

Pharmacy Partnership for Long Term Care Program

Overview and Frequently Asked Questions

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PROGRAM OVERVIEW

The Pharmacy Partnership for Long Term Care Program will facilitate COVID-19 vaccination in long term care facilities while reducing the burden on the facilities and state health departments. CDC/HHS is partnering with CVS, Walgreens and select pharmacies in the Managed Health Care Associates Network (MHA) to distribute and administer vaccine to long term care facilities. As part of this program and at no cost to the facility, these pharmacies will:

- Schedule and coordinate on-site clinic date(s) directly with each facility. Three total visits over approximately two months are likely to be needed to administer both doses of vaccine (if indicated) and vaccinate any new residents and staff.
- Order vaccines and associated supplies (e.g., syringes, needles, personal protective equipment).
- Ensure cold chain management for vaccine.
- Provide on-site administration of vaccine for residents and any staff not previously vaccinated.
- Report required vaccination data (approximately 20 data fields) to the local, state/territorial, and federal public health authorities within 72 hours of administering each dose.
- Adhere to all applicable Centers for Medicare & Medicaid Services requirements for COVID-19 testing for LTC staff.

In November, providers were asked to enroll in this program by selecting one of four pharmacy options (CVS, Walgreens, existing LTC provider or another entity such as your local health department). CDC then worked with states and jurisdictions to match providers with pharmacies, based on their selections.

In some cases, providers were reassigned to different pharmacies based on logistics and program requirements, such as cold chain storage.

Pharmacy partners have already started reaching out to their matched facilities.

VACCINE SELECTION AND PRIORITIZATION

Q. Who gets the vaccine first?

A. The Centers for Disease Control (CDC) [Advisory Committee on Immunization Practices](#) (ACIP) has recommended health care workers (HCW) and long-term care (LTC) residents at the highest level of priority for the first distributions of a COVID-19 vaccine. This includes nursing facility residents, assisted living residents and residents in other resident care settings.

Final decisions on vaccine allocation is ultimately up to each state or jurisdiction. States or jurisdictions can decide to activate the federal pharmacy partnership program if they are able to allocate at least 50% of the needed doses of vaccine that will be required for the pharmacy partnership program.

Q. Will assisted living and ID/DD communities receive the vaccine at the same time as skilled nursing facilities?

A. The ACIP [recommendations](#) have specified that when sub prioritization is needed in case of initial vaccine shortage, skilled nursing facilities and nursing homes should be prioritized over other long-term care settings. After nursing facilities, vaccine would be distributed to other long-term care settings, including assisted living facilities, residential care communities, intermediate care facilities for individuals with developmental disabilities and state veterans' homes.

The initial shipments of the vaccine will not be enough to cover the entire population of the priority group (healthcare workers and long-term care), which is anticipated to be approximately 25-30 million people.

As such, the pharmacy partnership program will prioritize skilled nursing facilities above other long-term care settings. However, we anticipate the supply of vaccine to quickly increase and be able to cover all long-term care settings quickly after the distribution begins.

Q. Do we know which vaccine will be distributed to LTC through the pharmacy partnership program?

A. Each state will decide which vaccine to allocate to the pharmacy partnership program.

PREPARING FOR THE VACCINATION CLINIC

Q. Why hasn't my matched pharmacy partner scheduled a clinic date?

A. Clinic dates may not be scheduled until after a jurisdiction activates the program.

Q. How can I prepare for the clinic in my facility?

A. Your matched pharmacy partner will be sharing information with you on how to prepare for clinics. Their websites are linked below.

- CVS website: www.omnicare.com/covid-19-vaccine-resource
- Walgreens website: www.walgreens.com/covidvaccine
- MHA website: <http://mhaadvocate.com/coronavirus/>

One of the most important things providers can do is share updated contact information, accurate head counts, and other information needed (name, address, insurance status) with CVS/Walgreens/LTC pharmacy, as well as the state where requested.

