

Health System COVID-19 Vaccination Pre-Planning

Introduction

The Health System has received notification from the State of Virginia Department of Health and Human Services regarding preparation for the delivery of the COVID-19 vaccination to healthcare organizations. According to the document, prioritization in the first phase (1-A) will be placed on healthcare personnel, both paid and unpaid, who are unable to work from home. The Centers for Disease Control Has set stratified prioritization phase guidelines for patients according to risk of developing severe illness from COVID-19. Prior to receiving and administering vaccinations, there needs to be a plan in place for handling and storing the vaccine, establishing priority groups, and vaccine administration. The purpose of this document is to provide a high-level outline of COVID-19 vaccination planning. Specific strategic planning and logistics is to be conducted by the COVID-19 Committee and its Subgroups.

Handling and Storage

Subgroup members: Pharmacy, Infection Prevention, Supply Chain, Clinical, Emergency Management

Vaccine delivery via direct shipment must be coordinated for each site. Delivered vaccines cannot be redistributed or transported to another facility. Vaccine supply kits, which include needles, syringes, alcohol pads, masks, and face shields, and vaccine record cards, will be delivered separately. Diluent or adjuvant, as needed for the vaccine being delivered, will also be included. These kits do not include sharps containers, gloves, bandages, or other PPE. Vaccines should remain at the same site it was delivered and should not be distributed to another site. Guidelines on the handling and storage of the vaccine are being produced by the Centers for Disease Control and Prevention.

- Appropriate methods for handling and storage of vaccines should be planned, including means to appropriately handle and store the vaccine and adjuvant and/or diluent, following the vaccine's package insert instructions. Cold chain must be maintained from delivery to administration.
- Ordering of gloves, bandages, and sharps containers will be needed.
- Partnership with dry ice suppliers will be established.

Prioritization Plan

Subgroup members: Clinical, Pharmacy, Infection Prevention, Risk Management, Legal, Ethics, Infectious Disease, Team Member and Occupational Health, Quality and Safety, Emergency Management, Human Resources, Safety and Security, Communications

Phase 1-A

The Virginia Department of Health and Human Services has directed that initial allocation of the vaccination be reserved for healthcare personnel, both paid and unpaid, “who have the potential for direct and indirect exposure to patients or infectious materials and are unable to work from home. . .” Persons in this group are included in the distribution phase 1-A. Health System Health System must identify persons who meet these criteria.

- Vaccination distribution will be implemented in a stepwise fashion, which will include first prioritization for Caregivers who provide direct care to Patients with suspected or confirmed COVID-19 (Figure 1).
- The subgroups of Caregivers who will be prioritized in this group are those who work in designated COVID-19 units and emergency departments.
- We will require a list of Caregivers who work in these priority groups.
- Additional details are listed in the diagram following this section.

** Vaccination prioritization being determined by state taskforce through the Virginia Hospital & Healthcare Association

Vaccination subgroups are based on the area in which the team members are performing their daily work most often and not the cost center of the team member. Contract and employed team members will be prioritized equally, based on the risk level which they are assuming on behalf of Health System.

Phase 1-B

The Centers for Disease Control and Prevention's Phase 1-B vaccine distribution prioritization includes Patients of all ages who have two or more comorbidities or other underlying medical conditions that put them at increased risk of severe illness (table 1). These groups include those at increased risk of severe illness, and those might be at increased risk. Vaccines in this phase will be prioritized to patients who:

- Have at least 2 underlying conditions listed in the CDC's list of designated medical conditions.
- An older adult living in overcrowded settings, such as nursing homes, residential care facilities, and correction facilities.

Table 1

Medical conditions that increase risk of severe illness from COVID-19.

Increased Risk for Severe Illness	Might be at an Increased Risk for Severe Illness
Cancer	Asthma (moderate to severe)
Chronic kidney disease	Cerebrovascular disease
Chronic obstructive pulmonary disease (COPD)	Cystic fibrosis
Heart conditions (heart failure, coronary artery disease, cardiomyopathies)	Hypertension
Immunocompromised from solid organ transplant	Use of corticosteroids or other immunosuppressive medications
Obesity (BMI ≥ 30 kg/m ²)	Type 1 diabetes mellitus
Severe Obesity (BMI ≥ 40 kg/m ²)	Neurologic conditions, including dementia
Sickle cell disease	Overweight (BMI ≥ 25 , but <30 kg/m ²)
Smoking	Pulmonary Fibrosis
Type 2 diabetes mellitus	Thalassemia
Pregnancy	Immunocompromised from bone marrow transplant, immune deficiencies, HIV, steroid use, or use of other immunosuppressive medications
Solid organ transplantation	

Note. List may be updated. Please see the CDC’s “People with Certain Medical Conditions” webpage for a list of medical conditions: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/evidence-table.html>

Phase 2

The Centers for Disease Control and Prevention’s phase 2 COVID vaccination groups include patients who:

- Critical workers that are essential to societal functions and are at high risk of COVID-19 exposure, such as those who work in schools.
- Have comorbidities or underlying medical conditions that put them at moderately higher risk, regardless of age (i.e., 1 medical condition in table 1 above or the CDC’s “People with Certain Medical Conditions” webpage).
- Older adults not included in phase 1.
- Live in homeless shelters or group homes for physical or mental disabilities or are in recovery.
- An inmate or staff in a correctional facility.

Phase 3

The CDC’s Phase 3 group includes:

- Young adults between the ages (18-30 years old).
- Children (0-19 years).
- Workers who are essential for societal functioning not included in Phase 1 or 2.

