



South Carolina Department of Health and Environmental Control

OSHA Emergency Temporary Standard (ETS)

Rebecca M. Walker, RN, MSN, CIC, FAPIC

Overview

- OSHA Emergency Temporary Standard (ETS)
 - Highlights
 - Recorded Webinar
 - Resources
- Additional Vaccine Resource

OSHA ETS (29 CFR 1910)

Occupational Exposure to COVID-19 for Healthcare Settings

Published June 21, 2021

Applicable OSHA Standards

Standard #	Description
29 CFR part 1904	Recording and reporting occupational injuries and illnesses
29 CFR 1910.132	General requirements: Personal protective equipment
29 CFR 1910.134	Respiratory protection
29 CFR 1910.141	Sanitation
29 CFR 1910.145	Specification for accident prevention signs and tags
29 CFR 1910.1020	Access to employee exposure and medical records
29 CFR 1910.1200	Hazard communication

Components

Part	Description
Subpart U	ETS Scope
1910.502	Healthcare Requirements
1910.504	Mini Respiratory Protection Program (RPP)
1910.505	Severability
1910.509	Incorporation by Reference

- COVID -19 references virus and disease
- Intent for healthcare settings includes:
 - COVID-19 risk determination of healthcare workers (HCWs) and support employees
 - Provision of protection from hazard (COVID-19)
 - Notification to HCWs/support employees of their rights

Subpart U- Scope

- Hazard background
 - Findings from evidence-based literature
 - Related OSHA citations
 - Intent
- Publication in federal register – 6/21/2021
- Compliance Dates
 - Specific to standard elements in 1910.502
 - 14 days from publication – 7/6/2021
 - 30 days from publication – 7/21/2021
 - Paragraph (i) – Physical Barriers
 - Paragraph (k) – Ventilation
 - Paragraph (n) – Training

Covered Settings

Table VI.A.-1: Settings covered by the ETS	
Settings Covered	Examples of Facility Types
Hospitals – facilities with workers who provide inpatient healthcare services and healthcare support services.	General hospitals Trauma centers Specialty hospitals (children’s, cardiac, etc.) Teaching hospitals Emergency departments attached to a hospital Autopsy Suites
Ambulatory Care – facilities with workers who provide outpatient care to patients.	Physician offices Dentist offices Surgical centers Specialty care clinics Urgent care centers Oncology clinics Medical clinics
Home Health Care – facilities with workers who provide healthcare and healthcare support services in the home.	Hospice agencies Home therapy agencies Home healthcare agencies
Emergency Responders and Prehospital Care – facilities with workers who respond to emergency calls, perform healthcare services and/or transport patients to medical facilities.	Fire Departments Ambulance companies Medical transportation services Air evacuation companies
Long-Term Care – facilities where workers provide care and support services in a residential setting.	Skilled nursing centers /assisted living facilities Residential substance abuse centers Residential psychiatric centers Residential rehabilitation centers

1910.502 Healthcare

***Compliant by 7/21/2021**

- Scope
- Definitions
- COVID-19 Plan
- Patient Screening & Management
- Standard and Transmission-based Precautions
- PPE, including facemasks & respirators
- Aerosol-generating Healthcare/Postmortem Procedures
- Physical Distancing
- Physical Barriers*
- Cleaning & Disinfection
- Ventilation*
- Health Screening & Management
- Vaccination
- Training*
- Requirement at no cost
- Record keeping
- Reporting

1910.504 Mini RPP

- 1910.134 requires provision on respirators if anticipate exposure to COVID-19
 - May deny voluntary use of respirator if not in accordance with RPP
- If exposure not anticipated, and respirators used in lieu of facemasks → Mini RPP
 - Cannot deny voluntary use

1910.504 Mini RPP

- Employee Provided Respirators
 - Must follow manufacturer's instructions for use
 - Track so not mistaken for another employee's
 - Do not wear when other hazards require respirator
- Employer Provided Respirators
 - Provides training, to include inspection, donning/doffing, limitations, etc.
 - Ensures proper user seal checks
 - Ascertains reuse only occurs under certain conditions
 - Discontinues use for reported symptoms that may impede capability for use or if previously documented medical evaluation that prohibited use

