**COVID-19 VACCINE POLICIES AND PROCEDURES TEMPLATE**

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**BEFORE USING THIS DOCUMENT, YOU MUST COMPLETE THESE STEPS:**

1. **Remove the disclaimers highlighted in green below**
2. **Delete the comments**
3. **Personalize or remove all text highlighted in yellow within the document**

**Disclaimers (remove this section before using):**

* P&P’s should be written to meet the intent and purpose of the policy and giving room to allow the provider to operationalize the policy with flexibility
* This template is meant to help facilities meet the requirements of the May 2021 [CMS IFR on educating and offering COVID-19 vaccine](https://www.cms.gov/files/document/qso-21-19-nh.pdf?cm_ven=ExactTarget&cm_cat=Interim+Final+Rule+on+COVID-19+Vaccine+Requirements+for+LTCF+and+ICFs-IID&cm_pla=All+Subscribers&cm_ite=QSO+memo&cm_lm=cbishnoi@ahca.org&cm_ainfo=&&&&&) AND the November 2021 [CMS IFR mandating the COVID-19 vaccine](https://www.federalregister.gov/documents/2021/11/05/2021-23831/medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-vaccination).
* Providers should refer to the [CMS QSO Memo](https://www.cms.gov/files/document/qso-22-07-all-attachment-ltc.pdf) released on December 28, 2022 for interpretive guidance on the COVID-19 mandate.
* The CMS IFR mandating the COVID-19 vaccine does NOT apply in the following states. Surveyors in those states will not be looking for facilities to meet these requirements. Alabama, Alaska, Arizona, Arkansas, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Texas, Utah, West Virginia and Wyoming.
* State specific regulations or vaccine mandates are not accounted for in this template and must be considered.
* Facilities are always encouraged to share their policy with their state survey office for feedback when in doubt of the regulation or requirement.

**Purpose**

To establish the process to comply with the Federal mandate that that all staff are vaccinated against COVID-19 unless they have a medical or religious exemption to help reduce the risk residents and staff have of contracting and spreading COVID-19.

**Responsibility**

Nursing home leadership is responsible for developing, implementing, and maintaining these policies and procedures.

**Definitions**

* **“Emergency Use Authorization (EUA)”** is a mechanism the FDA uses to review and approve the use of vaccines or other medications, during public health emergencies, 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** is defined as being 2 weeks or more since completion of a primary vaccination series for COVID-19. A primary vaccination series is defined as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.
  + Boosters or additional doses are not required to be considered fully vaccinated.
  + Staff who have received the first dose of a two-dose COVID-19 vaccine or a one-dose COVID-19 vaccine by the Phase 1 effective date of January 27, 2022 and the final dose of a primary vaccination series by the Phase 2 effective date of February 28, 2022, or prior to providing any care, treatment, or other services for the facility and/or its patients are considered to have meet the individual vaccination requirements, even if they have not yet completed the 14-day waiting period.
* **Staff** refers to any individuals that work or volunteer in the facility, regardless of clinical responsibility or resident contact. This includes:
  + individuals who may not be physically in the LTC facility for a period (e.g., illness, disability, or scheduled time of), but are expected to return to work.
  + individuals under contract or arrangement (e.g., medical directors, hospice and dialysis staff, therapists, mental health professionals, or volunteers) who provide services to the facility on a regular basis.

This does NOT include:

* + Individuals that telework full time (that is, 100 percent of their time is remote from sites of patient care, and remote from staff who do work at sites of care).
  + Individuals who are providing ad-hoc infrequent services (e.g. a plumber or other maintenance worker who has only a single visit to the facility) are not subject to this policy but they are subject to the additional precautions, where possible, listed later in this P&P.

**Obtaining COVID-19 Vaccine**

* COVID-19 vaccine will be ordered from either our LTC pharmacy or local or state public health agency or arrangements will be made with a vaccine provider to administer the vaccine to the staff or residents. Alternatively, staff can receive the vaccine at any community location offering the vaccine.
* In case of lack of availability of the COVID-19 vaccine, or other issue with the availability leading to an inability to implement the COVID-19 vaccine program, the facility will demonstrate that attempts to order vaccines have been exhausted, including LTC pharmacies and the state health department.

