

As the COVID-19 pandemic reaches the point in which vaccines against the coronavirus may soon be publicly available, hospitals and health systems have a significant role to play in this effort.

Health care providers will tell you how vaccines have eradicated smallpox, changed the global impact of chicken pox and polio, and minimized the impact of countless other diseases. But for a vaccine to work, people must be willing to receive it, and that requires trust. Unfortunately, in this day and age, there is a degree of distrust in these critical tools of public health.

That's why it is our responsibility to reassure our staff, patients and communities that any Food and Drug Administration-approved COVID-19 vaccine is safe, effective and only available after being subjected to a rigorous review process grounded in peer-reviewed, evidence-based science.

AHA prepared **Preparing for COVID-19 Vaccines: Distribution, Readiness and Workforce Resources** as a comprehensive guide for hospitals' and health systems' efforts to achieve this goal. It covers planning for a COVID-19 vaccine's distribution and administration. It includes messaging for many important audiences, whether organizational (stakeholders inside your hospital or health system) or public-facing (your patients and communities).

Above all, it aims to help organizations anticipate additional demands and needs that may be beyond the scope of current planning, ensuring that yours remains a prepared institution in the face of unforeseen challenges.

Inside, you will find a recommended workgroup structure and discussion guide as well as a checklist of COVID-19 vaccine-related labor issues. This resource will be most effective in helping your organization if you take the following steps:

- **Create or confirm** you have a vaccine workgroup comprised of representatives from physicians and advanced practice providers, pharmacy, legal, risk management, materials management, human resources, information technology and communications, logistics, and employee health. Identify and inventory current vaccination programs, resources and , including the trusted voices of your community.
- **Identify** advocates for the workgroup within executive leadership.
- **Consider** providing regular updates to employees, medical staff and affiliated community physicians to remain transparent and reassure them this planning is underway.

A few parting words: Hospital and health system leaders will help engender public trust in a COVID-19 vaccine by promoting transparency, leading community-wide planning efforts, communicating clearly and regularly with internal and external stakeholder and, above all, remaining heavily invested in the health safety of those in their care. We applaud your dedication to your patients and communities and wish you well in this next stage of our fight against COVID-19.

If you have questions about this document and its content, please contact 800-424-4301.

NOTE: As the introduction of successful COVID-19 vaccines progresses, we will update these resources to account for the latest information and developments.

Assemble a **Vaccine Workgroup** on behalf of your hospital/health system. This group should include representatives from the following areas:

- Physicians/Advanced Practice Providers
- Pharmacy
- Legal
- Risk Management
- Materials Management
- Human Resources
- Information Technology and Communications
- Logistics
- Employee Health

Additionally, this work group should have a direct tie into the Incident Command/Executive Team structure.

The **Vaccine Workgroup** should meet weekly, with a clear expectation that this cadence will increase over the coming weeks/months. Topics for discussion (and potential sub-committees) should include, but not be limited to:

- **State and Federal Coordination.** The federal government required every state in the country to send a state-wide vaccine distribution plan by Friday, Oct. 16. Work with your internal government affairs team, incident command or state hospital association to get a copy of the plan if not already obtained. Take time to understand how it fits with your own plans and identify who (you or the government) controls each component of the distribution process. If you notice a gap in your state's plan or have not been engaged in the implementation of the plan, reach out to your state hospital association and the American Hospital Association immediately.
- **Vaccine Endorsement Checklist.** Multiple FDA-approved vaccines could enter the marketplace. While each vaccine will need to meet FDA efficacy and safety requirements for approval, certain differences amongst the candidates will exist. Specifically, there will be differences in storage and dosage; some will require patients receive multiple doses. There is already a great deal of public skepticism behind the development process. You will need to establish your own standards for validating a vaccine's readiness by identifying what elements must be present in order to endorse and verify a vaccine's safety and effectiveness before its administration to patients and staff.
- **Vaccination Policy.** Every hospital and health system has a flu policy already in place. Will the SARS-CoV-2 vaccine policy mirror this? Will the organization allow medical and religious exemptions or require all employees to receive the vaccine at penalty of termination of employment should they refuse? *Your human resources department should lead this discussion and provide clear recommendations based on employee population (such as unionization), as well as related considerations including:*
 - **Hospital Staffing.** Depending on decisions made regarding the policy and punitive measures, HR and Talent Acquisition should begin discussing how to replace employees who may opt for termination of employment over receiving the vaccine.
 - **Vaccine Site Staffing.** Hospitals/health systems may be asked by state government to help staff vaccine sites; this will require an additional large-scale recruiting and training effort.
 - **Downstream Impacts.** If made mandatory, Legal and Risk Management must plan for potential downstream impacts. Who is liable if employees begin to report side effects they believe to be related to the vaccine? If one vaccine is perceived as safer or better than another, how will the organization determine who receives what?

