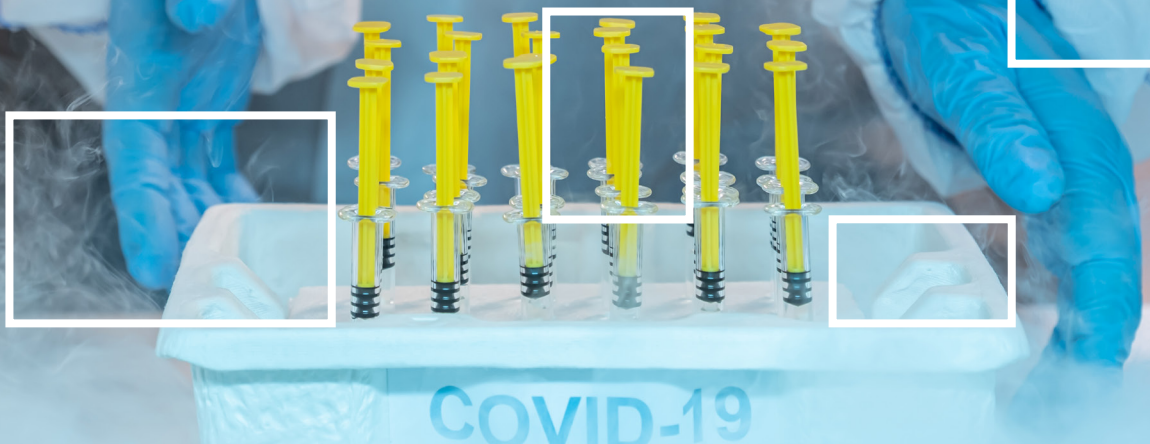


Community Administered Vaccinations



This information outlines risk management considerations for when a community is going to partner with a long-term care pharmacy in order to administer COVID vaccinations to their employees and residents.

These are best practices based on information as of March 31, 2021.

- You should consider having an agreement that stipulates the terms for both parties.
 - Common business issues include:
 - Will the communities be reimbursed for administration of the vaccine?
 - Who is providing the consent forms? Is the community listed as a covered party on the consent form?
- Work with your legal counsel to consider having a liability release executed with the consent form, and make sure that the appropriate parties are covered under the release (e.g. employees, community, and corporation).
- Only have employees who are trained and can lawfully administer the vaccine within the scope of their practice. If the contract or the state licensing stipulates that the person administering the vaccine must be a Registered Nurse (RN), then you should not substitute a RN with an LPN.
- The RNs administering the vaccinations should be competency validated, preferably by the pharmacist, to follow the procedure that is outlined in their policy for administering the COVID vaccine including storage and timing. This competency should be documented and placed in the nurse's employee file. If the pharmacist cannot or will not do this, then a company RN supervisor should conduct the competency validation using the steps in the policy.
- A process for receiving the vaccine from the pharmacy should be established.
 - Anyone handling the vaccine needs to be competency validated in receiving and handling the vaccine.
 - The RN or designee(s) should keep a copy of the document they sign from the pharmacy verifying the number of doses received, date and time.
 - The timing of the administration of the vaccine once received at the community should be considered in the plan regarding storage of the vaccine and storage and monitoring of the vaccine kit (syringes, EPI pens, etc.). Will it be stored or locked in a med room?
- Establish an internal protocol to respond to an allergic reaction. The RN administering the vaccine may not be able to tend to the person with the reaction while administering the vaccinations. For example, if there is anaphylactic reaction then life saving measures need to be instituted and 911 called. If the pharmacy supplies this protocol, then the community needs to review it and make sure that it is complete and applies to their population.
- Designate who is going to record the vaccination for each individual and make follow up appointments.

- Determine if reporting to the local department of health or state is required.
- Check with your insurance carrier/broker to verify coverage for employees administering the vaccine
 - Many policies have COVID exclusions that need to be examined
 - Determine coverage if the community is planning to vaccinate people outside of their residents and employees
- Workers' Compensation – if an employee suffers an adverse event or injury from the vaccination, especially if the community is giving it, it may fall under workers' compensation. May also have an OSHA issue if there is an injury.
- Have a contingency plan for if/when there is an issue with the delivery of the vaccine? What if there's an issue with delivery of the next round of the dose?
- Who will report to VAERS? If it is the pharmacy is the community allowed to delegate that? If there is a report made by the pharmacy the community should get a copy of the VAERS reporting form because the administration person's name will appear on that form as well – include this in training/competency validation.
- Establish the procedure for discarding unused vaccine
- Establish a procedure for maintaining the screening forms for individuals' being vaccinated. The community should keep a record of the screening forms for employees in the employee file and residents in the resident's medical record.
- While the EEOC has stated that the administration of the vaccine is not in of itself a medical examination, it is possible that several of the prescreening questions to determine if someone should receive the vaccine could be viewed as a medical examination or disability inquiry and may require the disclosure of certain information – this could raise ADA, and other employment issues – work with employment counsel on how to best address who provides and maintains those screening questions. This isn't an issue with the employer who is contracting with a third party to give the vaccine, but since the employer is now the one providing the screening, it creates this issue.
- What if you don't have enough vaccine for those who want it? How are the planning to prioritize? Need to make sure that plan doesn't raise any age, disability, or other legal issues.
- Once the Johnson & Johnson or other manufacturer's vaccine(s) is/are available, make sure that the staff are trained in those company's respective vaccination procedure.

Resources

- Long Term Care Pharmacy Partnerships: [CDC - Ensuring Access to COVID-19 Vaccine in LTC Facilities](#)
- CMS COVID-19 Vaccine Provider Resources: [CMS Vaccine Tool Kit](#)
- EEOC Technical Assistance Publication

Each applicable policy of insurance must be reviewed to determine the extent, if any, of coverage for COVID-19. Coverage may vary depending on the jurisdiction and circumstances. For global client programs it is critical to consider all local operations and how policies may or may not include COVID-19 coverage. The information contained herein is not intended to constitute legal, medical or other professional advice and should not be relied upon in lieu of consultation with your own legal and/or other professional advisors. Some of the information in this publication may be compiled by third party sources we consider to be reliable, however we do not guarantee and are not responsible for the accuracy of such information. We assume no duty in contract, tort, or otherwise in connection with this publication and expressly disclaim, to the fullest extent permitted by law, any liability in connection with this publication. Willis Towers Watson offers insurance-related services through its appropriately licensed entities in each jurisdiction in which it operates. COVID-19 is a rapidly evolving situation and changes are occurring frequently. Willis Towers Watson does not undertake to update the information included herein after the date of publication. Accordingly, readers should be aware that certain content may have changed since the date of this publication. Please reach out to the author or your Willis Towers Watson contact for more information. In North America, Willis Towers Watson offers insurance products through licensed subsidiaries of Willis North America Inc., including Willis Towers Watson Northeast Inc. (in the United States) and Willis Canada, Inc.

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