

CORONAVIRUS DISEASE 2019 (COVID-19)

Frequently Asked Questions for COVID-19 Vaccine Screening and Administration in Emergency Department Settings



Audience: Emergency Department Leaders

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Question	Answer
1 The Emergency Department is not a primary care office. Why are we even thinking of giving COVID-19 vaccinations to ED patients?	EDs have been a safety net and have played a key public health role for a number of public health initiatives. ³ Examples include the administration of screening and brief intervention for drug and alcohol use, ⁴ HIV screening programs, ^{5,6} and tetanus immunization. ⁷ More recently ED-based influenza vaccination programs have been described and recommended by a number of organizations. ^{8,9,10} The rising ED volumes continue to include a disproportionately increasing underserved, uninsured and minority population that is less likely to have had adequate preventive and primary care access and are more likely to be under-immunized. This population has also been disproportionately impacted by SARS-CoV-2 infections resulting in increased morbidity and mortality. ¹¹ For these reasons, EDs represent a potentially important public health opportunity for COVID-19 vaccination programs. At the same time, given current vaccination strategies it is hard to predict when the supply chain and procurement processes will reach distribution to EDs; and, EDs will have to have a certain degree of flexibility and readiness in this process. https://www.acep.org/contentassets/0d59136e8d4f48e19019a3874c0c5f80/acep-ed-covid-vaccine-toolkit.4.19.pdf
2 I am concerned that the patient may have side effects from the vaccine, and that may confuse the clinical picture. How will I know if the symptoms they	While this may be a very real concern in a select subset of the population, there are many patients presenting to the Emergency Department where this is not of concern (for example minor injuries, et.). ED Providers will have the opportunity to state that giving the vaccine could cloud the clinical picture, and not offer the vaccine to that patient population.

Question	Answer
develop are from the vaccine, or from their clinical condition worsening?	
3 If the nurse has already asked the patient if they are interested in getting the vaccine and they said "No", why am I now being asked to talk to the patient and educate them about the importance of vaccination?	<p>Evidence has shown that patients who talk to their physicians about getting vaccinated for COVID-19 are more likely to agree to the vaccine in those who have not. Inquiring why the patient is not interested in getting the vaccine may uncover vaccine misinformation that can be clarified, and hopefully lead to the patient agreeing to vaccination. Trinity Health sites who have already gone live with an ED COVID-19 vaccination program suggested adding the step as they have a great success in increasing the likelihood of accepting the vaccination when provider has a conversation with the patient about why they are hesitant.</p>
4 Offering vaccinations is not in my scope of practice and I am concerned I might be sued if the patient has adverse reaction.	<p>Emergency Department Providers have ordered vaccinations for select ED patient populations for years (tetanus, rabies). All patients agreeing to vaccinations will be screened for contraindications or higher risk situations and offered appropriate education on these prior to signing consent.</p>
5 Our Emergency Department is already overcrowded, the wait times are too long, and we have nursing staff shortages. This is just one more thing that will slow us down.	<p>All of this was considered when Trinity Health went through the process of deciding to offer COVID-19 vaccination to our ED patients. While these are all good points, it was recognized that we have an obligation, especially to our underserved, uninsured, and minority populations, to offer vaccination at every point of contact with our patients. As more broad vaccination occurs in our communities, this burden will lessen. In the meantime, increasing the percentage of our vaccinated population will have benefits.</p>
6 Can individual (RHM) HSAs choose to opt out of this process?	<p>No. Administration of vaccinations is consistent with our mission, and our obligation to underserved, uninsured and at-risk populations. Increasing percentages of vaccinated individuals will benefit everyone.</p>
7 Can the hours of vaccine screening and administration be consistent with Pharmacy availability where HAS's do not have 24/7 pharmacy to assist ED staff in	<p>Yes, while we encourage providing vaccinations as often as possible. Pharmacy is a necessary component in the current process.</p>

Question	Answer
vaccination selection/ preparation?	
8 What if we have very few patients interested in or appropriate for the COVID vaccination?	All we can ask is for each caregiver to put forward their best effort to provide screening and counselling where appropriate.
9 Who will enter the information into the database?	Pharmacy colleagues will enter the patient and vaccination information into the appropriate databases. For TogetherCare, when the nurse enters the information into the patient's MAR, the information is automatically reported to the state
10 Will this information automatically download into state databases and EHR?	Yes, the information will be available within 24 hours of data entry.
11 Will state specific databases be queried for past vaccination?	For TogetherCare sites, yes. State registries in which the HSA/RHM is located and site-specific information will be pulled in automatically. This will eliminate the necessity of screening vaccinated patients.
12 Can multiple state databases be queried for sites close to state borders, such as Pennsylvania?	We do not have the capability to query multiple state registries at this time.
13 Will there be a cost for the patient if the vaccine is administered in the emergency department?	There is no cost for the vaccine to the patient or facility at this time.