1910.505 Severability

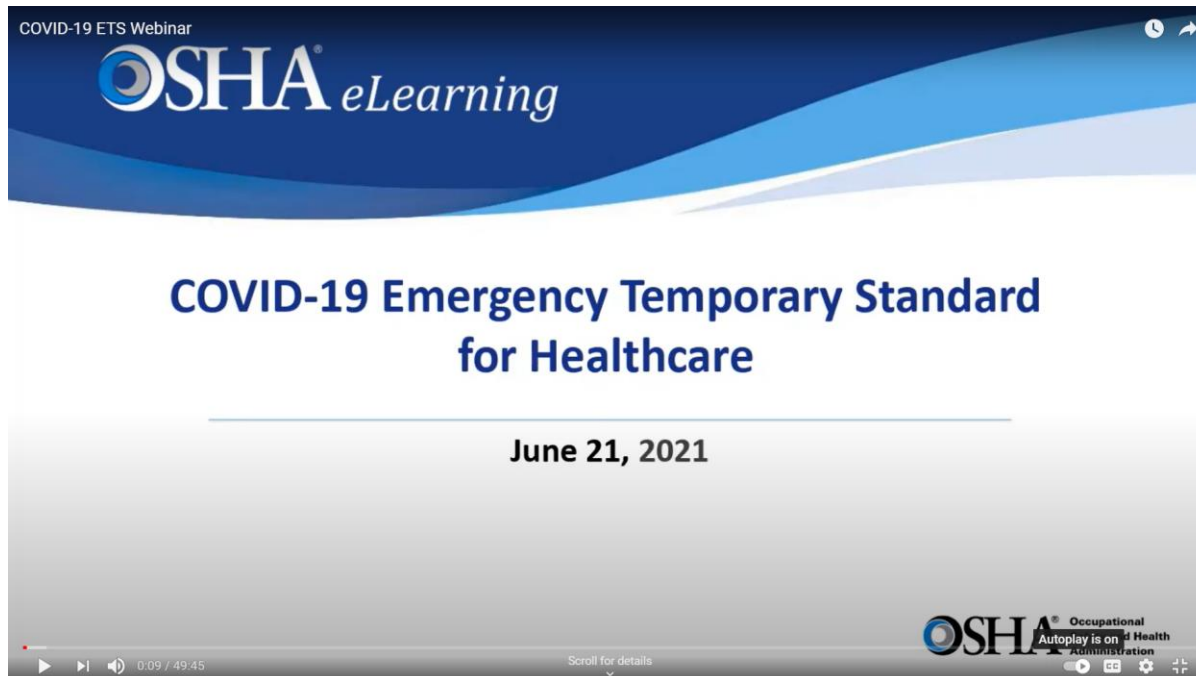
- Subpart U sections are:
 - Separate from other sections and provisions
 - Subject to “maximum effect to the provision permitted by law, unless such holding shall be one of utter invalidity or unenforceability”
 - Severable from other sections and provisions when invalid or unenforceable

1910.509 Incorporated by Reference

- Incorporates references from various agencies
 - CDC, ANSI, ISEA, EPA, etc.
- All incorporated references are date specific

OSHA ETS - Recorded Webinar

- Provided and recorded on effective date
- <https://www.youtube.com/watch?v=YIB1TZS3pBE>



OSHA ETS Resources

- <https://www.govinfo.gov/content/pkg/FR-2021-06-21/pdf/2021-12428.pdf>
 - <https://www.osha.gov/coronavirus/ets>
- <http://www.scosha.llronline.com/outreach/training.aspx#>
 - <https://spice.unc.edu/coronavirus-resource-page/>

Other Relevant Guidance

- [Interim IPC Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes \(3/29/2021\)](#)
- [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination \(4/27/2021\)](#)
- [Medicare and Medicaid Programs; COVID-19 Vaccine Requirements for Long-Term Care \(LTC\) Facilities and Intermediate Care Facilities for Individuals With Intellectual Disabilities \(ICFs-IID\) Residents, Clients, and Staff](#)



LTCF Vaccination Resources

Resources

- Carolinas Centers for Medical Excellence (CCME)
 - SC COVID-19 Vaccination Toolkit For Residents/Staff
 - Presented as performance improvement initiative
 - Addresses barriers with corresponding strategies
 - Provides hyperlinked resources from CDC and CMS
 - Including training materials

South Carolina COVID-19 Vaccination Toolkit For Residents and Staff

This toolkit provides an overview of a quality improvement process to administer the COVID-19 vaccine to residents and staff in your facility with actionable steps using evidence-based tools. Adequate COVID-19 vaccination coverage is critical during this challenging time.

