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PIN 21-14-ASC

TO: ALL ADULT AND SENIOR CARE PROGRAM RESIDENTIAL
LICENSEES

FROM: ***Original signed by Kevin Gaines***
KEVIN GAINES
Deputy Director
Community Care Licensing Division

SUBJECT: **VACCINATION OF RESIDENTS AND FACILITY STAFF FOR
CORONAVIRUS DISEASE 2019 (COVID-19)**

Provider Information Notice (PIN) Summary

PIN 21-14-ASC provides guidance to Adult and Senior Care residential licensees related to the COVID-19 vaccine.

Please post this PIN in the facility where residents can easily access it and distribute the Resident Fact Sheet (located at the end of this PIN) to residents and, if applicable, their representatives.

Currently, the United States Food and Drug Administration (FDA) granted Emergency Use Authorization (EUA) of the Pfizer-BioNTech and Moderna COVID-19 vaccines to prevent COVID-19 disease. The California Department of Social Services (“Department”) is working closely with the California Department of Public Health (CDPH) to help guide the planning process and ensure the vaccine is distributed and administered equitably to licensees, facility staff, and residents of Adult and Senior Care (ASC) residential facilities.

This PIN addresses the following topics. To view a specific section of the PIN, click on one of the links below to jump to that section:

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- [Centers for Disease Control and Prevention \(CDC\) Pharmacy Partnership for Long-Term Care Program](#)
- [Consent Requirements and Procedures](#)
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Background

COVID-19 vaccination is one of the most important tools to help us fully recover from this pandemic and thrive again. It is important that licensees, residents, and families know:

- The Pfizer-BioNTech and Moderna COVID-19 vaccine trials have demonstrated that the COVID-19 vaccine is safe and effective for trial participants.
- Facility staff and residents in long-term care settings are among the first to receive vaccines.
- The COVID-19 vaccine is available at no out-of-pocket cost.
- All individuals, including those who have been vaccinated, should continue to wear a mask, practice frequent hand hygiene, maintain at least six (6) feet distance from others, and avoid attending gatherings of groups of people until the end of the pandemic.

The CDC has provided [interim clinical recommendations](#) for COVID-19 vaccines currently authorized under EUA and recommends:

- Persons be offered the vaccine regardless of history of prior COVID-19 infection.
- Deferring vaccination of persons with COVID-19 infection until the person has recovered (if the person had symptoms) **and** the [criteria](#) have been met for them to discontinue isolation. This recommendation to defer vaccination applies to:
 - Persons who develop COVID-19 infection *before* receiving any vaccine doses, and

- Those who develop COVID-19 infection *after* the first dose but *before* receipt of the second dose.
- Temporarily delaying vaccination of persons with recently documented COVID-19 infection in the last few months, at their discretion, while vaccine supply remains limited. However, persons delaying vaccination should understand the risk of reinfection may increase with time due to loss of natural immunity.
- If a facility is having an active outbreak, residents (except those isolated due to COVID-19 infection) should receive vaccination to avoid delays and missed opportunities. Vaccination staff should follow all recommended infection prevention and control practices, including use of appropriate personal protective equipment (PPE).

Increasing Vaccine Confidence

Licensees can increase vaccine confidence and vaccination rates of residents and families and facility staff by communicating information about the vaccine so they can make an informed decision for themselves.

Some best practices include, but are not limited to, the following:

- Regular "town halls"/educational sessions for facility staff, residents, and families. Allow facility staff, residents, and families the opportunity to share their concerns regarding the vaccine.
- Distribute the vaccine fact sheet to facility staff, residents, and families in their primary language.
- Support facility staff and residents who want to get vaccinated.
- Guide facility staff and assist residents in having a conversation with their primary care provider, if necessary.
- Include cultural sensitivity in conversations with facility staff, residents, and their families.

CDC Pharmacy Partnership for Long-Term Care Program

The CDC is partnering with CVS and Walgreens to offer on-site COVID-19 vaccination services for residents and facility staff of ASC residential facilities.

On December 7, 2020, the Department notified all ASC licensees of their automatic enrollment into the [CDC Pharmacy Partnership for Long-Term Care Program](#) ("Program") to take advantage of this resource.

