



ARGENTUM
EXPANDING SENIOR LIVING

Covid-19 Booster and Flu Vaccination Considerations for Senior Living Communities

As of September 28, 2021

ABOUT ARGENTUM

[Argentum](#) is the leading national association exclusively dedicated to supporting companies operating professionally managed, resident-centered senior living communities and the older adults and families they serve. Since 1990, Argentum has advocated for choice, independence, dignity, and quality of life for all older adults.

Argentum member companies operate senior living communities offering assisted living, independent living, continuing care, and memory care services. Along with its state partners, Argentum's membership represents approximately 75 percent of the senior living industry—an industry with a national [economic impact](#) of nearly a quarter of a trillion dollars and responsible for providing over 1.6 million jobs. These numbers will continue to grow as the U.S. population ages.

Argentum's programs and initiatives are driven by its membership. For more information about joining Argentum, please visit [argentum.org/membership](https://www.argentum.org/membership). Learn more at [argentum.org](https://www.argentum.org).

Argentum would like to acknowledge the help of the Argentum Vaccine Task Force for their support in drafting this guidance.

DISCLAIMER

Argentum, its executive staff, and consultants, have attempted to provide the best possible information as a service to the association's membership in a situation that is very quickly evolving and about which so much is unknown. Therefore, Argentum can provide no assurances nor even make any representations about the reliability or accuracy of this information. Each senior living company and each community must make decisions that each regards as in the best interests of the health and safety of residents and staff. Argentum specifically disclaims responsibility or liability for the information it is providing from any legal, regulatory, medical, or compliance point of view.

BACKGROUND

On September 23, 2021, CDC director Dr. Rochelle Walensky approved third doses of the Pfizer/BioNTech vaccine for COVID-19, with the following recommendations:

- People 65 years and older and residents in long-term care settings **should** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series;
- People aged 50 to 64 with [certain underlying medical conditions](#) **should** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series;
- People 18 to 49 who are at high risk for severe COVID-19 due to [certain underlying medical conditions](#) **may** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series, based on their individual benefits and risks; and
- People aged 18-64 years who are at increased risk for COVID-19 exposure and transmission because of occupational or institutional setting **may** receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series, based on their individual benefits and risks

The CDC has shared that “individuals can self-attest (i.e., self-report that they are eligible) and receive a booster shot wherever vaccines are offered. This will help ensure there are not additional barriers to access for these select populations receiving their booster shot.”

Additionally, the CDC has indicated it will be reviewing data in the coming weeks to make recommendations regarding booster doses for the Moderna and Johnson & Johnson vaccines.

NOTE

These considerations are based on specific circumstances and recommendations in effect at the time of publication. As a result, this document will be re-evaluated and updated as circumstances change, and additional or alternative considerations are warranted.

VACCINE CLINICS AND PREPARATIONS

Senior living communities are preparing for clinics for influenza (flu) and now will be incorporating COVID-19 booster vaccinations. For planning purposes, discussions among Argentum members highlight variations exist as to whether vaccination clinics will be providing combined flu and COVID-19 booster vaccinations or whether separate clinics will be held.

Considerations for variations can include but may not be limited to:

- Some community medical advisers may prefer to administer the flu vaccine and COVID-19 booster doses two weeks apart, for example.
- Some community leaders may prefer to administer both vaccinations at the same time. Science shows this is a safe practice and not unusual—many other vaccinations are administered at the same time, consistent with CDC recommendations. Administering both vaccinations at the same time offers greater efficiency and assurance that all residents and staff are vaccinated in as few days as possible, decreasing disruption at the community and the fear of being late or delaying the COVID-19 booster.

The information and clinic processes followed for annual resident and staff flu vaccination clinics remain similar pending any future updates. Processes followed for COVID-19 vaccination clinics will be similar as well, except that senior living providers will need to coordinate directly with health departments and/or pharmacy providers to schedule clinics.

When working with pharmacies (e.g., CVS, Walgreens), be aware that:

- Online request forms may have been updated
- Pharmacies may have preferred scheduling dates
- A minimum number of doses needed for staff/resident vaccinations may be required by the pharmacy before appointments are accepted
- Most of the scheduling will be occurring in October and November.

