

# Hospitalized Patient COVID-19 Vaccination Procedure

<p><b>Purpose:</b></p> <ul style="list-style-type: none"> <li>To provide COVID-19 vaccination to eligible inpatients</li> </ul> <p><b>Site:</b></p> <ul style="list-style-type: none"> <li><b>Environment:</b> <ul style="list-style-type: none"> <li>Island Health acute care facilities listed only: <ul style="list-style-type: none"> <li>RJH, VGH, SPH, CDH, NRGH, WCGH, CVH, CRH</li> </ul> </li> </ul> </li> </ul>	<p><b>Scope:</b></p> <ul style="list-style-type: none"> <li><b>Audience:</b> All Healthcare Professionals caring for patients in acute care</li> <li><b>Indications:</b> <ul style="list-style-type: none"> <li>Hospitalized</li> <li>Eligible for COVID-19 vaccination (both by roll-out criteria and medically)</li> </ul> </li> <li><b>Exceptions:</b> <ul style="list-style-type: none"> <li>Not for pediatric populations, or any group that is not yet approved for mass immunization</li> <li>Not for any sites not listed to the left</li> </ul> </li> </ul>
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## Need to know:

- The intention of providing COVID-19 vaccination to eligible inpatients is to:
  - Facilitate vaccination of eligible inpatients who may otherwise not have opportunity for outpatient vaccination, or where outpatient vaccination may be challenging
  - Increase immunity of clients at higher-risk of COVID-19 related morbidity and mortality
  - Increase overall immunity levels within hospital sites
  - This program is opportunistic and not obligatory
- In-hospital immunization must follow eligibility criteria in this document, unless explicitly directed by Physician Lead, Mass Immunization.
- For guidance on how and when to order immunization for your patients please (see [Appendix 4](#)).
- Your role and responsibility as the; site director/delegate, ordering physician/nurse practitioner (NP), pharmacist (see [Appendix 2](#)), unit collection delegate (collect pre-filled syringes from pharmacy), nurse participator in informed consent, assigned unit COVID-19 immunizer, CNE/CNL documenter on the eForm, and Tally Sheet documenter (see [Appendix 3](#)).

## Preparing for, Ordering and Administering the COVID-19 Immunization

What you need to do	What you need to know
1. Determine eligibility of your patient	<ul style="list-style-type: none"> <li>• Eligibility for FIRST doses: <ul style="list-style-type: none"> <li>○ 12+ (born 2009 or earlier)</li> </ul> </li> <li>• Eligibility for SECOND doses: <ul style="list-style-type: none"> <li>○ For Moderna or Pfizer, minimum 28 days since first dose</li> <li>○ mRNA vaccine can be offered to patient who received AstraZeneca/COVISHIELD as first dose with same guidance as above</li> </ul> </li> <li>• Eligibility for THIRD dose or booster dose: <ul style="list-style-type: none"> <li>○ Any resident of LTC or AL</li> <li>○ Immunocompromised as per <a href="#">BC Ministry recommendations</a></li> <li>○ Minimum of 28 days since receipt of 2<sup>nd</sup> dose</li> </ul> </li> <li>• This document will be updated when eligibility changes</li> <li>• Exceptions to current eligibility are not available</li> <li>• If you are unsure of your patient's immunization status, check CareConnect and/or contact public health prior to proceeding</li> </ul>

