

## Hospital COVID-19 Vaccination Best Practices

Overview .....	1
Coordination, Decision-making, and Organization .....	1
Communication, Promotion, and Access .....	2
<i>General</i> .....	2
<i>Hesitancy</i> .....	2
Vaccine Supply and Distribution .....	3
Prioritization, Eligibility, and Scheduling .....	3
Prescreening and Vaccine Clinic Safety .....	4
Administration .....	4
Second Dose Scheduling and Administration .....	6
Billing and Reporting .....	6
Planning Ahead: Expanding to Non-affiliated Health Care Personnel and Community Members .....	6
Personal Protective Equipment (PPE) .....	7
Resources .....	7

### Overview

The New York City Department of Health and Mental Hygiene (NYC Health Department) recognizes the tireless work by hospitals across the City to vaccinate their staff. Recently we asked all hospitals to provide vaccination best practices and this document provides some of the responses we received. Additionally, hospitals have been asked to start planning to expand vaccine access to additional priority groups in their community that are currently or will soon be eligible. These best practices provide considerations and resources for hospitals to continue expanding reach into their communities to safely, effectively, equitably, and efficiently deliver vaccines to all eligible New Yorkers.

### Coordination, Decision-making, and Organization

While each hospital and network is unique, it is important to have leadership involvement in the rollout and continued execution of the COVID-19 vaccine campaign.

Best practices shared by facilities:

- For larger networks, a centralized plan with a clear decisionmaker has proven helpful to ensure a successful vaccine campaign with support of a senior executive to coordinate and execute the overall plan.
- If there are multiple vaccine sites across the hospital or network, each site benefits from a single executive who is responsible for coordinating and executing the plan at that site.

- Each corporate service (pharmacy, security, workforce health and safety, etc.) has a single executive who is responsible to the coordinator. The plan evolves based on real-time learning but is always coordinated. Once a best practice is identified, all sites are expected to roll it out.

## **Communication, Promotion, and Access**

Success depends on getting the word out, addressing concerns, and making vaccination as easy as possible.

### *General*

Best practices on general communication, promotion, and access shared by facilities:

- Vaccine team and senior leadership should provide frequent updates each week (often daily updates) to the entire facility/organization via multiple platforms (e.g., email, intranet broadcast, screensavers, text message, bulletins).
- Ensure intranet includes resources about each of the vaccines and progress in vaccinating facility staff (possibly with testimonials).
- Keep written FAQs and information on vaccine safety, prioritization, and administration easily accessible and up to date.
- Consider a dedicated vaccine hotline to answer questions or direct staff to relevant information.
- Promote vaccination through positive campaigns like stickers, competitions, or other positive reinforcement strategies.
- Have linguistically appropriate client materials to hand out. Patient fact sheet translations can be found here: [Moderna](#) | [Pfizer](#).
- Ensure eligible staff are aware of their eligibility and process to schedule/receive vaccination by making proactive contact with follow-up emails or phone calls.
- Use mobile point of dispensing (POD) to capture staff while at work to make getting vaccinated convenient; utilize high traffic areas, like hallways, while moving from unit to unit.

### *Hesitancy*

Best practices focused on hesitancy shared by facilities:

- Hold (virtual) town halls with influencers within the hospitals and hold question and answer sessions with those knowledgeable. Influencers are not just medical personnel. Tapping into influencers in each eligible group and from existing organizations (labor unions, professional associations, etc.) will help spread the message.
- Send leadership, clinical staff, and peer influencers who have been vaccinated to rounds on floors to discuss experiences, answer questions, and encourage uptake.
- Conduct surveys of healthcare workers about vaccine hesitancy and reasons to better understand how to improve access and demand; collaborate with academic partners if needed.