Q. What if I haven't heard from my matched pharmacy partner?

A. Details on the outreach plan and contact for each pharmacy partner is as follows.

- **Walgreens:** Walgreens outreach will take place by Wednesday, December 9th.
 - If you have been matched with Walgreens but not heard from them, contact: ImmunizeLTC@walgreens.com.
- **CVS:** CVS Health (Omnicare) outreach will take place by Monday, December 14th.
 - If you have matched with CVS but have not heard from them (after checking your SPAM filter), please follow these instructions:
 - Visit the vaccine clinic homepage and update the facility contact information: <https://www.omnicare.com/covid-19-vaccine-resource>
 - Send an email to CVS Health: CovidVaccineClinicsLTCF@CVSHealth.com
 - In the email **subject line**, please include the word "CONTACT"
 - In the email **body**, please include:
 - Facility name and address
 - Facility point of contact: name and contact information
- **MHA:** For more information, contact: vaccines@mhainc.com

If you are unsure of whether you have been enrolled in the program or matched with a pharmacy, please contact your state public health agency.

Q. Can LTC staff get vaccinated alongside residents?

A. Yes, staff can be vaccinated alongside residents under the pharmacy partnership program and have been included in the estimates that CDC has made for the number of doses needed for each facility/state.

However, some states are taking different approaches to distribution. Your state may have alternative plans to vaccinate all healthcare workers, including long term care staff. We recommend contacting your state affiliate or state public health agency for more information on the different ways and locations that long-term care staff will receive the vaccine.

Q. Does a physician need to order the COVID-19 vaccine for residents and/or staff?

A. No. Under the authority of the PREP Act, the HHS Secretary issued guidance that overrides state and local laws to allow pharmacist to order and administer the vaccine if the pharmacist meets certain training requirements. This information is available [here](#) and an excerpt is included below:

"...as an Authority Having Jurisdiction under the Secretary's March 10, 2020 declaration under the Public Readiness and Emergency Preparedness Act (PREP Act), the Office of the Assistant Secretary for Health (OASH) issues this guidance. Subject to satisfaction of the requirements listed below, this guidance 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, to persons ages three or older COVID-19 vaccinations that have been authorized or licensed by the Food and Drug Administration (FDA)." "This authorization preempts any State and local law that prohibits or effectively prohibits those who satisfy these requirements from ordering or administering COVID-19 vaccines as set forth above."

ONSITE VACCINATION CLINIC

Q. What do I need to provide for the pharmacy clinic team coming to my facility? Do I need to provide any medical supplies or PPE?

A. The pharmacy clinic team will bring the vaccine and all necessary supplies to administer the vaccine including PPE for the pharmacy team. The LTC pharmacy clinic team will let you know in their material what you need to provide.

Q. How many pharmacy team members will be at the facility during the clinic?

A. This will vary depending on the size of the facility and is a question to ask your matched pharmacy partner when they contact you.

Q. Can the facility elect to have the vaccine administered in resident rooms vs. centralized clinic location? And if so, who will be responsible for the 15-minute observation of the resident post administration?

A. This may vary depending on the pharmacy clinic team working with you. You will need to check with the pharmacy clinic team assigned to your facility.

Q. If an adverse reaction occurs after the pharmacy clinic team leaves, is the facility required to notify the pharmacy?

A. The CDC has a vaccine monitoring system called the Vaccine Adverse Event Reporting System (VAERS) as well as a smart phone-based monitoring program called V-safe. They will use these systems to actively track adverse events from the COVID-19 vaccine. Information about these programs should be provided during the onsite clinic.

Q. Will the pharmacy team members remove all sharps, etc. utilized for the vaccinations from the facility?

A. This is a question to ask of your matched pharmacy partner when they contact you.

Q: Is there a maximum number of individuals that can be vaccinated at each clinic?

A: The pharmacy partnership program has provided an estimate to the matched pharmacies based on the resident data you provided in the sign-up process and a 1:1 ratio of staff. However, this is a question to ask of your matched pharmacy partner when they contact you.

Q: Will a facility staff member need to be present throughout the clinic?

A: This is a question to ask of your matched pharmacy partner when they contact you.

