



## Recommendations for COVID Vaccine Preparation at Congregate Shelter Sites

Boston Health Care for the Homeless Program (BHCHP) is pleased to be able to offer vaccinations to staff and guests at Boston's congregate shelter sites beginning in late January 2021. We ask that you please use the following document to make the necessary preparations for successful COVID vaccine rollout at your site(s). **A copy of this form will be requested from each site participating in our vaccination efforts. Please submit this document to April Donahue ([adonahue@bhchp.org](mailto:adonahue@bhchp.org)) as soon as possible.**

This document outlines what you should do, for each major topic area, in advance of the vaccinations; during the vaccinations; and after the vaccinations.

Questions may be directed to any of the following staff:

April Donahue, Associate Director of Clinical Operations, 857-654-1016, [adonahue@bhchp.org](mailto:adonahue@bhchp.org)

Barbara Giles, Chief Operating Officer, 857-654-1679, [bgiles@bhchp.org](mailto:bgiles@bhchp.org)

Denise De Las Nueces, Medical Director, 857-654-1784, [ddelasnueces@bhchp.org](mailto:ddelasnueces@bhchp.org)

Jessie Gaeta, Chief Medical Officer, 857-654-1012, [jgaeta@bhchp.org](mailto:jgaeta@bhchp.org)

Thank you.

**Section 1. Points of Contact**

**Site Name:** \_\_\_\_\_

*In Advance (early to mid January)*

- Assign a Chief Point of Contact for vaccination efforts at your site.** This will be the main liaison with BHCHP regarding vaccination rollout at your site(s). If questions arise about any preparations or implementation issues, we will contact this person.

Name of Chief Point of Contact:	
Title:	
Phone:	
Email:	

- Assign a Vaccine Data Manager for your site(s).** This may or may not be the same person as the Chief Point of Contact. This will be the person we contact for questions or issues related to vaccination data and tracking (i.e., sharing lists of people to be vaccinated, collecting staff data regarding COVID risk, troubleshooting issues related to data – missing data, incorrect data, etc.).

Name of Vaccine Data Manager:	
Title:	
Phone:	
Email:	

- Tell us who should be contacted in the event of a severe reaction to vaccination.** Our clinical staff are trained to be able to respond to severe allergic reactions or fainting at the time of vaccination. We would like to know who at your site we should notify if such a reaction occurs among your staff or guests.

Name:	
Title:	
Phone:	
Email:	

## Section 2. Identifying Space and Equipment

*In Advance (early to mid January)*

- **Identify space within your shelter/site for planned vaccination efforts.** Some sites may already be well underway identifying (and communicating to us) such a space; others have not identified one yet. In some cases, to maximize the number of people served, we will ask that small sites utilize a shared, centralized location (at another site in your region) for this vaccine clinic. We will discuss with you if this is the case.
  - The space(s) should have good ventilation and be large enough to facilitate vaccination of multiple people at a time, spaced at least 6' apart.
    - **Do you have more than one space available?**  Yes  No  
Note: If more than one space is available, we can have one space for vaccinating staff and one space for vaccinating guests. If only one space is available, we will aim to break each vaccine session into two parts: one period of time for staff and one for guests. This will ease the burden on our staff, who use different registration workflows for each group, and it will free up more time for vaccination.
  - A dedicated section of the space should be available for people to sit (6' or more apart) and be observed after their vaccination for at least 15 minutes (to monitor for any potential reactions).
    - **Do you have more than one space available for post-vaccine observation?**  
 Yes  No  
If yes, then we will plan to have separate observation areas for staff and guests.
  - **Which space(s) have you identified?**
  - **How many people can the space(s) accommodate for vaccination at one time?**
  - **How many people can the space(s) accommodate at a time for post-vaccine observation?**
  - **Does your space have Wifi?**  Yes  No (We will bring a hotspot if needed.)
- **Gather the materials needed to make this a COVID-safe space for vaccinations,** ensuring that social distancing can be practiced. Such materials may include:
  - Mobile dividers, signage, or other means of ensuring social distance of 6'
  - Chairs placed at least 6' apart
  - A table and chair(s) for staff conducting registration
  - An anti-viral disinfectant and other cleaning supplies, and gloves

