

## **Vaccine Clinics and working with other health professions to administer COVID 19 Vaccines**

The Arkansas State Board of Pharmacy has a longstanding approach that pharmacists are able to perform immunizations outside of the permitted pharmacy and we understand that pharmacists have done immunization clinics of sorts in other facilities and locations for years. This is not a problem with the Board as long as a few simple rules are followed:

All medications, vaccines and any other RX supplies (allergic reaction medications, RX labeled syringes...) that are needed for performing this work are stored in the licensed pharmacy and taken from there at the time of need or for the duration of the clinic but not stored in an unlicensed location overnight. Non-legend supplies may be kept outside of the pharmacy.

Setting up a secondary location by aligning with these criteria can be done. The rate limiting step for many individuals is that they need to prepare for appropriate staffing (pharmacist there supervising/performing required activities) and transportation of supplies as needed. With the COVID 19 vaccines there are strict storage requirements that must be followed such as time to use criteria before the vaccine must be administered or discarded.

Additional suggestions:

This is a marathon not a sprint, we would suggest that you have a plan on how to sign people up for the vaccine in order to ensure the following:

1. You are following the ADH plan for vaccine administration eligibility
2. You plan ahead so that there are not wasted doses. This would include a clear understanding of how many vials to pull for a scheduled clinic, how you are going to observe patients post injection for 15 minutes on site as required...

While we all understand that doses should not be wasted, poor planning is not an excuse to simply break protocol and administer to anyone you can get in.

Utilizing other staff to administer vaccine: the PREP ACT allows appropriately registered and trained interns and technicians to also administer the COVID 19 vaccine. While interns are easily shown to have training with a licensure endorsement, technicians are under the federal authority allowance rather than the state board of pharmacy and would not have a certification from the Board of Pharmacy on their permit. Due to the fact that technician allowance is under the Federal HHS Prep Act, you are responsible to follow those guidelines to allow technicians to administer vaccine. If you have qualified employees such as interns or technicians that will be administering the vaccine they must be supervised. To be clear the board of pharmacy definition of supervision is as follows:

Interns: “Supervision” means a licensed pharmacist and/or certified preceptor supervises the practical experience of a licensed intern with both personal and physical supervision, and actually gives instruction to the intern obtaining the experience during the entire period of such experience.

Technicians: “Supervision” means that the responsible pharmacist must be physically present to observe, direct, and supervise the pharmacy technician at all times when the pharmacy technician performs acts specified in this rule. The supervising pharmacist is totally and absolutely responsible for the actions of the pharmacy technician.

A lot of people seem to get hung up on the administration of the shot itself which is not the time-consuming part of this equation, rather all the prep, paperwork, billing and post shot observation are all a bottleneck of time. We have seen several pharmacies with a very successful approach to this where they may utilize other staff for all of the acts other than the administration of the immunization and then have a pharmacist perform that task after reviewing the paperwork and ordering the shot. We have also seen pharmacies set up a single area for shots to bring in the patients one at a time then have them wait in another area where they can be socially distanced appropriately for their observation. This approach appears to work much better than trying to set up several rooms for a pharmacist to go room to room creating challenges of observation and recleaning between patients.

We have also had questions about utilizing nurses in this process. It is our understanding that an RN or LPN has the authority to administer medications such as vaccinations/immunizations with a legal order for the administration of the product. With Pharmacists having the ability to order these products it can be done. There are 2 scenarios for this and how it could work:

1. If a pharmacist is on site, reviewing the paperwork and ordering the vaccines for specific patients, an RN or LPN can administer it.
2. If you are trying to do this without the pharmacist there making the patient specific order, then you would need a protocol that a physician could initiate for those orders but it must follow medical and nursing rules as it is outside of the pharmacist ordering the vaccine.

Billing is an entirely different issue, it would seem obvious with the pharmacist on site ordering the vaccine in scenario 1 above that it is billed through the pharmacy as a prescription or medical claim. Scenario 2 is unclear and beyond our scope to share guidance on how to solve billing issues when trying to partner with other health professions outside of pharmacy in this process.

As for an APRN or MD, they already have their own authority to order and administer vaccines so we do not see a legal barrier to working with an APRN or MD administering vaccines on this.