- **Ethical Allocation.** Similar to issues with testing and personal protective equipment during the coronavirus' first surge, initial vaccine supply will be limited. Hospitals and health systems will have to develop – or enhance, if already in existence – their plans for ethical allocation of resources to offer two, parallel tracks: one for employees and one for patients/community members.

For reference, on October 2, 2020, the National Academies of Sciences, Engineering, and Medicine released its final report, *Framework for Equitable Allocation of COVID-19 Vaccine*, of a consensus

study recommending a four-phased equitable allocation framework (depicted below) that the U.S. Department of Health and Human Services (HHS) and state, tribal, local, and territorial (STLT) authorities should adopt in the development of national and local guidelines for COVID-19 vaccine allocation.

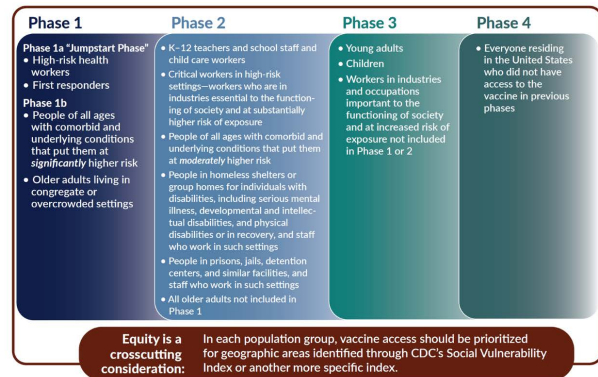


FIGURE: A Phased Approach to Vaccine Allocation for COVID-19



- **Associated Policies.** Depending on how the vaccine is being allocated, will your hospital need to adjust additional policies? For example, will high-level PPE precautions remain in place for those who have received the vaccine? Will you adjust patient care assignments to pair vaccinated staff with COVID-19-positive patients?

- **Safe Storage and Transportation.** Any vaccine introduced is likely to require refrigeration. There will likely be more than one vaccine, with varying properties; for example one may require cold storage while others require storage at ultra-cold temperatures. It's important to understand all potential requirements of vaccine storage and transportation to ensure your organization has the necessary equipment and supplies to execute your distribution plans. *Hospitals and health systems should work with materials managers, engineers, and risk managers to establish facility guidelines around what is and is not possible. As part of this you also need to make sure your receiving teams understand the process for receiving vaccine deliveries, including performing a temperature check.*
- **Safe Administration.** Several precautions need to be considered in planning for the administration of the vaccine(s). You may need to identify and secure the use of appropriate alternate care sites (hotels, stadiums, schools) so that health systems are able to administer the vaccine(s) to large groups of people while still maintaining good social distancing. These sites will also need to be staffed with security to discourage any safety issues with individuals who are not yet eligible. Ancillary kits will have syringes of various gauges, needles, alcohol swabs, two face shields and four surgical masks but hospitals will need to have adequate PPE outside the ancillary kits to safely administer the vaccine.
- **Financial Responsibility.** Hospitals and health systems must determine a plan for whether or not the organization will cover all vaccinations for staff with the hope of reimbursement. At the patient and community level, who is the payor of last resort if insurance isn't accepted?
- **Communication and Promotion.** *Hospital and health system leadership need to directly communicate with employees about COVID-19 vaccines and the distribution process.* Communicate as many details related to the above considerations to staff early and often. The absence of communication will create a vacuum to be filled with rumor and misinformation. The more involved and aware all members the organization are in the planning stages, the less time you will need to build context and comfort when the time comes to begin administering the vaccine(s). Focus on establishing a broad understanding of the organization's plan and why you feel comfortable endorsing which vaccines. Across the country, trust in employers is higher than trust in the federal government, so you will have a big role to play in making your staff comfortable with the idea of receiving a government-approved vaccine.

