

COVID-19 Vaccinations at Long Term Care Facilities

Background

COVID-19 vaccines have greatly reduced deaths and severe illness related to the SARS-CoV-2 virus in long term care facilities. As many post-acute and long-term care facilities continue to admit non-vaccinated residents, it is essential to continue to offer COVID-19 vaccines to maintain coverage rates and reduce the spread of the virus.

Long term care pharmacies, facility leaders and facility member organizations as well as others play a key role in this effort. The Washington State Department of Health (DOH) understands and appreciates the collaboration needed to ensure vaccine is available for new residents and staff. The following are critical components to support onsite vaccinations for new residents and staff.

COVID-19 Vaccine Guidance

People who administer COVID-19 vaccines should take training and adhere to storage and handling guidance at each step to ensure vaccine efficacy and safety. In general, vaccine providers are responsible for maintaining cold-chain and following other storage and handling requirements from the manufacturer. The Centers for Disease Control and Prevention (CDC) recommends you have:

1. [Well-trained staff](#)
2. Appropriate equipment to store the vaccine and monitor temperatures including:
 - a. Portable freezer, refrigerators or container qualified to maintain proper temperatures
 - b. Use of a digital data logger to monitor temperature with a buffered probe
3. Written policies and procedures

PLANNING FOR RESIDENT VACCINATIONS

Long term care pharmacies should be prepared to properly store and distribute COVID-19 vaccines to their facility staff and/or other qualified individuals. As supplies are available, long term care pharmacies will be able to distribute the COVID-19 vaccine just like other vaccination programs like influenza, pneumonia, herpes zoster, etc.

In the future, it may be possible for all residents to receive vaccinations before they are discharged from the hospital and/or admitted to the facility. For now, it will be essential for

long term care member organizations to work with DOH and pharmacies to make sure that residents and staff can access the vaccine.

If staff at your facility are not qualified to vaccinate residents, you can use home health services, local resources like visiting nurses, and long term care pharmacies as a bridge until community vaccination rates are higher.

VACCINE STORAGE AND HANDLING

Transporting the vaccine is an additional challenge, as it might not always be feasible or safe to transport a multidose vaccine vial. Due to the potential for cross contamination of contents, CDC does not recommend routine transportation of vaccines in a non-manufacturer filled syringe. More information is included in the [COVID-19 Transportation Guidance](#).

To transport vaccine, you should follow:

1. [CDC temperature monitoring guidance toolkit](#)
2. Vaccine-specific transportation best practices
 - a. [Pfizer-BioNTech](#)
 - b. [Moderna](#)
 - c. [Janssen \(Johnson & Johnson\)](#)

Although CDC recommends vaccines to be transported in the manufacturer's multidose vials, there may be a few specific situations where you can transport vaccine in a predrawn syringe for safety or in order to prevent cross contamination. These situations include:

1. You are only using a single dose at a location, and there is a risk that the vials could be cross contaminated due to the environment.
2. You may waste doses in the multidose vial due to the transportation time or use-by time identified for vaccine efficacy.

If you determine from your vaccine plan and environment that predrawn syringes are safer, then you should plan and implement these steps:

1. Label both the predrawn syringe(s) and transportation container (e.g. resealable plastic bag) used to hold the syringe(s) with:
 - a. Name and dosage amount
 - b. Exact beyond-use date and time
 - c. Lot number
 - d. Preparer's name/initials
2. Follow temporary storage container and temperature monitoring guidance:
 - a. **Moderna:** Predrawn syringes can either be stored for six hours in the refrigerator at 2°C to 8°C (36°F to 46°F) or at room temperature at 15°C to 25°C (59°F to 77°F) after the vial is initially punctured. Initial vaccination dose is followed by a booster dose at 28 days.

- b. **Pfizer-BioNTech:** Predrawn syringes can be stored for six hours at 2°C to 25°C (36°F to 77°F) after the vaccine is mixed. Initial vaccination dose is followed by a booster dose at 21 days.
- c. **Janssen/Johnson & Johnson:** Single dose vaccine. After the first dose has been withdrawn, hold the vial between 2° to 8°C (36° to 46°F) for up to six hours or at room temperature (maximally 25°C/77°F) for up to two hours. Discard the vial if vaccine is not used within this time.

See the [CDC's Storage and Handling Toolkit](#) for more information.

AUTHORIZED PROVIDERS TO ADMINISTER AND ORDER VACCINES

We encourage pharmacies to provide onsite support for resident vaccinations. The pharmacy can coordinate with onsite staff for vaccine administration if appropriate, but it is essential to ensure all safety requirements are maintained. See the [Providers Authorized to Administer and Order Vaccines chart](#) for information on who can administer and order vaccines at your facility.

WASHINGTON STATE STANDING ORDER FOR VACCINATIONS

The Washington State standing order for COVID-19 vaccinations is based on nationally recommended standards. It includes important safety requirements related to licensing, recipient screening and post vaccination monitoring. [See the DOH website for current standing orders.](#)

SHARED KNOWLEDGE OF EXPECTATIONS

The pharmacy and long-term care facility should have an agreement in place prior to administering vaccinations that defines the following:

1. Chain of custody for the vaccine to ensure efficacy of the vaccine and safety for administration.
2. Processes for vaccine delivery and administration to ensure safety and efficacy.
3. Process for documentation of vaccine administration in the [Washington State Immunization Information System](#).
4. Onsite management of screening for recipients, vaccine administration, post vaccination monitoring, emergency response processes including [essential equipment identified in the DOH standing orders for COVID-19 vaccine administration](#).
5. Predetermined communication channels between the pharmacy and long-term care facility to ensure vaccination series completion, follow up of any concerns, and/or vaccine adverse events for reporting.

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