

Newsletter #93 February 8, 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.

Aloha:

This is an update to the emails sent on December 17, 24, 31, 2020, and January 8, 15, 22 and 30, 2021 on the COVID-19 vaccine distribution.

Update for February 5, 2021, for Adult Residential Care Homes (ARCH), Community Care Foster Family Homes (CCFFH), Developmental Disabilities Domiciliary homes (DDDh), Developmental Disabilities Adult Foster homes (DDAF) and Developmental Disabilities (DD) waiver clients.

New information is in bold italics.

The vaccination effort is going well, with about 50% of all facilities receiving at least their first dose as of Monday, February 1, 2021. Vaccinations will continue in the coming weeks. The timeframe of completing all ARCH, CCFFH, DDDh, DDAF and DD homes with their first dose by January 30 has been extended by two (2) weeks.

Important: a second consent form is required for the second COVID-19 vaccination dose. The Department of Health requires a second consent be obtained prior to administration. Please have a second consent form signed prior to receiving the second dose.

As licensee or primary care giver you may not decline the vaccine on behalf of your residents. Your resident, resident POA, or resident's guardian is the only one who can decline the vaccine for the resident.

If you decline the vaccine or your facility does not participate in a home visit or drive-through clinic, you will need to wait to be vaccinated with the general public according to your or your residents' age and at various vaccine administration locations. Locations will be announced later.

Facilities on Oahu:

- ***In-Home vaccinations are continued to be scheduled by pharmacies. Scheduling occurs one (1) to three (3) days prior to the in-home visit. Currently eight hundred (800) homes on Oahu have been visited for vaccine administration.***
- All homes (CCFFH, DDDh, and ARCH) on Oahu ***please have consent forms completed and signed prior to the scheduled visit.*** Pharmacies may skip your home if the consent forms are not completed and signed prior to them visiting your home.

Facilities on Kauai and Maui Island

- In-home vaccinations have begun. District Health Offices are reaching out to schedule in-home visits. Your facility will be contacted via telephone.

Facilities on Molokai Island

- Maui District Health Office is taking the lead on vaccinations for Molokai. Your facility will be contacted via telephone.

Facilities on Hawaii Island: Drive-through vaccination clinics and home visits are being coordinated between the Department of Health District Health Office (DHO) and KTA for January and February. Here is the schedule:

- In-home vaccination visits were conducted by KTA between January 16 - 21, 2021, for facilities that were unable to attend the drive-thru clinics. Homes not located near Hilo or Kona will receive home visits the week of February 2.
- Pre-registration is required for all vaccinations.
- Second (2nd) Dose:
 - i. Friday, February 12: Hilo Civic Center; 8:30 am to 2:30 pm
 - ii. Friday, February 19: Kona Community Aquatic Center; 9:00 am to 1:00 pm
 - iii. Monday, February 22: Pahoa Gym; 9:00 am to 1:00 pm
 - iv. Friday, February 26: Hilo Civic Center; 8:30 am to 2:30 pm
- Consent Form Required: For Hawaii island, please click [here](#) to fill out the online consent form OR fill out and print the attached form fillable consent form and bring it to the clinic. The consent form must be completed by all care givers and residents who will be receiving the vaccine. If a resident has a designated legal guardian or Power of Attorney, they must also sign the consent form.
- On the Day of the Clinic (Hawaii Island):
 - Arrive at the clinic location you have selected at your scheduled time.
 - Follow signs and/or instructions when entering the clinic site.
 - Bring the following:
 - Government issued picture I.D.
 - Medical insurance card
 - Printed consent form if you have filled out the form fillable consent form.
- Wear a face mask. Face masks are required.
- You will be screened for signs/symptoms of COVID-19. If you are not feeling well, do not attend the clinic.
- The vaccine will be administered by a medical professional with training on injectable medication administration and possible reactions to the vaccine.
- You will receive your vaccination in your upper arm. Wear attire which will allow the immunizer to easily administer your vaccine.
- You will be required to stay on-site for at least 15 minutes after receiving your vaccination to monitor for any adverse reactions.
- A staff member will schedule your second dose after you are vaccinated.

Please stay tuned weekly for more updates and instructions.



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:

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:

Patient Name _____

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

Age _____

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.

Yes No Don't know

	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

1

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