

# Community COVID-19 Vaccinations

## CCFFH, ARCH/EARCH, DD Dom & Foster Homes

WHAT YOU NEED TO KNOW AND HOW TO BE PREPARED

PRESENTED BY STATE OF HAWAII  
COMMUNITY DWELLING LTC (CDLTC) COVID-19 VACCINATION TASK FORCE



# Agenda

- ▶ General Information - COVID-19 Vaccine
- ▶ Statewide Vaccination Roll Out
- ▶ FAQ



## CDLTC Task Force

Purpose: To get community dwelling long-term care (LTC) individuals vaccinated as early as possible to decrease morbidity & mortality.





# Benefits of getting a COVID-19 Vaccine

According to the Centers for Disease Control and Prevention (CDC), the COVID-19 vaccination

- ▶ Will help keep you from getting COVID-19
- ▶ Is a safer way to help build protection
- ▶ Will be an important tool to help stop the pandemic





# Moderna COVID-19 Vaccine

- ▶ Injection in muscle
- ▶ Vaccination with 2 doses – given 1 month apart
  - ▶ Same vaccine for both doses
  - ▶ Same vaccination provider for both doses
- ▶ Must be 18 years and older
- ▶ Safety and Effectiveness
  - ▶ Not a live vaccine
  - ▶ 95% effective in vaccine trials



# What to tell your vaccination provider?

Tell your vaccination provider all your medical conditions, including

- ▶ have any allergies
- ▶ have a fever
- ▶ have a bleeding disorder or are on a blood thinner
- ▶ are immunocompromised or are on a medicine that affects your immune system
- ▶ are pregnant or plan to become pregnant
- ▶ are breastfeeding
- ▶ have received another COVID-19 vaccine



# Who should ***not*** be vaccinated?

- ▶ had a severe allergic reaction after a previous dose of this vaccine
- ▶ had a severe allergic reaction to any ingredient of this vaccine

# Side Effects and Signs of Reaction

- ▶ Injection site reaction
  - ▶ pain, tenderness, swelling (hardness), and redness
- ▶ General side effects
  - ▶ fatigue, headache, muscle pain, joint pain, chills, nausea, vomiting, and fever
- ▶ Signs of **severe allergic reaction**
  - ▶ Difficulty breathing
  - ▶ Swelling of your face and throat
  - ▶ A fast heartbeat
  - ▶ A bad rash all over your body
  - ▶ Dizziness and weakness





# What should you do about your side effects?

- ▶ **Severe allergic reaction**

- ▶ Call 9-1-1 or go to the nearest hospital.

- ▶ Side effects that bother you or don't go away

- ▶ Call the vaccination provider or your healthcare provider





# CDC Considerations



- ▶ History of a previous or current COVID-19 infection
  - ▶ You may receive a COVID-19 vaccine if you have had a previous COVID-19 infection.
  - ▶ If you have a current COVID-19 infection, you should wait until you are better and have completed your isolation time before coming in to get a COVID-19 vaccine.
  - ▶ After COVID-19 infection, no recommended minimum wait time between recovering from a COVID-19 infection and getting a COVID-19 vaccine.
- ▶ History of unprotected exposure to a person who tested positive for COVID-19
  - ▶ Complete 14 day quarantine before coming in to get a COVID-19 vaccine.
- ▶ If you have been treated with a monoclonal antibody or convalescent plasma
  - ▶ Wait at least 90 days to get a COVID-19 vaccine after treatment.





# CDC Considerations cont.



## ▶ Special populations:

- ▶ A COVID-19 vaccine may be administered to immunocompromised individuals but the vaccine has not been fully studied in this population, for example
  - ▶ people with HIV
  - ▶ people on immunosuppressive medications
- ▶ Women who are pregnant or breastfeeding should talk with doctor or healthcare provider to decide on getting a COVID-19 vaccine.
- ▶ If you have any additional questions, talk to your doctor or healthcare provider before getting the Moderna COVID-19 vaccine.