## Vaccine Supply and Distribution

The NYC Health Department recommends maximizing reach of vaccine as quickly and safely as possible to protect your staff, their families, and NYC sooner. Create a conservative estimate of how many vaccinations you can complete at the hospital and at satellite sites in coming week to maintain constant operations. Order the amount of each type of vaccine that suits the storage, handling, and administration capacity of your sites via the Citywide Immunization Registry. Reach out to the NYC Health Department for support in ordering vaccine (347-396-2400 or [nycimmunize@health.nyc.gov](mailto:nycimmunize@health.nyc.gov)).

Best practices shared by facilities:

- Use a single clinical record and a single inventory system, facilitating the redistribution of vaccine within a hospital network and ensuring equitable allocation while also eliminating the potential for wastage; however, real-time data is critical to rapid decision-making and reallocation.
- Staff vaccine clinics with a multi-disciplinary team to allow focused responsibilities for vaccine management such as having a pharmacist prepare each specific dose for immediate administration by a registered nurse; this ensures vaccine is administered within timeframes dictated for storage at different temperatures.
- Prepare labels with a clear date, time thawed, and use-by to ensure no doses are wasted.
- If scheduling is used, include a list of eligible (and available) staff on waitlist for the day; this allows for use of any end-of-day vaccine that may result from cancelled appointments.

## Prioritization, Eligibility, and Scheduling

New York State (NYS) continuously provides updates and guidance on eligible healthcare personnel in Phase 1A and is expected to soon move to Phase 1B. See a list of currently eligible groups on the New York State [COVID-19 Vaccine Information for Providers](#) page, in the “Prioritization Guidance” section.

Best practices shared by facilities:

- Maintain awareness of current NYS vaccine eligible groups by frequently (daily) verifying information on the NYS website (link above).
  - Once prioritization is established, all team members in that group are equally eligible. No one type of staff member or eligible client is given higher access. Thus, housekeepers and respiratory therapists are given access at the same time as doctors and nurses for a particular area.
- Create a system for rapid and regular communication with management teams about supply via web, video, group chat and/or email. The coordinating team should have routine check-in calls at the beginning and end of the day.

- Consider implementing self-scheduling for eligible employees. Ensure staff understand the information needed for proper reporting of vaccination and provide staff an opportunity to update their information, including race and ethnicity information, at time of scheduling.
- Open a high-volume vaccination clinic to accommodate all shifts including weekends and nights (e.g., 6 a.m.-11 p.m.).
- Routinely follow up with hospital and affiliated staff that initially opted to not be vaccinated to assess if their interest has changed and ensure access to vaccine as soon as interested.

### **Prescreening and Vaccine Clinic Safety**

Screening for eligibility, contraindications, and any required enhanced precautions and maintaining strong infection control and safety practices are essential to protecting clinic staff and vaccine recipients.

Best practices shared by facilities and the NYC Health Department:

- Designate qualified individuals to oversee infection control and operational safety in the vaccine clinic. These individuals should also be involved in planning.
- Hold a daily safety huddle with vaccine clinic staff at the start of the day and with each shift change to review key protocols and updates.
- If possible, clients should be prescreened for vaccine eligibility and symptoms prior to arrival. See NYS sample [COVID-19 Immunization Screening and Consent form](#) along with the NYS demographics [instructions](#) and required NYS [form](#) that can be completed prior to visit.
- Anyone with signs or symptoms of acute illness (e.g., fever, cough, sore throat) should not report to the vaccine clinic and should be instructed to follow up with a medical provider as appropriate.
- If prescreening is not possible, a dedicated staff member should be posted outside the vaccine clinic entrance to measure temperatures and screen for symptoms of COVID-19 (e.g., cough, fever, shortness of breath, sore throat).
- Place visible signage reminding clients of hand and respiratory hygiene and to report any concerning pre-vaccination symptoms to clinic staff. Ensure hand sanitizer is available at every station, at entrances, and in client waiting/observation areas.
- Have a written protocol and ensure staff are trained on recognizing anaphylaxis and managing medical emergencies following vaccination. **Refer to the Centers for Disease Control and Prevention’s (CDC) [guidance on managing post-vaccine anaphylaxis](#) and [Vaccine Coalition’s guidance](#) for more details.**

### **Administration**

The NYC Health Department is providing the below example for consideration of staffing and stations needed for a vaccine POD site capable of vaccinating 60 people per hour. If you wish to

learn about potential point of dispensing layout, job action sheets, and just-in-time training to establish this sort of POD please contact us at **EOC-HSSB-Liaison@health.nyc.gov**.

