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LTC COVID-19 Update

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Today's Topics

- Vaccine education resources
- Facility COVID-19 vaccine check-up
- Holidays
- Q&A

Virtual Assisted Living Symposium, an on-demand event Nov 19-Dec 3, details [HERE](#)

Nutrition, Hydration and Weight Loss, a webinar on Nov 17, details [HERE](#)



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VACCINE EDUCATION

CONCERNS & MISCONCEPTIONS VIDEO SERIES BY INDIANA DEPARTMENT OF HEALTH



- [Getting the vaccine after getting COVID](#)
- [How bad are the side effects from the COVID vaccine?](#)
- [Can the COVID vaccine change your DNA?](#)
- [Weighing the risks of the COVID vaccine](#)
- [Can the COVID vaccine affect fertility?](#)
- [If you can still get COVID after the vaccine, what's the point?](#)

- ✓ Play videos in visitation rooms and waiting rooms.
- ✓ Share videos on website and on social media
- ✓ Share on multiple avenues with staff, residents and families



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COVID-19 Immunization

- **Policies and procedures**
 - ✓ When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless medically contraindicated or already occurred.



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COVID-19 Immunization Before offering the vaccine:

- ✓ Provide education regarding benefits and risks and potential side effects.
- ✓ Discuss multiple dose situations (2 shots, third shot, boosters)
 - Any changes in benefits or risks and potential side effects



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COVID-19 Immunization

- ✓ Always provide an opportunity to accept or refuse a COVID-19 vaccine and/or change decision.
 - ✓ Declination – Handout
 - ✓ Consent signed after required discussions
 - ✓ System in place to show pending vaccinations and action toward completion.



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Required Documentation – Resident

- Must be in the medical record:
 - ✓ Education provided regarding benefits and potential risks
 - ✓ Each dose administered (Who What When Where and How much)
 - ✓ Refusal or declination



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Required Documentation – Staff

- Maintain documentation in a designated place.
 - ✓ Provided education regarding the benefits and potential risks.
 - ✓ Offered the vaccine or information on obtaining COVID-19 vaccine.
 - ✓ COVID-19 Vaccine status of staff and related information as indicated by CDC.



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Operation Booster

- Communication
- How do your residents get COVID-19 vaccinations?
- Partnerships inside and outside the facility? – **go wide!**
- Let the person wanting a vaccine know what to expect.
- Show action in your documentation of progress toward shot in the arm.



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Holidays

- Compassionate Care Visits
- Essential Family Care
- Excursions – less than 24 hours
- Excursions – more than 24 = new admission
- Screen prior to entry
- Screen upon return
- Wear masks inside and social distance – face shields when necessary
- Community transmission rate check every two weeks



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Q&A

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THANK YOU!

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COVID-19 VACCINE DECLINATION FORM - **TEMPLATE**

Important Disclaimers (remove this section before using)

- *This template declination form is meant to support nursing homes in meeting the [CMS COVID-19 vaccine requirements](#).*
- *State specific regulations or laws are not accounted for. Facilities must review and make appropriate changes based on their individual state guidance.*

First Name:

Last Name:

Medical Record #:

N/A- Staff Member

Date of Birth:

Gender: Female Male

I understand that **[INSERT FACILITY NAME]** recommends that I receive the COVID-19 vaccine to protect myself, residents, staff, and others in the facility and surrounding community. **[INSERT FACILITY NAME]** has provided me information regarding the benefits and risks of the COVID-19 vaccine and provided me the opportunity to ask questions.

I acknowledge the following facts (please read and check each box):

I have received and reviewed the Centers for Disease Control and Prevention's (CDC) Vaccine Information Statement(s) or Emergency Use Authorization information explaining the Vaccine(s) and the disease(s) they prevent.

I understand that the COVID-19 vaccine is free of charge.

I understand that the COVID-19 is a serious respiratory virus. It has infected and killed hundreds of thousands of people and has caused many more hospitalizations. It is particularly dangerous to the residents of long-term care facilities and people with chronic medical conditions.

I understand that by getting the COVID-19 vaccine, I (or the recipient of the vaccine) can protect the residents, employees and family of this facility from COVID-19, its complications, and death.

I understand that the COVID-19 vaccination does not cause COVID-19.

I understand that by not getting the COVID-19 vaccine, I (or the recipient of the vaccine) will have to continue to adhere to CDC guidance for unvaccinated individuals in the healthcare facility. For staff, this means undergoing routine testing and for residents, this means only participating in activities and dining with social distancing and masks.

Despite these facts, I am choosing to decline the COVID-19 vaccine.

MY SIGNATURE BELOW ACKNOWLEDGES THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT AND REFUSE THE VACCINE PROPOSED WITHIN.

Signature of Staff, Resident or Representative

Date

Please retain this form for your records