Long-term Care: Vaccination Clinic Best Practices

Insights from NADONA Peer Experts

In collaboration between

Pfizer | NADONALTC

Contents

A Message from NADONA

Dear Colleagues in Long-term Care,

As the Executive Director of the National Association of Directors of Nursing Administration in Long-Term Care (NADONA), I've spent over two decades championing the vital work you do every day—safeguarding the health and dignity of our most vulnerable residents. In the high-stakes world of long-term care facilities, where residents rely on us not just for daily comfort but for proactive protection against illness, vaccination programs stand out as one of our most powerful tools. It's rewarding work, but it's not without its hurdles and frustrations, and that's exactly why NADONA is thrilled to partner with Pfizer on this guide.

Drawing from the real-world wisdom of some of our dedicated members who've turned challenges into triumphs, this resource distills their proven strategies into a clear, actionable seven-step framework. Whether you're refining your approach to resident consent, streamlining vaccine clinic coordination with pharmacies, or boosting staff buy-in, these peer-to-peer insights remind us that success isn't about perfection—it's about persistence, education, and a personal touch that builds trust, one conversation at a time.

At NADONA, our mission has always been to empower you with the knowledge, tools, and community support to elevate care standards. I encourage you to dive into these pages and adapt what resonates for your facility. Let's keep pushing vaccination rates higher, keep outbreaks lower, and help our residents stay healthier, knowing that every shot administered is a step toward the compassionate, preventive care they deserve.

With gratitude for your unwavering commitment,

Cindy Fronning, RN, GERO-BC, CDONA, FACDONA, RAC-CT, IP-BC, AS-BC, CALN, EFLA, QAPI-BC

Executive Director, NADONA

NADONALTC

A Message from Pfizer

At Pfizer, our commitment to breakthrough science drives us to help protect those who need it most, especially the residents of long-term care facilities, where respiratory illnesses pose significant threats. Through innovative vaccines and strategic partnerships, we're not just developing solutions—we're helping to enable the compassionate, effective care that reduces infection risks, eases outbreak burdens, and enhances quality of life for vulnerable populations.

That's the spirit behind our collaboration with NADONA on this guide to long-term care vaccination best practices, capturing the frontline expertise of dedicated long-term care clinical professionals. Their shared processes offer a roadmap to help overcome common barriers while achieving vaccination rates that surpass national benchmarks.

We at Pfizer are inspired by these stories of persistence and innovation, and we're here to support your efforts with reliable vaccine supply, pharmacy collaborations, and evidence-based resources. As guidelines evolve, let's continue turning challenges into opportunities—ensuring every resident receives the preventive protection they deserve.

Together, advancing wellness,

The Pfizer Vaccines Team

Pfizer

Introduction

Infection control in long-term care facilities (LTCFs) is of high importance for helping to support the overall health and wellbeing of residents, who may be medically vulnerable due to advanced age, comorbidities, and/or the communal living environment.[1–6] As part of an infection control strategy, long-term care (LTC) residents can benefit from appropriate administration of vaccinations. Vaccinations for respiratory diseases—such as pneumococcal disease, respiratory syncytial virus (RSV), COVID-19, and influenza—are aimed at reducing the risk of infection and serious illness in individuals as well as helping to lower the transmission of infectious agents from one person to another.[1–6]

For LTCF healthcare staff, administering vaccinations serves as one way they can provide compassionate preventative care to residents, but challenges persist in managing these programs with a high success rate. Vaccination rates for respiratory diseases in residents of LTCFs can lag behind recommendations for a wide range of reasons, including lack of resident awareness/interest, vaccine hesitancy, vaccine availability in the LTC setting, and administrative or procedural barriers.[1,2,4–6] Rates of vaccinations in eligible staff (for example, influenza) also have been lower than in other healthcare settings such as hospitals, for reasons that include lack of concern or understanding of infection risk, concerns about being injected or vaccine side effects, doubts about a vaccine's efficacy, or challenges with obtaining a vaccine.[1,6] Improving the vaccination rate of LTCF residents as well as eligible staff has the potential both to support resident health and reduce the staff burden of treating and managing infectious disease outbreaks.[1,2,5,6]

With this context in mind, it may be useful to consider what LTCF vaccination strategies have been particularly useful in practice. We have created this guide to provide insights from dedicated NADONA members in various expert clinical roles who run highly successful LTC vaccination programs for pneumococcal disease, RSV, SARS-CoV-2/COVID-19, and/or influenza. These healthcare providers were interviewed about successful approaches they have used across a host of topics, such as vaccine timing, determining resident eligibility and consent, vaccination clinics, documentation, and more. They also shared some of their own challenges along the way and how they go above and beyond to overcome them.