In January 2021, CVS and Walgreens began contacting facilities that are participating in the Program to schedule three (3) on-site COVID-19 vaccination clinics over a two-month period. Licensees who wish to opt out of the Program should indicate they are opting out once the pharmacy contacts the facility regarding the vaccination process. Facilities not participating in the Program should work with their local health department (LHD) to obtain the COVID-19 vaccine.

For information about how to plan for a vaccine clinic, see [Appendix A: Vaccine Clinic Preparedness](#) below.

Consent Requirements and Procedures

The FDA requires that vaccine recipients and their caregivers receive a COVID-19 Vaccine EUA Fact Sheet specific to the vaccine product (e.g., Pfizer or Moderna). Providers administering the vaccine, including but not limited to CVS, Walgreens, LHDs, and doctor's offices, must provide this COVID-19 EUA Vaccine Fact Sheet before vaccination. A vaccine fact sheet should be provided by those administering the vaccine in the recipient's primary language. Licensees can also access the [Pfizer COVID-19 Vaccine EUA Fact Sheet](#) and [Moderna COVID-19 Vaccine EUA Fact Sheet](#) in multiple languages on the FDA website.

To the extent practicable, vaccine recipients are to be informed:

- The FDA has authorized emergency use of the vaccine;
- Of the significant known and potential benefits and risks associated with the emergency use of the vaccine, and of the extent to which such benefits and risks are unknown;
- They have the option to accept or refuse the vaccine;
- Of any consequences of refusing administration of the vaccine; and
- Of any available alternatives to the vaccine and of the risks and benefits of available alternatives.

Informed consent for vaccines *must* be obtained from the resident, or if applicable their legal health care decision maker, before administration of the vaccine. According to the CDC, [assent for vaccination](#) (e.g., nodding head to indicate "yes") from a resident, or, if applicable, their legal health care decision maker is sufficient provided that the resident or their legal health care decision maker are informed of the above informed consent provisions. If a resident lacks capacity to provide informed consent or assent and has no legal health care decision maker, the treating physician may identify an individual (surrogate) to make health care decisions on behalf of the resident.

If participating in the CDC Pharmacy Partnership for Long-Term Care Program, CVS and Walgreens require consent forms be completed for COVID-19 vaccinations for long-term care residents and facility staff. CVS and Walgreens will provide the form, and it must be signed by the resident or if applicable their legal health care decision maker.

If written consent is used, the consent form should be provided to the resident or their legal health care decision maker in advance of the vaccination event with sufficient time to reflect and engage in the decision-making process. The consent form should include a statement confirming that the resident or their health care decision maker has received a vaccine fact sheet and is accepting vaccination.

If a verbal consent or assent is used, the licensee should document that the resident or if applicable their legal health care decision maker received a vaccine fact sheet, the consent date, who provided the consent, and maintain a copy of the document in the resident's file.

Personal Rights and COVID-19 Vaccines

Licensees should keep in mind the importance of ensuring the personal rights of residents throughout the COVID-19 vaccination period. The personal rights of residents include the right to receive or reject medical care or health-related services. Medical care and access to healthcare include receiving the COVID-19 vaccine. No resident who refuses to be vaccinated against COVID-19 may be denied participation in any activity or service available to any other resident solely based on the decision to not receive the vaccine.

Also, no resident who refuses to be vaccinated against COVID-19 may be evicted based on their decision to not receive the vaccine. Receiving the COVID-19 vaccine is not required by law and is voluntary. Refusal to be vaccinated is a resident's right, and therefore is not an authorized reason for evicting a resident.

Facility Staff Acceptance and Refusal

At this time, there is no mandate for COVID-19 vaccination for licensees and facility staff. When COVID-19 vaccinations are made available in congregate care settings, they should be offered by employers to employees as recommended by [CDPH guidance](#). Employers should track employees' immunization status by having employees complete an acceptance/declination form at the time vaccination is offered and maintaining a copy in the employee's file.

Tuberculosis Tests and COVID-19 Vaccines

As vaccinations continue, licensees may have questions about the interaction between new COVID-19 vaccines and tests used for tuberculosis (TB) infection. The [CDC](#) has indicated there is no immunological reason to believe a TB test will impact the effectiveness of COVID-19 vaccines. However, since not enough is yet known of the potential impact of vaccines on immune responses, the CDC recommends individuals:

- Complete the TB test before COVID-19 vaccination; or
- If already vaccinated, defer the TB test until four (4) weeks after completion of the second dose of the COVID-19 vaccine.