# Statewide Vaccination Roll Out Plan



# Long-Term Care Residential Settings

- ▶ Adult Residential Care Homes (ARCH) and Expanded ARCH
- ▶ Community Care Foster Family Homes
- ▶ Adult Foster Homes for Intellectual/Developmental Disabilities
- ▶ Developmentally Disabled Domiciliary Homes

## Phase 1a

December 2020 – January 2021

Healthcare  
Workers

Paid and unpaid personnel serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials

Est. total: 40,000

Long-Term  
Care  
Facility  
Residents

Adults who reside in facilities that provide a variety of services, including medical and personal care to individuals unable to live independently

Est. total: 10,000



# Target Population

- ▶ Residents
- ▶ Primary caregiver
- ▶ Substitute caregivers
- ▶ Other household members that help with care
- ▶ Household member 75+ yo

All persons receiving the vaccine must reside in the same home.







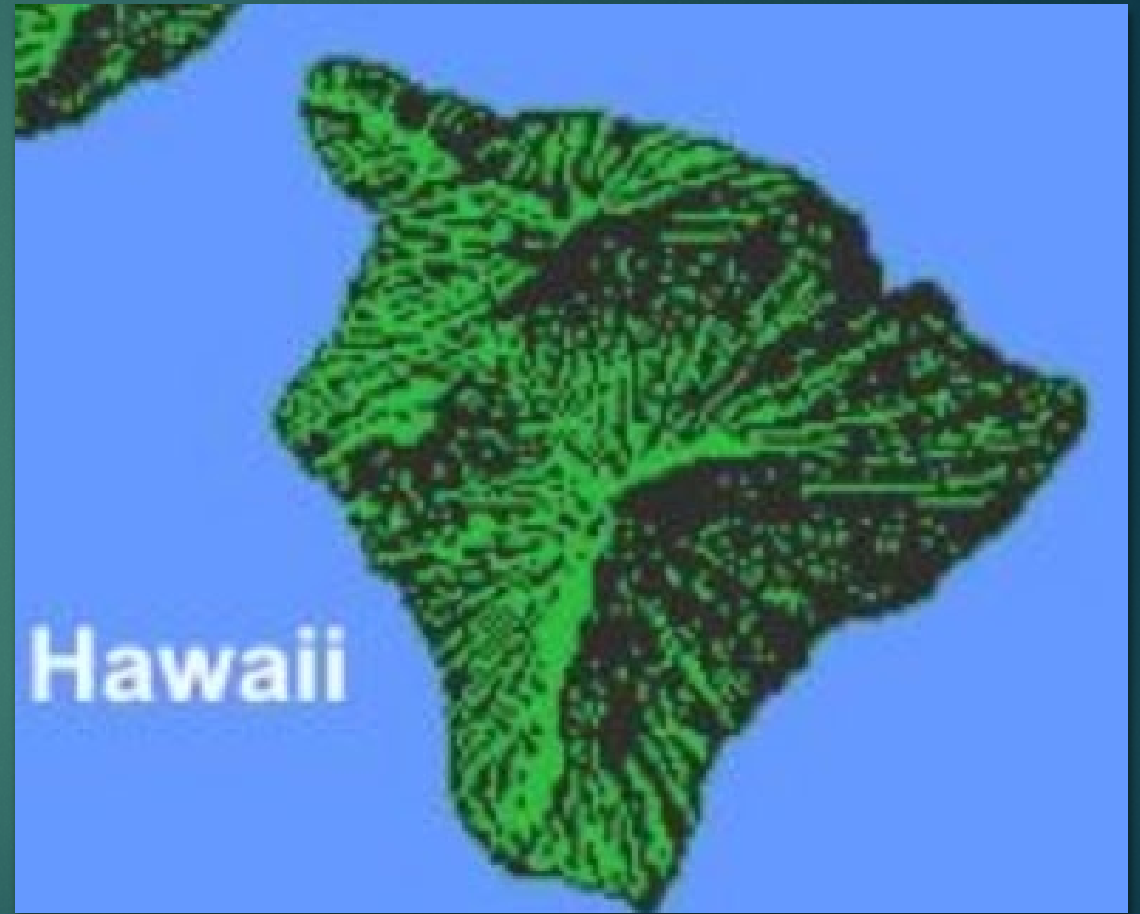
## Local Independent Pharmacies Collaboration on Immunizations

- ▶ KTA Pharmacy
- ▶ Pharmacare
- ▶ 5 Minute Pharmacy
- ▶ Times Pharmacy
- ▶ Foodland Pharmacy
- ▶ QMC POB Pharmacy
- ▶ ElixRx Pharmacy



# Hawaii Island ONLY

- ▶ Department of Health, District Health Office (DHO)
- ▶ Partnership with KTA Pharmacy
- ▶ Drive Thru clinics and In-home





