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## **BUREAU OF HOME AND COMMUNITY SERVICES COVID-19 VACCINATION POLICY**

### **POLICY**

Patients and caregivers will be offered vaccinations as prescribed by the patient's physician or Alabama Department of Public Health standing COVID-19 order in accordance with the CDC guidelines and Alabama Department of Public Health Protocol.

### **PURPOSE**

To decrease the risk of transmission of COVID-19.

### **GENERAL INSTRUCTIONS**

1. All homebound patients who cannot be transported safely to a local COVID-19 vaccine site will be offered the COVID-19 vaccine in home, following CDC and ADPH COVID-19 Vaccine guidelines.
2. All homebound patients' caregivers will be offered the COVID-19 vaccine in home, following CDC and ADPH COVID-19 Vaccine guidelines.
3. Staff will utilize the approved COVID-19 screening tool to assess patients and caregivers prior to vaccine schedule or administration.
4. All persons receiving the COVID-19 vaccine will receive education including V-Safe database and be given the Vaccine Information. EUA information will be provided before receiving the vaccination.
5. Staff will assess if patient has received or would like to receive the COVID-19 vaccination at each visit until patient receives vaccination or until patient provides a definite "No" response.
6. Staff will assist patients and caregivers with COVID-19 vaccination registration process.
7. Patients will assess for any contraindications prior to vaccine administration. Once given the vaccination, the patient will be monitored for 15 minutes if no history of allergic reaction to vaccines and no underlying conditions listed on form or 30 minutes

if any history of adverse reaction for any adverse side effects or underlying conditions that require extended monitoring.

8. Staff will follow the approved Janssen COVID-19 vaccine dosage: 0.5ml IM only for Home Health patients and caregivers.
9. Staff will provide a vaccine card to patient indicating vaccination date and time.
10. Anaphylactic kits to include, 3 Epinephrine 1:1000 and Diphenhydramine (Benadryl®) 50mg/ml, will be on hand for emergency use, as ordered by physician, in case of an adverse reaction to the vaccination.
11. The vaccination medication will be transported by the nursing staff utilizing the CDC approved cooler to ensure proper temperature and refrigeration guidance: after puncturing the multidose vial seal, store vaccine in the refrigerator between 2°C and 8°C (36°F and 46°F) for up to 6 hours or at room temperature (up to 25°C/77°F) for 2 hours.
12. The home health nurse will collect the vaccine and the anaphylactic kit(s) from the health department clinic, following the procedures for their designated site.
13. The Home Health Nurse will report all anaphylactic reactions per agency protocol.
14. The Home Health Nurse will return all paperwork to designated clinic staff for ImmPRINT entering process.

Note:

The COVID-19 vaccine, produced by Johnson & Johnson's Janssen Pharmaceutical Cos. unit, was created as a single dose vaccine that can be stored between 2°C and 8°C (36°F and 46°F) for up to 6 hours or at room temperature (up to 25°C/77°F) for 2 hours. Johnson & Johnson Janssen vaccine is more stable for transporting from site to site. Therefore, ADPH has selected Johnson & Johnson Janssen as the designated vaccine for in home vaccinations. Requests for a different vaccine will be evaluated on an individual, case-by-case basis to determine the feasibility of adjustments.

## BUREAU OF HOME AND COMMUNITY SERVICES COVID-19 VACCINATION PROTOCOL

### PURPOSE

To provide the nursing staff with directions for COVID-19 vaccine prescreening assessment, education, and proper vaccine transports related to vaccine administration.

- Home Health staff will have a copy of the current COVID-19 Janssen vaccine education manual.
- Home Health staff will receive COVID-19 vaccine training before scheduling or administering in home vaccination.