Area for Improvement → **COVID-19 vaccination of residents and staff**

Root Cause Analysis

Common reasons for declining the COVID-19 vaccine voiced by staff, residents, and families

- Mistrust, fear of the unknown, fear of the shortened development process
- Belief that COVID-19 is not a serious illness
- Belief that the vaccine is not effective or will cause illness/side effects
- Fear of injections
- Lack of access to the vaccine or inconvenience of administration
- Diverse cultures and belief systems; history of abuse of the African American community by the U.S. medical system
- High staff turnover

Set a Goal → **Administer COVID-19 vaccine to 90% of residents and staff.**

Strategies for Improvement

Many of the strategies to increase influenza vaccination coverage in staff that were included in CCME's December email, *What's Happening in Long-term Care*, will also apply to improving COVID-19 vaccination coverage in staff and residents. If you would like to receive this information from the December issue, please email us [here](#).

The South Carolina Department of Health and Environmental Control (DHEC) maintains up-to-date information for providers about the COVID-19 vaccine. Click [here](#) for state and federal guidance.

In collaboration with senior leadership, review and highlight strategies that are applicable to your facility and staff. Use them to develop an action plan.

Barriers	Strategies to Overcome Barriers
<p>Beliefs of Staff, Residents, and Families:</p> <ul style="list-style-type: none"> • COVID-19 vaccine is too new and unproven • Mistrust and fear of the unknown • Not wanting to be first in line, "I don't want to be a guinea pig!" 	<ul style="list-style-type: none"> • Use this motivational video of a South Carolina nursing home administrator that was created to increase staff acceptance. • Show staff and residents this video of Vice President-elect Kamala Harris receiving the COVID-19 vaccine and talking about its importance. • Use these CDC slides, FAQ's posters, stickers, video, and social media with your staff to educate and build confidence. For the specific section for Long-Term Care Facilities (LTCF), click here. • Review CDC's Importance of COVID-19 vaccination for residents in LTCF facilities. • Review the CMS set of toolkits for vaccine policies and guidance.

South Carolina COVID-19 Vaccination Toolkit For Residents and Staff

<ul style="list-style-type: none"> • Not a serious illness/not a risk for young or healthy people • Not effective • Potential for side effects, both long-term and short-term • Fear of injections 	<ul style="list-style-type: none"> • View the COVID Vaccination Training Modules developed by the CDC for health care providers. The training includes information about COVID-19 vaccine emergency use authorizations, vaccine safety, and general information. • Publicize a "vaccine day" in combination with education. • Emphasize that vaccination protects employees, their loved ones, and those they work with. • Encourage employees to set an example; remind them that their action and recommendation carries a lot of weight in others' decisions to get vaccinated. • Encourage employees via e-mail, posters, an employee newsletter, and any other communication tools used in your workplace to get the vaccine. • Offer vaccine at multiple times and locations convenient to all workers on all shifts. • Track and report vaccination rates to staff and supervisors. • Remind unvaccinated employees with e-mails, letters, encouragement from supervisors, and telephone calls. • Provide contests or incentives to get vaccinated (small gift cards, raffles, pizza party, etc.). • Vaccinate the medical director and all managers in front of the staff to foster team building to increase trust and cooperation. Team building may lead to increased compliance with organizational goals including vaccination.
<p>Obtaining consent and working with families</p>	<ul style="list-style-type: none"> • For LTCFs participating in the Federal Pharmacy Partnership for Long-term Care Program, pharmacies will work directly with LTCFs to ensure staff and residents who receive the vaccine also receive an Emergency Use Authorization (EUA) fact sheet before vaccination. • Develop talking points to standardize communication • Communicate with families using a newsletter message from the administrator. • Make individual phone calls to families.
<p>High staff turnover</p>	<ul style="list-style-type: none"> • Offer vaccination education multiple times. • Offer opportunities to be vaccinated at multiple times and locations convenient to all workers on all shifts. • Establish a written vaccination policy for employees.
<p>Diverse cultures</p>	<ul style="list-style-type: none"> • Access guidance from the HHS National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care. • Provide educational materials in multiple languages. • Show staff this video of Vice President-elect Kamala Harris receiving the COVID-19 vaccine and talking about its importance.

