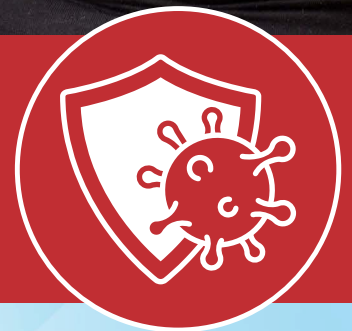




Integrating Immunizations in the Nursing Home into Day-to-Day Operations and/or Clinics



 **ALLIANT**
HEALTH SOLUTIONS

QIN-QIO

Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

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Vaccine Consent Form

This document provides instructions for administering immunizations as part of your daily practice and setting up a clinic in your building.

Below is an example of a multi-vaccine consent form that can be used on admission. The example form can be downloaded [here](#).

Vaccine Consent Form – Multiple Vaccines

- I, the undersigned, have received information about the risk and benefits of the vaccines listed below.
- I have had the opportunity to ask questions and have received answers to my satisfaction.
- I understand the vaccination process and freely consent to such process.
- I understand that I will be screened for eligibility prior to receiving any vaccine dose based on the recommended vaccine schedule by the National Advisory Committee for Immunization Practices (ACIP).
- I understand that I may change my mind about vaccination at any time prior to receiving the vaccine(s).
- I understand that this consent form is good for 3 years. It will be reviewed and offered for renewal every 3 years.
- I consent to the vaccines selected below as indicated by circling Yes. My signature also authorizes entry of the vaccination(s) into the State Immunization Registry if required.

Vaccine	Consent (Circle Yes or No)	
Influenza	Yes	No
COVID-19	Yes	No
Pneumococcal (PCV15, PCV20; PPSV23)	Yes	No
Respiratory Syncytial Virus (RSV)	Yes	No
Tdap	Yes	No
Shingles	Yes	No
Other Vaccines recommended by ACIP:	Yes	No