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<ol style="list-style-type: none"> <li>2. Order COVID-19 Vaccine for eligible patient               <ol style="list-style-type: none"> <li>a. Confirm consent obtained/refused in chart/record</li> <li>b. Confirm with patient/family or if unsure look up the patient's vaccination status on Care Connect under immunizations to confirm the patient hasn't already been vaccinated.</li> <li>c. Physician/NP order for "COVID Moderna 0.5ml IM or Pfizer 0.3ml IM, consent obtained" or complete physician pre-printed order form (preferred)</li> <li>d. If patient ALCAAP or high risk of ALCAAP order "COVID Moderna 0.5ml IM or Pfizer 0.3ml IM, consent obtained"</li> </ol> </li> <li>3. Nurse (RN, RPN, LPN) participating in obtaining informed consent for COVID-19 vaccine               <ol style="list-style-type: none"> <li>a. Use appropriate vaccine information to support consent conversation</li> <li>b. Request informed consent from patient or if applicable from Substitute Decision Maker (SDM) or Temporary Substitute Decision Maker (TSDM).</li> <li>c. Document obtained/refusal of consent</li> <li>d. Document the use of the Ministry BCCDC form on chart/record (if SDM/TSDM applicable)</li> </ol> </li> </ol>	<ul style="list-style-type: none"> <li>• Patient Assessment/Clinical eligibility criteria for COVID-19 vaccine (see <a href="#">Appendix 4</a>)</li> <li>• <a href="#">COVID-19 mRNA Vaccine mRNA-1273-Moderna</a></li> <li>• <a href="#">COVID-19 mRNA Vaccine mRNA BNT162b2-Pfizer</a></li> <li>• <a href="#">Island Health COVID-19 Vaccine Intranet Page</a></li> <li>• Physician will need to order only if patient will still be in hospital when vaccine delivered next day (i.e. don't order if D/C order next day)</li> <li>• Discharging is priority over immunization</li> <li>• If second dose, clarify date with public health prior to order</li> <li>• See <a href="#">Appendix 5</a> for <a href="#">Clinical Order Set</a> or embedded here:               <div style="text-align: center;">                   PHARM2803Oct2021                  - COVID-19 Immuniza               </div> </li> <li>• Informed Consent: <a href="#">BCCDC Communicable Disease Control Manual Chapter 2: Informed Consent for Immunization P.12</a></li> <li>• <a href="#">Elements of Consent</a>                If Adult patient assessed as incapable of giving informed consent, follow appropriate process for identifying Substitute Decision Maker (SDM) or Temporary Substitute Decision Maker (TSDM) – see <a href="#">Elements of consent</a> and the <a href="#">BCCDC Ministry of Health Consent for Vaccine form (for adults assessed as incapable of giving informed consent)</a>.</li> </ul>
<ol style="list-style-type: none"> <li>4. Pharmacy collates all vaccine orders each day for next day. Suggest building a custom Powerchart list for ease of entry and documentation</li> </ol>	<ul style="list-style-type: none"> <li>• Cut-off time for orders will be 1330 hrs</li> </ul>
<ol style="list-style-type: none"> <li>5. Pharmacy generates list of patients and locations for immunization the next day</li> </ol>	<ul style="list-style-type: none"> <li>• Collect more orders than intended to give to account for acute patient changes or refusals at time of administration e.g. collect 25 orders,</li> </ul>

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	<p>but only 20 will be prepared and delivered.</p> <ul style="list-style-type: none"> <li>Some sites may need 2 days for delivery</li> </ul>
6. Pharmacy submits list to Site Director/Delegate by 1400 hrs	<ul style="list-style-type: none"> <li>List needs to include patient names, rooms</li> <li>Final list of approval needs to be rounded off to nearest '10' for Moderna to use all doses in vials or '6' for Pfizer doses.</li> <li>If more than a multiple of 10 or 6, all names are submitted and Site Director/Delegate determines the patients who are most eligible and/or most likely to still be in hospital for immunization</li> </ul>
7. Site Director/Delegate: <ol style="list-style-type: none"> <li>Determine immunization plan for next day</li> <li>Gather number of patients per unit</li> <li>Assign vaccine collection delegate for each unit</li> <li>Determine which patients to be vaccinated -multiple of 10 (Moderna) or multiples of 6 (Pfizer)</li> <li>Informs pharmacy which patients will be vaccinated</li> </ol>	<ul style="list-style-type: none"> <li>Site Director/Delegate to determine additional workload need or if baseline staff are able to manage the additional workload (need to be pre-trained)</li> <li>Vaccine plan to minimize wastage</li> <li>Pharmacy needs to know which patients are to be vaccinated so they can enter the orders</li> </ul>
8. Pharmacy enters the vaccine orders in Cerner the day BEFORE vaccination with the start date of the next day and the stop date of 2359 day of the vaccination	
9. Next day Pharmacy carries out the following: <ol style="list-style-type: none"> <li>Prepares syringes in multiples of 10 for Moderna; multiples of 6 for Pfizer</li> <li>Documents the number of doses prepared/lot number/vial expiry date in the Island Health Immunization database Tally Sheet under 'Inpatient immunization' under their site</li> <li>Prepares the immunization cards that are given to the patient</li> <li>Calls each unit when ready for pick up (before 11am)</li> </ol>	
10. Unit specific assigned leaders pick up their allotment from pharmacy	
11. Assigned unit COVID-19 immunizer <ol style="list-style-type: none"> <li>receive patient-labeled syringe of</li> </ol>	<ul style="list-style-type: none"> <li><a href="#">COVID-19 Immunization: Education</a></li> </ul>