Q. What happens if staff or resident refuse vaccine or are not present during the onsite clinic?

A. After the initial phase of vaccinations, facilities may continue working with the federal pharmacy partner it was matched with or shift to another pharmacy provider that is enrolled with the state to provide COVID-19 vaccine. However, it is possible that those individuals may have to wait several months to get the vaccine.

SIGNED CONSENT

Q. Is consent required?

A. Yes, consent is required and needs to include the use of the emergency use authorization (EUA) fact sheet on the risk and benefits of the vaccine. The fact sheet will not be available until after the EUA is issued. Signed consent is not mandated by the federal government for vaccines approved under an EUA, but many vaccine providers including the LTC pharmacy clinic may require signed consent. This is an import issue and obtaining signed consent, if required, will take some time. We urge facilities to discuss this with their pharmacy partners.

Q: Can a facility start collecting consent prior to the vaccine receiving EUA?

A. No, the EUA must be issued prior to collecting signed consent or documenting informed consent. The resident or their representatives must see a copy of the EUA statement/fact sheet before signing or providing consent.

Q. Can a resident refuse the vaccine?

A. Yes, vaccines authorized under an EUA cannot be mandated by the federal government. Residents or their representatives have the right to refuse the vaccine.

Q. Can a facility use their own form to obtain signed consent for the vaccine?

A. You will likely have to use the consent form provided by the pharmacy. However, this is a question to verify with the matched pharmacy partner when they contact you.

Q. Does it have to be a physical signature, or can it be digital signature? Can email communication count as signed consent or does it require signature or digital signature on the form?

A. This is a question to verify with the matched pharmacy partner when they contact you.

Q. Does the signatory for residents unable to consent have to be one of the three legally recognized decision makers (the resident representative, designated durable power of health care attorney or legal guardian) or can any family member or close personnel friend sign it?

A. This will be up to the pharmacy clinic team since signed consent is not federally mandated. However, when obtaining consent you will need to do so with the resident unless they are

unable to consent, then you will need to approach the durable power of health care attorney or legal guardian for the resident or if neither available, the resident representative.

Q. If the patient is unable to give consent for receiving the vaccine and consent must be obtained from a family member or resident representative, are there any suggestions on how to handle that?

A. We recommend you follow the normal procedure in your state for how you obtain informed consent for any other treatments or procedures for your residents.

Q. Who can sign when the resident has dementia and has not designated a durable power or health care decision maker and there is no legal guardian?

A. We recommend you follow the normal procedure in your state for how you obtain informed consent for any other treatments or procedures for your residents.

Q. What happens if there is no family member available/alive?

A. We recommend you follow the normal procedure in your state for how you obtain informed consent for any other treatments or procedures for your residents.

Q. Does the facility have to collect consent from employees who wish to be vaccinated prior to the clinic or will pharmacy staff collect this during the clinic?

A. This is a question to verify with your matched pharmacy partner when they contact you.

EMPLOYER MANDATE OF VACCINE

Q: Will the federal government mandate the vaccine?

A: Since this vaccine will be authorized under an emergency use authorization (EUA) it cannot be mandated by the federal government, but the EUA does not expressly prohibit an employer, state or locality from requiring vaccination.

Q: Can the vaccine be required as a condition of employment?

A: In general, under federal law an employer can require vaccination as a condition of employment where it is job-related necessity (meaning the employee's ability to perform their job will be impaired or there is significant risk of substantial harm to the health or safety of the

individual or others). Given the nature of the business, employees providing healthcare services often (but not always) fall into that category. That said, the EEOC has yet to provide guidance specifically as to COVID-19.

There are, however, exceptions for medical or religious concerns under federal law. When considering whether the employee would be required to have the vaccine as a condition of employment, the employer would need to consider (i) the employee's ability to safely perform the essential functions of the job, (ii) the imminence of the risk, (iii) the severity of the harm to the health or safety of the individual or others, and (iv) the availability of reasonable accommodations to reduce the risk absent undue hardship. Depending on these circumstances, an employer may be required to accommodate an employee with a medical or religious concern by providing alternative safety equipment or PPE, teleworking, or reassignment, among other alternatives.