Although each participant's expertise was specific to their role and facility, their overall steps to vaccination success were quite similar, informing a seven-step process from resident intake through final documentation. We hope their perspectives and practical advice may help you consider your own facility's vaccination practices and how they might be improved for the future to benefit the health and wellbeing of the residents in your care.

Interview Process

Background

NADONA and Pfizer commissioned interviews of NADONA members who have expert roles in infection control strategies and administration of vaccinations in LTC settings. Participants volunteered their time outside of their professional duties to answer questions in a personal interview and were not compensated for their participation. As such, their identities remain anonymous in this guide.

Participant and facility characteristics

Twelve participants who work in skilled nursing facilities or assisted living facilities were interviewed. They represented various roles pertaining to vaccination implementation in LTC settings, including infection preventionists (IPs), infection control (IC) nurses, and clinical/nursing directors (at least two participants per category).

The types of LTCFs represented by the participants included chain, independent, and government facilities. The facilities typically have a medical director, prescribing physicians, director of nursing, IPs, and registered nurses on staff. Both smaller (<100 beds) and larger facilities (around half had 100–120 beds) in a mix of rural and urban/suburban locations were reported.

Participants provided insights about vaccine administration in LTCFs. Learn about their experiences in the interview responses that follow.

Roles

4 Directors of Nursing

3 Infection Preventionists

3 Infection Control Nurses

2 Clinical Directors

Facility Type

Chain - 6

Veterans Affairs - 2

Independent/ Private - 4

*Only 11 of the 12 participants provided the number of beds at their facilities.

Interview responses

Vaccination program coordination

Infection preventionist (IP) and infection control (IC) specialists lead the way

IPs and IC nurses play critical roles in the operationalization of LTCF vaccination programs. Participants described their main responsibilities as:

- Obtain and organize resident documentation
- Ensure vaccines are offered to appropriate residents
- Coordinate vaccination clinics with internal or external pharmacy
- Monitor vaccination processes and ensure compliance with internal and external policies

Overall facility vaccination policies may be made internally at each individual facility or at a corporate level, depending on the type of facility. In top-performing facilities, the IP helps review and update these policies and procedures frequently.

The IP and/or IC nurse works closely with pharmacists to manage vaccine needs. Participants who worked with in-house pharmacists valued their collaboration and the pharmacist's connection with residents and other staff.

> *"We have an infection preventionist at the corporate level, [who] works with key nursing leadership [to] decide on the policies..."*
>
> **— Director of Nursing**

> *"I do policy and procedure development review, programmatic education. And then when I go to the facilities, I do auditing...just to help with how the staff compliance is, antimicrobial stewardship."*
>
> **— Infection Preventionist**

> *"We're lucky...that we have in-house pharmacy. So our pharmacist knows our residents. ...You know, they're right down the hall. If we have questions, they're active because they're part of the building environment."*
>
> **— Clinical Director**

Vaccination protocols

Consistency is key

Interview participants were relatively consistent in their overall approaches for administering vaccines against pneumococcal disease, RSV, COVID-19, and influenza.

Their approaches can be distilled into seven steps:

1. Collect vaccination/medical history for residents
2. Review medical history against vaccine guideline recommendations
3. Offer appropriate vaccinations to residents
4. Obtain consent
5. Administer the vaccination
6. Document the vaccination
7. Monitor the resident for adverse effects (AEs).

Details about how these steps are applied to new and current residents can be found below.