- Our staff will have their own PPE (including gloves), and will be regularly cleaning the vaccination stations, but the above supplies would be for your general cleaning/facilities staff who keep the wider space clean
- Personal Protective Equipment, including masks to distribute if needed
  - All persons (staff and guests) presenting for vaccination must be wearing face masks.
  - For any staff you have working alongside our team at the vaccination clinic (e.g., assisting with registration or observation), we can offer face shields and gloves if they do not already have them.
- Alcohol-based hand sanitizer, and signage encouraging hand sanitizing
- Tissues, waste basket

### Section 3. Planning and Implementing the Vaccination Clinics

Our staff will be coming to your site prepared to vaccinate a large number of your staff and guests for that day. We will bring vaccines and supplies, including cold storage capacity during the clinic, and we will administer the vaccinations. We will register guests in our medical record; we will enter basic staff demographic and contact information outside the medical record. **A few things to keep in mind:**

- **Be aware of vaccination timing.** Expect 5-10 minutes per person for check-in and vaccination, followed by roughly 15-30 minutes of observation time post-vaccine to monitor for any side effects.
- **Note that we typically can vaccinate about 10 people per hour, per nurse.** This nurse can serve 3-4 seats (stations) at a time. For large sites, we may send more than one nurse per session, depending on space and time constraints and anticipated volume. We will also be bringing one “Front Desk” staff member who can help us check people in and enter data into our electronic medical record (for guests) or Excel tracker (for staff).

**This is how the process will work, and what we need you to do to prepare:**

***As soon as possible (early to mid January)***

- **Identify particular days and times when vaccination efforts would be best timed.** For example, are efforts around mealtimes best? Is it best to vaccinate staff around change of shifts, to reach staff from both shifts? What are the best days and times, for your site? We recognize that some sites may have already begun to communicate with our staff about ideal timing.

- **Identify shelter staff who can serve as milieu managers** for the vaccination efforts and to support clinical staff in the post-vaccination observation period (monitoring for 15+ minutes per vaccinated person), and perhaps to also help us educate shelter guests and shelter staff about vaccination process and answer any questions or concerns they may have.
- **For family sites, it is helpful to make plans for childcare for any parents getting vaccinated.** In past health fairs/vaccine clinics, other parents or staff would hold or watch the child(ren), but given our new infection control considerations from COVID (including the need for social distancing and the need for post-vaccination monitoring), we will need to make plans for childcare during vaccination.

**Leading up to vaccine clinics**

- **First, please try to gauge at your site, if possible, about how many staff would like to be vaccinated at this time.** If invited for the COVID vaccine right away, about how many of your staff say they would be willing to actually accept the invitation? This will greatly help our planning and messaging efforts.

\_\_\_\_\_ staff willing to be vaccinated right away

Please report this number to April Donahue ([adonahue@bhchp.org](mailto:adonahue@bhchp.org)) as soon as possible.

- **Develop staff and guest communication strategies for this vaccination effort.** We will continue to work with you this month to answer questions, providing messaging materials, draft talking points, etc. You should also ensure you communicate with staff around sick leave policies. Some staff may develop temporary side effects (malaise, headaches, etc.) from the vaccine. We can share some information with you regarding the ways other entities are communicating about those side effects.
- **Review your staff lists to identify who should be vaccinated earliest.** We request prioritizing people who do the most frontline/in-person work directly with guests in congregate spaces, since they are likely among those most at risk of becoming infected in your shelter. At our own program, we can share that we prioritized first those who worked in COVID care spaces (McInnis House and our testing team; this included all staff in these spaces, such as custodial, kitchen staff, facilities, and health care workers); we then prioritized people who worked >15 hours in person per week and who were “high risk” (identified with a COVID mortality risk calculator developed by statisticians from Johns Hopkins and the University of Maryland, available at <https://covid19risktools.com> ) based on age, race, ethnicity, chronic conditions, zip code, and other risk factors for COVID mortality. We then prioritized others who worked >15 hours in person per week. We are now offering it to all staff who do any in-person work. We are happy to discuss our prioritization strategy in more detail or to help you brainstorm about your own.