Example of staffing and stations needed to vaccinate 60 people per hour:

- Create stations with layout, logistics, number of staff, reporting structure, and job action sheets.
- Proposed roles with number of staff that should be designated:
  - Registration area: Greeter (1), Registration Flow Monitor (1-2), Infection Control Monitor (1)
  - Screening Station: Screening Quality Control Monitor (1), Prescreening Flow Monitor (1), Screener (1-2), Post-Screening Flow Monitor (1)
  - Medical Evaluation: Medical Evaluator (1+), Mental Health Staff (1+)
  - Dispensing: Dispenser (5-6), Post-Dispensing Flow Monitor (1), Quality Assurance Monitor and Community Affairs Liaison (1)
  - Command and Control: POD Team Leader (1), Staffing Coordinator (1), Public Information Officer (1), Flow Monitor Chief (1), Medical Affairs Chief (1), Runner (1), Facilities (1)

Best practices shared by facilities:

- Some hospitals opted to hold open vaccine clinics and mobile PODs for first doses. This allowed for maximized throughput to the vaccination stations with a constant stream of people arriving to be vaccinated (this may work best with larger networks); eligible patient care teams are further pulled as the lines get shorter.
- Set up staff vaccination stations at each site based on expected demand but also be ready to redistribute staff based on demand in a given day. Weekends and early and late hours should be accommodated. Facilities have often stayed open 24/7 if there was sufficient demand and supply.
  - Some facilities have utilized off-the-shelf software or applications to make appointments.
  - The CDC has the [Vaccine Administration Management System](#) (VAMS), an optional, web-based application to support vaccinations.
- Ensure adequate number of staff or clients are onsite or scheduled to receive all doses in a vial before puncturing.
  - Assign a staff member to be responsible for matching available doses with throughput, limiting to use of a single vial near the end of the scheduled clinic session.
  - Be prepared to be flexible with hours of operation to ensure all doses are administered.
  - Have a running waitlist ready with nearby staff who can be called, paged, or texted to come receive unused doses at the end of the last vial for the session.
  - If there are people who cannot get vaccinated, ensure they are prioritized in the next session.

- Written consent is not required by federal (Emergency Use Authorization) or State (adult immunization) laws or regulations for adult immunization for COVID-19. Clients must receive a fact sheet before vaccination.
- Have a documenter and administrator to facilitate throughput for the vaccination POD. All documents should be reviewed for completeness prior to POD entry. Use a single documentation system if possible and ensure that employees give an email address and cell phone for follow-up.

## **Second Dose Scheduling and Administration**

Per New York State Department of Health guidance, facility pharmacies must keep track of allotments shipped for use as second doses to ensure people complete the vaccine series. For facilities using both the Pfizer and Moderna vaccines, it is important to remember that the second dose must be of the same vaccine as the first dose.

Best practice shared by facilities:

- Unlike the first dose where appointments may not have been used, the second dose should be scheduled via an appointment.
- Ideally, the appointment for the second dose should be made at the time of the checkout from the first dose.
- Start reminder emails and/or text notifications four days prior to the appointment for the second dose.

