Implementing a Staff Vaccination Program in Your Nursing Home

COVID-19 vaccines help protect nursing home residents who are vulnerable to illness and death if they become infected with the virus that causes COVID-19. Healthcare staff who are vaccinated also have a lower risk of getting COVID-19 or spreading the virus that causes the illness to residents and visitors, as well as to their families and friends. Vaccinated staff may also avoid illness, isolation, or quarantine-related income loss. This guide presents important factors nursing home leaders can consider when implementing a staff vaccination program. This guide is informational and does not supersede or override any requirements for enrolled providers under the Centers for Disease Control and Prevention's (CDC's) COVID-19 Vaccination Program, or Federal long-term care requirements, including the Centers for Medicare & Medicaid Services' (CMS') which requires Medicare- and Medicaid-certified facilities to ensure staff are vaccinated against COVID-19.

Before the Plan is Put in Place

1. Form a team that includes facility leadership, human resources team members, residents, family members, and representatives from staff across the facility, including personnel who provide direct care. Involving and engaging employees who serve in varying roles, regardless of clinical responsibilities or resident contact, lets team members share ideas and perspectives, participate in problem solving, and develop implementation plans.
2. Consult State and Federal laws and guidance to ensure your facility's vaccine implementation plan complies with vaccination requirements.
3. Develop a system for tracking staff vaccination status, including documenting team members who have received the vaccine; the type of vaccines they received, including an additional dose(s) or booster(s); the date the vaccines were given; and, as applicable, exemption requests based on Federal law. Include applicable data required to be submitted to the Centers for Disease Control and Prevention's (CDC's) COVID-19 Vaccination Program and National Healthcare Safety Network (NHSN) vaccine reporting modules, and CMS requirements for facility staff vaccination.

   Available vaccination tracking and reporting tools include the Agency for Healthcare Research and Quality's (AHRQ's) COVID-19 Vaccination Tracking Tool and Staff Vaccine Administration Record and the CDC's NHSN COVID-19 Vaccination Data Reporting Module. These tools assist nursing homes in collecting and recording the vaccination status of all staff who provide care, treatment, or other services for residents or the facility, including employees, licensed practitioners, students, trainees, volunteers, facility leadership, housekeepers, food service staff, and contractors.
   a. Vaccination tracking at the individual level may include protected health information (PHI). Follow the Health Insurance Portability and Accountability Act of 1996 regulations and your facility's policy to protect this information. Make sure data that contain PHI are only accessible to staff members assigned to track and report staff vaccination status.

b. Submit weekly staff vaccination information to the CDC's NHSN COVID-19 Vaccination Data Reporting Module. The reporting week is Monday to Sunday, and the submission deadline is every Sunday at 11:59 p.m. local time.

c. Assign a staff member and a back-up staff member to record and track all new vaccinations for staff weekly.

Developing a Plan

1. Assess the impact of staff vaccination policies and procedures on current nursing home operations. Revise your policies and procedures to reflect the current State and Federal requirements. Include human resources in the process and get advice from legal counsel if needed. Vaccination policies and procedures should address:
   a. Verification of vaccination status.
      i. Staff are considered fully vaccinated 2 weeks after completing the final dose of their primary vaccination series for COVID-19.
      ii. Staff are considered up to date on vaccination once they have received all recommended doses in their primary series, and a booster dose when eligible.
   b. Religious exemptions.
      i. Develop a process for permitting staff to request a religious exemption.
      ii. Ensure requests for religious exemptions are documented and evaluated in accordance with applicable law and as a part of the facility's policies and procedures.
   c. Medical exemptions.
      i. Develop a process for permitting staff to request a medical exemption.
      ii. Ensure all documentation is signed and dated by a licensed practitioner. Documentation must contain information specifying why the COVID-19 vaccines are clinically contraindicated for the staff member. Documentation must include a statement by the authenticating practitioner recommending the staff member be exempted from vaccination.
   d. Disability exemptions.
      i. Develop a process for permitting staff to request a disability exemption.
      ii. Ensure requests for disability exemptions are documented and evaluated in accordance with applicable law and as a part of the facility's policies and procedures.
   e. Staff COVID-19 testing and testing frequency, which can be determined by the facility.
   f. Hiring and onboarding of staff.
   g. Federal, state, and local legal requirements.
2. Develop clear directions on how your facility will collect, evaluate, and document a staff member who declines to get vaccinated. This could include exemptions based on religious beliefs, medical conditions, or a disability as required by law.
   a. Develop a system for documenting and tracking exemptions.
3. Consider contingency staffing plans to prepare for possible workforce disruptions associated with vaccine administration and side effects.
4. Identify options to provide staff access to the COVID-19 vaccine. For example:
   a. Coordinate with a vaccination provider to host an on-site vaccination clinic or let staff know where they can get vaccinated in the local community (e.g., pharmacy, health clinic, or provider's office).
   b. Work with staff members to schedule a convenient time for them to get their vaccine.
   c. Offer staff members paid time off to get vaccinated.
   d. Anticipate the potential for staffing shortages due to vaccine side effects by staggering staff vaccination appointments.