Prioritization of testing for TB infection needs to be weighed with the importance of receiving COVID-19 vaccination based on potential COVID-19 exposures and TB risk factors. All potential recipients of COVID-19 vaccination should weigh the risks and benefits of delaying a TB test with their primary care provider.

The Department issued guidance on this topic in [PIN 21-03-CCLD](#).

Post Vaccine Considerations for Residents and Facility Staff

Post-vaccination signs and symptoms usually:

- Are mild to moderate in severity;
- Occur within the first three (3) days of vaccination (i.e., the day of vaccination and following two (2) days, with most occurring the day after vaccination);
- Resolve within 1-2 days of onset; and
- Are less frequent and less severe in adults older than 55 years.

Important! The COVID-19 vaccine cannot give the recipient COVID-19. A positive COVID-19 viral test result following vaccination should not be attributed to the COVID-19 vaccine, as vaccination does not influence the results of these tests.

Licensees should follow CDC guidance for post vaccine considerations for management of residents and facility staff with symptoms following COVID-19 vaccination:

- [CDC Post Vaccine Considerations for Residents](#)
- [CDC Post Vaccine Considerations for Healthcare Personnel](#)

To assist licensees, the Department summarized CDC recommendations into two tables below for residents and facility staff who have received a COVID-19 vaccination in the prior 3 days (including day of vaccination, which is considered Day 1):

- [Table 1: Evaluating and Managing Post-Vaccination Signs and Symptoms for Residents](#)
- [Table 2: Evaluating and Managing Post-Vaccination Signs and Symptoms for Facility Staff](#)

Important! Facility staff who become symptomatic within 14 days of having close contact with a COVID-19 positive person should be excluded from work and evaluated for COVID-19 infection. See Community Care Licensing Division (CCLD) guidance for return to work criteria for symptomatic facility staff.

Additional Resources

The following links include additional resources that licensees can use to communicate with facility staff, residents, and families about the vaccine:

- [American Health Care Association & National Center for Assisted Living Communication Toolkit](#)
 - [COVID-19 Vaccination: Tactics for Effectively Communicating with Staff](#)
 - [LTC Facility Key Talking Points: COVID-19 Vaccine](#)
 - [Vaccine Facts and Myths One-Pager](#)

- [California Association of Long Term Care Medicine website](#)
 - [Questions and Answers about the COVID-19 Vaccine for Post-Acute and Long Term Care Staff, Patients, Residents and Family Members](#)
 - [Strategies for Improving Staff and Resident Confidence in the COVID-19 Vaccine](#)
- U.S. Food and Drug Administration
 - [Moderna COVID-19 Vaccine EUA Fact Sheet](#)
 - [Pfizer-BioNTech COVID-19 Vaccine EUA Fact Sheet](#)
- [Vaccinate All 58 Toolkit](#)

The following links are additional resources related to the COVID-19 vaccine:

- California Department of Social Services
 - [About COVID-19 Vaccines](#)
 - [ASC Informational Call “COVID-19 Vaccines: Steps for Success” PowerPoint](#)
 - [Community Care Licensing Division homepage](#) (includes all COVID-19 related materials such as PINs and other resources)
- California Department of Public Health
 - [All COVID-19 Guidance](#)
 - [CDPH Allocation Guidelines for COVID-19 Vaccine During Phase 1A: Recommendations](#)
 - [Vaccine Prioritization](#)
- Centers for Disease Control and Prevention
 - [CDC Frequently Asked Questions about COVID-19 Vaccination](#)
 - [CDC Frequently Asked Questions about COVID-19 Vaccination in Long-Term Care Facilities](#)
 - [CDC Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination Frequently Asked Questions](#)
 - [CVS website](#)
 - [Walgreens website](#)
 - [CDC Talking to Recipients about COVID-19 Vaccines](#)
- [COVID19.CA.GOV](#)
 - [covid19.ca.gov/vaccines/](#) (includes information about the distribution of vaccines)

If you have any questions, please contact your local [Adult and Senior Care Regional Office](#).