South Carolina COVID-19 Vaccination Toolkit For Residents and Staff

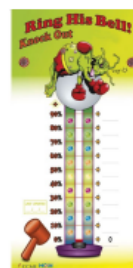
This information sheet provides a quick road map to reliable sources of information on the new COVID-19 vaccinations.

Topics	Contents	Resources
COVID-19 Vaccination- Overview	Eight important things to know about COVID-19 vaccination planning. Detailed information on development, planning, administration, and safety of COVID-19 vaccines.	Centers for Disease Control and Prevention https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html
COVID-19 Vaccination Program Interim Operational Guidance for Jurisdictions Playbook	The playbook describes how each state and territory will operationalize COVID-19 vaccination.	Centers for Disease Control and Prevention https://www.cdc.gov/vaccines/covid-19/covid19-vaccination-guidance.html
Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes. Updated every two weeks.	The toolkit catalogs state-level solutions to protect nursing home residents during the COVID-19 pandemic. The vaccination section provides national- and state-based resources and programs designed to increase vaccine use against influenza, pneumococcal infection, and COVID-19.	Centers for Medicare & Medicaid Services https://www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf
COVID-19 Vaccine Training Module for Health Care Providers	Information for health care providers about COVID-19 vaccines storage, handling, administration, and reporting.	Centers for Disease Control and Prevention https://www2.cdc.gov/vaccines/ed/covid19/

South Carolina COVID-19 Vaccination Toolkit For Residents and Staff

Measurement

Measuring vaccine acceptance and administration is an important component of a comprehensive vaccination program. Measurement helps to identify areas of low vaccination and target future interventions.



Download this Excel spreadsheet, [COVID Vaccine Administration Roster](#), to record vaccinations. There is one tab to record staff vaccinations and one tab for resident vaccinations. This will allow you to populate these two downloadable posters, [Ring His Bell! Knock Out COVID-19 \(for residents\)](#) and [Ring His Bell! Knock Out COVID-19 \(for staff\)](#).

National Healthcare Safety Network (NHSN) – The CDC launched new modules in NHSN for nursing homes to voluntarily report weekly aggregate data on the number of health care workers who have received the COVID-19 vaccine. Click [here](#) for more information and training materials.

Celebrate Success

Celebrate when staff make progress toward the goal of 90% of staff and residents getting vaccinated. Use incentives, pizza parties, posters, raffles, small gift cards, and other rewards for excellence. Ensure that senior leadership demonstrates gratitude and encouragement both during and following your campaign.

Track and make public the COVID-19 cases within your facility as they begin to decline following vaccination. Be sure to reward and praise staff, residents, and families. Compare your rates to other facilities and acknowledge what 90% vaccination coverage can do to prevent new infections.

Resources

- ***COVID-19 Vaccine Process Guide/Checklist for LTCFs***
 - Provided jointly by:
 - CMS Quality Improvement Organizations (QIO) and Healthcare Innovative Network (HQIN)
 - Identifies critical steps in vaccine provision
 - Pre-vaccination Administration
 - Provider Agreement, education, consent obtainment, etc.
 - Vaccination Administration Day
 - Post-Vaccination Administration
 - Provides hyperlinked resources
 - Including list of participating providers

COVID-19 Vaccine Process Guide

Checklist for Long-Term Care Facilities

Long Term Care Facilities (LTCF) should ensure they have an agreement in place for ongoing COVID-19 vaccination with their LTCF pharmacy provider or another designated provider | [Long-Term Care Pharmacies Participating in the Federal Retail Pharmacy Program](#)

Pre-Vaccination Administration:

- Establish facility points of contact (POCs), one of whom should be a licensed nurse, to communicate with and coordinate vaccination administration with the pharmacy provider.
 - Primary POC Name: _____
 - Secondary POC Name: _____
 - * *Best practice recommendation: designate a primary and secondary POC (e.g., administrator, director of nursing, or the infection preventionist) to receive notifications from your pharmacy provider.*
- Notify your pharmacy provider when the need for vaccination administration of residents and/or staff is identified.
- Identify facility staff to assist with vaccination administration as needed.
 - Name(s) and roles: _____
- Confirm with pharmacy provider:
 - Supplies the facility needs to provide for vaccination administration (tables, chairs, trash receptacles, gloves, sharps container, band-aids, alcohol wipes, hand hygiene supplies, etc.).
 - How emergency medications will be supplied, in the event of a severe anaphylactic reaction, and by whom (pharmacy or facility). [HQIN COVID-19 Vaccine Administration Quick Reference](#)
- Identify vaccination administration area.
 - Ensure dedicated space is well-ventilated, well-lighted, clean, and provides ample space for resident and staff to practice safe social distancing (at least 6 feet) while waiting to receive their vaccine and for the 15-minute observation period after each immunization.
 - Have one table and two chairs for vaccine administration area.
 - Non-fabric chairs are preferred as they will allow for proper disinfecting procedures.
 - Power source or extension cords positioned in a way to safely provide power for laptops or other electronic devices.
 - Source control masks for vaccinators (may provide their own), residents and staff.
 - Identify residents needing bedside vaccination versus centralized vaccination area.
- Facility POC to discuss specific information required with your pharmacy POC such as:
 - Insurance information for staff and residents.
 - Primary care physician
 - Documentation of consent or consent forms

- Follow your facility or state requirements regarding a physician order for the vaccine. Current CDC guidance regarding orders states:
 - *No, the Public Readiness and Emergency Preparedness Act (PREP Act) authorizes State-licensed pharmacists to order and administer, and State-licensed or registered pharmacy interns acting under the supervision of the qualified pharmacist to administer, COVID-19 vaccinations that have been authorized or licensed by the FDA.* [CDC FAQs about COVID-19 Vaccination in Long-Term Care Facilities](#)
- Create a tracking sheet for residents and staff who have:
 - Accepted or declined the vaccine.
 - Completed consent form.
- Ensure staff assisting with vaccination administration are knowledgeable on how to identify and respond to a severe anaphylactic reaction to the vaccine. [CDC Preparing for the Potential Management of Anaphylaxis after COVID-19 Vaccination](#)
- Be prepared to activate EMS and begin clinical management in the event a severe anaphylactic reaction occurs. Facility should provide pulse oximeter and BP devices (manual with stethoscope and/or automatic).

Educate and Obtain Consent: Residents

*Note: Consents for residents and staff should be completed at least one day prior to the vaccination administration scheduled in your facility.

- Identify facility staff who will oversee obtaining resident consent:
 - Name(s): _____
- Obtain copies of:
 - Pharmacy provider consent forms
 - COVID-19 Vaccine fact/education sheets for education prior to consent
 - FDA EUA fact sheet for consent:
 - [Pfizer](#)
 - [Moderna](#)
 - [Janssen/J&J](#)
 - [CDC Answering Residents and Loved Ones Questions](#)
- Prepare and begin to promote vaccine acceptance with residents and staff. Consider posting fliers, meeting one-on-one, setting up town hall or unit meetings, etc.
 - CDC Long-Term Care Facility Toolkit: [Preparing for COVID-19 Vaccination at Your Facility](#)
- Identify which residents can and cannot consent for themselves.
- Residents who can consent:
 - Meet with resident(s) to discuss the importance of the vaccine, explain the benefits versus risk, answer questions, and determine their interest.
 - Share FDA EUA fact sheet on COVID-19 vaccine.
 - Document and store consent (share consent with pharmacy provider per their protocol on the day of the vaccination administration)

- Residents who are unable to consent themselves:
 - Identify residents' healthcare proxies (e.g., Power-of-attorney (POA), Resident Representative (RR), or legal guardian) and their contact information.
 - Contact residents' healthcare proxies to discuss need to obtain consent:
 - Share consent form and appropriate FDA EAU fact sheet.
 - Reinforce value of vaccine and answer questions.
 - Provide additional resources for other questions.
 - Follow up with RR/health care proxy as needed.
 - Document and store copy of consent to share with pharmacy provider (per their protocol and for review on the day of vaccination administration).