5. Form a team of vaccinated staff member champions from different departments to serve as an additional resource. Inform them about the new policies and encourage them to share their reasons for choosing vaccination with their peers.

Communicating Vaccine Information With Staff

1. Share expectations for vaccination with staff, including exemption criteria and the date by which staff are expected to be fully vaccinated. Consider using the following:
   a. A personal letter, email, or note placed in the envelope with a paycheck.
   b. Computer screensavers.
   c. Flyers in breakrooms and other areas where staff gather.
   d. Countdown calendar.
2. Provide culturally appropriate, fact-based information on vaccine safety. Be open, consistent, and respectful with messaging.
   a. Create opportunities for staff to talk to each other and with supervisors and other local medical experts about COVID-19 vaccine safety and how well vaccines work. Be collaborative and compassionate, not defensive.
   b. Avoid using complicated medical terms as much as possible.
   c. Encourage the leadership team to have an open-door policy or offer private appointments to discuss concerns.
   d. Provide an email address for staff to send questions or concerns. Respond to emails quickly.
   e. Make sure it is the team member's decision to have a conversation and that the conversation is private.
   f. Follow up with more information when you are unable to answer questions from staff.
   g. Use AHRQ's resources to address staff members' concerns related to the COVID-19 vaccine.
      - *Invest in Trust: A Guide for Building COVID-19 Vaccine Trust and Increasing Vaccination Rates Among CNAs*
      - *Learning Guide for Leadership: Strategies to Increase Nursing Home Staff Confidence in the COVID-19 Vaccine*
      - *Take Your Best Shot: Presenting Facts and Addressing Misinformation to Increase Nursing Home Staff Confidence in the COVID-19 Vaccine*

3. Educate staff on the potential side effects of the vaccine including tiredness, headache, muscle pain, chills, fever, and nausea.
4. Nursing home staff should continue maintaining infection control and prevention best practices even as more staff members and residents are vaccinated in your facility.

Additional Resources

- **Vaccines.gov (CDC)**
  Information about COVID-19 vaccines and boosters, including where to find a vaccination location.

- **Long-term Care Administrators and Managers: Options for Coordinating Access to COVID-19 Vaccines (CDC)**
  Information and resources to help when coordinating access to COVID-19 vaccines on-site or in the local community.

- **NHSN Long-Term Care Facilities COVID-19 Data Reporting Module (CDC)**
  Secure reporting platform for nursing homes to routinely report data for assessing the impact of COVID-19.

- **COVID-19 Vaccination Program Provider Requirements and Support (CDC)**
  Information on the CDC COVID-19 Vaccination Program and updates to the CDC COVID-19 Vaccination Provider Agreement for vaccination providers participating in the program.

- **Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (CDC)**
  Information and guidance on work restrictions for healthcare personnel with COVID-19 infection and exposure.

- **Different COVID-19 Vaccines (CDC)**
  Information about the COVID-19 vaccines authorized or approved for use in the United States.

- **Effective Communication Strategies and Curriculum to Increase COVID-19 Vaccine Confidence Among Nursing Home Staff (AHRQ)**
  Resources to address nursing home staff members' concerns related to the COVID-19 vaccine and to increase vaccination rates.

- **Coronavirus and COVID-19 (EEOC)**
  Information about employment nondiscrimination laws.

This tool is voluntary and not related to any interim, final, or enjoined Centers for Medicare & Medicaid Services (CMS) rules or regulations related to nursing homes.