# Hawaii Island ONLY

**Step 1:** Pre-register and schedule your appointment online for Drive Thru

|               | Clinic Location               | Date                     | Time             |
|---------------|-------------------------------|--------------------------|------------------|
| <u>Select</u> | HILO Civic Auditorium         | Friday, January 15, 2021 | 8:30am to 2:30pm |
| <u>Select</u> | KONA Community Aquatic Center | Friday, January 22, 2021 | 9:00am to 1:00pm |
| <u>Select</u> | PAHOA Gym Parking Lot         | Monday, January 25, 2021 | 9:00am to 1:00pm |
| <u>Select</u> | HILO Civic Auditorium         | Friday, January 29, 2021 | 8:30am to 2:30pm |



# Hawaii Island ONLY

## Step 2: Sign Consent Form

- ▶ Online <https://form.jotform.com/203641949516057>  
OR
- ▶ Print a copy and sign





# Vaccination Consent and Release



|  |               |              |          |
|--|---------------|--------------|----------|
| Select   |               |              |          |
| Salutation (None, Mr., Ms. Mrs., Dr., Prof.)     | Last Name     | First Name   | M.I.     |
| Select   |               |              |          |
| Gender (Female, Male, Decline to Specify, Other) | Date of Birth | Phone Number | E-mail   |
|  |               |              |          |
| Street Address                                   | City          | State        | ZIP code |

|  |   |                               |                           |
|--|---|-------------------------------|---------------------------|
| Ethnicity:                                   | Hispanic or Latino                        | Not Hispanic or Latino        | Unknown/Not Reported      |
| Race:  | American Indian or Alaska Native          | Asian                         | Black or African American |
|  | Native Hawaiian or Other Pacific islander | White                         | Unknown/Not Reported      |
| List any medications:                        |   |                               |                           |
| List any other relevant medical information: |   |                               |                           |
|  |   |                               |                           |
| Primary Insurance                            | Insurance ID                              | Name of Primary Care Provider | PCP Phone Number:         |

|   | Yes                      | No                       | Don't Know               |
|---|--------------------------|--------------------------|--------------------------|
| Have you been previously vaccinated with any COVID-19 vaccine?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, product name: <input type="text"/> Date received: <input type="text"/>  |                          |                          |                          |
| If vaccine product Moderna COVID-19 vaccine AND at least 28 days since date received, proceed to screening questions.   |                          |                          |                          |
| If vaccine product NOT Moderna COVID-19 vaccine, STOP. Moderna COVID-19 vaccine will NOT be administered.   |                          |                          |                          |
| Screening Questions to determine If you may be vaccinated today   |                          |                          |                          |
|   | Yes                      | No                       | Don't Know               |
| 1. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to a vaccine, any component of this or other vaccines, or to any injectable medication (intramuscular, intravenous, or subcutaneous)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a history of a severe allergic reaction (e.g., anaphylaxis) to any medications, foods, pets, insects, venom, environmental triggers, or latex?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you sick today?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Considerations from the CDC

Administration of Moderna COVID-19 vaccine with other vaccines.

- You should wait at least 14 days after getting any other vaccine before you come to get the Moderna COVID-19 vaccine.

# KTA-Hawaii Consent Page 1



Vaccination Consent  
and Release



Recipient Name (Last)  (First)  Date of Birth

Considerations from the CDC (Continued)

History of unprotected exposure to a person who tested positive for COVID-19 in the last 14 days

- If you have had an unprotected COVID-19 exposure, you should wait to complete your quarantine before coming in to get a COVID-19 vaccine.

If you have been treated with a monoclonal antibody or convalescent plasma

- You should wait at least 90 days to get a COVID-19 vaccine after treatment with a monoclonal antibody or convalescent plasma for a COVID-19 infection.

Special populations:

- A COVID-19 vaccine may be administered to immunocompromised individuals, including people with HIV and those on immunosuppressive medications, but the vaccine has not been fully studied in this population.
- Women who are pregnant or breastfeeding should talk with their providers to decide on getting a COVID-19 vaccine. It is not known if the Moderna COVID-19 vaccine is safe and effective during pregnancy or when breastfeeding.

If you have any additional questions after reviewing the above information, talk to your doctor or healthcare provider before getting the Moderna COVID-19 vaccine.