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<p>vaccine</p> <ol style="list-style-type: none"> <li>review order including determine appropriate informed consent was obtained and documented</li> <li>administer immunization as per normal IM procedure and PPID</li> <li>document on appropriate chart/MAR</li> <li>leave immunization record,</li> <li>Provide patient/family education (if interested)</li> <li>complete downtime eForm (see <a href="#">Appendix 1</a>) for each patient</li> <li>submit eForms to Site Director/Delegate via manager/CNL/CNE</li> </ol>	<p><a href="#">Recommendation for Nurses working under an order. See Practice Alert P.2</a></p> <ul style="list-style-type: none"> <li>Patient Education <ul style="list-style-type: none"> <li><a href="#">Healthlinkbc.ca – Covid -19 vaccines</a></li> <li><a href="#">Covid-19 Vaccination Aftercare</a></li> </ul> </li> </ul>
<p>12. CNL</p> <ol style="list-style-type: none"> <li>completes eForms for all doses on their unit</li> <li>once all eForms complete return all completed forms to pharmacy in one batch per unit</li> </ol>	<ul style="list-style-type: none"> <li>Any unused doses need to go back to pharmacy immediately (if cannot be administered within 1h)</li> <li><a href="#">PHSA eForm Application COVID-19 Immunization Public Health: Island Health</a></li> </ul> <p><i>Note: If you haven't accessed eforms within the past 30 days you will need to request new access</i></p> <ul style="list-style-type: none"> <li><a href="#">PHSA eForm Application COVID-19 Immunization Public Health: Island Health Reference Guide</a></li> <li><a href="#">PHSA eForm Application COVID-19 Immunization Public Health: Island Health Competency Checklist</a></li> </ul>
<p>13. Assigned unit Covid-19 immunizer / Hospital unit team</p> <ol style="list-style-type: none"> <li>observe patient and report any symptoms to immunizer</li> <li>respond to an Anaphylaxis</li> <li>document event following immunization (if applicable)</li> </ol>	<p>Assigned unit COVID-19 immunizer and Hospital unit team responsible for monitoring patient for 15 minutes post immunization (could be 30 minutes for some patients based on reaction to vaccine history)</p> <ul style="list-style-type: none"> <li><a href="#">COVID-19 Post-Immunization Symptom Screener for Clients/Residents</a> <ul style="list-style-type: none"> <li>Used only if immunizer near by</li> <li>This will allow the immunizers to continue their work with maximum efficiency</li> </ul> </li> </ul>


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	<ul style="list-style-type: none"> <li>• <a href="#">Knowledge of where anaphylaxis kits are located on unit, how to administer</a></li> <li>• <a href="#">Management of Anaphylaxis in a Non-hospital setting-Communicable Disease Manual Chapter 2 Part 3</a></li> <li>• <a href="#">BCCDC Worksheet for Events Managed as Anaphylaxis Following Immunization</a></li> <li>• <a href="#">Adverse Event Following Immunization (AEFI) Case Report Form</a></li> </ul>
<p>14. End of day reconciliation needs to be performed by pharmacy (BEFORE 2000h)</p> <ul style="list-style-type: none"> <li>a. Each pharmacy will need delegate Tally Sheet trained individuals</li> <li>b. Tally Sheet documenter role <ul style="list-style-type: none"> <li>i. document Tally Sheet with any wastage</li> <li>ii. return completed Tally Sheets to Site Director</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Each patient receiving immunization must have a completed eForm on unit and be included on the daily tally by pharmacy</li> </ul>

## Resources

- [COVID-19 Intranet webpages](#)

