# **COVID-19 Vaccines in Long-Term Care**

## Site Applicability

All PHC Long Term Care Homes

#### Practice Level

All clinicians and administrative staff involved in the process of providing Covid-19 vaccinations in LongTerm Care (LTC). Including: RN, RPN, LPN, RCA, Allied Health, Clinical Support Clerk, Infection Prevention and Control Practitioner, Physicians and Nurse Practitioner, Site Leader and Resident Care Manager.

## Requirements

- Site leadership is responsible for ensuring the LTC home has a <u>medication fridge</u> that is suitable
  for vaccine storage and is designed to maintain a consistent temperature between 2 and 8
  degrees Celsius. Staff monitor the fridge temperature twice daily and keep a <u>temperature log</u> to
  ensure the cold chain is maintained when storing vaccines.
- Most Responsible Provider (MRP) or Medical Director is responsible for supporting COVID-19
  vaccine activities e.g. participating in obtaining <u>informed consent</u> and providing an order.
- Nurses who participate in obtaining informed consent, must complete the <u>BCCDC COVID-19</u>
   <u>Immunization Competency Course for Nurses (RNs, RPNs, LPNs) Course #24913</u> module, review the BCCDC vaccine <u>Healthfile</u> and follow BCCNM <u>Consent Practice Standard</u>.
- Informed consent must meet <u>Provincial Immunizations Standards</u>, BCCNM standards, and must comply with the Health Care (Consent) and Care Facility (Admission) Act (HCCCFAA).
- Those providing consent e.g. Residents / Substitute Decision Makers (SDMs) must have an opportunity to ask questions and have these answered by a health professional who is knowledgeable and able to answer the questions.
- Nurses who give vaccines with an order must be competent to perform the required skills, evaluate the outcome, and respond to possible anaphylaxis.
- To treat anaphylaxis as a nurse independent activity, follow the <u>Anaphylaxis: Initial Emergency</u>
   <u>Management</u> Decision Support Tool. As outlined in the DST, the following Learning Hub courses
   are recommended (i) and required (ii):
  - i. Understanding Autonomous Practice and Nurse Independent Activities (NIA) or Nurse-Initiated Protocols (NIP) Course 19210, (recommended) ii. Anaphylaxis – Initial Emergency Treatment by Nurses (Adult and Pediatric), Course 19708, (required)

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#### Need to Know

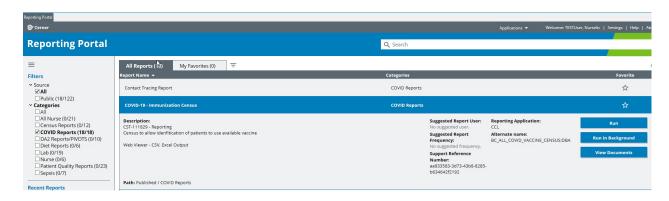
Health care professionals who administer COVID-19 vaccines are required to review vaccine and medical history to determine appropriate product, dose, and time interval prior to vaccine administration. This guideline outlines the process for preparing, administering, and documenting COVID-19 vaccinations in LTC.

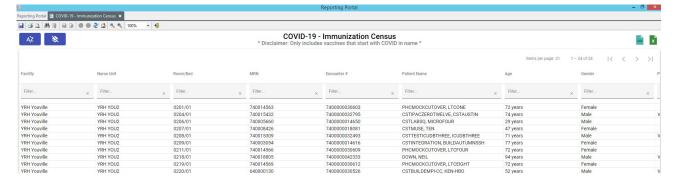
On admission to LTC, Clinical Nurse Leaders (CNLs) document Covid-19 Vaccination history into Cerner. Vaccination history documentation is required to ensure accuracy of the Discern Reporting Portal, Immunization Census Report. Vaccines administered at any Cerner site will populate automatically into the Immunization tab. CareConnect is a program that will display all vaccines entered into the provincial ImmsBC program. Healthcare professionals should consult CareConnect and/or a resident or substitute decision maker if there is any doubt about vaccine history.

## Guideline

#### **Assessment**

- Healthcare professionals should consult <u>BCCDC COVID-19 Vaccine Eligibility</u> for the recommended interval for vaccine administration.
- Use the COVID-19 Immunization Census Report, found in the Discern Reporting Portal, to populate a list of residents meeting the recommended time interval for next dose.