Acknowledgment

*I have been given a copy of the Fact Sheet for Recipients and Caregivers for the Emergency Use Authorization (EUA) of the Moderna COVID-19 vaccine and have read it. I have had the chance to ask questions and I am satisfied with the answers and explanations given. I understand that this vaccine has not yet been approved by the Food and Drug Administration ("FDA"), and is being given under an FDA issued EUA. I confirm that KTA Super Stores, on behalf of its pharmacy operations in all divisions, has answered to my satisfaction all of my questions about the vaccine and the vaccination procedure. I understand the benefits and risks of this vaccine and ask that the vaccine be given to me, or the person for whom I am authorized to make this request. I understand that because this is not an FDA-approved vaccine but is being given under an FDA issued Emergency Use Authorization, KTA, its divisions and affiliates and their respective officers, directors, employees, agents and representatives are immune from civil liability under federal and state law for all claims for loss related to any known or unknown side effects and/or injuries, including but not limited to death, that I, or the person for whom I am authorized to make this request, may experience from this vaccine. This immunity means that if I file a lawsuit against KTA, the court must dismiss any such lawsuit, and the only exception to this immunity is for claims for willful misconduct. I understand that I am giving KTA permission to release any medical or other information necessary to my physician, Medicare, Medicare HMO, or insurance company, as applicable, to enable KTA to process my insurance claims with respect to the vaccination. In addition, I have received information regarding the Hawaii Immunization Registry (see attached).*

Recipient/Parent/Legal Guardian/POA Name (Please Print)

Signature of Recipient/Parent/Legal Guardian/POA

Date

KTA-Hawaii  
Consent  
Page 2





## Hawaii Island ONLY-

## What to expect day of the clinic?

- ▶ Arrive at your scheduled time
- ▶ Follow signs and/or instructions when entering site
- ▶ Bring
  - ▶ Government issued I.D. (State I.D., Drivers license, passport, etc.)
  - ▶ Medical insurance card
  - ▶ Printed consent form if you have filled out the form fillable consent form
- ▶ Face masks are required



# Hawaii Island ONLY

## What else to expect day of the clinic?

1

Pre-screening for signs/symptoms of COVID-19

2

Wear attire that allow the immunizer to easily administer vaccine in upper arm

3

Required to stay on-site for at least 15 minutes after vaccination

4

Schedule your second dose after vaccination





# Hawaii Island ONLY

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## In-Home Vaccination

- ▶ Recommended for non-ambulatory/bed bound residents
- ▶ KTA Pharmacy will contact homes by phone to schedule appointments
- ▶ Homes must have consent forms signed before appointments



# Hawaii Island ONLY

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## In-Home Vaccination Dates

### ▶ **1st DOSE**

- ▶ 1/19: Hilo
- ▶ 1/20: Kona
- ▶ 1/26: N. Hawaii (Waimea, Honokaa)
- ▶ 2/2: Puna

### ▶ **2nd DOSE**

- ▶ 2/16: Hilo
- ▶ 2/17: Kona
- ▶ 2/23: N. Hawaii (Waimea, Honokaa)
- ▶ 3/3: Puna



# Kauai and Maui ONLY



- ▶ Department of Health, District Health Office (DHO)
- ▶ Partnership with local pharmacy
- ▶ Drive Thru, Walk In, and In-home
- ▶ Pharmacy will contact homes via email or phone to schedule appointments
- ▶ Homes must have consent forms signed before appointments
- ▶ DHO/Pharmacy will provide the consent form

# Oahu ONLY

- ▶ Department of Health
- ▶ Partnership with
  - ▶ Pharmacare
  - ▶ Queen's
  - ▶ 5 Minute
  - ▶ ElixRx
  - ▶ Times
  - ▶ Foodland





# Persons living in intellectual and/or developmental disability Adult Foster or Domiciliary Home



- ▶ Drive thru/walk in, In Home
- ▶ DDD case manager will contact participant/family to help with pre-registration and consent



# Persons living in Community Foster and Residential Care Homes

- ▶ In Home
- ▶ Pharmacy will contact homes by phone to schedule appointment
- ▶ Case manager and primary caregiver will help with getting consent signed by the resident or POA







Oahu ONLY

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In Home  
Vaccination  
By City

- ❖ **Waipahu**
  - ❖ 5 Minute, Times, Pharmacare
- ❖ **Ewa Beach-Kapolei-Waianae**
  - ❖ Pharmacare
- ❖ **Pearl City-Aiea-Salt Lake**
  - ❖ Times
- ❖ **Kalihi-East Honolulu**
  - ❖ QMC POB
- ❖ **Mililani-Wahiawa-Waialua**
  - ❖ Foodland
- ❖ **Kailua-Kaneohe**
  - ❖ ElixRx