- **With your prioritized list of staff in hand, and with your shelter guest census, begin inviting people for vaccination.** You may choose to invite people by phone, email, or in person (particularly for guests). You may borrow some of the language we share from our own invitations.
  - **Consider staggering your invites so that not all staff from a given team or shift are invited for vaccination on the same day.** Since the vaccine can produce common side effects (muscle aches, malaise, headaches, etc.), you will want to avoid too many staff from the same unit calling out sick following vaccination. This may impact smaller sites the most.
  - **Keep track of who is accepting and who is declining.** It is helpful to make note of the general reason for decline (e.g., medical, on vacation, vaccine hesitancy, etc.). You should make attempts to re-invite people for vaccination weekly, or at other intervals that make sense, if they initially decline.
  - **When scheduling, ask:**
    - **Has the person already been vaccinated elsewhere?** You should assign someone to track this, for your own purposes. We will not be able to track staff vaccinations that we do not ourselves administer.
    - **Has the person had recent COVID infection?** The CDC recommends that people wait 90 days after their COVID diagnosis to obtain the vaccine, because they will already have some natural immunity following their infection. Your data manager or other staff will need to maintain a list of who is coming due for vaccine in this 90-day period, so that you can remind them to be vaccinated.
    - **Has the person had recent exposure (>15 minutes of close contact less than 6' apart) to a known (positive-tested) COVID case?** If yes, they should wait to be vaccinated until after a quarantine period of 14 days from the date of exposure, to ensure they are not already infected with COVID. For such instances, someone on your staff should follow up with the person at the end of their quarantine period.
- **Review the vaccination roster template** (an Excel sheet, which we will share with each site) in advance. The roster is the list of people who will actually be vaccinated at a given day's clinic. Become familiar with the fields that will need to be collected for each person who is going to be vaccinated (e.g., demographic variables, contact information, etc.).
- **Please pre-populate these rosters as much as possible PRIOR to each vaccination clinic.** One roster will contain staff information, and the other roster will contain guest information. These rosters will contain the names of all the people you have determined to be prioritized for vaccines for that day's clinic, together with the times you plan to have them come for vaccination. This will allow us to spend more time vaccinating people and less time completing

registration information. This will also reduce crowding and wait times, which is important for infection prevention.

- **As soon as possible, but by at least the day before each vaccine clinic, please send BHCHP (April Donahue, adonahue@bhchp.org) your pre-populated roster.** This will allow us to: (1) verify in the state MIIS that these people have not already received their first COVID vaccine dose (this is a state requirement to check), (2) plan for how many people will be receiving vaccines the next day, and (3) check in people as they present for their vaccines, matching their name to the expected list.
- **While we will also permit people to show up for vaccines on the day of the clinic,** it is best for as many people as possible to have been entered into the roster the night before.

### *During vaccine clinics*

- **We anticipate, as stated earlier, that members of your staff could help during the clinics** with milieu management, monitoring people who are in our observation space, outreach, and general education and troubleshooting.
- **Have a list on hand of people who are lower-risk and interested in being vaccinated, and have a staff member who can call and invite these people to be vaccinated towards the end of each vaccine session,** when we typically have several doses remaining that we need to urgently give (and not waste).
- Note that people will be screened for COVID symptoms immediately prior to their vaccination, if they have not already been screened that day for your site. It should be clear what to do if a person does report COVID symptoms at the vaccine clinic: What is your site's policy on handling symptomatic guests? Is there a space at the site where they can be isolated and referred to testing?

### *After vaccine clinics*

- Following each vaccination clinic, we will share back with your site the list of people who were actually vaccinated that day. We will aim to send an email within 24 hours of the clinic to your Chief Point of Contact and your Data Manager, if those are different people.**
- Assign staff at your site to provide outreach to people regarding their second dose.**
  - At the first dose, we will instruct the vaccinated person (whether a shelter staff member or shelter guest) when to return for their second dose. We will write their second dose

appointment information on the back of the Vaccine Administration Card provided to the vaccine recipient. We encourage people to take photos of their card in case of loss. We will not be able to replace these cards if lost.

- Your Data Manager could confirm vaccination (referring to lists we send them after each clinic) if a person needs a confirmation of their vaccination.
  - Your Data Manager or other staff should attempt to reach people by phonecall, text, email, or in person to remind them of their upcoming second dose. Unfortunately, because we are administering over 7,000 vaccinations in a short period of time, we cannot follow up with everyone individually about second doses. We are hoping to be able to send text reminders, for shelter guests who provide a working phone number and are able to receive texts. And we will remind people who come in for medical appointments. However, it will be very helpful if your staff can reach out to them (both shelter guests and shelter staff) regarding their second dose (including once they have missed it). We can send you lists of staff and guests who are due for second doses.
- **For all of the above considerations regarding prioritization, invitation, scheduling, and follow-up,** consider how you will integrate new (recently hired) shelter staff into your process over the coming months. Will your data manager be receiving lists from Human Resources regarding new hires? What other processes might you consider?