### Staff Training:



Janssen COVID-19 Vaccine Training (Johnson & Johnson):  
<https://www2.cdc.gov/vaccines/ed/covid19/janssen/60060.asp>

### Home Health Physician Notification:

The Bureau of Home and Community Service staff will notify all current HH physicians to inform them of the approved HH vaccine and the safe transportation and administration plan. In addition, staff will notify HH physicians of their options to give an order for their patients' vaccine or the physicians can accept ADPH standing order for HH COVID-19 vaccination.



### Pre-vaccination planning for vaccination of homebound persons:

Providers vaccinating homebound persons should carefully pre-plan to understand how they can most efficiently prevent vaccine wastage and ensure safe and effective vaccination by:

1. Estimating the number of doses needed as accurately as possible. Contact recipients or their caregivers in advance to determine those who wish to be vaccinated to best estimate how many doses will be needed. Plan to use all doses in a vial transported for home vaccination to minimize wasting vaccine doses, such as having contingency plans for vaccination of caregivers, or other persons in the home to avoid vaccine wastage
2. Providing information in a variety of accessible formats (e.g., American Sign Language, multiple languages, braille, large font, low literacy, materials with pictures or visual cues).

3. Mapping out travel plans to ensure vaccine is utilized within the approved time frames for use of vaccine at different temperatures, including factoring in pre-vaccination preparation time, and post-vaccination observation time.
4. Ensuring readiness to maintain, monitor, and report temperature of vaccine from the time the vaccine is taken out of a clinic facility, during transportation, and up to the time that vaccine is administered.

### **Safe COVID-19 Transporting Guidance:**

When transporting vaccines, follow guidelines and practices for proper storage and handling.

1. Follow transport guidance for the specific vaccine product.
2. Transport vaccine using a portable vaccine refrigerator or qualified packout. Soft-sided containers specifically engineered for vaccine transport are also acceptable.
  - A qualified packout includes a container and supplies specifically designed for use when packing vaccines for transport. A qualified packout does not require a power source and is “qualified” through laboratory testing under controlled conditions to ensure it can achieve and maintain desired temperatures for a set amount of time.
  - Do not use commercially available soft-sided food or beverage coolers because most are poorly insulated and likely to be affected by room or outdoor temperatures.
3. A digital data logger should be used to monitor the temperature of the vaccine. Place the probe near the vaccine.
  - A digital data logger with an external readout that can read minimum and maximum (min/max) temperatures is preferred. This type of temperature monitoring device allows the temperature of the vaccine to be checked without frequently opening the transport container.
4. Document the min/max temperatures when transport begins, every time the container is opened, and upon return to the facility.
  - Each temperature reading should be documented on a temperature log
5. A punctured vial may be transported from one home to another by the same health care professional if the cold chain is properly maintained. However, a partially used vial cannot be transferred from one provider to another or across state lines.
6. Additional transport guidance:
  - If using a company or personal vehicle, only transport vaccines inside the passenger compartment (not in the trunk or bed of a truck, which may be too hot or too cold).
  - Move transport containers directly to a vehicle that is already at a comfortable temperature—neither too hot nor too cold.
  - Keep containers out of direct sunlight.
  - Pack loose vials carefully to prevent them from breaking
  - Never leave the container unattended in the vehicle.
7. Administer vaccine with proper supplies needed for administration such as needles/syringes, sterile alcohol prep pads, proper sharps disposal equipment, a pre-vaccination checklist for contraindications and precautions, and [EUA fact sheets for recipients](#) and caregivers.

8. CDC recommends transporting vaccine in vials. However, there may be instances when the only option is to transport vaccine in a predrawn syringe. U.S. Pharmacopeia includes guidance for transporting predrawn vaccine in syringes in the [COVID-19 Vaccine Toolkit: Operational Considerations for Healthcare Practitionersexternal icon](#).