# Oahu ONLY

## In-Home Vaccination

- ▶ Pharmacy will contact homes by phone to schedule appointments
- ▶ Tentative start date January 17, 2021
- ▶ Homes must have consent forms signed before appointments
- ▶ Case manager and primary caregiver will help with getting consent signed by the resident or POA





# Oahu ONLY

## Importance of Signed Consent

- ▶ Competent residents
  - ▶ Can sign own Consent
- ▶ Residents with guardians and power of attorneys (POA)
  - ▶ Case managers will help obtain signatures from guardian/POA

# OAHU ONLY- CPESN Consent Page 1



## Moderna® COVID-19 Vaccination Consent and Release

|  |               |              |          |
|--|---------------|--------------|----------|
| Select   |               |              |          |
| Salutation (None, Mr., Ms. Mrs., Dr., Prof.)     | Last Name     | First Name   | M.I.     |
| Select   |               |              |          |
| Gender (Female, Male, Decline to Specify, Other) | Date of Birth | Phone Number | E-mail   |
|  |               |              |          |
| Street Address                                   | City          | State        | ZIP code |

|            |   |                        |                           |
|------------|---|------------------------|---------------------------|
| Ethnicity: | Hispanic or Latino                        | Not Hispanic or Latino | Unknown/Not Reported      |
| Race:      | American Indian or Alaska Native          | Asian                  | Black or African American |
|            | Native Hawaiian or Other Pacific islander | White                  | Unknown/Not Reported      |

|  |  |  |  |
|--|--|--|--|
| List any medications:                        |  |  |  |
| List any other relevant medical information: |  |  |  |
|  |  |  |  |

|                   |              |                               |                   |
|-------------------|--------------|-------------------------------|-------------------|
| Primary Insurance | Insurance ID | Name of Primary Care Provider | PCP Phone Number: |
|-------------------|--------------|-------------------------------|-------------------|

### Considerations from the CDC

Administration of Moderna COVID-19 vaccine with other vaccines.

- You should wait at least 14 days after getting any other vaccine before you come to get the Moderna COVID-19 vaccine.
- It is not known if getting the Moderna COVID-19 vaccine within 14 days of another vaccine will affect how each vaccine works.

History of a previous or current COVID-19 infection

- You may receive a COVID-19 vaccine if you have had a previous COVID-19 infection.
- If you have a current COVID-19 infection, you should wait until you are better and have completed your isolation time before coming in to get a COVID-19 vaccine.
- There is no recommended minimum time between recovering from a COVID-19 infection and getting a COVID-19 vaccine.

History of unprotected exposure to a person who tested positive for COVID-19 in the last 14 days

- If you have had an unprotected COVID-19 exposure, you should wait to complete your quarantine before coming in to get a COVID-19 vaccine.

If you have been treated with a monoclonal antibody or convalescent plasma

- You should wait at least 90 days to get a COVID-19 vaccine after treatment with a monoclonal antibody or convalescent plasma for a COVID-19 infection.

Special populations:

- A COVID-19 vaccine may be administered to immunocompromised individuals, including people with HIV and those on immunosuppressive medications, but the vaccine has not been fully studied in this population.
- Women who are pregnant or breastfeeding should talk with their providers to decide on getting a COVID-19 vaccine. It is



# OAHU ONLY- CPSEN Consent Page 2

Recipient Name

Consent for Service Yes (please initial)

I verify that I have been provided with and have read (or had read to me) (1) the for Recipients and Caregivers for the Emergency Use Authorization (EUA) of the Moderna COVID-19 vaccine ("vaccine"); (2) this Moderna COVID-19 Vaccination Consent and Release Form; and (3) any additional information provided to me concerning COVID-19 vaccination. I acknowledge that I have had a chance to ask questions of a healthcare professional about the Vaccine and understand that the Vaccine will be given in two separate doses, at least four weeks apart. I understand the known and the potential benefits of receiving the Vaccine, and I understand there may be risks to the Vaccine that are not known at this time. I understand that the FDA has authorized use of the Vaccine under an Emergency Use Authorization (EUA) and that there is currently not enough scientific evidence available for the FDA to fully approve this or any other COVID-19 vaccine. I nonetheless request and consent to the Vaccine being given to me.