	New admissions	Current residents
Collect	Collect vaccination history • Review state registries • Locate vaccination cards • Contact physicians or pharmacies for details	Collect medical records and ensure accuracy
Review	Review vaccination history against guideline recommendations	
Offer	Offer all clinically appropriate vaccinations upon arrival	Offer annual updates or newly available vaccines (i.e., influenza, RSV, COVID-19)
Obtain consent	Collect consent from responsible party	Ensure consent is confirmed and up-to-date
Administer	Administer vaccination(s) to resident	
Document	Document vaccination in resident's records and other required registries	
Monitor	Monitor resident for AEs	

Resident vaccination history

Identifying vaccination-eligible residents

Participants described the necessary efforts to collect and record the vaccination history of each resident. This begins at admission to the LTCF and continues during their stay, with careful record-keeping and coordination among medical records being key practices. Residents, their families, or other designated representatives may not be aware of their complete vaccination history, so it is critical that independent records are obtained.

Although time-consuming, it is important to review state vaccine registries, vaccination cards, physician records, and pharmacy records to have a complete picture of each resident's previous vaccinations to review against current guideline recommendations. Not every resident will need or be eligible for every vaccine, and some residents may have not received vaccines for which they are eligible. A successful vaccination program ensures that residents are offered the preventative care that may benefit them while living in a LTCF.

> *"One of the biggest challenges is getting an accurate history, actually finding out what vaccines they've had. ...Not everybody is in the immunization registry, so we're asking the residents—maybe they have a good history, maybe they don't. Maybe they have paperwork, documents, cards. If they don't, then we're asking their family...their community provider... and we're calling pharmacies. ...And then we go to the state registry and try to get as much information as we can, and that can be really time-consuming."*
>
> **— Infection Preventionist**

> *"If a new patient is coming to us, we can log into the system...we already will have the history of vaccination for the resident. Sometimes the entry is not there because maybe it was entered from a physician's office and the physician practice did not log it in. So those kind[s] of missing data...we are going to interview the family and then fill the gap. So if they're missing a certain kind of vaccination, then we are going to cover it."*
>
> **— Infection Control Nurse**

Vaccination types administered

Guidelines drive decision making

All participants indicated that their facility follows Centers for Disease Control and Prevention (CDC) guidance for vaccination recommendations in their resident population. Other resources such as Advisory Committee on Immunization Practices (ACIP), World Health Organization (WHO), or state health department guidelines may be used in some cases. Participants noted that these types of resources change regularly and must be consulted for updates to guidelines and recommendations.

For the most up-to-date recommendations, the CDC's Adult Immunization Schedule is a helpful resource to review regularly and while planning for LTC vaccination events.

All participants prioritize vaccination for respiratory infectious diseases, including pneumococcal disease, RSV, COVID-19, and influenza. Additional vaccination types may be offered at some facilities by resident eligibility or request—such as shingles, measles, or Tdap—or if a different infection is predicted to impact the community.

> *"We pull up the CDC recommendations and the ACIP recommendations and we follow those—they change a lot."*
>
> **— Clinical Director**

> *"For all vaccines you want to gain herd immunity, you know you will have to reach 95% of coverage. We use the national guided metrics for vaccine coverage and WHO guidelines, CDC guidelines."*
>
> **— Infection Control Nurse**

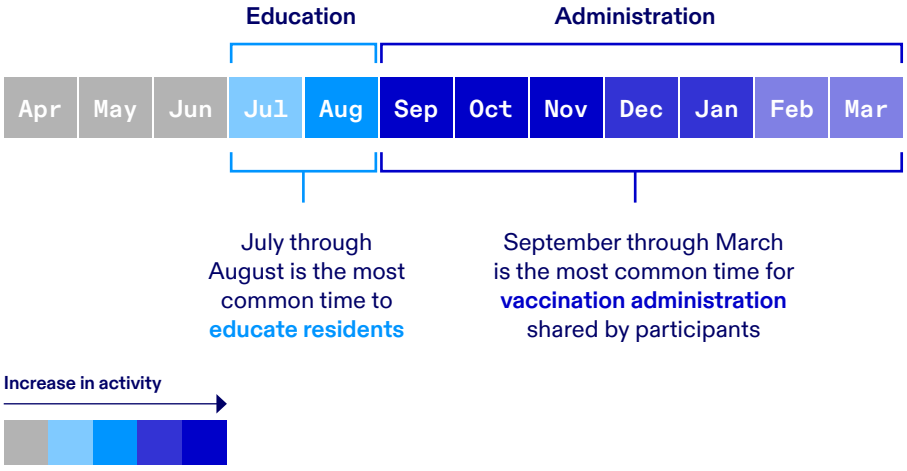
> *"We administer COVID, we administer RSV, we administer influenza, [and] pneumococcal. Depending on what's going on in the community, we have the ability to do others, like MMR, tetanus, shingles, etc."*
>
> **— Clinical Director**