## Appendix 1 – Downtime eForm, to be completed for each patient for entering information afterwards

 <b>COVID-19 Immunization Entry Form</b> <i>use with ImmsBC &amp; Digital Solution eForm</i>				Optional: Place Client Label Here	
<b>Reset Form</b> Use to document vaccine administration and during downtime procedures. *Indicates required field.					
<b>IDENTIFICATION (Check-In) Completed By (print name)</b>					
*Appointment Date YYYY-MM-DD		*Appointment Time		Confirmation Code (ImmsBC)	
*Clinic Name		*Clinic Location (address)			
*Legal First Name	Middle Name	*Legal Last Name		*Date of Birth YYYY-MM-DD	*Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown (X) <input type="checkbox"/> Undifferentiated
**BC PHN A PHN <i>must</i> be assigned to every identified person, including non-residents or visitors, receiving a health care service in BC. **If unknown, phone AND address are required.		PHN Creation Reason <input type="checkbox"/> Out of BC/Canada <input type="checkbox"/> International student <input type="checkbox"/> No previous service <input type="checkbox"/> See comment box below		**If PHN is unknown verify identity with Government issued ID. <input type="checkbox"/> Yes Previous known address:	
Address		City		*Province <input type="checkbox"/> BC	Country <input type="checkbox"/> Canada *Postal / Zip
Contact Method <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Call		Primary Phone #		Email	
Indigenous Person? <input type="checkbox"/> Yes select all that apply: <input type="checkbox"/> First Nations <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Unknown Reserve Name if applicable					
Clinically Extremely Vulnerable (CEV)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Accommodation Needs? (e.g. translator, disability, assistance)					
<b>REASON FOR VACCINE DEFERRAL (IMMS BC ONLY if applicable) Completed By (print name)</b>					
<input type="checkbox"/> Vaccine supply issue <input type="checkbox"/> Referred to doctor <input type="checkbox"/> Left without seeing clinician <input type="checkbox"/> Allergy testing required <input type="checkbox"/> Client/parent/guardian request <input type="checkbox"/> Immunization not given on clinical recommendation (specify):					
<b>VACCINE ADMINISTRATION Completed By (print name)</b>					
Consent for Series Obtained From <input type="checkbox"/> Client <input type="checkbox"/> Client (Mature Minor) <input type="checkbox"/> Substitute Decision Maker / Parent / Guardian <input type="checkbox"/> Consent Previously Obtained		Name of Person Giving Consent Relationship to client		Form of Consent <input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Written	
*Provider First Name		*Provider Last Name		Provider Designation <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> MD <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other (specify):	
*Reason for Immunization		Resident In <input type="checkbox"/> Assisted Living (AL) <input type="checkbox"/> Long Term Care (LTC)		Essential Service Staff <input type="checkbox"/> Assisted Living (AL) <input type="checkbox"/> Community <input type="checkbox"/> Physician <input type="checkbox"/> Long Term Care (LTC) <input type="checkbox"/> Hospital	
*Date Administered YYYY-MM-DD		*Time Administered		Dosage mL	*Route Intramuscular (IM)
Injection Site <input type="checkbox"/> Arm - Left Deltoid <input type="checkbox"/> Arm - Right Deltoid <input type="checkbox"/> Other (specify):		Manufacturer and Trade Name <input type="checkbox"/> Verity Pharmaceuticals COVISHIELD <input type="checkbox"/> Janssen AD26.COV2.S		<input type="checkbox"/> Pfizer mRNA BNT162b2 <input type="checkbox"/> Moderna mRNA-1273 <input type="checkbox"/> AstraZeneca ChAdOx1-S *Lot # Lot # Expiry Date	
<b>AFTER-CARE if applicable Completed By (print name)</b>					
Intervention Necessary? <input type="checkbox"/> Yes Medical Intervention Comments					
Additional Comments					
Only enter the immunization into <b>ONE</b> system. Entered into: <input type="checkbox"/> ImmsBC <input type="checkbox"/> COVID-19 Immunization eForm <input type="checkbox"/> PIR (Panorama) <b>This document must be kept for audit purposes. It may become part of the client record. DO NOT DESTROY.</b>					

From: Digital Solution COVID-19 Immunization eForm Guide – Appendix 5

ImmsBC: 2Jun2021

For most up-to-date visit: <http://www.phsa.ca/health-professionals/clinical-resources/pphis-reference-materials>

## Appendix 2 – Pharmacy Roles and Responsibilities

What you need to do	What you need to know
1. Collect and process orders as per normal	
2. Collate all orders for Moderna or Pfizer Vaccine and create a patient list daily at 1330 hrs	Will need to include complete list of patients with orders so Site Director can determine which patients should be done
3. Submit to Site Director/Delegate at 1400 hrs	
4. Expect return of information from Site Director by 1500 hrs	
5. Complete Moderna or Pfizer vaccine order from storage facility where required before 1600 hrs	
6. Receive doses for day by 1000 hrs	
7. Reconstitute, label and prepare doses for specified patients providing still in hospital	
8. Handover vaccine to unit delegates assigned	



