



Jan. 14, 2021

ASHA Hosts Senior Living Community COVID Vaccination Operations Webinar

ASHA welcomed Amy Boetz, RN, Regional Director of Clinical Wellbeing and Compliance, Juniper Communities, Denver, CO; Nicholas Carson, Executive Director, The Seasons, Cincinnati, OH; and Lynne Katzmann, CEO of Juniper Communities, Bloomfield, NJ, to speak about their experiences hosting COVID-19 vaccination clinics at their communities.

Following is a summary of a range of pertinent issues surrounding the planning and administration of these clinics run by CVS in December from the 75-minute webinar on January 5 that included questions and answers from event participants.

Generally speaking, what was envisioned for this process and what actually happened differed, the panelists said. Like everything with the pandemic, it's all been very fluid. But by being patient and going with the flow – and accepting sudden changes in plans or protocols – the experience can be a good one for all who are involved, they agreed.

Leading to the clinics, many in the industry have been concerned about mandating employees to take the vaccine, and what percentage of their residents would authorize the inoculations.

Katzmann, a member of the ASHA Executive Committee, reported that “the residents are anxious [in an excited way] to take the vaccine,” she said. “We have some residents who were alive during the 1918 pandemic, and most remember the small pox and polio vaccines. They know what this is about. They don't want to die. They want to re-engage in life again. This is their ticket to life, not harm. We stress infection control and vaccination is the ultimate form of prevention.”

Pre-Clinic Comments

Preparing for the visit. Communities are asked to list their residents, associates and third-party personnel who want to participate on CVS' excel spreadsheet “Multi-Patient Registration Form” available on the CVS website.

Multi-level community inoculations. While experiences differ by state, there have been some cases where multi-level communities, including CCRCs, have signed up all assisted living, independent living and skilled nursing residents and staff at a campus to take the vaccine, and the

vaccinators have inoculated them all. In other circumstances, only skilled nursing of AL residents were vaccinated at the given time.

Insurance cards. A key recommendation is that communities collect photocopies of the front and back of insurance cards from everyone being vaccinated in advance of the clinic date. Participants without insurance may take the vaccine as long as they provide their driver's license and Social Security Number.

Consent forms. CVS asked that participants obtain consent forms 10 days before the clinic date, but that's not always possible because some communities are given less than 10 days' notice. Preparation protocols, at times, are changed as they go, because this process is new to CVS and other pharmacies, including Walgreens.

Communicating with the pharmacy. You might get emails and/or phone calls about the clinic date and the information does not always match, but it does get worked out. Panelists suggest that you prepare for the earliest date given and rely on the emailed date because it's in writing.

Communicating with staff, residents and families. Prepare your staff, patients and their families as thoroughly as possible by having educational campaigns that include webinars, phone calls, blogs and newsletters and sharing them with all involved. "Make it all about the vaccine all the time," Katzmann said, emphasizing using frequent, succinct communication.

Solicit questions from residents and staff in advance. Juniper invited a medical director and a doctor (who was a great communicator) to speak to their groups. The company also invited a nurse to speak with line staff who had participated in the Moderna trial. "She talked with great candor about her experience and it went over well with team members," Katzmann said. "And that way, it was information that was coming from someone other than us. Our communications focused on prevention and protection. Our goal was to show them, 'We've got nothing to hide; and together, let's understand the reality.'"

The messaging also could focus, for example, on statistics that show that the vaccine's efficacy rate was 95 percent, much higher than that of the flu vaccine; and that the COVID-19 vaccine trials included 75,000 people, far more than the 3,000 that the FDA typically requires.

Mandating staff-member vaccination and exemptions. At Juniper, 100 percent of its staff took the vaccine because it was mandated as a term of employment. "If they didn't take the vaccine, we told them they would not be scheduled," Katzmann said. "Hearing that, we had a few workers who chose to go their separate ways."

In December, the Equal Employment Opportunity Commission (EEOC) said employers can require that employees get inoculated as a condition of going to work, unless an employee declines because of a disability or a sincerely held religious belief.

In cases of allergies. The CDC and CVS both state that the only contraindication from having the vaccine would be if the patient had an allergy to any component of the vaccine. This is changed from the previous guidance, when the CDC said patients with strong allergies should not receive it.

Waiver forms. In addition to required consent forms, panelists also suggest that operators consider having residents and staff sign a liability release, which can be created easily by your legal counsel.

State-by-state variations. For multi-state operators, it's important to be aware that while the CVS-Walgreen program is federally directed, each state has its own way of implementing it.

Clinic Comments

Vaccine and vaccinators. Your community will not have control over which vaccine will be used. For some clinics, it's not unusual for the pharmacy to send as many as seven vaccinators and two assistants. For the day to go well, onsite teams must have patience and go with the flow of the day, panelists said. "It's best to guide each resident through the process; don't leave them alone to go through the process," Boetz said.

Six feet of separation. One Juniper location set up a 10x10 table for the vaccinations, but when learning, upon the CVS team's arrival, that multiple stations would be necessary, they were told to include privacy walls to separate each of them and with proper social distancing. Maintaining the six feet of separation is important, but can be challenging, Boetz said. Setting up these stations near hand-washing areas or restrooms is advisable.

Pace of inoculations. Panelists reported that the CVS staff showed up an hour earlier than expected. At The Seasons, 27 skilled nursing residents participated and the entire process took about one hour. Other clinics took longer. CVS vaccinators will inoculate skilled nursing patients in their rooms. These patients presented their consent forms when the vaccinators arrived.

Post-Vaccine Comments

Post-vaccine observation. Residents face a 15- to 30-minute observation period after receiving the shot. To accommodate, try to take on an 'all-hands-on-deck' approach, panelists shared. One approach is to have as many staff as possible serve as observers, and try to call in extra nurses if possible. Observers are not required to conduct frequent checks of patients' vital signs.

Side effects. For one community, of the 280 people who were vaccinated, one had a slight fever about a day later and one felt a sense of malaise. Those effects were gone within 24 hours. "You have to manage the expectations of your staff," said Boetz, "because having a low-grade fever does not mean you have to miss work."

Scheduling considerations for staff vaccination participants. The panelists and other ASHA members have shared anecdotally that the number of employees calling in sick with vaccination side effects has been miniscule, and therefore they have not had to adjust their staff schedules because of it.

Proud advocates. It's customary that anyone who takes the vaccine earns a "badge of honor" sticker that they wear to express advocacy for taking the shot. Juniper staff wear a tie-dye shirt that reads, "Spread Love, Not COVID" on the back.

Can family members participate? Once the pharmacy team arrives, it must use the vaccines it brought or else they will spoil. Residents' family members cannot register to receive the vaccine, but if there are extra doses, it's possible that they can receive it.

Regional and corporate staff vaccination. Juniper's management team members received the vaccine as a gesture to help build confidence in the vaccine to their team members.

Return to normalcy. Even after a community holds a clinic, it must continue to follow all safety protocols put forth by the state, which includes visitations, masks and social distancing regulations.