Vaccination timing

Seasonal vaccination clinics follow disease characteristics

Because participants' facilities focus on respiratory diseases that often have seasonal peaks, all participants indicated that vaccine administration is often performed on a seasonal basis, in the form of vaccination clinics. These are typically offered in the fall ahead of the winter infection peaks and sometimes in the spring for summer peaks. Providing resident education and sometimes facility-provided incentives ahead of seasonal clinics were highlighted as useful tactics for improving vaccination uptake.

Vaccination activity by season



Participants indicated that vaccination timing can also be personalized, based on individual need. For example, review of medical records for newly admitted residents may necessitate vaccination updates of different types for eligible residents, or individuals may be due for certain vaccinations outside of the seasonal window.

> *"We do COVID and pneumonia year-round, and we do influenza starting September and we end in April. ...Some of it is just specific to certain seasons like influenza, but you can see some influenza still in the summer."*
>
> **— Director of Nursing**

> *"We set up our vaccine clinics for October and then 6 months later in the late spring or something, kind of getting ready for a potential summer wave, we'll bring in a clinic again."*
>
> **— Infection Preventionist**

> *"We vaccinate in September. I started education at the end of July into August... [but] this was not the case last year. Last year I had education and vaccination at the same time. That does not work well."*
>
> **— Infection Control Nurse**

> *"Upon admission, they are asked if they would like to receive a COVID vaccine, pneumonia vaccine, flu vaccine, those three... and if they do, then they sign the consent saying they want it. If they decline it, they sign the consent declining it. ...If they're eligible for a pneumonia vaccine and they want it, we know what type, we do the education, etc. Then we order it from the pharmacy and then we give it when it comes in."*
>
> **—Director of Nursing**

Obtaining consent

A challenge and an educational opportunity

The vaccine consent process was described as challenging by many participants, for both new admissions to the facility and current residents. Gaining timely consent from residents or their families/guardians for offered vaccinations can be complicated by:

- Lack of awareness/education about particular vaccines
- Broader vaccine hesitancy/skepticism
- Cognitive deficiencies
- Coordinating with family/guardians outside the LTCF for consent

Participants described the importance of consistent and frequent education for residents and their families about vaccination as being a key tool to easing the consent process. Building a personal rapport with residents to position the IP/IC staff as a trustworthy source of medical information was identified as a key process that helped increase vaccination rates among the participants' LTCFs. Participants shared that multiple touchpoints with residents and families helped to build trust and foster educational opportunities.

Gaining consent from/for residents with impaired cognition adds another layer of complexity to the process. Careful attention to this step and vigilance in follow-up monitoring after vaccination are critical for success in this population.

> *"We gain consent on admission for RSV, influenza, pneumonia, and COVID. ...We're contacting the responsible parties directly."*
>
> **— Infection Preventionist**

> *"Time is the biggest [challenge]...it's just the time that it takes to gather all of the consents for each of the residents, especially if they can't do them themselves. A lot of times, it takes quite a few phone calls to family members explaining the vaccinations because residents sometimes have questions and they ask for opinions on if they should get it."*
>
> **— Clinical Director**

> *"I think for the cognitively impaired, the challenge there is that they may not know what's going on. ...You have to really keep an eye on pre-vaccination, [and] post-vaccination."*
>
> **— Infection Control Nurse**

Vaccine sourcing, storage, and delivery

The value of external partnerships

Half of interviewed participants indicated that their facilities conducted vaccine clinics in partnership with an external pharmacy vendor, which sourced and administered the vaccines and recorded their use in the appropriate vaccine registries. External partnerships were particularly valuable at facilities that do not maintain their own in-house pharmacy.

The facility IP/IC typically communicates the number of vaccines and type needed, time of scheduled clinic, and any patient-specific information (cognitive issues, hearing difficulties, etc.) that helps the nurses and pharmacists understand any barriers they need to overcome.