Educate and Obtain Consent: Staff

- Promote vaccine acceptance with staff ([AHCA/NCAL Get Vaccinated](#); [AHRO Take Your Best Shot!](#)).
- Involve medical director or facility infection preventionist to answer questions.
- Share consent form and FDA EAU fact sheet on COVID-19 vaccine.
- Follow up with staff who have not completed consent.

Pre-Vaccination Administration Day (< 10 days)

- Develop a schedule for resident and staff vaccinations.
 - Decide which residents will be vaccinated in their room versus the vaccination administration site.
 - Set up schedule with room numbers and resident names for vaccination in their rooms
 - Plan staffing to ensure enough staff are present on vaccination administration day to transport residents and help pharmacy staff.
- Submit required information to pharmacy, such as:
 - Number of residents needing the vaccine.
 - Number of staff needing the vaccine.
 - Resident and staff consent forms
 - Resident specific information (e.g., demographics, allergies, diagnoses, insurance information).
 - **Discuss specific information required with your pharmacy POC.**
- DAY PRIOR TO VACCINATION ADMINISTRATION:** Confirm with pharmacy any last-minute issues and final counts of residents and staff expected for vaccine.

Day of Vaccination Administration:

**Note: Vaccine may be administered by pharmacist, health department personnel, National Guard or Medical Corp., state-appointed clinicians, or facility personnel.*

- Print roster of:
 - Residents receiving vaccine and whether it is first or second dose:
 - In the vaccination administration area.
 - In their rooms with room numbers.
 - Staff receiving the vaccine and whether it is first or second dose.

- Facility coordinator to meet with pharmacy POC to:
 - Share roster of residents and staff receiving the vaccine.
 - Provide pertinent clinical information for residents and staff needed day of vaccination administration (e.g., temperature, any feeling sick or "not well", history of previous vaccine issue e.g., Guillain Barre, SIRS, need to use specific arm s/p breast CA, etc.).
 - Confirm order of vaccination administration: staff, residents who are mobile, resident's bedside in cool/green areas, and finally resident's bedside in warm/yellow areas.
- Assign staff to each unit to transport residents.
- Assign designated clinical staff (at least one licensed nurse) who are familiar with the residents to the vaccination administration area to assist pharmacy staff as needed and monitor residents or staff waiting for the vaccine or in the post vaccine observation area.
- Assign a facility staff to complete documentation on residents:
 - Collect information on vaccine administration from pharmacy clinical team.
 - Document in electronic medical record (EMR). If capable, scan the card into the EMR and retain the physical card which should be given to the resident at discharge.

Post Vaccination Administration

- Monitor residents for adverse effects of the vaccine as required. Provide printed material if appropriate to both residents and staff. [CDC What to Expect after Getting a COVID-19 Vaccine](#)
- After residents complete the required initial monitoring, continue to monitor for adverse reactions three times daily for 72 hours post vaccination.
- Encourage newly vaccinated staff to monitor and report adverse side effects to the designated POC at the facility and encourage them to use the [V-safe](#) app for reporting
- Prepare to manage staff vacancies that may occur if newly vaccinated staff are experiencing side effect.
 - [AHCA/NCAL Guidance on Staffing Consideration Post-Vaccination for COVID-19](#)
- Remind those vaccinated of second dose requirement if applicable.
- Update your facilities internal COVID-19 Vaccination Tracking document/spreadsheet. [HQIN COVID-19 Vaccination Tracking Tool](#)
- Update federal or state required vaccination administration databases. [NHSN Weekly HCP & Resident COVID-19 Vaccination Reporting](#)
- Prepare for your next clinic.