Table 1: Evaluating, Managing, and Reporting Post-Vaccination Signs and Symptoms for Residents

Signs and Symptoms	Suggested Approach	Reporting
<p>Residents receiving vaccine must be observed for 15 or 30 minutes (usually by providers administering the vaccine) after vaccination, depending on their allergy history. The following signs and symptoms are rare but can occur immediately after vaccination and can be a sign of anaphylaxis (i.e., a serious allergic reaction):</p> <ul style="list-style-type: none"> • Respiratory: sensation of throat closing, stridor (i.e., high-pitched sound while breathing), shortness of breath, wheeze, cough • Gastrointestinal: nausea, vomiting, diarrhea, abdominal pain • Cardiovascular: dizziness, fainting, tachycardia (i.e., abnormally fast heart rate), hypotension (i.e., abnormally low blood pressure) • Skin/mucosal: generalized hives, itching, or swelling of lips, face, throat <p>Residents with communication difficulties should be monitored closely for the signs and symptoms of anaphylaxis listed above, and should be monitored for more</p>	<ul style="list-style-type: none"> • Seek emergency medical assistance. 	<ol style="list-style-type: none"> 1. Report incidents/occurrences such as injuries, illnesses, or deaths to the local licensing office as specified by your facility’s applicable reporting requirements. 2. A side effect is any health problem shown by studies to be caused by a vaccine. Report side effects to the Centers for Disease Control and Prevention (CDC) through v-safe (optional). 3. An adverse event is any health problem that happens after vaccination that may or may not be caused by a vaccine. Report adverse events to the Vaccine Adverse Event Reporting System (VAERS) (optional).

Signs and Symptoms	Suggested Approach	Reporting
<p>non-specific signs of possible anaphylaxis including:</p> <ul style="list-style-type: none"> • Flushing • Sudden increase in secretions (from eyes, nose, or mouth) • Coughing • Trouble swallowing • Agitation • Acute change in mental status 		
<p>Residents who have received COVID-19 vaccination in the prior 3 days (including day of vaccination, which is considered Day 1) and have signs and symptoms <i>that may be</i> from either COVID-19 vaccination, COVID-19 infection, or another infection (e.g., influenza):</p> <ul style="list-style-type: none"> • Fever* • Fatigue • Headache • Chills • Muscle aches and pain • Joint pain <p>* Fever is defined as a single measured temperature of 100.0°F (37.8°C) or higher or repeated temperatures of 99.0°F (37.2°C).</p>	<ol style="list-style-type: none"> 1. Evaluate the resident. 2. These residents should be kept in their current room or resident cohort and closely monitored until: <ul style="list-style-type: none"> ○ Fever (if present) resolves and ○ Symptoms improve 3. Facility staff should wear all recommended PPE including an N95 respirator when caring for residents with suspected or confirmed COVID-19 while evaluating the cause of these symptoms. 4. If the resident’s symptoms resolve within 2 days, transmission-based precautions can be discontinued. Fever, if present, should have resolved for at least 24 hours before discontinuing precautions. 	<ol style="list-style-type: none"> 1. Report incidents/occurrences such as injuries, illnesses, or deaths to the local licensing office as specified by your facility’s applicable reporting requirements. 2. A side effect is any health problem shown by studies to be caused by a vaccine. Report side effects to the CDC through v-safe (optional). 3. An adverse event is any health problem that happens after vaccination that may or may not be caused by a vaccine. Report adverse events to VAERS (optional).

Signs and Symptoms	Suggested Approach	Reporting
<p>Important! Vaccine trials have demonstrated signs and symptoms post-vaccination may be less frequent and less severe in adults older than 55 years.</p>	<ol style="list-style-type: none"> 5. Viral testing for COVID-19 should be considered for residents if their symptoms are not improving or persist for longer than 2 days. 6. Residents in facilities with active transmission, or who have had prolonged close contact with someone with COVID-19 in the prior 14 days, should be tested for COVID-19 infection. 	
<p>Residents who have received COVID-19 vaccination in the prior 3 days (including day of vaccination, which is considered Day 1) and have signs and symptoms <i>unlikely</i> to be from COVID-19 vaccination:</p> <ul style="list-style-type: none"> • Cough • Shortness of breath • Rhinorrhea (i.e., nasal mucus/runny nose) • Sore throat • Loss of taste or smell • Another infection (e.g., influenza) 	<ol style="list-style-type: none"> 1. Evaluate for possible infections, including testing for COVID-19 and/or other pathogens such as influenza, as appropriate. 2. Pending evaluation, these residents should be placed in a single person room (if available) and cared for by facility staff wearing all recommended PPE including an N95 respirator. Important! They should not be cohorted with residents with confirmed COVID-19 unless they are also confirmed to have COVID-19 through testing. 3. Criteria for when Transmission-Based Precautions may be discontinued depend on the results of the evaluation. 	<ol style="list-style-type: none"> 1. Report incidents/occurrences such as injuries, illnesses, or deaths to the local licensing office as specified by your facility’s applicable reporting requirements. 2. A side effect is any health problem shown by studies to be caused by a vaccine. Report side effects to the CDC through v-safe (optional). 3. An adverse event is any health problem that happens after vaccination that may or may not be caused by a vaccine. Report adverse events to VAERS (optional).