External pharmacy vendors were also routinely used by most participants for sourcing some or all of the vaccines for their facility. Nonetheless, a majority reported that they keep at least a lean inventory of selected vaccines at an in-house pharmacy, typically in dedicated refrigerators.

"We partner with our vendor pharmacy for all of our vaccines, and their lead pharmacist and I work pretty closely together."

— Infection Preventionist

"We have all of our orders for vaccines with the pharmacy...so it's actually pretty foolproof. And the pharmacist that I work with directly...reviews all of them just annually... We make sure the dosage is appropriate for whoever you're getting that vaccine from, who the creator is and things like that. So we'll go through those annual or with any change."

— Infection Preventionist

"I gather signatures and consents for all of the residents, and then I gather the information of which vaccines [they] want. Then I submit [vaccine] numbers to [the external pharmacy], and then they come and do the vaccinations."

— Clinical Director

"We partner with our provider pharmacy, and that's who offers [vaccines]...if we have a one-off dose of pneumococcal or RSV, maybe shingles to give, we're just [going to] do it ourselves."

— Infection Control Nurse

Documentation and compliance

A universal best practice

Whether or not a facility uses an external pharmacy vendor to administer vaccines to residents and record them in a state registry, all participants interviewed indicated that they also carefully record and update each resident's vaccination status in an internal electronic health record (EHR). EHRs are used to monitor for vaccination interactions and avoid duplicate therapy. Various kinds of commercial EHR software that provide collaboration tools with pharmacies to track and update vaccine orders across different stages of the vaccination process were highlighted by many participants as particularly valuable to them.

Another universal practice among participants was consistent monitoring and compliance with federal and state regulations, although specific practices across facilities varied. Common themes included:

- Keeping up to date with documentation
- Preparing internal reports (e.g., weekly, quarterly, annually, as needed)
- Preparing for auditing—half of participants prepare audit materials on a daily basis
- Staying informed about the latest guidelines

LTCFs also have procedures in place for handling AEs, the most frequent being monitoring residents after vaccination and providing information to the vaccine adverse event reporting system (VAERS).

Overall, participants reported that documentation and compliance adherence is as important as the vaccine administration process itself for a successful LTCF vaccination program.

> *"[We] use our EMR...also document in the state [registry] so that it's publicly shared out through the medical community."*
>
> **— Infection Preventionist**

> *"We have all of our orders for vaccines with the pharmacy, so they're already pre-built right in our EMR. It's actually pretty foolproof..."*
>
> **— Infection Preventionist**

> *"[Compliance is] just part of the annual review of our visit from the surveyors. Otherwise, we're doing mock surveys and stuff independently, making sure that we're up to date. We'll do a quarterly review on vaccine administration and just comb through a building to make sure that we're up to date with where we need to be."*
>
> **— Infection Preventionist**

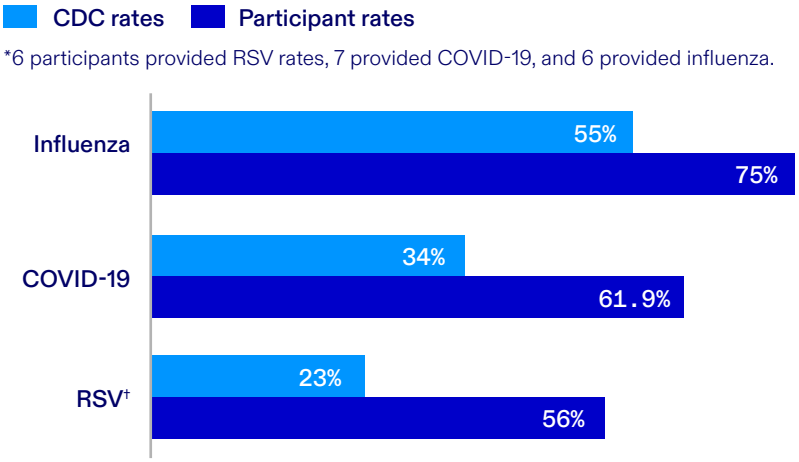
> *"I just do what I do every day, and I'm already always prepared (for any audit). As long as I'm always doing the right thing and doing everything I'm supposed to be doing, that is my preparation."*
>
> **— Infection Control Nurse**

Vaccination rates in residents

Tracking successes and opportunities

Most participants highlighted their dedication to tracking resident vaccination rates within their facilities. Interview participants reported that overall resident vaccination rates in their facilities were higher than the average CDC rates for LTCFs, although these numbers varied by vaccine type and by facility. Many participants reported influenza vaccination rates exceeding 75%. They attributed their success to building rapport and trust with residents through interpersonal connection and education. Where uptake lags, participants identified challenges with individual eligibility and changing recommendations for certain vaccines. For COVID-19 in particular, fatigue, misinformation, distrust, and changing recommendations highlight a need to reeducate residents and their families or representatives about the relevance of this vaccination.

