

COVID-19 Vaccination Services for Long Term Care and Congregate Care Facilities - Updated 10/7/21

The Oregon Department of Human Services (ODHS) and Oregon Health Authority (OHA) are requiring long term care and congregate care facilities to develop plans to ensure that residents and staff have ready access to vaccinations against the virus that causes COVID-19. The [CDC Federal Pharmacy Partnership for Long-Term Care Program \(FPP\)](#), which provided this service to many facilities in Oregon, concluded in mid-April 2021 and will not restart.

To facilitate ongoing vaccination services in licensed facilities, the state has outlined options below. All licensed facilities are included in this plan: nursing facilities, assisted living facilities, residential care facilities, memory care communities, adult foster homes and group homes.

Primary and Booster Dose Vaccination Models

- **Option 1: Coordinate with your Long-Term Care Pharmacy.**

All Long Term Care (LTC) pharmacies in the state regularly carry or have access to Pfizer, Moderna, and Johnson & Johnson vaccines. LTC facilities should contact their pharmacy provider to provide administration of primary and booster COVID vaccinations and flu clinics.

The Long Term Care or Congregate Care Facility and pharmacy will coordinate the frequency and recipients of these on-site services:

- **Option 1a – Dispensing Model:** The LTC Pharmacy distributes the vaccine, and the facility’s staff or subcontractors administer the vaccine. The LTC Pharmacy enters the administration information in the state’s vaccine registry, known as the ALERT Immunization Information System (ALERT IIS) and provides appropriate documentation for the resident’s facility chart.
- **Option 1b: LTC Pharmacy On-Site Vaccination Services.** In this model, the LTC pharmacy continues to offer on-site COVID and influenza vaccination services. The facility assists with scheduling and obtaining consent from the resident or their representative. The LTC pharmacy enters vaccination records in ALERT IIS and provides appropriate documentation for the resident’s facility chart.

- **Option 2: Facility Coordinates Community Vaccination for Residents and Staff:** If residents are mobile and local services are adequate, facilities may plan to access the COVID primary and booster vaccine at a local pharmacy, clinic, local public health clinic, or other vaccination provider. Facilities will be held accountable for scheduling services and obtaining or providing transportation when necessary. For medium- and large-sized facilities, please consider whether it would be more convenient for staff and residents to receive their doses on-site
- **Option 3: Enroll your Facility as a COVID-19 Vaccine Provider:** Under this option, your facility will order and store vaccine, administer doses, and report when doses are administered in your own records and the state’s vaccine registry, ALERT IIS. We encourage facilities with potential interest in this option to enroll. To begin the application process, start here: [COVIDProvMedProcess.pdf](#)
- **Option 4: Facility requests technical assistance:** For Fall 2021, given the strains on local public health and health care entities, the Vaccine Operations team of the COVID Response and Recovery Unit are compiling requests for assistance and then coordinating with local public health authorities, providing technical assistance, and, where needed, facilitating matching of facilities with a team able to come on site. The form to request this assistance is [here](#). (If you are already coordinating successfully with your local public health authority, you do not need to also complete this request form.)

Facilities are encouraged to continue working with their SOQ policy analyst for additional questions.

Responsibilities Under Each Vaccination Model

Vaccination Model	Who orders and dispenses vaccine?	Who obtains informed consent and administers vaccine?	Who enters the data into ALERT IIS? For nursing facilities, who reports data to CDC-HCSN?
1a) Dispensing Model: Pharmacy dispenses the vaccine to the facility, the	Pharmacy	Facility	Pharmacy

facility's staff administers the vaccine, and the LTC Pharmacy reports to ALERT IIS and, where required, the CDC-HCSN.			
1b) LTC Pharmacy On-Site Model: Pharmacy staff administer the vaccine at the facility.	Pharmacy	Pharmacy	Pharmacy
2) Coordinated Off-Site Vaccinations: Facility arranges for their residents and staff to have appointments or go to drop-in times at a local clinic, pharmacy, or other vaccination site. Facility is responsible for arranging transportation where needed.	Vaccinator	Vaccinator	Vaccinator
3) Facility Enrolls as COVID Vaccinator: See description above and linked reference materials.	Facility	Facility	Facility
4) Facility Requests Assistance: The state's COVID Response and Recovery Unit will respond with individualized assistance.	Various	Various	Various

Long Term Care and Congregate Care Facility Role in Primary and Booster COVID-19 Vaccination

Facilities are expected to develop and implement the following processes:

- 1) Develop a procedure to screen new residents and staff for COVID-19 vaccination status.