Table 2: Evaluating, Managing, and Reporting Post-Vaccination Signs and Symptoms for Facility Staff

Signs and Symptoms	Suggested Approach	Reporting
<p>Facility staff receiving vaccine must be observed for 15 or 30 minutes (usually by providers administering the vaccine) after vaccination, depending on their allergy history. The following signs and symptoms are rare and but can occur immediately after vaccination and can be a sign of anaphylaxis (i.e., a serious allergic reaction):</p> <ul style="list-style-type: none"> • Respiratory: sensation of throat closing, stridor (i.e., high-pitched sound while breathing), shortness of breath, wheeze, cough • Gastrointestinal: nausea, vomiting, diarrhea, abdominal pain • Cardiovascular: dizziness, fainting, tachycardia (i.e., abnormally fast heart rate), hypotension (i.e., abnormally low blood pressure) • Skin/mucosal: generalized hives, itching, or swelling of lips, face, throat 	<ul style="list-style-type: none"> • Seek emergency medical assistance. 	<ol style="list-style-type: none"> 1. Report incidents/occurrences to the local licensing office as specified by your facility’s applicable reporting requirements. 2. A side effect is any health problem shown by studies to be caused by a vaccine. Report side effects to the Centers for Disease Control and Prevention (CDC) through v-safe (optional). 3. An adverse event is any health problem that happens after vaccination that may or may not be caused by a vaccine. Report adverse events to the Vaccine Adverse Event Reporting System (VAERS) (optional).
<p>Facility staff who have received a COVID-19 vaccination in the prior 3 days (including day of vaccination, which is considered Day 1), are not known to have had close contact with a COVID-19</p>	<ol style="list-style-type: none"> 1. Evaluate the facility staff member. 2. Facility staff may be considered to continue or return to work without viral testing if: 	<ol style="list-style-type: none"> 1. Report incidents/occurrences to the local licensing office as specified by your facility’s applicable reporting requirements.

Signs and Symptoms	Suggested Approach	Reporting
<p>positive person in the prior 14 days, and have signs and symptoms <i>that may be</i> from either COVID-19 vaccination, COVID-19 infection, or another infection (e.g., influenza):</p> <ul style="list-style-type: none"> • Fever* • Fatigue • Headache • Chills • Muscle aches and pain • Joint pain <p>*Fever is defined as a single measured temperature of 100.0°F (37.8°C) or higher or repeated temperatures of 99.0°F (37.2°C).</p> <p>Important! Vaccine trials have demonstrated signs and symptoms post-vaccination may be less frequent and less severe in adults older than 55 years.</p>	<ul style="list-style-type: none"> ○ They do not have a fever or evidence of illness that poses a threat to the health and safety of residents. ○ They have no other signs or symptoms of COVID-19 such as cough, shortness of breath, sore throat, loss of taste or smell. <p>3. Facility staff with a fever should be excluded from work pending further evaluation, including consideration for COVID-19 testing. If an infection is not suspected or confirmed as the source of their fever, they may return to work when it has been determined they no longer have evidence of illness and do not pose a threat to the health and safety of residents.</p>	<p>2. A side effect is any health problem shown by studies to be caused by a vaccine. Report side effects to the CDC through v-safe (optional).</p> <p>3. An adverse event is any health problem that happens after vaccination that may or may not be caused by a vaccine. Report adverse events to VAERS (optional).</p>
<p>Facility staff who have received a COVID-19 vaccination in the prior 3 days (including day of vaccination, which is considered Day 1), are not known to have had close contact with COVID-19 positive person in the prior 14 days, and have signs and symptoms that may be from either COVID-19 vaccination,</p>	<ol style="list-style-type: none"> 1. Re-evaluate the facility staff member. 2. Exclude these facility staff from work and test for COVID-19. <ul style="list-style-type: none"> ○ If possible, viral COVID-19 testing could be considered for symptomatic facility staff earlier to increase 	<ol style="list-style-type: none"> 1. Report incidents/occurrences to the local licensing office as specified by your facility’s applicable reporting requirements. 2. A side effect is any health problem shown by studies to be caused by a vaccine. Report side effects to the CDC through v-safe (optional).