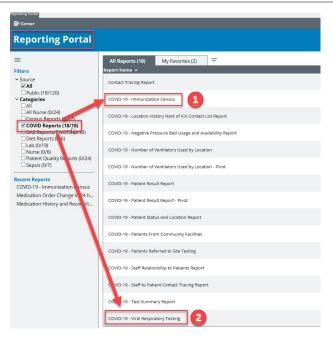




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- Use the **COVID-19 Viral Respiratory Testing Report,** found in the Discern Reporting Portal to determine if the resident has been infected with Covid-19 within the last six months.
- Adjust the list of residents so only residents who meet the minimum interval from last vaccination or last infection are on the list.
- Review medical history for indications and contraindications (provider accountability).
- Plan date for vaccinations.
- Prepare PHC LTC COVID-19 Vaccination Information package for residents, families and substitute decision makers (SDM) that includes the following:
  - Endorsed Memo from LTC Program containing key vaccine information, contact information, and instructions for consent
  - Public education handouts: HealthLinkBC Covid-19 mRNA Vaccines, BCCDC Covid-19
  - Vaccination Aftercare
  - Consent form

### For residents who can independently provide consent:

- Share COVID-19 vaccination information package and confirm understanding and intent to consent.
- Confirm and document consent at time of vaccination.

#### For residents who are incapable of providing consent:

- Provide COVID-19 vaccination information to the eligible substitute decision maker. Confirm understanding and consent.
- Document consent using Consent for Vaccine for Adults Assessed as unable to give Consent form

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o Follow PHC emailing policy when consent is confirmed electronically.

#### **Vaccine Order**

Provider writes order for immunization.

#### **Ordering and Receiving Covid-19 Vaccine Products:**

- CNL or delegate to collate tally of each vaccine product required.
- CNL or delegate orders required doses from LTC HFH Pharmacy by emailing:
   PHC LTC COVID-19 Vaccine Request: phcltccovid-19vaccinerequest@providencehealth.bc.ca
- Order must be placed by **noon on the Thursday week prior to the planned vaccination date**. Vaccines will arrive with the noon medication delivery the following Wednesday.
- Prior to accepting the vaccines, confirm the requirements for cold chain storage. See <u>PDTM</u>
   <u>product monograph</u>. The most current monograph must be used. Follow the quick link and view
   on screen. Do not print.

A nurse or delegate must accept the vaccine delivery. Immediately place vials of vaccines in the medication fridge to maintain cold chain. For primary series, monovalent doses, if the vaccine arrives in a pre-drawn syringe it should not go in the fridge.

 CNL or delegate confirms supplies available; checks and orders supplies as needed (see <u>Appendix A</u>)

#### Set Up:

- CNL to look ahead at staffing to ensure appropriate support for vaccine administration days.
- PHC refrigerator temperature log is found on SHOP.
- When large volumes of residents will be vaccinated:
  - Prepare list of eligible residents as described above
  - Collate consent documentation for those unable to provide their own consent ready for clinic day
  - Identify a central location for pre-drawing and labeling vaccine syringes e.g. large table in a central space
  - Ensure supplies are available- see <u>Appendix A</u>
- Review the product's PDTM monograph for reconstitution and stability information.
- Ensure the vial is labelled with the expiry date based on the information in the monograph.

### **Resident Care**

Nurses are responsible for monitoring residents post vaccination. Common side effects
include pain, redness, swelling at the site; swollen lymph nodes under the armpit, headache,
fatigue, fever, muscle and joint pain, and nausea and vomiting. Symptoms such as sore

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throat, runny nose, or cough are NOT vaccine side effects. A <u>Vaccination Aftercare</u>, patient education sheet, is available from the BCCDC.

- RCAs should report any behaviour not consistent with resident baseline to the nurse.
- The nurse should fully assess any resident displaying any concerning symptoms or behaviour not consistent with their baseline.
- In the event of anaphylaxis, the nurse follows the <u>Anaphylaxis: Initial Emergency Management</u> Decision Support Tool.

#### **Documentation**

#### **Nursing:**

The nurse who administers the vaccine documents the details on the MAR in the electronic health record. Complete all required fields (dose, lot number, manufacturer, expiry date, route) and document vaccine site.

- The nurse/ CNL communicates to the CSC using a "Unit Clerk Communication Order" indicating the date/type of vaccine to enter into ImmsBC.
- For large vaccination clinics, the nurse may forego the 'unit clerk communication order' and instead communicate via a unit communication document.
- The CNL or delegate is responsible for accounting for vaccine waste using the table in <u>Appendix</u>
   <u>C.</u>

Please send completed table to <a href="mailto:CDCVaccine@vch.ca">CDCVaccine@vch.ca</a> and <a href="mailto:LTCEOC@vch.ca">LTCEOC@vch.ca</a>, and to PHC LTC Pharmacy Lead

#### **Clinical Support Clerk - Entering Vaccines into ImmsBC**

- 1. Review "Unit Clerk Communication Order"
  - a) After the nurse administers the vaccine to the resident, they will send a communication order.
    - Note: When large quantities of vaccines are administered, the nurse may use a unit communication document to communicate which resident charts need to be reviewed for entering into ImmsBC. The nurse must make clear the date and type of vaccine administration on the document.
  - b) CSC's review the communication orders daily and enter the resident's vaccination into ImmsBC.
- 2.Locate the resident in your Master Patient Task List (MPTL) and open the resident's chart.
  - a) From the Menu bar, click the **Immunizations** tab.
  - b) Under **Previous Immunizations**, find the vaccine administered as described in the communication order. Double click on the **Admin Date** for the correct vaccine selection.

