

CORONAVIRUS DISEASE 2019 (COVID-19)

Interim Guidance for Acute Care Inpatient COVID-19 Vaccination Prior to Discharge



Audience: COVID-19 Vaccine Task Force

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COVID-19 Response Team Owner: COVID-19 Vaccine Operations Workgroup

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Purpose

This guidance establishes the interim process to vaccinate acute care inpatients prior to discharge utilizing doses of COVID -19 vaccine from a Health Ministry's (HM) onsite clinic remaining after administration to the final scheduled patient during a given day. This may be the result of cancelations/no shows for vaccine appointments and/or due to the packaging of the vaccine and its short stability period. The best practice is to maintain a stand-by list of people who can be called and come into the clinic – quickly - and receive a dose to not waste any vaccine. As a supplement to that approach, the process below and in the corresponding workflow diagram allows for acute inpatients being discharged within 48 hours to be given priority status on the stand-by list and possibly receive the COVID-19 vaccine prior to being discharged if it is clinically appropriate and should the patient desire this.

Procedures

1. Identify acute care inpatients being discharged within the next 48 hours who are both eligible for the vaccine and desire to have the vaccine.
 - a. During the HM's local current daily process for interdisciplinary rounds, each nursing care unit will identify patients likely to be discharged within the next 48 hours.
 - b. Those identified patients will be screened to make sure they are eligible given the current phase for COVID-19 vaccination that the state and local health department is allowing.
 - c. Staff from the nursing care unit will offer to patients meeting current eligibility criteria the possibility of receiving a COVID-19 vaccine prior to being discharged.
 - d. Using [this scripting](#), the nursing care unit staff will determine if the patient accepts or declines the invitation to be vaccinated.
 - e. The nursing unit will communicate with the HM's local vaccination clinic the first and last name, DOB and location in the hospital of patients accepting the offer of vaccination so that they may be added to the vaccination clinic's standby list for the following day. Note:

inpatients being discharged will be given priority over others on the standby list, but NOT over people already scheduled in the clinic.

2. Determine if there are extra doses and initiate the stand-by list to utilize the extra doses of COVID-19 vaccine.
 - a. As the day in the vaccine clinic progresses and unused doses of vaccine become available, the vaccine clinic coordinator will utilize the stand-by list to identify the acute care inpatients who have elected to receive the vaccine.
 - b. The doses for the acute care inpatients will be drawn into syringes and labeled – at a minimum - with the patient's name, DOB, the vaccine brand, and the beyond use date (BUD) time.
 - c. Prior to delivery of vaccine and information to the nursing unit and identified patient, the clinic staff will identify from the clinic scheduling system the date and time of the second dose and enter this on the COVID-19 Vaccine Record Card (that will be provided to the inpatient).
 - d. As the clinic draws to a close, a clinic colleague will deliver the vaccine to the appropriate nursing care unit nurse(s) for the identified patient(s) along with all the paperwork that the patient will need to review and sign in order to properly document the vaccination. Additionally, each patient will need to receive a copy of:
 - i. FDA EUA Fact sheet for recipients
 - ii. V-Safe enrollment instructions
 - iii. A COVID-19 Vaccine Record Card, and
 - iv. Any other take-home materials provided to the clinic patients
 - e. After delivery of the vaccine doses to the nursing care unit, the nurse will complete the paperwork with the patient, enter the order for the vaccine into the acute care EHR, and administer the vaccine.
 - f. Following the administration of the vaccine, the patient will need to be monitored for 15-30 mins per vaccine protocol. If the patient develops an adverse reaction, i.e.: rash or anaphylaxis, in-patient staff should follow the hospital protocols/ processes for inpatients who experience such reactions.
 - g. Provide each patient their copy of the FDA EUA Fact sheet for recipients, V-Safe Instructions and COVID-19 Vaccine Record Card. In addition, explain the second appointment date listed on the vaccine card. Provide the patient information on how to reschedule their appointment should then need to do so.
 - i. For continuing care patients, rather than documenting the second dose date and time on the COVID-19 Vaccination Record Card, include the due date for the second dose on the discharge instructions.
3. Patients being discharged on the day of vaccine availability may be able to receive a COVID-19 vaccination.
 - a. The local vaccine clinic and the nursing care units may coordinate an open time slot with the time that the patient is being discharged.
 - b. As the patient is being transported from the nursing care unit to their ride home, the patient may be transported to the local vaccine clinic and receive the dose of vaccine per the clinic's regular processes.
 - c. The patient must be observed in the clinic for 15-30 mins post vaccination for any adverse reactions and clinic protocols/ procedures for any adverse reactions should be followed.

4. See the accompanying documents to help operationalize this process
 - a. [COVID-19 Interim Acute Care Inpatient Vaccination Prior to Discharge Workflow](#)
 - b. [Scripting for Approaching Patient about COVID-19 Vaccine Prior to Discharge](#)