Beth Israel Lahey Health

BILH Checklist for Inpatients Who Qualify for 2nd Dose of COVID-19 Vaccine during Hospital Admission

Implementation Checklist

Determine if the patient meets the three criteria below for 2nd dose of COVID vaccine in the inpatient setting, AND vaccine supply is available. (See BILH Guidance for Inpatients Due for COVID-19 Vaccine 2nd Dose during Hospital Admission.)

1. The patient's attending of record or their designee has determined that, based on their review of the patient's clinical course and discharge planning, the patient would be at high risk of missing their 2nd dose of vaccine in the recommended time window (42 days post initial vaccine) due to their expected length of stay or limited ability to obtain their 2nd dose post-discharge.
2. The patient's attending of record or their designee has determined that the patient is clinically stable, and it is reasonable to proceed with vaccination after review of potential side effects.
3. The patient or health care proxy has reviewed the emergency use authorization information and is in agreement with proceeding with inpatient 2nd dose vaccination.
4. The patient is not scheduled for or undergone a fully elective procedure in three days before or after vaccination. (See BILH COVID-19 Vaccination Guidance for Patients Undergoing Operative, Non-operative and Radiologic Procedures.)

1) Initial Process Decisions

- ❑ Determine if providers will order the second dose directly through an inpatient Provider Order Entry system (with Pharmacy, Antimicrobial Stewardship Team (AST) or infectious disease clinician review/approval after placing the order) or if the provider will communicate the need to Pharmacy and Pharmacy or AST places the order once approved.

- ❑ Work with Westwood pharmacy to determine day(s) when these vaccines will be administered to inpatients at the hospital (batching vaccine administration will help minimize wasted supply) and process for obtaining supply

- ❑ Determine who will administer the vaccine to the patient in the inpatient unit (consider if this could be managed by a small group of nurses/pharmacists rather than having to train entire nursing staff)

2) Kick-Off Communication

- ❑ Ensure clinical practice guideline on inpatients due for 2nd dose during hospital admission and process for ordering the 2nd dose vaccination has been communicated to all clinical providers. Communication should include who to contact locally if they have questions.

3) Additional Process Considerations

- ❑ Identify clear owner to review orders (AST or similar) to limit overutilization and that the owners have EHR, COVAX, MIIS access to reconfirm brand

- ❑ Develop process for barcoding vaccine syringes to ensure appropriate patient match, tracking and administration at each step of process

- ❑ Ensure vaccinator staff have reviewed/viewed available training materials/videos, include those specific to a particular manufacturer's vaccine and that they are prepared to answer questions regarding contraindications for the vaccine and how to manage post-vaccine reactions.

- ❑ Adhere to designated rules for filling out CDC card (ex. if someone doesn't have, fill out new one, if done at BILH, fill in 1st dose from COVAX)

- ❑ The observation period of 15 or 30 minutes should be determined using the BILH COVID-19 Patient Vaccination Precaution and Contraindication Screen

- ❑ Discuss process for handling extra doses that may become available (e.g. patient's condition deteriorates and can no longer receive the intended dose)

4) Additional Considerations

- ❑ Sufficient supply of manufacturer-provided Vaccine Administration Kits

- ❑ Creation of cart or similar to bring all supplies to inpatient units (potentially act as surface to prep) (includes iPad for documenting, pen, vaccine packages, sterile chuck, band aid, alcohol pads, and gauze)

- ❑ Determine communication standards between the inpatient team and Pharmacy who will manage list of patients for designated days

5) Documentation & Reporting

- ❑ Ensure a process in place to enable administration data is entered (or fed) into MIIS-compliant system within 24-48 hours

- ❑ Define process to report adverse events into local event reporting system (ex. RL6)

- ❑ Determine process to review local reports and then report appropriate adverse events/reactions to VAERS