

Where to Setup COVID-19 Vaccination for Residents in the Building: Considerations for Long-Term Care Facilities

LTCF are working on their plans to vaccinate all their staff and residents against COVID-19. The recommendations for the Pfizer and Moderna vaccines are to observe individuals receiving the vaccine for 15 minutes (if they do not have history of anaphylaxis) or 30 minutes (if they have a history of anaphylaxis). This raises the question of where the vaccination and observation (post-vaccination) process should take place for the residents in the building. The two most common options are:

- Within resident room OR
- In a large common area where physical distancing can be maintained

LTCF will have to take into consideration their **COVID-19 outbreak status** among other factors (e.g., staffing, room set-up, ability of the residents to be able to keep the mask and maintain physical distancing etc.) when making that determination.

Nebraska ICAP team has following suggestions for the LTCF based on the zones where vaccination and/or observation is taking place:

GREEN ZONE (Used for residents who have **no known exposures and have not been exposed to high-risk scenarios** where the chances of exposures are generally high [e.g., going out of LTCF recently to see family]):

- **LTCF may choose to vaccinate and/or observe residents either within their own rooms or in a large common area.** Both are acceptable options. (Note: If using common area then the common area should also be located within the green zone)
- LTCF should still ask all residents to always wear mask when they are around others (including staff) and maintain at least 6-foot physical distancing (if they are in the common area).

YELLOW ZONE (Used for residents who have **known exposures to COVID-19 within last 14 days but have not been diagnosed with COVID-19 and continues to remain asymptomatic**):

- **COVID-19 vaccination and observation should preferably be done in the resident own room.**
- Room doors should be kept open for the duration of monitoring (15 or 30 minutes) if a staff cannot be with the resident physically in the room for observation. (Note: the doors will be closed after the recommended duration of observation as per the LTCF yellow zone protocols).

- LTCF should ask all residents to wear mask during vaccination and continue to wear the mask for the duration of the observation.
- LTCF should follow their yellow zone PPE protocol when entering or exiting the rooms of the resident in the yellow zones.
- Consider increasing the number of staff in the yellow zone hallway (trained in monitoring for symptoms of anaphylaxis) to keep an eye on all the residents in the room.
- **If vaccination and/or observation within resident own room is not logistically possible** due to a specific reason (e.g., room set-up in a way making it difficult to keep an eye on the resident), then as an alternative option it is OK to vaccinate and/or observe residents in the common area in small numbers.
 - LTCF should make sure all residents are always wearing mask when they are around others (including staff) and are maintaining at least 6-foot physical distancing.
 - Encourage frequent hand hygiene and increase high-touch surface cleaning frequency in the vaccination and observation areas.

GRAY ZONE (Used for residents who have **no known exposures but have been in high-risk scenarios recently**, where the chances of exposures are high [e.g., going out of LTCF recently to see family]):

- **COVID-19 vaccination and observation should preferably be done in the resident own room.**
- Room doors should be kept open for the duration of monitoring (15 or 30 minutes) if a staff cannot be with the resident physically in the room for observation. (Note: the doors will be closed after the recommended duration of observation as per the LTCF gray zone protocols).
- LTCF should ask all residents to wear mask during vaccination and continue to wear the mask for the duration of the observation.
- LTCF should follow their gray zone PPE protocol when entering or exiting the rooms of the resident in the yellow zones.
- Consider increasing the number of staff in the gray zone hallway (trained in monitoring for symptoms of anaphylaxis) to keep an eye on all the residents in the room.
- **If vaccination and/or observation within resident own room is not logistically possible** due to a specific reason (e.g., room set-up in a way making it difficult to keep an eye on the resident), then as an alternative option it is OK to vaccinate and/or observe residents in the common area in small numbers.
 - LTCF should make sure all residents are always wearing a mask when they are around others (including staff) and are maintaining at least 6-foot physical distancing.
 - Encourage frequent hand hygiene and increase high-touch surface cleaning frequency in the vaccination and observation areas.



Updated 12/31/2020

RED ZONE (Include “dark red zone” which refers to a COVID-19 unit where all **confirmed COVID-19 residents** are being treated and “light red zone” which refers to those rooms that are physically located in a yellow zone but are housing **residents who are suspected of having COVID-19 and are awaiting confirmation of that diagnosis**):

- **Residents in the red zone should not receive COVID-19 vaccine.**
- The vaccination can be offered to these residents once they have recovered and transferred out of the COVID unit.

Note: Regardless of the zone that the residents are in, those residents who have received the bamlanivimab monoclonal antibody treatment for COVID-19 should be vaccinated 90 days post-treatment.