COVID-19 VACCINE ASSESSMENT AND ORDERS (LONG-TERM CARE)
(items with check boxes must be selected to be ordered)

Date: ____________________  Time: ____________________

PATIENT SCREENING (To be Completed by Nurse, Nurse Practitioner or Physician):
Has the resident received any doses of COVID-19 vaccine?

☐ NO / UNKNOWN
☐ YES: Date(s) received: Dose 1: ___________  Dose 2: ___________

Has the resident received 2 doses of COVID-19 vaccine and does the resident meet eligibility criteria for a third dose? *(Refer to BCCDC for guidance regarding eligibility criteria. See page 1A).

☐ NO
☐ YES

ASSESSMENT & CONSENT ON UNIT (To be Completed by Nurse Practitioner or Physician)

Resident’s consent obtained

MEDICATIONS: *(Refer to BCCDC for latest guidance on timing of second and third doses. See page 1A)

COVID-19 mRNA vaccine (Moderna)  ☐ First dose: 0.5 mL IM x 1
☐ Second dose: 0.5 mL IM x 1 (Give 28 days or more after first dose)*
☐ Third dose: 0.5 mL IM x 1 (Give 28 days or more after second dose)*

※ OR ※
COVID-19 mRNA vaccine (Pfizer BioNTech)  ☐ First dose: 0.3 mL IM x 1
☐ Second dose: 0.3 mL IM x 1 (Give 21 days or more after first dose)*
☐ Third dose: 0.3 mL IM x 1 (Give if Moderna vaccine is unavailable or if resident refuses Moderna vaccine. Give 28 days or more after second dose)*

If signs of anaphylaxis: epinephrine 1 mg/mL 0.5 mg (0.5 mL) IM to anterolateral thigh Q5MIN PRN (max. 3 doses) for anaphylaxis (alternate sites for repeat injections) and call MRP

MONITORING:
Observe for any signs of anaphylaxis for 15 minutes post administration of vaccine

Prescriber’s Signature  Printed Name  College ID

COVID-19 VACCINE GIVEN (IMMUNIZER OR NURSE TO COMPLETE)

RECORD OF COVID-19 IMMUNIZATION (VCH.VC.0238) (i.e. “One-Write form”)
- White Copy: Give to Public Health
- Yellow Copy: Place in resident’s chart

Note: Document Consent in Progress notes
Special Considerations:

Immunosuppressed persons

- There are no data on COVID-19 vaccination in individuals who are immunosuppressed. Immunocompromised persons, including individuals receiving immunosuppressant therapy, may have a diminished immune response to the vaccine. However, no safety signals of concern have been noted to date. The balance of benefits and risks must be made on a case-by-case basis.

Autoimmune condition

- There are very limited data on COVID-19 vaccination in individuals who have an autoimmune condition. Other applications of mRNA technologies have been for the treatment of cancer, which required an immune response directed against an individual’s cancer cells. This raised the theoretical concern that mRNA vaccines for infectious diseases would behave similarly, eliciting inflammation and possibly exacerbating existing autoimmune diseases. Current applications of mRNA technology for COVID-19 vaccines have been optimized to reduce this risk. The balance of benefits and risks must be made on a case-by-case basis.

ASA and Anticoagulant Drugs

- Low dose acetylsalicylic acid (ASA) and long-term anticoagulation therapy with warfarin, heparin, LMWHs, and novel anticoagulant drugs (e.g. dabigatran, rivaroxaban, apixaban) are not considered to cause a higher risk of complications; patients may be safely immunized without discontinuation of anticoagulation. Follow administration instructions below.
- In patients with supratherapeutic levels of anticoagulation (e.g. elevated INR on warfarin), hold vaccines until levels normalize
- Administration Instructions:
  - Injection into the deltoid is preferred; use a fine gauge needle (25 gauge or higher) of appropriate length (1 inch minimum).
  - After injection, firm pressure should be applied to the injection site for at least 5 minutes.

Surgery

- Surgery is not a contraindication to receiving the COVID-19 vaccine.
- The patient can receive the COVID-19 vaccine post-surgery or at discharge if it is not convenient to administer pre-surgery.

Pregnancy and Breastfeeding Patients:

- The Society of Obstetricians and Gynecologists of Canada (SOGC) have released a Statement on COVID-19 Vaccination in Pregnancy
- The American College of Obstetrician and Gynecologists (ACOG) has also released a practice advisory on Vaccinating Pregnant and Lactating Patients Against COVID-19