**Educating Staff and Residents on the COVID-19 Vaccine**

* COVID-19 vaccinations will be offered to all staff and residents (or their representative if they cannot make health care decisions) unless such immunization is medically contraindicated, per [CDC guidance](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Contraindications), or the individual has already been immunized.
* All staff and residents/representatives will be educated on the COVID-19 vaccine they are offered, in a manner they can understand, including information on the benefits and risks consistent with CDC and/or FDA information. This education will, at a minimum, include the FDA EUA Fact Sheet or Vaccine Information Sheet for the vaccine(s) being offered:
  + [Pfizer-BioNTech](https://www.fda.gov/media/153716/download)
  + [Moderna](https://www.modernatx.com/covid19vaccine-eua/eua-fact-sheet-recipients.pdf)
  + [Janssen (Johnson and Johnson)](https://www.janssenlabels.com/emergency-use-authorization/Janssen+COVID-19+Vaccine-Recipient-fact-sheet.pdf)
* All staff and residents/representatives will be offered the opportunity to ask questions about the risk and benefits of vaccination.
* If the vaccine involves two doses, staff and residents/representatives will be provided with the same counseling indicated above, including risks, benefits and the fact sheet, before requesting consent for the second dose.
* Residents/representatives will be provided the opportunity to refuse the vaccine and/or change their decision about vaccination at any time.

**Staff Vaccine Requirements**

* All facility staff are required to have received at least one dose of an FDA-authorized COVID-19 vaccine by January 27, 2022 and the second dose by February 28, 2022.
  + New hires will be subject to the same requirements as current staff and must have received, at a minimum, the first dose of a two-dose COVID-19 vaccine or a one-dose COVID-19 vaccine by the regulatory deadline or prior to providing any care, treatment, or other services for the facility and/or its patients.
* Under federal law, staff may be eligible for a medical or religious exemption but must meet the criteria for the exemption to qualify.
  + Religious Exemption: Staff with sincerely held religious beliefs may request a religious exemption.
    - Employee requests for religious exemptions are generally assumed to be based on sincerely held religious beliefs.
    - If there is objective basis for questioning the religious nature or the sincerity, the facility may request additional factual supporting information.
    - Employee religious beliefs are accepted regardless of whether they are traditional or familiar.
    - Objections to the vaccine that are based on social, political or personal preferences or other non-religious concerns about the vaccine do not qualify for this exemption.
    - Insert facility religious exemption process and/or form.
  + Medical Exemption: If the immunization is medically contradicted, per [CDC’s Summary Document for Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States](https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinicalconsiderations), staff may apply for a medical exemption or delay.
    - Staff that request a medical exemption or delay must provide the following:
      * A letter signed and dated by a licensed practitioner, who meets the following requirements
        + The licensed practitioner cannot be the individual requesting the exemption.
        + The practitioner must be operating within their scope and practice as defined by local and state laws.
      * The letter must include the following components:
        + All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications.
        + A statement recommending that the staff member be exempted from the facility’s COVID-19 vaccination requirements for staff based on the recognized clinical contraindications.

**Additional Precautions and Contingency Plans for Unvaccinated Staff**

* Staff who receive an exemption to the COVID-19 vaccine will be subject to additional precautions to mitigate the transmission and spread of COVID-19, which includes:
  + Insert additional precautions taken for staff who remain unvaccinated due to a religious or medical exemption.
* Insert facility policy for staff who do not meet the vaccine deadline.
* In the event of an emergency or low staffing, the facility will utilize agency staffing that can provide vaccinated staff to meet resident needs. When vaccinated staff are not sufficient to meet resident needs, the temporary utilization of unvaccinated staff may be facilitated until sufficient vaccinated staff are identified to meet resident needs. However, these staff will be required to meet the additional precautions identified above.

**Documenting COVID-19 Vaccine for Staff and Residents**

* The facility will maintain documentation for all residents and staff on COVID-19 vaccination, including the primary series, boosters and additional doses.
* For staff, the information is documented in [insert documentation method].
* For residents, the information will be documented in their medical record.
* The information to be documented includes:
  + The staff person, resident or representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine.
  + Whether the staff person, resident or their representative consented to the vaccine.
    - If yes
      * Which vaccine was administered
      * Which dose was administered
      * Any additional doses or boosters administered
      * Date of vaccination
    - If no, reason for and documentation of refusal:
      * Medical
      * Religious
      * Temporarily delayed vaccination status
    - All documentation mentioned in the religious and medical exemption policy above must also be included in the same location.

**Reporting COVID-19 Vaccine**

* Facility will report on a weekly basis via NHSN by Sunday at 11:59pm ET, the COVID-19 vaccination status of residents and staff, total numbers of residents and staff vaccinated, each dose of vaccine received, COVID-19 vaccination adverse events, and therapeutics administered to residents for treatment of COVID-19.

**Educational Resources**

* [AHCA/NCAL Get Vaccinated Campaign](https://getvaccinated.us/long-term-care-provider-resources/)
* [CDC Toolkit on COVID-19 Vaccines in LTC](https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/index.html)
* [CDC Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html)
* [CDC Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html)
* [INSERT ADDITIONAL RESOURCES FACILITY USES TO EDUCATE STAFF]