- a. For residents who are not fully vaccinated or who are overdue for a booster dose, the facility should schedule vaccination 72 hours of admission. When possible, the facility should work to vaccinate resident prior to admission. Once scheduled, any needed vaccine should be administered to a resident within two weeks of admission.
 - i. For residents, the facility may register with ALERT IIS to be able to track the vaccination status of their roster of residents:
<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINATION/ALERT/Pages/EnrollNewClinic.aspx>
 - b. For staff, the facility will need to comply with state orders and regulations that mandate staff be fully vaccinated effective 10/18/21. Facilities should direct staff to community resources for primary series and booster vaccinations or offer onsite services through the models with long term care pharmacies.
 - i. Facilities are not permitted to use ALERT-IIS to track staff vaccination status. Facilities must work directly with staff.
- 2) Coordinate with LTC pharmacy or other entity to ensure residents and staff have ongoing access to COVID-19 vaccination.
- a. If subcontracted by an LTC pharmacy, clearly define their operational process for vaccination administration,
 - i. Ensure that the vaccine administration process outlines the protocol to on how a vaccinator will respond to any severe allergic reactions. This protocol should address the administration and storage of epinephrine.
- 3) Maintain records of vaccination type and status, including boosters, of residents and staff to share with ODHS, LPHA or OHA as necessary to monitor and address public health concerns.
- 4) [Report](#) vaccination status of residents and staff in accordance with OAR 411-061 to the [OHA COVID-19 Vaccination Reporting Portal](#) or NHSN portal every week

Reminders

The Oregon Health Authority maintains [this website](#) to allow you to track as booster doses are approved for additional brands or populations.

Multiple options exist for a facility's staff and residents to get vaccinated in the community. Appointments and drop-in times for COVID-19 vaccinations can be located through:

- Contacting the person's primary care provider or a community health center
- [Getvaccinated.oregon.gov](https://www.getvaccinated.oregon.gov) , which lists pharmacies and many community vaccination events and services

Additional Resources for LTC and Congregate Care Facilities

- CDC website with additional resources for long term care administrators on accessing vaccines.
<https://www.cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships/administrators-managers.html>
- **Funding for Vaccine Storage and Handling Equipment:**
Reimbursement of up to \$1,000 per vaccination facility.
<https://app.smartsheet.com/b/publish?EQBCT=1e38f1448f5f424fb0d478adeb7a144b>
- **Epinephrine Training Protocol and Materials:**
<https://www.oregon.gov/OHA/PH/PROVIDERPARTNERRESOURCES/EMSTRAUMASYSTEMS/Pages/epi-protocol-training.aspx>
- **Oregon Model Standing Orders for Immunizations**
According to the Oregon State Board of Nursing, Oregon's existing standing orders allow nurses to administer vaccines to residents without separate order or authorization from OHA.
 - Overview of all Standing Orders:
<https://www.oregon.gov/oha/ph/preventionwellness/vaccinesimmunization/immunizationproviderresources/pages/stdgordr.aspx>
 - COVID-19 Vaccine (Pfizer-BioNTech, Moderna, Johnson and Johnson):
<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINE/SIMMUNIZATION/IMMUNIZATIONPROVIDERRESOURCES/COVID/Documents/SOCOVID-19.pdf>
 - Guidelines on Managing Adverse Events (Epinephrine)
<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINE/SIMMUNIZATION/IMMUNIZATIONPROVIDERRESOURCES/Documents/SOAEMgt.pdf>
 - Adverse Event E-kit Checklist (optional)
<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINE/SIMMUNIZATION/IMMUNIZATIONPROVIDERRESOURCES/Documents/SOAEMgtChklist.pdf>
 - PREP Act Authorization for the Administration of COVID-19 Vaccines
<https://www.oregon.gov/oha/covid19/Documents/Oregon-PREP-Act-Authorization-for-Vaccinators.pdf>
 - Policy for COVID-19 Vaccinations in Remote Communities

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le3606.pdf>

- The Board of Pharmacy has issued temporary rule change [OAR 855-041-2320](#) to allow pharmacies to dispense epinephrine to facilities and nurses.

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2351u.pdf>

- Statewide Guidance on Facility Discharge Planning and COVID-19 Vaccines

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2351u.pdf>

Finally, please monitor the [OHA website on booster shots and third doses](#) to stay up to date on changes in authorizations for additional doses of COVID-19 vaccines.

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