

Newsletter #95 February 12, 2021

Licensed and Certified Facilities

Aloha,

CTA is distributing this information which is approved by the Office of Health Care Assurance. It is being distributed to all CMAs and CCFHs.

Dear OHCA licensee:

PLEASE NOTE: The February 8, 2021 Newsletter contained the forms but did not include the text below.

This is important information about the **second dose** of the Moderna vaccine.

We know some of you may still be waiting for an appointment from a pharmacy to provide the first dose to people you provide care for. The pharmacies are visiting many homes, so we ask for your patience if you have not been contacted yet.

The pharmacy that came to your home to give the first dose of Moderna will then make an appointment to give the second dose. This will be **only** for those people who received the first dose at your home or facility. Please remember, people receiving the Moderna vaccine must receive BOTH the first dose and second dose about 28 days later for the vaccine to be fully effective.

The second dose visit is **only** for people who received the first dose already. No first-dose vaccinations will be given at the second visit.

Attached to this email are forms to be filled out for each person receiving the **second dose**:

1. Please print the forms out **ahead of the appointment**.
2. Fill out a separate form for each person that will be receiving their second dose. The screening form to be answered **on the same day of the pharmacy appointment, do not answer the screening questions ahead of the day of the appointment. The consent form must be completed prior to the appointment** and signed by the resident/guardian/POA.
3. Do not sign the screening form. The healthcare professional visiting your home will sign and take the form with them. **DO SIGN THE CONSENT FORM.**
4. If you do not have a printer, the healthcare professional will bring extra copies of the attached forms with them. However, if you can print the form for each person, this will save time at the appointment.

If you have any questions, please contact DOH.OHCALicensing@doh.hawaii.gov



Moderna® COVID-19 Vaccination Consent and Release

Select

Salutation (None, Mr., Ms., Mrs., Dr., Prof.) Select	Last Name	First Name	M.I.
Gender (Female, Male, Decline to Specify, Other)	Date of Birth	Phone Number	E-mail
Street Address	City	State	ZIP code

Ethnicity:	Hispanic or Latino	Not Hispanic or Latino	Unknown/Not Reported
Race:	American Indian or Alaska Native	Asian	Black or African American
	Native Hawaiian or Other Pacific islander	White	Unknown/Not Reported

List any medications:

List any other relevant medical information:

Primary Insurance	Insurance ID	Name of Primary Care Provider	PCP Phone Number:
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Considerations from the CDC

Administration of Moderna COVID-19 vaccine with other vaccines.

- You should wait at least 14 days after getting any other vaccine before you come to get the Moderna COVID-19 vaccine.
- It is not known if getting the Moderna COVID-19 vaccine within 14 days of another vaccine will affect how each vaccine works.

History of a previous or current COVID-19 infection

- You may receive a COVID-19 vaccine if you have had a previous COVID-19 infection.
- If you have a current COVID-19 infection, you should wait until you are better and have completed your isolation time before coming in to get a COVID-19 vaccine.
- There is no recommended minimum time between recovering from a COVID-19 infection and getting a COVID-19 vaccine.

History of unprotected exposure to a person who tested positive for COVID-19 in the last 14 days

- If you have had an unprotected COVID-19 exposure, you should wait to complete your quarantine before coming in to get a COVID-19 vaccine.

If you have been treated with a monoclonal antibody or convalescent plasma

- You should wait at least 90 days to get a COVID-19 vaccine after treatment with a monoclonal antibody or convalescent plasma for a COVID-19 infection.

Special populations:

- A COVID-19 vaccine may be administered to immunocompromised individuals, including people with HIV and those on immunosuppressive medications, but the vaccine has not been fully studied in this population.
- Women who are pregnant or breastfeeding should talk with their providers to decide on getting a COVID-19 vaccine. It is not known if the Moderna COVID-19 vaccine is safe and effective during pregnancy or when breastfeeding.

If you have any additional questions after reviewing the above information, talk to your doctor or healthcare provider before getting the Moderna COVID-19 vaccine.

Consent for Service Yes (please initial) _____

I verify that I have been provided with and have read (or had read to me) (1) the Fact Sheet for Recipients and Caregivers for the Emergency Use Authorization (EUA) of the Moderna COVID-19 vaccine ("Vaccine"); (2) this Moderna COVID-19 Vaccination Consent and Release Form; and (3) any additional information provided to me concerning COVID-19 vaccination. I acknowledge that I have had a chance to ask questions of a healthcare professional about the Vaccine. I understand that the Vaccine will be given in two separate doses, at least four weeks apart. I understand the known risks and the potential benefits of receiving the Vaccine, and I understand there may be risks to the Vaccine that are not known at this time. I understand that the FDA has authorized use of the Vaccine under an Emergency Use Authorization (EUA) and that there is currently not enough scientific evidence available for the FDA to fully approve this or any other COVID-19 vaccine. I nonetheless request and consent to the Vaccine being given to me.

Limitation of Liability Yes (please initial) _____

I understand that because this is not an FDA-approved vaccine but is being given under an FDA issued Emergency Use Authorization, CPESN Hawaii, its divisions and affiliates and their respective officers, directors, employees, agents and representatives are immune from civil liability under federal and state law for all claims for loss related to any known or unknown side effects and/or injuries, including but not limited to death, that I, or the person for whom I am authorized to make this request, may experience from this vaccine. This immunity means that if I file a lawsuit against CPESN Hawaii, the court must dismiss any such lawsuit, and the only exception to this immunity is for claims for willful misconduct.

Authorization to Release Information for Medical Treatment and/or Payment Yes (please initial) _____

I understand that I am giving CPESN Hawaii permission to release any medical or other information necessary to my physician, Medicare, Medicare HMO, or insurance company, as applicable, to enable CPESN Hawaii to process my insurance claims with respect to the vaccination.

Recipient/Parent/Legal Guardian/POA Name (Please Print)

Signature of Recipient/Parent/Legal Guardian/POA

Date

Vaccine Documentation (Pharmacy Use ONLY)

Vaccine	Dose #	Date Administered	Dose Size	Route/Site	Lot No.	Exp Date	Name/Title of Vaccine Administrator
Moderna COVID-19	#1 #2		0.5 ml	IM L / R Deltoid			

Prevaccination Checklist for COVID-19 Vaccines



For vaccine recipients:

The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine today.

If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions may be asked.

If a question is not clear, please ask your healthcare provider to explain it.

Patient Name _____

Age _____

	Yes	No	Don't know
1. Are you feeling sick today?			
2. Have you ever received a dose of COVID-19 vaccine?			
• If yes, which vaccine product did you receive? <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Another product _____			
3. Have you ever had an allergic reaction to: <small>(This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)</small>			
• A component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures			
• Polysorbate			
• A previous dose of COVID-19 vaccine			
4. Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? <small>(This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)</small>			
5. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, polysorbate, or any vaccine or injectable medication? This would include food, pet, environmental, or oral medication allergies.			
6. Have you received any vaccine in the last 14 days?			
7. Have you ever had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?			
8. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?			
9. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?			
10. Do you have a bleeding disorder or are you taking a blood thinner?			
11. Are you pregnant or breastfeeding?			

Form reviewed by _____ Date _____

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Adapted with appreciation from the Immunization Action Coalition (IAC) screening checklists

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