Limitation of Liability Yes (please initial)

I understand that because this is not an FDA-approved vaccine but is being given under an FDA issued Emergency Authorization, CPSEN Hawaii, its divisions and affiliates and their respective officers, directors, employees, agents and representatives are immune from civil liability under federal and state law for all claims for loss related to any known or unknown side effects and/or injuries, including but not limited to death, that I, or the person for whom I am authorized to make this request, may experience from this vaccine. This immunity means that if I file a lawsuit against CPSEN Hawaii, the court must dismiss any such lawsuit, and the only exception to this immunity is for claims for willful misconduct.

Authorization to Release Information for Medical Treatment and/or Payment Yes (please initial)

I understand that I am giving CPSEN Hawaii permission to release any medical or other information necessary to my physician, Medicare, Medicare HMO, or insurance company, as applicable, to enable CPSEN Hawaii to process my insurance claims with respect to the vaccination.

Recipient/Parent/Legal Guardian/POA Name (Please Print)

Signature of Recipient/Parent/Legal Guardian/POA

Date

Vaccine Documentation (Pharmacy Use ONLY)

| Vaccine          | Dose #   | Date Administered | Dose Size | Route/Site       | Lot No. | Exp Date | Name/Title of Vaccine Administrator |
|------------------|----------|-------------------|-----------|------------------|---------|----------|-------------------------------------|
| Moderna COVID-19 | #1<br>#2 |                   | 0.5 ml    | IM L / R Deltoid |         |          |                                     |



# Oahu ONLY-

## What to expect day of in home visit?

- ▶ Be available outside during your scheduled timeframe
- ▶ Face masks are required
- ▶ Have available
  - ▶ Government issued I.D. (State I.D., Drivers license, passport, etc.)
  - ▶ Medical insurance card
  - ▶ Consent form



Oahu ONLY

# What else to expect day of in home visit?

1

Pre-screening for signs/symptoms of COVID-19

2

Wear attire that allow the immunizer to easily administer vaccine in upper arm

3

Required to stay on-site for at least 15 minutes after vaccination

4

Schedule your second dose after vaccination

# Information/Fact Sheet

## HAWAII IMMUNIZATION REGISTRY INFORMATION

### INFORMATION CONTAINED IN THE REGISTRY

- Immunization information including but not limited to vaccine type, date of vaccine administration, vaccine administration site and route, lot number, expiration date, patient's history of vaccine preventable diseases, contraindications, precautions, adverse reactions, and/or comments regarding vaccinations.
- Personal information including but not limited to an individual's first, middle, and last name, date of birth, gender, mailing address, phone number, parent/guardian name, parent/guardian relationship to the individual, their contact information, and mother's maiden name.

### CONFIDENTIALITY AND PRIVACY INFORMATION

All authorized users and the Department of Health Immunization Branch acknowledge that the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (PL

## FACT SHEET FOR RECIPIENTS AND CAREGIVERS EMERGENCY USE AUTHORIZATION (EUA) OF THE MODERNA COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 18 YEARS OF AGE AND OLDER

You are being offered the Moderna COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2. This Fact Sheet contains information to help you understand the risks and benefits of the Moderna COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19.

The Moderna COVID-19 Vaccine is a vaccine and may prevent you from getting COVID-19. There is no U.S. Food and Drug Administration (FDA) approved vaccine to prevent COVID-19.







# FAQ

- ▶ What if I'm sick on day of my scheduled vaccination appointment?
- ▶ What if my resident is hospitalized or in the ER?
- ▶ What if a new resident is admitted after vaccination visit?
- ▶ What if the consent was not received in time of appointment (family/POA was out of town or late)?
- ▶ Can I get a vaccine if I'm pregnant or breast feeding?
- ▶ What if I do not have medical insurance?



# FAQ

- ▶ What if my resident does not have a government issued I.D.?
- ▶ What if my substitute caregiver does not live in the my house?
- ▶ Are caregivers vaccinated the same time with residents?
- ▶ What if my resident refuses to take the vaccine?
- ▶ Can a person who has been vaccinated contract the virus and transmit the virus to another person after the first injection?
- ▶ If we don't hear from a pharmacy by the end of January, who can we contact to follow up?





# COVID-19 Vaccine

Hawaii CO

<https://hawaiicovid19.com/vaccine/>