## **Billing and Reporting**

The NYC Health Department recommends:

- Offsetting the costs of staffing, supplies, and space for vaccination activities by:
  - Maximizing available billing of insurance: Medicaid [toolkit](#) | Medicare [rules](#)
  - Requesting reimbursement for the administration of the COVID-19 vaccine through the [Provider Relief Fund](#) when vaccinating people with no health insurance or insurance that does not cover the administration fee.
- Streamlining reporting by developing or updating electronic health record integration with the [Citywide Immunization Registry](#).
- Supporting equitable distribution of vaccine by having individuals complete the required [NYS form](#). Instructions [here](#).

## **Planning Ahead: Expanding to Non-affiliated Health Care Personnel and Community Members**

To ensure the rapid and efficient distribution of vaccine, the NYC Health Department encourages hospitals to extend vaccination service to non-affiliated health care personnel and, once eligible, to high-risk patients and frontline essential workers. Vaccinating people from outside of your facility or network may pose challenges with scheduling and reporting, so it is important to begin to think through potential issues now.

Possible challenges to consider:

- Availability of vaccination locations outside your facility to improve access without limiting current operations. Consider partnering with local community-based organizations to identify pop-up spaces.
- Staffing needs to support additional hours of operation.
- Lack of integrated vaccine appointment scheduling system that can link to electronic medical records and eventually the Citywide Immunization Registry.
- Access to reliable shipments of vaccine.

We would like to hear about barriers that may affect your ability to vaccinate members of your community. Please tell us about these constraints and any best practices that you have found to overcome obstacles (such as rapid abbreviated registration systems to collect only data necessary for administering and reporting vaccine). Send all challenges and best practices to [EOC-HSSB-liaison@health.nyc.gov](mailto:EOC-HSSB-liaison@health.nyc.gov).

### **Personal Protective Equipment (PPE)**

The NYC Health Department recommends:

- Carefully tracking incoming deliveries and usage of PPE related to vaccination.
- Projecting the need for PPE during the coming week based on prior weeks and making adjustments based on expected changes in eligibility, volume, and staffing.
- If a shortage of PPE is slowing your vaccination, please place an order from the City Service Center via [Medline](#). Contact [EOC-HSSB-Liaison@Health.nyc.gov](mailto:EOC-HSSB-Liaison@Health.nyc.gov) with any questions.

### **Resources**

- NYC Health Department Vaccine Information
  - [General information](#)
  - [Provider information](#)
- NYS Department of Health
  - [Vaccine Information for Providers](#)
  - [Vaccine Program](#)
- CDC
  - [Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations](#)
  - [Guidance for Planning Vaccination Clinics at Satellite, Temporary, or Off-Site Locations](#)
  - [Health Care Closed Points of Dispensing](#)
  - [Vaccine Communication Toolkit/Addressing Hesitancy](#)
  - Standing Order Forms: [Pfizer-BioNTech](#) | [Moderna](#)
  - Guidance: [Pfizer-BioNTech](#) | [Moderna](#)
  - Pfizer-BioNTech [presentation on COVID-19, safety and efficacy](#)

- [Preparing for the Potential Management of Anaphylaxis at COVID-19 Vaccination Sites](#)
- Food and Drug Administration (FDA)
  - Patient fact sheets and translations: [Moderna](#) | [Pfizer](#)
  - [COVID-19 vaccines](#)
  - [Pfizer-BioNTech](#)
  - [Moderna](#)
  - [EUA table](#)
- CMS (information on allowable billing practices): Medicaid [toolkit](#) | Medicare [rules](#)
- Greater New York Hospital Association [Public Health Agency Vaccination Guidance](#)
- [ASPR TRACIE \(2020\). Hospital Operations Toolkit for COVID-19: Administration – Vaccine Logistics.](#)
- [Center for Infectious Disease Research and Policy: Resources and Training for Planning Closed Dispensing Sites](#)
- Primary Care Emergency Preparedness Network (2012). [Point of Dispensing \(POD\) Guidance Template for Outpatient Centers.](#)

**The NYC Health Department may change recommendations as the situation evolves. 1.7.21**