Guidance for transporting vaccines can be found in [CDC's Vaccine Storage and Handling Toolkit, COVID-19 Vaccine addendum](#)

### HELPFUL COVID-19 VACCINE LINKS

1. <https://www.cdc.gov/vaccines/ed/index.html>  
Immunization and Vaccine Training
2. <https://www.cdc.gov/vaccines/hcp/admin/document-vaccines.html>  
This address gave the best info for healthcare providers.
3. <https://www2.cdc.gov/vaccines/ed/covid19/moderna/10000.asp>  
Excellent training and the staff can get CEU's
4. <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#underlying-conditions>  
Page from CDC with good visuals at the bottom of when to give and when not to.
4. <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/homebound-persons.html>  
CDC- Vaccinating Homebound Persons with COVID-19 Vaccine

## **Anaphylaxis Treatment Protocol**

### **I. Purpose**

To provide the nursing staff with directions for the treatment of a patient experiencing anaphylaxis.

### **II. Equipment and Supplies**

- A. Epinephrine 1:1000
- B. Diphenhydramine (Benadryl®), 50mg/ml
- C. Sterile Syringes and Needles
- D. Stethoscope
- E. Sphygmomanometer
- F. Cooler and ice packs

### **III. Procedure**

#### **A. Immediate Intervention:**

- a. EMS should be notified.
- b. Continuously monitor airway, breathing, circulation, and level of consciousness and be prepared to begin CPR.
- c. Administer Epinephrine 1:1000 intramuscularly (IM) as indicated in the attached chart. The preferred site for Epinephrine Injection is the anterolateral thigh.

NOTE: If the patient's condition worsens or does not improve, administer a second dose of epinephrine. There should be at least 5 minutes between the first dose of Epinephrine and the second dose. A third dose of Epinephrine may be administered if EMS has not responded and the patient continues to be in distress. There should be at least 20 minutes between the first and third dose and 5 minutes between the second and third dose.

- d. Immediately supplement with IM Diphenhydramine (Benadryl™), as indicated in the attached chart. NOTE that antihistamines are considered a second-line therapy because their onset of action is much slower than Epinephrine; therefore, Diphenhydramine should never be administered as the only treatment for anaphylaxis.
- e. Assess and record vital signs to include blood pressure, pulse and respirations every five minutes.

#### **B. Subsequent Emergency Care (Dependent on the response to Epinephrine):**

- a. Place the patient on his or her back with feet elevated (unless contraindicated);
- b. Establish and maintain an airway and be prepared to begin CPR if indicated.

#### **C. Aftercare**

Patients who are given Diphenhydramine and Epinephrine MUST be referred

to a physician or medical facility when stabilized. If transport is needed, EMS should be notified.

SAMPLE

**Epinephrine 1:1000 (Dosage Schedule: 0.01ml/kg)  
Administer Intramuscularly**

<b>Weight (in pounds)</b>	<b>Approximate Age</b>	<b>Dosage*</b>
0-16	0-5 months	0.05 ml
17-21	6-11 months	0.07 ml
22-32	1-2 years	0.1 ml
33-43	3-5 years	0.15 ml
44-54	6-8 years	0.2 ml
55-65	9-10 years	0.25 ml
66+	11-adult	0.3 ml

**Diphenhydramine 50 mg/ml Concentration (Dosage Schedule: 2 mg/kg)  
Administer Intramuscularly**

<b>Weight (in pounds)</b>	<b>Approximate Age</b>	<b>Dosage*</b>
0-16	0-5 months	0.2ml
17-21	6-11 months	0.3 ml
22-32	1-2 years	0.4 ml
33-43	3-5 years	0.6 ml
44-54	6-8 years	0.8 ml
55+	9-adult	1 ml

\* A tuberculin syringe should be used to deliver minute amounts of medication. Prior to administration, the needle should be changed to the appropriate gauge and length to administer medication intramuscularly.



**Alabama Department of Public Health**

**Acknowledgment of COVID-19 Vaccination Policy and Protocol Receipt**

I, \_\_\_\_\_, acknowledge receipt of the BHCS COVID-19  
(Print Name) Vaccination Policy and Protocol.

I have read and understand this policy and protocol.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bureau/District/County