This material was prepared by the Health Quality Innovation Network, a Quality Innovation Network Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The content presented does not necessarily reflect CMS policy

Resources

- DHEC

- [COVID-19 Myths and Facts flyer \(CR-012905\)](#)
 - English (page 1) and Spanish (page 2)
- COVID-19 Frequently Asked Questions
 - [English](#) (CR-012857) and [Spanish](#) (CR-012924)
- [Benefits of Being Fully Vaccinated flyer \(CR-012929\)](#)
 - English (page 1) and Spanish (page 2)
- Vaccination Line, *1-866-365-8110*
 - Every day 7 AM until 7 PM
- [Vaccine Locator](#)
 - Online resources to identify vaccine providers by zip code

[All Available Vaccine Outreach Materials](#)

Resources

- CDC

- [LTCF Vaccination Toolkit](#)

- Tiles for specific topics
 - [Preparing Staff & Residents, Safety, FAQs, Additional Resources](#)
 - Tracking and reporting vaccination coverage section
 - Downloadable flyers and posters
 - [Answering Common Questions About COVID-19 Vaccines](#)
 - [Staff](#) and [Residents](#)
 - [COVID-19 Reasons to Get Vaccinated](#)
 - [All of Our Tools](#)
 - [Why Get Vaccinated](#)
 - [Fact Sheet About mRNA Vaccines](#)



Preparing Staff for COVID-19 Vaccination



Preparing Residents for COVID-19 Vaccination



COVID-19 Vaccine Safety in Long-Term Care Facilities



Frequently Asked Questions about COVID-19 Vaccination in Long-Term Care Facilities



Additional Resources

Resources

- [CDC LTCF Vaccination Toolkit](#)
 - Preparing Staff
 - [Appendix A Communication and Confidence checklist](#)
 - References guide below and flyers/posters on previous slide
 - [Appendix B Conversation Starter Guide](#)
 - Developed as an on-line meeting
 - 60-minute timeframe
 - Use of “COVID-19 Vaccine Basics: What Healthcare Personnel Need to Know” slide deck
 - Downloaded and placed in vaccine resource folder

Appendix B. The COVID-19 Vaccine Confidence Conversation Starter

Objective: Engage health facility/clinic staff at different levels to identify practical ways to promote vaccine confidence and support high vaccine uptake.

Audience: Healthcare personnel at your specific healthcare facility. Ensure representation of different functions and levels (e.g., administrative, clinical, and support staff).

Note: If non-management staff members are not comfortable participating in a discussion with management, consider organizing separate sessions. By ensuring that personnel who are in direct or chain reporting relationships participate in different groups, you can enhance their willingness to speak candidly.

Suggested Time: 60 minutes

Format:

- Online meeting
- Facilitator will have a supporting slide deck and suggested conversation prompts and ideas. Be prepared to take detailed notes of staff questions, concerns, and ideas for future use.
- Facilitator should be a staff member or outside health professional who is well-respected and seen as a neutral convener on the topic. Consider identifying a facilitator who represents or identifies with a large section of the healthcare staff assembled for the discussion; you may need to identify multiple facilitators for different sections of staff.
- It can be helpful to also have a vaccine expert in the room to answer more technical questions, such as those about vaccine safety.
- If management staff members are in the room, explain that, "In this meeting, everyone is an equal participant because we are all conveying our personal feelings and perspectives."

Rationale:

- Healthcare personnel are a priority population for receiving COVID-19 vaccine. High uptake is needed to protect the healthcare workforce, patients, and the community.
- Vaccine hesitancy and concerns might vary from setting to setting and by population, so a tailored approach to promoting vaccine confidence may be required.
- Approaches to make vaccine confidence visible should come from individuals in the population prioritized for vaccination.

Assumptions:

- Specific vaccines to be distributed are known, including rollout timeline in this health system.
- Healthcare personnel at this facility are eligible to receive COVID-19 vaccine.

Supporting Materials:

CDC has multiple resources available in the [COVID-19 Vaccination Communication Toolkit for Health Systems and Clinics](#), and you are welcome to adapt them for use in your facility. Some of the materials that might help in this discussion include:

- "COVID-19 Vaccine Basics: What Healthcare Personnel Need to Know" slide deck
 - Will be used to introduce vaccine confidence concepts in the "Conversation Starter" session
- COVID-19 Vaccine Communication and Confidence Checklist
- Vaccine confidence posters, fact sheets, and FAQs
 - Contain key messages and visuals that can be discussed with staff during the "Conversation Starter" session
- How to Build Healthcare Personnel's Confidence in COVID-19 Vaccines (*Guide*)

Presentation and Discussion Flow:

Welcome (*Discussion, 10 minutes*) – Facilitator

- Facilitator greets everyone in the meeting.
- If people don't know one another, do a quick round of introductions.
- Outline meeting objectives and any "house rules" about speaking up or asking questions.
- Facilitator should suggest that people submit their questions about vaccine confidence before the rest of the meeting by writing them down on notecards or sticky notes and handing them to the facilitator or by submitting them via private chat or email if meeting virtually. Ensure the questions are answered during the presentation and discussions.