Considerations that remain:

- Thinking of a worst-case scenario, what is Plan B if only 60 percent of residents are eligible to receive the COVID-19 booster because the six-month point has not yet been reached? An alternative plan will be needed for the remaining 40 percent of residents/staff needing boosters later. Will the same pharmacy cover these residents, or are other plans needed? Being expeditious and doing detailed planning can help get as many residents and staff vaccinated at one time, to avoid or minimize breakouts between the point at which the 60 percent have received the booster and that at which the remaining 40 percent receive it.

- Pharmacies will be bringing a single brand of vaccine to the community.
- Order of distribution to individuals: Immunocompromised individuals will receive boosters first.
- It may be beneficial to have more than one pharmacy holding clinics in the community at the same time.
- If applicable: How does a staff vaccine mandate impact the community?
- It may be useful to stagger employee vaccinations because of potential side effects or immune responses, which may result in absences.
- Consider whether to establish or revise corporate policies regarding vaccination mandates for staff, as well as enforcement of those policies.
- Consider what consent forms will be used for vaccination of residents and staff, as well as declination forms for use by residents and/or staff who refuse to receive vaccination. Consider plans for how these forms will be completed, signed, dated, and collected prior to vaccination day.
- Consider which communities and/or jurisdictions may be best suited for pilot-testing the community's proposed vaccination plan, and schedule de-briefings to provide opportunities for adjusting plans if warranted.

Continued considerations for planning for flu and/or COVID-19 clinics:

- When determining counts, note that “staff” include ancillary healthcare personnel, delivery personnel, volunteers, regular entertainers, and other third parties frequently entering senior living communities in a work capacity.
- Also when determining counts: For maximum prevention, all resident groups at a community should be included—those in independent living, assisted living, memory care, and continuing care retirement communities (CCRCs).
- Consider what types of written information to have available for staff, residents, and their families to read and review and whether that information can be provided by government sources or the vaccine provider (e.g., pharmacy) prior to vaccination scheduling. Written information may include:
 - » Age range of participants in the clinical trials
 - » Outcomes
 - » Expected side effects and safety precautions
 - » Expected duration of protection offered by the vaccine
 - » Co-administration of flu and COVID-19 booster.
- Consider other options for how to communicate vaccine information to staff, residents, and families, including discussion of vaccine-related issues.
- Consider what staff training will be needed regarding vaccines:
 - » Vaccine benefits
 - » Potential health consequences for staff and residents of refusing vaccination
 - » Current policies, procedures, and/or regulations regarding mandatory staff vaccination
 - » Vaccine liability protections available as part of the [Prep Act](#)
- Consider centralized and community-level logistics necessary for vaccine administration, including:
 - » Ongoing dialogue with vaccine provider(s) regarding vaccine availability
 - » Vaccine scheduling (for flu and subsequent COVID-19 doses)
 - » Make-up dates if an additional date is available
 - » Detailed vaccine tracking and reporting per recipient
- Consider which vaccine supplies and equipment will be needed, and how those supplies will be made available at the time of vaccination. Examples include personal protective equipment (PPE), sharps container(s), and the number of doses needed (10-dose vials) for residents and staff consenting to vaccination.
- Consider and plan the physical location in the community for vaccinations to be given, such as in a clinic setting utilizing social distancing and managing preset time slots with appropriate PPE, or by providing vaccinations to each resident, room-by-room.
- Review the staffing plan needed to support vaccinations.
- Discuss information and data points needed by the vaccine provider from the senior living provider for all vaccine recipients, including age, sex, ethnicity, other demographics, etc.
- Consider and review community capabilities for internal tracking of vaccine administration for residents and staff, including volunteers. Plan for documentation (hard copy or electronic record) of administered vaccines as directed by local health departments, in accordance with state and/or other regulatory requirements.
- Discuss and consider with the vaccine provider how new residents can get vaccinated after move-in and what system and process will be used for notifying the provider and scheduling those vaccinations. As an option, consider mandating prior vaccination before new resident move-in.



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