Signature of Resident or Legal Representative

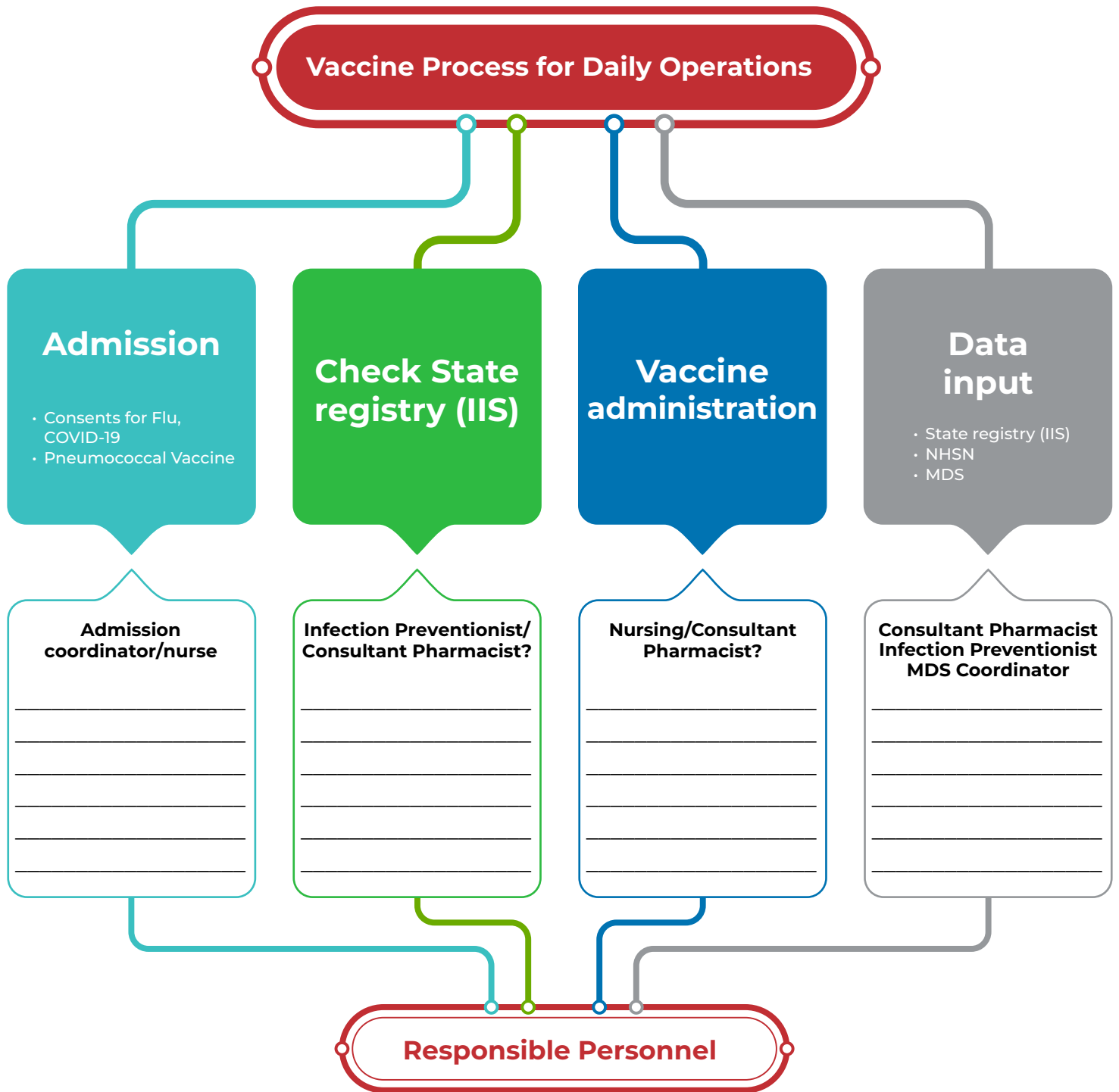
Date/Time

If Legal Representative, state relationship to Resident

****If Legal Representative, please ensure receipt of a copy of the Healthcare Power of Attorney, Advance Directive, Letters of Guardianship, or other documents that authorize Resident Representative to execute this consent.**

Name:	Birthdate:
Admission Date:	Medical Record #:
Physician:	

Vaccine Consent to vaccines during stay



Covid-19, Seasonal Influenza or Pneumonia vaccine Clinic Process Checklist

Long-term care facilities (LTCF) should ensure they have an agreement in place for ongoing vaccinations with their LTCF pharmacy provider or another designated provider.

PRE-VACCINATION

- Designate a primary and secondary point of contact (POC). One should be a licensed nurse, and the other should be an administrator, director of nursing or infection preventionist. They will communicate and coordinate vaccines with the pharmacy provider.
 - Primary POC: _____
 - Secondary POC: _____
- Notify the pharmacy or wholesaler when vaccination is needed for residents or staff.
- Identify staff to assist with vaccination administration, consents and clinic setup.
 - Names and roles: _____
- Confirm with your consultant pharmacist that the pharmacy will accept the facility's consents and supply the clinic with the necessary items, such as tables, chairs, trash receptacles, gloves, sharps containers, band-aids, alcohol wipes, and hand hygiene supplies.
- Identify a vaccination clinic area.
 - Ensure the dedicated space is well-ventilated, well-lighted, clean, and has space for the 15-minute observation period after each administration.
- Have one table and two chairs for the vaccine administration area.
 - Non-fabric chairs are preferred as they allow for proper disinfecting procedures.
 - Power sources or extension cords are positioned in a way that safely provides power for laptops or other electronic devices.
 - Identify residents who require bedside vaccination versus those who can go to the centralized vaccination area.
- Facility POC communication with the pharmacy for the clinic.
 - Current consents on file and accepted by the pharmacy
 - Insurance information for staff and residents
 - Primary care physicians for each resident
- Create a tracking sheet for residents and staff who have:
 - Accepted or declined the COVID-19, flu or pneumonia vaccine
 - Current completed consent form on file
- Ensure staff assisting with vaccination administration are knowledgeable and equipped to respond to severe adverse vaccine reactions.
 - CDC resources:
 - [Interim Considerations: Preparing for the Potential Management of Anaphylaxis after COVID-19 Vaccination](#)
 - [Possible Side Effects from Vaccines](#)
- Be prepared to activate EMS and begin clinical management in the event of a severe adverse reaction.

