID-19 virus is vaccination, however, recognizes that some employees and residents may be unable or hesitant in receiving the vaccination. [Facility name] is committed to providing the highest level of protection possible to the residents/tenants, while complying with Federal and State regulations and laws in relation to vaccination, protected health information and the Americans with Disabilities Act.

This policy provides guidelines for [facility name] in relation to assessing vaccination status of all residents and staff members. If residents and staff members are unvaccinated, [Facility name] will provide educations as outlined in the procedures section of this policy and obtain a consent or declination for vaccination. Upon consent for vaccination [Facility name] will coordinate vaccination for the resident and/or staff member. If a resident or staff member indicates that they’ve previously been vaccinated for COVID-19 [Facility name] will request documentation to confirm vaccination status. Protected health information such as vaccination status may be used for coordinating employee work location as outlined in the procedures.

In addition to the above guidelines [Facility name] will report information required to the CDC’s NHSN LTCF COVID-19 module.

**Procedures:**

**Assessment, Education and Immunization:**

Upon admission to the nursing home each resident will be assessed for vaccination status for COVID-19. If through assessment it is determined that the resident hasn’t previously been vaccinated against COVID-19 and the resident is medically able to receive the COVID-19 vaccine [Facility name] will educate and offer vaccination to the resident and/or their representative.

Upon hire, all staff will be provided education and the opportunity to consent/decline the COVID-19 vaccine.

Prior to consenting for the vaccination each staff, resident and/or representative will receive education regarding the current COVID-19 vaccinations approved by the FDA. Education will include the benefits of the COVID-19 vaccination, the potential risks including possible side effects including common and rare reactions to the COVID-19 vaccination. In addition to educational information, the staff, resident and/or representative will receive the FDA authorization or EUA as appropriate for the vaccine that will be administered. Educational information for nursing homes, staff and residents can be found at [www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html](http://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html). Emergency Use Authorization information can be found at [www.cdc.gov/vaccines/covid-19/eua/index.html](http://www.cdc.gov/vaccines/covid-19/eua/index.html).

Once staff, residents and/or representatives receive information and have an opportunity to ask questions regarding vaccination the staff, resident and/or their representative will either consent or decline the COVID-19 vaccine. If the vaccine is declined, staff, residents and/or their representatives have the right to change their decision at any time and will notify the nursing home’s Director of Nursing (DON) or designee that they would like to receive the vaccine. The DON or designee will provide the staff, resident and/or their representative with educational information and the opportunity to consent to the vaccine again.

Upon consenting to the vaccine, the nursing home will coordinate administration of the vaccine via the Federal Retail Pharmacy Program, local public health, or other means of obtaining the vaccine.

If the staff or resident receives a series of vaccines, such as Moderna or Pfizer, the resident will be provided the educational information at the time of the second dose administration as well as the opportunity to decline the second dose.

**Documentation:**

[Facility name] will maintain an original copy of educational information disseminated to all residents, representatives and staff.

If a resident has been fully vaccinated [Facility name] will obtain documentation to confirm vaccination status. The residents consent/declination form and information on administration, including vaccination dates and follow up assessments will be maintained in the resident’s medical record.

In the event that the staff declines vaccination due to previous immunization [Facility name] will request documentation from the employee of their immunization status. Staff immunization consents/declination and administration information will be maintained in their medical file.

In the event that [Facility name] is unable to coordinate vaccination on-site, information on obtaining vaccination opportunities off-site will be provided to residents, representatives and staff. Documentation by [Facility name] will be maintained of efforts made to make the vaccine available on-site to the residents and staff. In the event there is a manufacturing delay evidence of this delay will be maintained.

**Use of Employee Vaccination Status:**

[Facility name] will only utilize COVID-19 vaccination status for employee staffing assignments within the organization to promote safety and mitigate risk of COVID-19.

[Facility name] only utilizes COVID-19 fully vaccinated individuals to work in multiple locations across the campus including but not limited to SNF, Memory Care, Assisted Living, Independent Living, Adult Day, and Home Health Services to limit the potential spread of COVID-19 throughout the campus.

In the event of a COVID-19 outbreak in any program of service provided by [Facility name], employees will only be allowed to work in one location, regardless of vaccination status.  Allowing the employee to only work in one location improves the campus’ response to the outbreak and efforts to mitigate and minimize the spread of the COVID-19 virus to other locations throughout the campus.

In addition to establishing a suitable work location for a fully vaccinated employee, vaccination status will be utilized to determine an employee’s ability to work following a prolonged exposure to a person infected with COVID-19.   An employee who provides proof of being fully vaccinated against COVID-19 and has been exposed will be allowed to continue working as long as that employee remains asymptomatic from symptoms consistent with COVID-19.  An employee that is not fully vaccinated against COVID-19 and has been exposed will be removed from the work schedule and asked to quarantine for a period of 14 days, unless a risk assessment is completed based on crisis staffing strategies and [Facility name]’s Administrator and/or Infection Preventionist determines that the risk of allowing an unvaccinated, exposed employee to work is necessary to maintain adequate care for the resident/tenant population.

**Reporting:**

Prior to June 13, 2021 at 11:59, [Facility name] will initiate weekly reporting on resident and staff vaccination status and any therapeutic COVID-19 agents (such as monoclonal antibodies) to the CDC’s NHSN LTCF module. Reporting on resident and staff vaccination status will continue to be reported weekly on [enter day of the week].

[Facility name] will assist residents and provide staff with reporting any adverse events to the COVID-19 vaccine to the Vaccine Adverse Event Reporting System (VAERS). This includes administration errors, serious adverse events such as multisystem inflammatory syndrome (MIS) and any cases of COVID-19 that result in hospitalization or death.

**Reference:**

CMS. *QSO-21-19-NH Interim Final Rule - COVID-19 Vaccine Immunization Requirements for Residents and Staff*. (2021, May 11). <https://www.cms.gov/files/document/qso-21-19-nh.pdf>