Signs and Symptoms	Suggested Approach	Reporting
<p>COVID-19 infection, or another infection <u>not improving within two (2) days</u>:</p> <ul style="list-style-type: none"> • Fever* • Fatigue • Headache • Chills • Muscle aches and pain • Joint pain 	<p>confidence in the cause of their symptoms.</p> <p>3. Facility staff with a fever should be excluded from work pending further evaluation, including consideration for COVID-19 testing. If an infection is not suspected or confirmed as the source of their fever, they may return to work when they feel well enough and there is no evidence of illness that poses a threat to the health and safety of residents.</p>	<p>3. An adverse event is any health problem that happens after vaccination that may or may not be caused by a vaccine. Report adverse events to VAERS (optional).</p>
<p>Facility staff who have received a COVID-19 vaccination in the prior 3 days (including day of vaccination, which is considered Day 1), are not known to have had close contact with a COVID-19 positive person in the prior 14 days, and have signs and symptoms <i>unlikely</i> to be from COVID-19 vaccination:</p> <ul style="list-style-type: none"> • Cough • Shortness of breath • Rhinorrhea (i.e., nasal mucus/runny nose) • Sore throat • Loss of taste or smell • Another infection (e.g., influenza) 	<ol style="list-style-type: none"> 1. Exclude from work pending evaluation, including testing for COVID-19 infection, as appropriate. 2. Evaluate using criteria for returning for work as specified in CCLD guidance. 	<ol style="list-style-type: none"> 1. Report incidents/occurrences to the local licensing office as specified by your facility's applicable reporting requirements. 2. A side effect is any health problem shown by studies to be caused by a vaccine. Report side effects to the CDC through v-safe (optional). 3. An adverse event is any health problem that happens after vaccination that may or may not be caused by a vaccine. Report adverse events to VAERS (optional).

Appendix A: Vaccine Clinic Preparedness

Before the Clinic

It is important for licensees to plan and be prepared for the on-site vaccine clinic. About 10 days before a vaccine clinic, licensees should:

- Establish a point of contact to talk with the pharmacy and to plan the clinic.
- Identify a vaccine clinic area according to space requirements for physical distancing for both vaccine administration and post-vaccination observation
- Collect information needed by pharmacies:
 - Number of residents and facility staff getting vaccinated (be accurate to avoid overestimation)
 - Insurance information
- Plan the logistics of consent:
 - Print the COVID-19 EUA Vaccine Fact Sheet for the appropriate vaccine product for residents and facility staff in their primary language.
 - Collect signed consent forms from each participant who is able to complete the form or if applicable the legal health care decision maker.
 - Maintain a copy of the consent form in the resident's and employee's files, respectively. For record keeping, licensees, can use a [simple consent form](#).
- Plan to stagger staffing, if possible, in the event that following vaccination facility staff are unable to work and residents need additional care due to experiencing vaccine side effects (see [ASC Informational Call "COVID-19 Vaccines: Steps for Success" PowerPoint](#) for an example on staggering).
 - Ensure that three (3) separate dates are scheduled for the clinic to allow for staff staggering and to ensure individuals who miss the first vaccine clinic date can still participate.

The Day of the Clinic

On the day of a vaccine clinic, licensees should:

- Print the roster of residents and facility staff receiving the vaccine.
- Assign facility staff to the following areas:
 - Clinic area to assist pharmacy staff including a post-vaccination observation
 - Transport residents
 - Assist with vaccinations in-room or residents' hallways for those unable to get to the centralized clinic area (e.g., physical frailty or quarantine due to a close contact with a COVID-19 positive person)
- Make sure facility staff and residents are masking for source control and physical distancing.
- Ensure that recommended infection control practices are followed when delivering vaccine to individuals who are being quarantined due to exposure to

COVID-19 (e.g., residents cohorted into “yellow” zones as specified in [PIN 21-12-ASC](#)).

After the Clinic

After the clinic, licensees should:

- Monitor residents for side effects and post vaccination signs and symptoms.
- Plan for anyone who missed a dose because they were sick, hospitalized, etc.
- Prepare for the next clinic:
 - Identify those receiving the first dose and those receiving the second dose.