Educate and obtain Vaccine Consents

RESIDENTS

- Identify staff members responsible for obtaining and educating resident consent.
 - Names: _____
- Educate staff members about the COVID-19, flu or pneumonia vaccine and gain informed consent.
 - Ensure they are educated on immunization knowledge, motivational interviewing and behavioral science.
 - Provide resources to help with education.
- Gather copies of COVID-19, flu or pneumonia Vaccine Information Sheets (VIS) sheets from the CDC.
 - CDC resources:
 - [Current VISs](#)
 - [COVID-19 VIS](#)
- Educate staff, residents and their families about the vaccines. Post fliers and videos, attend resident council meetings, and send information in emails or monthly newsletters.
 - CDC resource: [COVID-19 vaccines for long-term care residents](#)
- Standard practice of care is to obtain multi-vaccine consent upon admission. Verbal confirmed consents are allowable. Check with your state for specific vaccine guidance.
- Identify the residents who can consent for themselves and those who cannot.
 - Residents who **can** consent for themselves should receive education about the vaccine, benefits vs. risks, and the opportunity to ask questions and determine if the vaccine is a good fit for them.
 - Provide residents with a CDC VIS sheet for vaccines.
 - Sign and file consent with the building and pharmacy providing the vaccine (if they are administering the vaccine).
 - Residents who **cannot** consent for themselves.
 - Identify resident health care proxy (e.g., power of attorney, resident representative, or legal guardian) and their contact information. Contact proxy.
 - Provide CDC VIS sheet for vaccines.
 - Educate about current vaccines and ACIP recommendations for this demographic.
 - Provide resources to proxy as requested.
 - Follow up with proxy as needed.
 - Document and file consents with the building and provide a copy to the pharmacy if they are administering.
- Check with the pharmacy about their consent protocol (e.g., how early the pharmacy should receive the consents and which consent form will be accepted).

STAFF CONSENT

- Educate staff about the vaccine and promote vaccine acceptance.
 - o Resources:
 - [CNA Vaccine Confidence Poster 1](#)
 - [CNA Vaccine Confidence Poster 2](#)
- Medical director or IP nurse should be available to answer questions.
- Share consent forms and have them signed and filed before the clinic.
- Follow-up one-on-one with staff who have not consented may be beneficial.

BEFORE CLINIC (<10 DAYS)

- Develop vaccination schedule for staff and residents.
 - o Determine which residents can be vaccinated at the clinic and which should be vaccinated in their room.
 - o Create a schedule for vaccinating those in their rooms, including resident name, DOB, and room number.
 - o Schedule appropriate staff for clinic dates to help with patient transport and setup.
- Submit the required forms to the pharmacy:
 - o Signed consents
 - o Number of residents getting the vaccine
 - o Number of staff getting the vaccine
 - o Resident demographics (name, DOB, allergies, diagnoses, insurance information)

Be sure to consult the pharmacy before the clinic about the required information.

DAY BEFORE VACCINE CLINIC

- Confirm clinic with the pharmacy.
- Confirm consents are on file and how many vaccines are required.

DAY OF CLINIC

- Print roster of residents receiving the vaccine.
 - o Print Resident Part A and Resident Part B Medicare forms on separate reports on the day of the clinic.
 - o Print a roster indicating if it is the residents' first or second dose for the current year.
 - o The roster should delineate where they will get the vaccine (i.e., in the room or the clinic area).
- Print staff roster for those receiving the vaccine.
 - o Note whether it is their first or second dose for the current year.
- Facility coordinator should meet with the pharmacy POC to:
 - o Share the current rosters of those receiving the vaccine.
 - o Provide medical information for those who may require further assessment or have additional needs (e.g., temperature, feeling sick or "not well," history of previous vaccine issue (e.g., Guillain Barre, SIRRS, need to use specific arm s/p breast CA, etc.).

- Confirm how the vaccine clinic will run and who will be vaccinated first (i.e., staff, residents in rooms, mobile residents, etc.)
- Designate staff and post their assignments on the day of clinic. Staff should be designated to transport residents.
- Assign a clinical staff member (at least one licensed nurse) to assist the pharmacy staff as needed and to monitor staff both pre-vaccination and post-vaccination. This staff member should be familiar with all residents and staff.
- Assign staff (pharmacy consultant or IP nurse) to complete documentation on residents and staff:
 - Collect information on vaccine administration from the pharmacy team.
 - Document in state registry and electronic medical record (EMR).
 - Submit the patient chart and IIS (state registry) to NHSN.

If using an EMR, check with the EMR provider to see if their record is directly communicated with the state immunization registry.

POST VACCINE ADMINISTRATION

- Monitor residents and staff for adverse effects of vaccine as required.
- After initial monitoring, continue monitoring for the next 72 hours.
- Encourage newly vaccinated staff to self-monitor and report adverse side effects to be reported to the designated POC at the building. Report adverse events to the [Vaccine Adverse Event Reporting System](#).
- Update the internal tracking document for COVID-19 vaccines.
- Prepare for the next clinic.