Being COVID-ready means many things in health care, but for hospitals there is an extra element of labor-related readiness as unions are increasingly using the pandemic to put pressure on hospitals and health systems.

In recent months, unions have focused critical scrutiny on workplace safety and infection control related to COVID-19 as well as on issues like wage and hour laws related to pandemic staffing, equity in working accommodations and disputes over employee pay for testing and quarantine.

Unions will likely accelerate these efforts as the nation prepares for a second surge and as unions seek to leverage a weary health care workforce to expand their ranks and promote their political interests.

Prepared organizations should proactively document and communicate the full range of their efforts to promote infection control, protect patients and staff and manage changes and challenges related to workplace policies and staffing.

Is your organization doing the following so that you are prepared to respond in the event of a lawsuit, audit or investigation?

Data Tracking and Record Keeping

- Keep detailed and current records of all state and federal compliance efforts (including OSHA) including communications shared with leaders, managers and staff on those issues.
 - Consult with legal counsel and consider conducting spot checks/audits and documenting improvement plans, if deemed appropriate.
- Regularly communicate any changes to regulatory guidance at both the state and federal levels that result in updated policies and procedures.
- Broadly communicate and follow up on any changes to uniform policy and PPE provisioning and fit testing.
- Document policy updates in a platform that provides transparency and shows changes and approvals (i.e., Policy Stat).
- Develop communications plans to support any planned changes to compensation or roll-back of premium pay and benefits.
- Monitor the activities of all unions active in your region to track the issues getting the most attention in political, legislative and community arenas.
- Track “trigger points” that could spur union activity, including organizing campaigns, contract negotiations, productivity and performance improvement initiatives, service line expansions or reductions, and changes to jobs, pay or benefits.
- Monitor union communications and assess your policies/practices accordingly.

Operations

- Assess existing vaccination and visitor policies in anticipation of flu season, an increase in COVID infections.
- Examine staffing needs to address departments and units that bore the brunt of the COVID burden earlier and those where you anticipate an increased rate of callouts, quarantines or resignations.
- Assess potential weaknesses or breakpoints in the service and supply chains, including policies for EVS, transport, dietary and other service areas in which staff may be reluctant to work on units treating COVID patients.

- Review employee benefits and pandemic benefits related to FMLA, childcare subsidies and support for staff with school-aged children.
- Consider implementing or enhancing behavioral health support for staff, including expanded access to Employee Assistance Programs or establishing a “Code Lavender” for clinical staff.

Communications

- Communicate “lessons learned” and process changes underway to prepare for the fall.
- Audit communications channels specific to COVID – internal and external – to identify gaps or redundancies in message delivery and ownership on protocols including:
 - Who receives communications on new infection prevention protocols?
 - How are communications distributed?
 - Where are policies/protocols posted?
 - Are there channels dedicated to leader and/or clinical staff updates?
 - Who is responsible for ensuring compliance on patient care units?
 - How are violations handled?
 - What are your communication policies regarding patient and/or visitor complaints about COVID-19 exposures or risks?
 - How have you communicated infection prevention strategies with the media?
 - How often do you inform key community stakeholders and/or elected officials on issues like visitor policies and testing protocols?
- Archive all COVID-related communications, track open rates and send automatic follow ups when necessary.
- Involve the organization’s head of Infection Prevention (IP) in communications planning, including as an internal spokesperson on all matters related to PPE and workplace safety.
- Establish a scripted process for huddles and rounding to solicit feedback regarding effectiveness of employee communications; if necessary, conduct system-wide focus groups or an online survey to better understand how leaders and employees receive messages.
- Establish an “accountability loop” for feedback so you are able to point to accompanying action(s) and outcomes.
- Develop a strategy to assess, manage, escalate and respond to employee comments on digital platforms; provide training and guidance on specific expectations to HR and communications leaders.
- Monitor employee perceptions and sentiments to detect early warning signs of new union activity or outreach.
- Enhance internal cascade process with focus on building out leader-specific touchpoints and tools including a password-protected leader website, weekly newsletter, meetings-in-a-box and toolkits.

External Engagement

- Reach out to colleagues at neighboring healthcare systems to share best practices and lessons learned; gauge union interest/activity within their organizations.
- Promote what you’re doing to protect and support your employees to people in and outside your organization.