Important! The pharmacy must provide each facility with three (3) separate vaccine clinics. Licensees should ensure that all three (3) clinics are scheduled. This is important to enable facilities to appropriately stagger vaccinations of residents and staff.

Resident Fact Sheet
A Companion Guide for Provider Information Notice (PIN) 21-14-ASC,
Vaccination of Residents and Facility Staff for Coronavirus Disease 2019

The Department of Social Services has prepared this Resident Fact Sheet as a companion to PIN 21-14-ASC to inform you of guidance we provided to your care providers concerning your care and related to the Coronavirus Disease 2019 (COVID-19) vaccine.

Background

It is important that you know:

- Pfizer-BioNTech and the Moderna COVID-19 vaccine trials have shown the COVID-19 vaccines are **safe** and **effective**.
- You, the licensee of your facility, and facility staff are among the first to receive vaccines.
- The COVID-19 vaccine is available at **no out-of-pocket cost**.
- Everyone, including those who have been vaccinated, should continue to **wear a mask, wash your hands frequently, and keep at least six (6) feet of distance from others**, and **avoid attending gatherings** of groups of people until the end of the pandemic.
- You can receive the COVID-19 vaccine even if you have a **history of COVID-19 infection**.
- You should **wait to get vaccinated if you currently have COVID-19** until you have recovered and your isolation period is over.
- While vaccine supply remains limited, **you can wait to get vaccinated if you had COVID-19** within the last few months. However, risk of reinfection may increase with time due to loss of natural immunity.
- You should receive vaccination to avoid delays and missed opportunities even if your facility has an active outbreak, except if you are isolated due to COVID-19 infection.

Increasing Vaccine Confidence

- **PIN 21-14-ASC recommends the licensee of your facility:**
 - Allow opportunities for you and your family to **share your concerns** regarding the vaccine.
 - **Distribute the vaccine fact sheet** to you and your family in your primary language.
 - **Support you** if you want to get vaccinated.
 - **Assist you** in having a conversation with your primary care provider if necessary.
 - Include **cultural sensitivity** in conversations with you and your family.

Centers for Disease Control and Prevention (CDC) Pharmacy Partnership for Long-Term Care Program

- **PIN 21-14-ASC informs the licensee of your facility:**
 - The CDC is partnering with CVS and Walgreens to offer on-site COVID-19 vaccinations for residents and facility staff at participating facilities through the CDC Pharmacy Partnership for Long-Term Care Program.
 - If your facility is participating, either CVS or Walgreens will schedule three (3) visits to provide on-site vaccinations.
 - If your facility is not participating, the licensee of your facility should work with your local health department to obtain the COVID-19 vaccine for you and facility staff.

Consent Requirements and Procedures

- **PIN 21-14-ASC informs the licensee of your facility:**
 - A **COVID-19 Vaccine Emergency Use Authorization (EUA) Fact Sheet** must be provided to you in your primary language before vaccination. You can find the [Pfizer COVID-19 Vaccine EUA Fact Sheet](#) and [Moderna COVID-19 Vaccine EUA Fact Sheet](#) in multiple languages on the United States Food and Drug Administration (FDA) website.
 - You or if applicable your legal health care decision maker **must give informed consent to receive the vaccine**. This means you or your legal health care decision maker must be given the facts about the vaccine to inform your decision about whether or not to receive it, and that you or your legal health care decision maker can agree or not agree to receive the vaccine.
 - If you are receiving a vaccine through the CDC Pharmacy Partnership for Long-Term Care Program, CVS and Walgreens will require **consent forms**. CVS and Walgreens will provide this form to the licensee of your facility that **must be signed by you** or if applicable your legal health care decision maker before receiving the vaccine.

Personal Rights and COVID-19 Vaccines

- **PIN 21-14-ASC reminds the licensee of your facility:**
 - You have the right to receive or reject medical care or health-related services, which includes receiving the COVID-19 vaccine.
 - If you choose not to be vaccinated the licensee of your facility cannot deny your participation in any activity or service available to any other resident and you cannot be evicted, solely based on your decision to not receive the vaccine.

Facility Staff Acceptance and Refusal

- **PIN 21-14-ASC provides guidance to the licensee of your facility:**

- The Department is **not** requiring COVID-19 vaccination for the licensee of your facility and facility staff.
- The licensee of your facility should offer vaccinations to facility staff once available.
- The licensee of your facility should keep track of facility staff who have and have not been vaccinated.

