

## Best Practices for Addressing COVID-19 Vaccination in Long-Term Care Facilities

*It is not vaccines, but the act of vaccinating, that saves lives. Safe and effective vaccines against COVID-19 have been developed, but if the vaccines are not given it will not matter how much time, effort, and money went into developing them. It is important to instill confidence and provide clear and evidence-based information on COVID-19 vaccines to empower your staff and residents to make informed and educated decisions regarding vaccination.*

### Prepare Staff for COVID-19 Vaccination

It is important to clearly weigh the benefits of vaccinating against COVID-19 the risk associated with COVID-19 infection.

#### **Emphasize the benefits of vaccinating against COVID-19.**

- Getting vaccinated will save lives. Your staff are on the frontline and at high risk of exposure to COVID-19
  - Being vaccinated not only protects them from getting sick but also protects their family, friends, and your residents from the virus.
- Vaccines are thoroughly reviewed and must be found to be both safe and effective before they are authorized or licensed in the U.S.
- People who are [fully vaccinated](#) against COVID-19 are protected against severe illness, hospitalization, and death from the virus, even against new variants like Delta.
- Side effects from vaccinating against COVID-19 are typically mild and resolve on their own in 1-2 days.
- Serious [adverse events](#) are extremely rare following COVID-19 vaccine.

#### **Emphasize the risks associated with COVID-19.**

- The risk of infection from the virus that causes COVID-19 are still being determined, but research has shown us that:
  - [New variants](#) of COVID-19 (like Delta) seem to spread more easily and cause more cases of the virus, which can lead to more hospitalizations and deaths from COVID-19.
  - The virus can have a significant and long-term impact on your [lungs](#), [heart](#), [kidneys](#), and [nervous system](#).
  - [Up to 33%](#) of individuals who tested positive for COVID, but weren't hospitalized from the virus, still experience symptoms up to 3 months later.
  - It may lead to a [6x higher risk](#) of erectile dysfunction compared to those with no history of COVID-19 infection
  - [One in three](#) COVID-19 survivors have suffered from a neurological or mental health condition within 6 months of their COVID-19 diagnosis. To put this into perspective, these conditions were 44% higher after COVID-19 than after the flu.
- In North Dakota alone: 1 in 475 have died, 1 in 150 have been hospitalized, and 1 in 7 have tested positive for COVID-19.

## Distribute COVID-19 Vaccine Resources

The CDC and NDDoH have developed a number of COVID-19 vaccine resources that can be provided to staff. They can be accessed below:

- [CDC Resources for Long Term Care Facilities](#)
- [NDDoH Long-Term Care Facilities Tool Kit](#)

## Be Prepared to Answer Questions Regarding COVID-19 Vaccines

If staff have concerns or questions, this doesn't necessarily mean they won't accept a COVID-19 vaccine. It is important to be compassionate and non-judgmental when discussing staffs' questions and concerns. Sometimes they simply want answers to their questions. The following are useful resources to help you stay informed and equipped to address COVID-19 vaccine-related questions:

- [NDDoH COVID-19 Vaccine Frequently Asked Questions for the General Public](#)
- [NDDoH COVID-19 Vaccine Frequently Asked Questions for Healthcare Providers](#)
- [CDC COVID-19 Vaccination Communication Toolkit](#)

## How to Address Staff that have Already Had COVID-19

Staff should be vaccinated regardless of a previous infection from the virus that causes COVID-19. Immunity after COVID-19 is unpredictable. We do not know how long protection lasts after the initial infection or how well natural infection protects against variant strains. What we do know is that reinfection is possible.

COVID-19 vaccines provide a stronger and more consistent immune response than natural infection. Getting vaccinated after recovering from COVID-19 acts as a booster for the immune system – potentially offering additional protection against COVID-19 variants (like Delta) and preventing the spread of COVID-19 to others. However, anyone currently infected with the virus that causes COVID-19 should wait to get vaccinated until after their illness has resolved and after they have met the criteria to discontinue isolation.

## Consider Designating a COVID-19 Vaccine Expert at Your Facility

By designating an individual as a COVID-19 vaccine expert, you have a staff member who is:

- Responsible for being up-to-date on COVID-19 vaccine information and recommendations
- Able to answer questions staff have regarding COVID-19 vaccine.
- Aware of current information for COVID-19 vaccine planning and distribution in North Dakota.

The CDC offers a number of COVID-19 vaccine training modules. Further, the NDDoH offers state wide planning meetings regarding COVID-19 vaccine for our state that a staff member could attend weekly to remain up-to-date.

## Have Outside Entities Provide Education at Your Facility

After providing exhaustive education on COVID-19 protocols and vaccination to staff, sometimes it is helpful to have outside entities provide additional education to staff. The North Dakota State University

Center for Immunization Research and Education (CIRE) is currently offering both live (via Zoom) and recorded education on COVID-19 vaccine to long-term care facilities in North Dakota. Education can be tailored to your facility's specific needs and be given in a time frame that is most beneficial for your staff. If you are interested in having CIRE provide education at your facility, please email [ndsucire@ndsuedu](mailto:ndsucire@ndsuedu).

## How to Address Staff COVID-19 Vaccine Refusal

### ***One-on-one conversation for vaccine decliners and their direct supervisors.***

- It is important to assess *why* an individual is refusing COVID-19 vaccine so their concerns can be properly addressed. Supervisors/directors and vaccine declining staff should set a time to discuss vaccine concerns and address questions.
- For supervisors/directors: A willingness to listen is key to understanding where a hesitant staff member's concerns lie. Be open and non-judgmental when exploring their concerns. It is also important to use open-ended questions when having the vaccine conversation (e.g. "tell me what your concerns are..."; "Can you tell me more about...") to explore why they are truly refusing vaccination. Remember, sometimes people simply need more information and answers to their concerns from a trusted source to accept a COVID-19 vaccine. Address concerns using evidence-based information. If you do not know the answer to a question, it is ok to tell your staff member that you will find an answer and report back when you know more information.
- The NDDoH and CDC have a number of resources which can help you educate your staff regarding COVID-19 vaccination. They are listed [above](#).

### ***Provide incentives to vaccinate.***

Some healthcare facilities in North Dakota are trying to improve vaccination rates through:

- Paid incentives – e.g. \$100.00 to employees who completed 2<sup>nd</sup> dose of vaccine.
- PTO requirements – e.g. individuals who refuse vaccination must use their own PTO for quarantine and isolation associated with COVID-19 exposure and illness.
- Emphasize that a fully vaccinated population is our quickest path back to normal.
- PPE and testing not likely to change until we are closer to community immunity and disease rates decrease in our communities.

### ***Have vaccine decliners review and sign a declination form.***

It is important that individuals are *aware* and *educated* about their decision to not vaccinate against COVID-19. Not only does the use of a declination form ensure that the individual is informed when they make their decision, but also reduces misconceptions regarding COVID-19 vaccines.

It is helpful to have a supervisor read through the form with an individual rather than giving it to an employee to read and sign on their own. This opens dialogue and, in some cases, leads to the employee changing their mind and deciding to be vaccinated.

The NDDoH has developed a declination form for healthcare facilities to use. It can be changed and/or tailored with your facilities logos and aesthetics. This document can be accessed [here](#).