Beyond federal considerations, the ability of an employer to require a vaccine can vary from state to state and could be impacted by local laws or regulations as well. Prior to implementing any mandatory vaccination program, employers should discuss the particulars of such plan with their employment attorney to be sure to comply with applicable requirements.

Q: Do union contracts impact employers' ability to create conditions of employment.

A: Yes, where all or part of the workforce is unionized, federal law may obligate the employer to bargain with the appropriate union when implementing a mandatory vaccination program. Where applicable, employers should review the terms of their union agreements and discuss the issue with their employment attorney before establishing vaccination as a condition of employment.

Q: Can the condition of employment be added for existing employees?

A: Yes, subject to the medical and religious concerns mentioned above, but employers will want to make sure they check local and state laws and any employment contracts that may be in place. Employers should discuss this with their employment attorney as issues may arise for employees that refuse the vaccination, even if a condition of employment.

Q: Are there workers compensations issues with requiring a vaccine as a condition of employment?

A: Yes, if a vaccination is listed as a condition of employment, and the employee has an adverse reaction due to the vaccine, there could be potential for a worker's compensation claim.

Q: Will my employees still need to use PPE after being vaccinated?

A: Yes, OSHA requirements for PPE use will continue to be in place after an employee is vaccinated. Current information suggests that the vaccine takes four (4) weeks after the last dose to generate antibodies, but even in people who are vaccinated some may still have the ability to get sick and current information is unclear whether vaccinated individuals will still be able to spread the virus or not. Employers should continue to monitor developments in this information as it becomes available in the near future.

Q: Can I provide incentives for employees who get the vaccine?

A: Yes, if the employer maintains a voluntary vaccination program, to encourage employee participation the employer may provide incentives for employees to get the vaccine. However, if the employer requires vaccination as a mandatory requirement of employment, providing incentives is not advisable as it may create a disparate impact across certain protected characteristics such as age, disability, and religion, among other discrimination concerns.

Q: Do I have to provide paid leave for employees with adverse reactions from the vaccine?

A: While there is no current federal requirement for an employer to provide paid leave for an adverse reaction from the vaccine, an employer may be obligated to provide leave consistent with the Family and Medical Leave Act or ADA. Additionally, paid leave may be required under applicable state or local laws or the employer's own policies and therefore employers should consult with their employment attorney to the extent the need for leave arises.

Q: Do I have to pay my employees for their time to get vaccinated?

A: Where the employer maintains a vaccination program, the time an employee spends getting vaccinated is compensable regardless of whether the program is mandatory or voluntary. Additionally, the employer must cover the cost of the vaccination.

If an employer does not administer a vaccine program and does not mandate the vaccine as a condition of employment, the employer would not be required to pay for the employee's time.

Where the state or locality is requiring the vaccine, the employer would not be required to pay for the employee's time to get the vaccine, subject to the state or locality requiring that of employers.

Q: What responsibilities does the employer have under OSHA to offer the vaccine?

A: To date, OSHA has not issued any specific standard that would obligate an employer to require employees to provide the vaccine. While the General Duty Clause under the OSH Act obligates employers to provide a workplace "free from recognized hazards that are causing or are likely to cause death or serious physical harm to . . . employees," without further guidance from OSHA, the CDC, or other state and local public health officials on the vaccine, this catch-

all provision likely does not itself require employers to provide vaccinations as part of their infection control procedures. OSHA previously advised that employers may require flu vaccinations. That guidance, however, also advised that “an employee who refuses [the influenza] vaccination because of a reasonable belief that he or she has a medical condition that creates a real danger of serious illness or death (such as serious reaction to the vaccine) may be protected. For more information on OSHA Standard Interpretation, OSHA's position on mandatory flu shots for employees (Nov. 9, 2009): <https://www.osha.gov/laws-regs/standardinterpretations/2009-11-09>.

ADDITIONAL RESOURCES

- [CVS Vaccination Website](#)
- [Walgreens Vaccination Website](#)
- [CDC Pharmacy Partnership Website](#)
- [Jackson Lewis Guidance on Mandating Vaccines](#)
- [AMDA FAQ on Vaccine Safety and Efficacy](#)