

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 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 			
<input type="checkbox"/>	Identify which residents can consent themselves and who needs healthcare proxy to sign 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 returned the signed consent form 			
Obtaining consent from residents who can consent				

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<input type="checkbox"/>	Meet with residents who can consent (e.g. BIMS >7-10) 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"/>	Collect signed consent forms			
<input type="checkbox"/>	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 sign consent			
<input type="checkbox"/>	Identify resident health care proxy and contact information			
<input type="checkbox"/>	Contact resident's health care proxy 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.			
	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's versus come to 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			