## Appendix 3 – Acute Site Roles and Responsibilities

What you need to do – Who?	What you need to know
1. Receive patient list from pharmacy by 1400 hrs	<ul style="list-style-type: none"> <li>Will likely need a standing meeting 1400-1500 hrs until process well practiced</li> </ul>
2. Review list and determine how many patients can be completed next day. Have additional eligible patients identified should those on list refuse or no longer be able to receive due to a change in clinical condition. Suggest at least 5 more patients than doses identified.	<ul style="list-style-type: none"> <li>Examples: <ul style="list-style-type: none"> <li>If 25 names submitted, only 20 will be possible for Moderna. If 10 names submitted for Pfizer, only 6 will be possible.</li> <li>Confirm age eligibility</li> <li>Confirm which 20 names to be done</li> <li>If some patients likely to go home, remove them from the list and drop to next multiple of 10</li> <li>Communicate names to pharmacy who will be immunized by 1500 hrs</li> </ul> </li> </ul>
3. Determine number of vaccines per unit and assign unit delegates for next day pick up (manager/CNL)	<ul style="list-style-type: none"> <li></li> </ul>
4. Communicate delegate names to pharmacy	<ul style="list-style-type: none"> <li></li> </ul>
5. Prepare site with 1 or 2 PHSA eForm and Tally Sheet documentation experts	<ul style="list-style-type: none"> <li>These folks will be needed to complete the documentation process, all records must match and all of the following areas must be charted in: <ul style="list-style-type: none"> <li>MAR/Chart</li> <li>PHSA eForm</li> <li>Tally Sheet</li> </ul> </li> </ul>
6. Lead the immunization effort each day	

## Appendix 4 – Medical Eligibility Guidance for mRNA Vaccination

*written by Dr. Mike Benusic, Physician Lead – Mass Vaccination*

### ALLERGY:

- The only absolute contraindication to mRNA COVID-19 vaccination is an anaphylactic reaction or severe allergic reaction to a component of the vaccine. Polyethylene glycol (PEG) is the main component of concern.
- If a client indicates known or suspected previous anaphylactic reaction or severe allergic reaction to polyethylene glycol (PEG), such as through use of PEG laxative:
  - do **not** vaccinate
  - refer back to primary care provider for referral to immunology or refer directly by following this Pathways link: [bit.ly/3dzLTPi](https://bit.ly/3dzLTPi)
  - note: sensitivities to cosmetics is not considered a suspected PEG allergy

### CURRENT MEDICAL STATUS

- The major concern with providing vaccine while someone is acutely unwell is that it is difficult to differentiate between symptoms of illness from vaccine side effects.
- For clients who are acutely unwell, provide vaccine when they are resolving or have resolved from their current ailment. They do not need to be entirely back to baseline, but should be expected to continue resolving. Clinical discretion is necessary.

### INFECTION WITH COVID-19

- Those who have been infected with COVID-19 are eligible for vaccination once they are deemed non-infectious (ie. isolation/precautions removed) and as per 'current medical status' requirement above.

### SPECIAL CONSIDERATION GROUPS

- If client is pregnant, breastfeeding, immunocompromised, and/or has an autoimmune disorder:
  - No known harm in these situations, but trials did not focus on these groups. See FAQ below.
  - COVID vaccination in pregnancy is highly recommended as pregnant women are at a greater risk for complications from COVID infection. If you are unvaccinated [and infected with COVID-19 during your pregnancy](#), you are three times more likely to end up in the intensive care unit (ICU) than those infected with COVID-19 who are not pregnant
  - Can either receive now or defer until after discussion with primary care provider and/or specialist

### OTHER VACCINATIONS

- There is no contraindication to co-administering other vaccines at the same time as COVID immunization

### OTHER MEDICATIONS, INCLUDING BIOLOGICS AND BLOOD PRODUCTS

- The only time when vaccine must be delayed in respect to other medications is for persons who received monoclonal antibodies or convalescent plasma for treatment of COVID-19. In these scenarios, at least 90 days should elapse prior to vaccination with a COVID-19 vaccine

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- For all other medications, biologics, blood products: recommend offering vaccination as vaccination asap during a pandemic very likely outweighs risk
- Some immunosuppressant medications have optimal timing parameters for vaccine administration. Refer to <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/covid-19-vaccine/vaccine-considerations#cev> for details

### OTHER

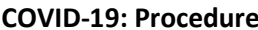
- Check the BCCDC Q+A before consulting MHO: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/covid-19-vaccine/vaccine-considerations#cev>

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For **non-urgent consults** (ie. 2 day turn-around-time acceptable), contact 250-519-3411 Mon-Fri during working hours and leave message with MHO administrative assistant

For **urgent consults** (ie. answer needed immediately so vaccination can be arranged before patient discharged):

- M-F, during working hours: contact 250-519-3411 and leave message with MHO administrative assistant
- Weekend and after 1630 hrs: MHO on-call: 1-800-204-6166



## Appendix 5 – COVID-19 Immunization Inpatient Acute – Clinical Order Set

COVID-19 Immunization Inpatient Acute (Module)

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\*Email [orderaset@viha.ca](mailto:orderaset@viha.ca) to provide feedback or report concerns regarding this order set\*

*Original content by Island Health; Clinical review and local adaptation recommended before use at external health authorities*

NOTE: This is a controlled document, and printed copies may not reflect the current version on the Intranet: Order Sets SharePoint Library