

TEMPLATE COVID-19 Vaccine Clinic Checklist

Expected Vaccine Clinic Date: _____

Clinic to be run by: CVS Walgreens LTC Pharmacy: _____

Primary Facility Coordinator: Name: _____

Tel: _____

Email: _____

Point of Contact at Pharmacy: Name: _____

Tel: _____

Email: _____

Instructions:

- The primary facility coordinator must work with their assigned point of contact at the pharmacy to personalize this form to their own timeline, facility logistics and specific pharmacy requirements.
- The primary facility coordinator and pharmacy point of contact should agree on timelines up front. Any major changes to the timeline should be communicated to the pharmacy point of contact.

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	Pre-Vaccine Clinic Day (>10 days)	Lead Person	Target Date to Complete	Notes
<input type="checkbox"/>	Establish facility point of contact to talk with pharmacy and plan clinic: Name: _____			
<input type="checkbox"/>	Contact pharmacy partner			
<input type="checkbox"/>	Identify facility nurse to assist with the COVID-19 vaccine clinic. Name: _____			
<input type="checkbox"/>	Identify Vaccine Clinic Area for Staff and Residents <ul style="list-style-type: none"> • Well-ventilated area • Allow 6-feet physical distancing while people wait (pre- and post- vaccine) • Need source control masks for staff and residents getting vaccinated • Identify residents needing bedside vaccination Discuss space requirements with pharmacy partner			
<input type="checkbox"/>	Confirm with pharmacy any supplies needed for vaccine clinic (tables, chairs, etc.).			
<input type="checkbox"/>	Collect information needed by pharmacies such as:			

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	<ul style="list-style-type: none"> Insurance information for staff and residents Primary care physician Documentation of consent or consent forms <p>Discuss specific information required with your pharmacy point of contact</p>			
Establish a process for collecting consent				
<input type="checkbox"/>	Identify who will oversee collection of resident consent: Name: _____			
<input type="checkbox"/>	Obtain copies of <ul style="list-style-type: none"> Pharmacy consent form FDA EUA fact sheet for consent <ul style="list-style-type: none"> Pfizer fact sheet 			
<input type="checkbox"/>	Identify which residents can consent themselves and who needs healthcare proxy to provide consent			
<input type="checkbox"/>	Create a tracking sheet for residents and staff who have: <ul style="list-style-type: none"> received consent form agreed or declined the vaccine 			

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Obtaining consent from residents who can consent				
<input type="checkbox"/>	Meet with residents who can consent to discuss interest and answer questions. Consider setting up town hall or unit meetings (in space that allows 6-foot physical distancing).			
<input type="checkbox"/>	Share FDA EUA fact sheet on COVID vaccine			
<input type="checkbox"/>	Document and store copy of consent to share with Pharmacy partner (per their protocol) and for review on day of clinic			
Obtain consent from residents who are unable to consent themselves				
<input type="checkbox"/>	Identify residents who need health care proxy to consent			
<input type="checkbox"/>	Identify residents' health proxies and contact information			
<input type="checkbox"/>	Contact residents' health care proxies to discuss need to obtain consent for upcoming COVID vaccine clinic: <ul style="list-style-type: none"> • Share AHCA/NCAL template letter, consent form, and FDA EUA fact sheet • Reinforce value of vaccine • Provide resources for additional questions 			

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<input type="checkbox"/>	Follow up with resident representative/health care proxy as needed via email and phone calls.			
<input type="checkbox"/>	Document and store copy of consent to share with Pharmacy partner (per their protocol) and for review on day of clinic.			
	Obtain Consent from staff			
<input type="checkbox"/>	Promote value and importance of the vaccine for staff using AHCA/NCAL , CDC and other resources			
<input type="checkbox"/>	Use strategies identified in AHCA/NCAL checklist			
<input type="checkbox"/>	Share AHCA/NCAL template letter , consent form and FDA EUA fact sheet with all staff			
<input type="checkbox"/>	Follow up with staff who have not completed consent			

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<input type="checkbox"/>	Decide which residents will be vaccinated in their room versus the vaccine clinic site			
<input type="checkbox"/>	Set up schedule with room numbers and resident names for vaccination in their rooms			
<input type="checkbox"/>	Develop a schedule for staff vaccinations			
<input type="checkbox"/>	Set up staffing schedule to ensure enough staff are present on clinic day to transport residents and help pharmacy clinic staff			
<input type="checkbox"/>	Submit required information to pharmacy, such as: <ul style="list-style-type: none"> <input type="checkbox"/> # of residents needing the vaccine <input type="checkbox"/> # of staff needing the vaccine <input type="checkbox"/> patient-level information <input type="checkbox"/> resident and staff consent forms Discuss specific information required with your pharmacy point of contact			
<input type="checkbox"/>	Set up schedule for taking residents to clinic			
<input type="checkbox"/>	Confirm with pharmacy any last-minute issues and final count of residents and staff expected for vaccine			

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	Day of Vaccine Clinic	Lead Person	Target Date to Complete	Notes
<input type="checkbox"/>	Print roster of residents getting vaccine: <ul style="list-style-type: none"> • In the clinic • In their rooms with room numbers 			
<input type="checkbox"/>	Print roster of staff getting vaccine			
<input type="checkbox"/>	Facility coordinator to meet with pharmacy point of contact: <ul style="list-style-type: none"> • Share roster of residents getting vaccine • Share roster of staff getting vaccine • Provide clinical information for residents needed day of the clinic (e.g. temp or any feeling sick) 			
<input type="checkbox"/>	Assign staff to each unit to transport residents			
<input type="checkbox"/>	Assign staff to clinic area to assist pharmacy staff and monitor residents or staff waiting for the vaccine or post vaccine observation area.			
<input type="checkbox"/>	Assign a facility staff to complete documentation: <ul style="list-style-type: none"> • Collect information on vaccine administration from pharmacy clinic team • Chart in EMR the vaccine given 			

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	Post-Clinic	Lead Person	Target Date to Complete	Notes
<input type="checkbox"/>	Monitor residents for adverse effects <ul style="list-style-type: none"> • Report adverse effects as required 			
<input type="checkbox"/>	Share follow up communication with residents and staff <ul style="list-style-type: none"> • Remind them of dose 2 • Respond to questions 			
<input type="checkbox"/>	Prepare for clinic 2			