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c) A pop-up window will appear titled "Immunization Details, View Only" with the Resident's name and MRN. Keep this pop-up window open to transcribe the information into ImmsBC.

#### 3. Documentation into ImmsBC

- Log into the ImmsBC Application.
- Document the vaccination for the resident into ImmsBC using the information from the Cerner pop-up window titled "Immunization Details, View Only".

#### 4. Confirmation of ImmsBC Documentation

- Once the information is documented into ImmsBC, the 'Unit Clerk Communication Order' task in Cerner can be completed.
- Vaccine clinics. Cross off each name on the unit communication document as you enter into ImmsBC. Communicate the status of ImmsBC transcription to CNL when completed.

#### How to Report an Adverse Event Following Immunizations (AEFI):

Consult with physician first. In consultation with physician, download and complete the
 Adverse Event Following Immunizations case report form (<u>from BCCDC</u>).
 Email report to: <u>vaccine.adverse.events@vch.ca</u>

## Resources

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COVID-19 Vaccine ○ Information on COVID-19 vaccines ○ HealthLinkBC COVID-19

mRNA Vaccine ○ COVID-19 - Vaccination Aftercare ○ Viral Respiratory Illness

Toolkit: Long Term Care Facility Guide: VRI Toolkit: Long-term care influenza guide |

Sneezes + Diseases
```

VCH Responding to Vaccine Handling Emergencies

### **Related Documents**

**BC Immunization Manual: COVID-19 Vaccines** 

BD-00-15-40016 - Immunization Practice Standard (Nursing)

<u>B-00-06-10001</u> - Medication Refrigerator Daily Temperature Log (PH442)

<u>B-00-12-10006</u> – Temperature Monitoring of Medication Cold Storage

B-00-07-10097 - COVID-19 Response in Long Term Care (LTC) and Assisted Living (AL)

B-00-11-40000 – Emailing Policy (PHC Only)

<u>BD-00-12-40091</u> Anaphylaxis: Initial Emergency Management (Adult and Pediatric)

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## **Appendices**

Appendix A: Equipment and Supplies

Appendix B: Ordering Vaccines from Pharmacy

Appendix C: Vaccine Tracking Management

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## **Appendix A: Equipment and Supplies**

#### **Supplies for Cart**

- o Cart if required
- Sharps container
- Alcohol swabs
- Band-Aids
- Cotton balls or gauze (optional)
- Disinfecting wipes o Hand Sanitizer o Gloves
- Anaphylaxis kit: Epinephrine, needles and syringes or home black box

## Supplies for vaccine preparation

- Clean and disinfect large table
- 1 mL syringes with 25g needle for each vaccine dose
- o 3 mL syringes with needle for reconstituting vaccines
- Labels for punctured vials and pre-drawn syringes
- Save-a-day trays or reusable baskets to separate the vaccines needed for each vaccine preparer's assigned product(s)
- Sharps container
- Alcohol swabs
- Hand sanitizer
- Disinfecting wipes
- o Large garbage and recycling bin
- Pen and paper to keep track of vaccines drawn up, deployed for administration, and wastes (Appendix C)
- Vaccine Signature Record
- o Vaccines: Take vaccines out of fridge only when ready to draw up to maintain cold chain
- Expiry labels

#### Ordering Information:

Syringe 1 mL Low Dead Volume	00131614	200/Box
Needle safety 25 g 1 IN SOL-CARE	00130349	100/Box

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## **Appendix B: Ordering Vaccines from Pharmacy**

Cut and paste the table below onto an email. Complete the table and submit to:

PHC LTC COVID-19 Vaccine Request <a href="mailto:phcltccovid-19vaccinerequest@providencehealth.bc.ca">phcltccovid-19vaccinerequest@providencehealth.bc.ca</a>

Total # of Residents	Total # of Staff	# of Moderna XBB	# of Pfizer XBB	Does your site require needles and syringes?	
Care Home Mailing Address and Contact Number			Yes	No	

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## **Appendix C: Vaccine Tracking Management**

After each day that vaccines are administered, complete the table below and submit the total number of COVID-19 doses administered to <a href="mailto:CDCVaccine@vch.ca">CDCVaccine@vch.ca</a> and <a href="mailto:LTCCOC@vch.ca">LTCEOC@vch.ca</a> and CC to PHC LTC Pharmacy Lead. Word copy of table available from PHC LTC Pharmacy Lead.

Name of Vaccine	Moderna	Lot Number	Pfizer	Lot Number
# of doses administered				
# of doses wasted				
Remaining unopened vials held in fridge				

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First Released Date:	26-OCT-2022
Posted Date:	29-JAN-2024
Last Revised:	29-JAN-2024 (Appendix B only)
Last Reviewed:	29-JAN-2024
Approved By:	PHC
(committee or position)	Professional Practice Standards Committee  Long Term Care
Owners:	PHC
(optional)	LTC

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