Average vaccination rates by type*[8]



*6 participants provided RSV rates, 7 provided COVID-19, and 6 provided influenza.

†Some participants had high rates for RSV, others had very low rates and flagged that some populations may not be recommended.

Vaccination rate metrics are shared by nearly all participants in regular quality assurance and performance improvement (QAPI) meetings in their facilities. Comparing month-over-month tracking enables real-time analysis instead of relying solely on state/federal data, which has a time lag. Knowing the details of the vaccination rates can also serve as a driver for needed change and pilot process improvement programs at a more frequent rate.

> *"[Our rates] for residents—usually above 75%. All about education, building rapport, and relationships.*
>
> **— Infection Control Nurse**

> *"...The flu vaccine [rate] is probably about 70% for the residents. When COVID first came out, I would have told you we were probably close to 95%, but now we're probably at 50%. ...It's probably about 50% on the pneumonia. RSV maybe 15%."*
>
> **— Director of Nursing**

> *"I can tell you the COVID one is usually the one that's the least compliant of them all. I think the second least compliant is probably pneumonia, and I really think that that has to do with the complication of the recommendations."*
>
> **— Clinical Director**

> *"We hope to have [vaccination rate] growth every year... Sometimes [growth] is related to the education, sometimes it's related to what they've seen, and sometimes it's based on where the facility is located."*
>
> **— Director of Nursing**

> *"When I started as an IP, we had very low coverages for like things like pneumococcus... So I put it as a QAPI and now I report immunization processes in my monthly meetings."*
>
> **— Infection Control Nurse**

Staff vaccination rates

Barriers remain

Although widely recognized as part of infection prevention and control in LTCFs, staff vaccination was highlighted by participants as an ongoing challenge in their facility. Most participants noted that staff vaccination rates for influenza and COVID-19 lagged behind resident vaccination rates. For example, one participant's staff and resident influenza vaccination rates were 20% and 80%, respectively.

Most participants said their facility offers only influenza vaccines to staff; two also offered COVID-19. Restrictions on the scope of care LTC medical staff can provide to other staff members, cost of certain vaccines, billing/insurance issues, and vaccine fatigue were cited as various barriers to staff vaccination. In some cases, staff are simply encouraged to receive appropriate vaccinations at off-site locations, such as a retail pharmacy or their doctor's office.

> *"We're having a very hard time getting staff to get vaccinated and really kind of refreshing that sense of urgency of prevention. Prior to COVID, we had upwards of 90% to 93% compliance, which is amazing. But coming out of COVID, I think...there's a real vaccination fatigue burnout that's going on."*
>
> **— Director of Nursing**

> *"For staff, [vaccination rate] it's low, especially for COVID. Flu is a little better, I would say about 30%. I think people are just over COVID. I'm a little over it too, but I still get my vaccines."*
>
> **— Infection Preventionist**

> *"We only vaccinate against flu and COVID for staff. We are prevented by civil service rules from acting as occupational health to our employees... we can do TB, we can do COVID, we can do flu, but we can't do anything else."*
>
> **— Clinical Director**

> *"We will purchase and provide the influenza vaccine, but the COVID vaccine is still too costly for us to be able to purchase and provide. A lot of times we're trying to set them up with getting it from a second entity that can bill their insurance. So that's been another big barrier—same with pneumonia."*
>
> **— Infection Preventionist**

Main bottlenecks in vaccination programs

Opportunities for improvement

Interview participants identified common challenges for administering a vaccination program in a LTC setting. These are:

Misinformation and lack of trust

Many residents do not trust vaccines and consume misinformation. They may also express fatigue from information overload and clinicians' educational efforts to push them to authentic sources.