COVID-19 Vaccine Communication and Confidence Introduction (*PowerPoint, 15 minutes*)

- Use "COVID-19 Vaccine Basics: What Healthcare Personnel Need to Know" slide deck and include question and answer session for addressing common questions and concerns.

How Might We Build Vaccine Confidence Here? (*Discussion, 30 minutes*)

- Facilitator will ask the following questions and invite staff to share ideas that can be used to strengthen staff communication at your facility.
 - How many of you are planning to receive a COVID-19 vaccine once it is available?
 - Could you share why or why not?
 - What messages promoting vaccine confidence resonate with us here?
 - Using sticky notes/notecards/chat box, list key messages from CDC or your own created messages, discuss and rank those that are most effective, and capture any suggestions for updating the messages or adding new ones.
 - How might we work together to promote COVID-19 vaccination in this organization?
 - Using sticky notes/notecards/chat box, list ideas. Then facilitator can discuss and draw connections between similar ideas and encourage people to build on them.
 - How might we make vaccine confidence visible to staff? **Probe:** What worked before for promoting flu vaccination? For promoting some other healthy behavior?
 - Using sticky notes/notecards/chat box, list ideas. Then the facilitator can discuss and draw connections.

Closing (*Discussion, 5 minutes*) – Facilitator

- Present a list of top suggestions and identify any action points and next steps for management. Determine who is responsible for tasks, and set timelines.
- Inform staff how they can submit future suggestions for consideration and where they can go to get their additional questions answered.

Resources

• Vaccine Safety

• Vaccine Adverse Event Reporting System (VAERS)

- [How to report events](#)
- [Reporting checklist](#)

• [V-SAFE](#)

- After Vaccination Health Checker
- Smartphone-based tool
- Requires registration
- [Printable resources](#)
 - Multiple languages



COVID-19 Vaccine Safety in Long-Term Care Facilities

Checklist of information to complete the VAERS form

(VAERS will still accept a report even if you cannot provide all this information)

Information about the PATIENT who received the vaccine

- Name, address, phone number and email address
- Date of birth
- Sex (male or female)
- Date and time of vaccination
- Date and time the adverse event (health problem) started
- Age at vaccination
- Whether the patient was pregnant at the time of vaccination and the due date (for females only, if applicable)
- Prescriptions, over-the-counter medications, dietary supplements and herbal remedies being taken
- Allergies to medications, food, or other products
- Other illnesses at the time of vaccination (and up to one month prior)
- Chronic or long-standing health conditions

Information about the person completing or submitting the VAERS form

- Name, address, phone number and email address
- Relation to the patient (for example: healthcare professional, parent, caregiver, etc.)

Information about the healthcare professional

- Name and phone number for the best doctor or healthcare professional to contact to get more information about the patient and the adverse event

Information about the facility (or place) where the vaccine was given

- Facility/clinic name, fax number, address and phone number
- Facility type (for example: doctor's office or hospital, pharmacy or drug store, workplace clinic, etc.)

Information about which vaccines were given and what happened to the patient

- Vaccine type and brand name, manufacturer, and lot number
- How the vaccine was given (route of administration, body site where given, and dose number if the vaccine was part of a series)
- Description of the adverse event, including medical treatment and diagnosis
- Results of medical tests and laboratory tests
- Outcome of the adverse event (for example: doctor office visit, emergency room visit, hospitalization, etc.)
- Whether the patient has recovered from the adverse event

Additional information

- Any other vaccines received by the patient within a month prior to the current vaccine(s) (include vaccine type and brand name, manufacturer, lot number, and how the vaccine was given)
- Adverse event(s) after previous vaccinations
- Patient's race and ethnicity

CONTACT US

Hai_section@dhec.sc.gov

Stay Connected