Tuberculosis Tests and COVID-19 Vaccines

- **PIN 21-14-ASC recommends the licensee of your facility:**
 - Have you **complete a tuberculosis (TB) test before your vaccination or wait until four (4) weeks after your second dose of the COVID-19 vaccine**, if you need a TB test.
 - Have you weigh the risks and benefits of delaying TB testing with the importance of receiving COVID-19 vaccination with your primary care provider.

Post Vaccine Considerations for Residents and Facility Staff

- **PIN 21-14-ASC provides guidance to the licensee of your facility:**
 - The following **signs and symptoms** can occur following **COVID-19 vaccination**:
 - Fever
 - Fatigue
 - Headache
 - Chills
 - Muscle aches and pain
 - Joint pain
 - Local symptoms (e.g., pain, swelling, or redness at injection site)
 - Post-vaccination signs and symptoms:
 - Are **mild to moderate** in severity;
 - Occur **within the first three (3) days** of vaccination;
 - **Resolve within 1-2 days** of onset; and
 - Are **less frequent and severe** in adults **older than 55 years**.
 - **Important! The COVID-19 vaccine cannot give you COVID-19.** If you test positive for COVID-19 after vaccination, the COVID-19 vaccine should not be considered the reason for the positive test.
- **Residents**
 - If you have **signs and symptoms that may be from either COVID-19 vaccination, COVID-19 infection, or another infection**:
 - You should be **evaluated**.
 - You should **remain in your current room** or resident cohort and be monitored until:
 - Fever (if present) resolves and
 - Symptoms improve

- Facility staff should wear appropriate PPE when caring for you while evaluating the cause of your symptoms.
- If your **symptoms resolve within 2 days** and your **fever** (if present) has been resolved for **at least 24 hours**, you can discontinue precautions.
- You should be **tested for COVID-19** if your **symptoms are not improving** or persist for **longer than 2 days**, you are **in a facility with COVID-19** cases, or you had prolonged **close contact** with someone with COVID-19 in the last 14 days.
- If you have **signs and symptoms unlikely to be from COVID-19 vaccination**:
 - You should be **evaluated** and **tested** for possible infections.
 - Pending evaluation, you should be placed in a single person room (if available) and cared for by facility staff wearing all recommended personal protective equipment.
- **Facility Staff**
 - If facility staff have **signs and symptoms that may be from either COVID-19 vaccination, COVID-19 infection, or another infection** may **continue to work** without testing if:
 - They do not have a fever or other evidence of illness that poses a threat to the health and safety of residents.
 - They have no other signs or symptoms of COVID-19 such as cough, shortness of breath, sore throat, loss of taste or smell.
 - Facility staff with **fever** should be excluded from work pending further evaluation.
 - If facility staff have **signs and symptoms that may be from either COVID-19 vaccination, COVID-19 infection, or another infection** and are **not improving within two (2) days**:
 - They should be **excluded from work** and **tested** for COVID-19.
 - If facility staff have **signs and symptoms unlikely to be from COVID-19 vaccination**, including ANY signs and symptoms consistent with COVID-19 infection:
 - They should be **excluded from work** pending evaluation and may return to work once they meet certain conditions.

CCLD Reporting

- **PIN 21-14-ASC provides guidance to the licensee of your facility:**
 - The licensee of your facility must **report incidents/occurrences such as injuries, illnesses, or deaths** related to the topics in this PIN to the local licensing office.
 - A side effect is any health problem shown by studies to be caused by a vaccine. If you are receiving a vaccine, you can **report side effects** to the CDC through v-safe, a smartphone-based tool. Depending on your answers, someone from the CDC may call to check on you and get more

information. V-safe will also remind you to get a second COVID-19 vaccine dose. Reporting to the CDC through v-safe is optional.

- You can [sign up for v-safe](#) on the [CDC website](#) or follow the information sheet given during the vaccine clinic.
- An adverse event is any health problem that happens to you after vaccination that may or may not be caused by a vaccine. The licensee of your facility may **report an adverse event** following a COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS), a program run by the CDC and FDA. Reporting adverse events to the CDC/FDA is optional.

Your care providers, the licensee of your facility, and the [Ombudsman](#) (call 1-800-510-2020) are available to answer your questions.