Documentation burdens

Determining accurate medical histories and filing appropriate documentation can have large impacts, both clinically and financially.

Staffing shortages

In facilities where staff are already pressed by day-to-day operations, vaccine administration adds to that burden. Turnover and time required to train new staff creates additional friction.

Stakeholder coordination

It can be difficult to manage all the concerns of people involved in the vaccination process: residents, their families/guardians, healthcare staff, other departments (pharmacy, billing, etc.).

Key advice

Personalized approaches for success

Success in running a LTCF vaccination program and increasing vaccination rates sometimes boils down to intangible elements that might be hard to measure but can make a real difference in practice. Interview participants identified some common strategies they viewed as critical to their own success. These are:

Communication and awareness

Providing clear communication and proactive updates to residents and family members helps them be aware of vaccination offerings

Education

Offering simple and appropriate education for residents and their family members helps smooth the process of obtaining consent for vaccination

Trust and connection

Building personal rapport with residents and their families creates trust, which helps make vaccination programs successful

Attention to detail

Meticulous attention to detail and good documentation provide important metrics and accountability and are cornerstones of a well-run vaccination program

> *"In [our] administrative weekly letters to families, I have a section called Infection Control Update. In this update, I might decide to [share that] a COVID clinic is upcoming. They will see that information. If your loved one was signed on, they're going to get the vaccine."*
>
> **— Infection Control Nurse**

> *"Education is top—you've got to keep it simple. You don't want to be handing out those long double-sided tools because nobody wants to read all that. Do the highlights, keep it simple."*
>
> **— Director of Nursing**

> *"Build a rapport with your members, with the people that you're caring for, so that they trust you and look to you in confidence."*
>
> **— Infection Control Nurse**

> *"Be intentional. I come in with the job to protect my residents and staff. That is always my duty as the infection preventionist. I go the extra mile. Sometimes it's worth it. Just be intentional about what you do—be focused, [and] good documentation.*
>
> **— Infection Preventionist**

> *"Audit, audit, audit...a meticulous attention to detail."*
>
> **— Infection Control Nurse**

Conclusions

Key takeaways from participants' experiences

Oversight
Ensuring that IP/IC staff oversee all aspects of vaccine delivery, including policy development, guideline monitoring, implementation procedures, and compliance monitoring/ documentation with high attention to detail

Education
Prioritizing educating residents, their families or representatives, and staff prior to vaccine delivery to address questions and concerns

- Providing clear communication and proactive IP updates to residents and family members
- Building personal connections to create trust for the vaccination process

Consistency
Using consistent vaccination administration practices:

- Prioritizing vaccination for respiratory infectious diseases
- Following CDC vaccine guidance and typical seasonal schedules, as well as ACIP and state health department guidelines when needed
- Following consistent procedures for vaccine clinics, whether internal or externally facilitated
- Keeping thorough and up-to-date records using EHRs and state registries for rate tracking

Attention to detail
Giving meticulous attention to follow-up AE monitoring, vaccination documentation, and compliance practices, including frequent internal auditing and reporting during regular QAPI sessions

Best practices for a successful vaccination protocol

1. Collect history and medical records
2. Review vaccination history against guideline recommendations
3. Offer clinically appropriate vaccinations on arrival and again annually or when newly available
4. Obtain consent from responsible party and confirm it is up to date
5. Administer the vaccination(s) to resident
6. Document vaccination in resident's medical records and in other required registries
7. Monitor resident for adverse effects

Thank you

We thank all the participants for their expert insights and their willingness to go above and beyond, not only for the residents they care for, but also for the NADONA community as a whole. We hope that the challenges and successes shared by our participants will inspire you toward action and continuous improvement in caring for the residents where you work.

For more information and guidance, see the resources and bibliography below.

Resources

- ACIP: Vaccine-specific recommendations
- CDC: Staying up to date with COVID-19 vaccines
- CDC: 2025–2026 flu season
- CDC NHSN: Long-term care respiratory pathogens
- CDC: Pneumococcal vaccination laws for state long-term care facilities
- CDC: RSV vaccine guidance for adults
- CMS: Revised long-term care (LTC) surveyor guidance
- PALTMed: A guide to support effective immunization practices in post-acute and long-term care
- WHO: Recommendations for routine immunization

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