Phase 4

Those included in phase 4 are all persons who have not been previously vaccinated.

Operations/Administration Plan

Subgroup members: Clinical, Pharmacy, Infection Prevention, Risk Management, Legal, Team Member and Occupational Health, Quality and Safety, Emergency Management, Human Resources, Safety and Security, Communications

The Virginia Department of Health Vaccine Provider Intent form must be submitted per Health System-designated shipping site. The Chief Medical Officer (CMO) of the site is serving as the prescribing physician (hospital CMOs, Ambulatory CMO). At this time, it is unclear if an additional COVID-19 vaccination agreement form from the Centers for Disease Control and Prevention must be completed and signed by both the CMO and Chief Executive Officer. This document will be stored on the COVID-19 TM intranet site after communications plan has been executed.

- The administration plan will begin with identifying qualified licensed administrators.
- Identification of qualified administrators will rely on the required preparation and handling for the vaccine based on package insert instructions and guidance outlined by the Centers for Disease Control and Prevention. A list of qualified and licensed administrators should be limited to nurses, providers, and pharmacists.
- After qualified administrators have been identified, administrator education will need to be developed.
- Vaccine recipient education will also need to be acquired.
- We will also need to develop online consent or declination forms for team members.
- A plan to enter vaccine administration information to Virginia Immunization Information System (VIIS) will also need to be established.
- Planning for vaccine administration clinics will be coordinated with site-based Emergency Management and Pharmacy, Health System Well, Team Member Health, Safety and Security, Administration, etc.
- Vaccination cards must be provided to each recipient.
- Vaccination status will not alter PPE requirements for team members or isolation requirements for patients.

Subgroups/Tasks

- Identify a location for the storage and administration – System Emergency Management and Supply Chain
 - Recommendation for Central location single site
 - Central location, close to major transportation routes
 - The space allows in natural light, has large ceilings, enables social distancing and controlled flow (one way entry/one way exit)
 - Prevents disruption to hospital operations
 - Current Infrastructure
 - Engineering (special amperage wiring required for freezers)
 - Security (crowd control and enforcement of social distancing)
 - IT Infrastructure (connectivity needed for documentation in real time and Rees continuous temperature monitoring)
 - Traffic flow and parking (can have shuttle offerings from all campuses)
 - Emergency response/allergic reaction – 911 already familiar with the campus
 - Symptom checking/signage
- Identify how to schedule vaccination appointments – System CMIO, Epic Application Analyst
 - Pursuing utilizing Health System public website to schedule appointments
 - Mockup should be available next week
 - Schedule initial and follow-up appointments at the same time
 - Appointments will include the required post injection “observation time”- 30 min appointments
 - How do we validate that they are in the “vaccine-eligible” group when scheduling?
 - Utilize a “code” sent to only eligible team members to access scheduling
- Identify the workforce – Occupational Health, Pharmacy
 - Administration subgroup
 - Pharmacy, students, techs, retail pharmacy, occupational health
 - Pharmacy faculty 8
 - Pharmacists 15-20

- Pharmacy Students 50+
 - Occupational health nurses 20
 - Team members from virtual ambulatory clinics
- Likely 7 days/week
- Goal for administration of 750 doses/day
- Documentation subgroup
 - Regulation to document within 24 hours
 - Employee EMR interface with VIIS
 - IT Involved with fast track through IT security if needed
 - Declination process for all TMs – Risk, Legal
 - Delay deployment of declination until later date
 - Education module sent to all employees – could track info was shared vs. actual declination
 - Indemnification for vaccinating non-employees
 - State bringing to governor
 - Legal drafting document if needed
- Identify the communication plan – Internal/External Communications, HR
 - Overall tone needs to be informative and encouraging
 - Health System spokespeople – modeling
 - General Comms (huddle, 5 in 5, etc.)
 - High level introduction to vaccine 101, overview of plan, generic timelines, inform all people at once, allude to HR FAQ
 - HR FAQs (incl. clinical, liability, HR-type questions, how the decision and plan was made)
 - Why to get vaccinated? As a citizen, as a HCW, as a team member
 - Return to work/post vaccine illness
 - How to answer questions of friends and family
 - Education module to be sent to all employees
 - Utilize “Inside Out” model for contract team members
 - Trusted healthcare workers of predominantly non-English-speaking communities presents the COVID-related subject in the native language of the community

- Patient/public communication
 - Highlight public messaging to be consistent with CDC, government messaging, VHHA, the hospitals stand together on messaging in partnership
 - Maybe need ongoing communication regarding maintaining vigilance now and that the hospital has the supplies it needs to keep you safe if you are here

Outstanding questions:

- How will we identify staff when they arrive for vaccine?
- Will we turn away walk-ins?
- What about students/visiting residents?
- Cadence/process for opening up vaccine availability to next group based on vaccine availability
- Need to meet with largest contractor groups decide how/what to communicate with these groups

References

- Centers for Disease Control and Prevention. (2020). *ACIP Presentation Slides: September 2020 Meeting*. Retrieved from Advisory Committee on Immunization Practices (ACIP): <https://www.cdc.gov/vaccines/acip/meetings/slides-2020-09.html>
- Centers for Disease Control and Prevention. (2020). *People with Certain Medical Conditions*. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>
- Toner, E., Barnill, A., Krubiner, C., Bernstein, J., Privor-Dumm, L., Watson, M., . . . Cicero, A. (2020). *Interim Framework for COVID-19 Vaccine Allocation and Distribution in the United States*. The Johns Hopkins Center for Health Security.