

*This is a compilation of Q&A from the trainings that have been held, questions that have come in from COVID19questions@bop.gov, and elsewhere. Questions that are new or updated from previous versions have been **highlighted**.*

Vaccine Administration:

NEW 4/15/21 – Can inmates be given a vaccination card before release? Is a medical records request required? [Institutions are encouraged to provide inmates a completed vaccination card prior to their release in order to provide them proof of vaccination. A formal medical records request is not required.](#)

Will there be a dashboard developed just like for flu vaccine administration? [The dashboard is now available.](#)

The dashboard of high priority patients - do we have to follow it strictly or can each facility prioritize their highest care levels or clinically at risk? [Institutions should follow the priorities as listed in the Immunization Guidance and dashboard. If these priorities are not followed, institutions should discuss with their regional medical director.](#)

Can dental assistants administer the COVID-19 vaccine? What about Medical Assistants? Contract Dentists? [Dental assistants, dental hygienists, and contract dentists have not been approved to administer COVID-19 vaccines. Certified Medical Assistants with appropriate training and documentation may administer injections/immunizations.](#)

Will contractors assist with immunizing staff and inmates? [Contractors authorized to administer other vaccines \(influenza, hepatitis, etc.\) may also administer COVID-19 vaccines with documented competency.](#)

Can BOP pharmacy technicians give vaccines? [Yes, with appropriate training and documentation in the credential file.](#)

Are LVNs able to vaccinate? [If their Position Description states they can administer injections, yes.](#)

Do we need a full set of vital signs for the note in the employee medical record? [No note is required in the employee medical record. Only the completed consent or declination is required.](#)

Are there any objections to allowing the Department of Public Health to assist with administering vaccinations? [This should be discussed on a case-by-case basis with Institution and Regional HSAs and Regional Medical Directors.](#)

If we have surplus vaccine on hand after first shipment can we give immediately to inmates or should we share our excess with other BOP facilities for staff? [You should immediately begin](#)

vaccinating inmates. Institutions should be focusing on messages promoting uptake and answering concerns from staff and inmates.

Will administrative facilities be responsible for administering to inmates that are in other facilities (e.g. inmates held in county jails, etc.)? No, inmates that are not in a BOP managed facility will fall under county or state allotments and will receive vaccine through those counties and states.

Are MDC and MCCs expected to vaccinate USMS patients? A-PRE and A-HOLD USMS inmates? Yes. However, if a USMS inmate is in a known short-term holdover status, a case could be made to wait to vaccinate them until they arrive at a more permanent destination.

Will inmates in halfway houses be eligible to receive the vaccine as well? All individuals in the US are eligible to receive the vaccine. Inmates that are not in a BOP-managed facility will fall under county or state allotments.

If an individual is in quarantine or isolation for COVID, can they receive the vaccine? Individuals in medical isolation should not be vaccinated until they have met criteria for release from medical isolation. There is no minimal interval between infection and vaccination. Inmates in quarantine (intake, exposure or release) may be vaccinated. Using quarantine as an opportunity to vaccinate and achieve immunity can be beneficial in limiting transmission and outbreaks.

Would Planning Sections Teams established at each institution be valuable for the vaccination process? A multidisciplinary team approach is recommended and as many staff as able should be included in the planning process to ensure a successful vaccination campaign.

Will a medical hold be placed on the inmates once they receive first dose? Yes. A medical hold will be placed on inmates following the first dose of the vaccine. The medical hold should remain in place after the first dose until the second dose is given, even if the inmate says they refuse the second dose. In other words, they would need to refuse on the day the second dose is due so they have every opportunity to receive it. If an inmate is released, they should be provided the vaccination administration card in order to obtain the second dose in the community.

Along with that, what about inmates releasing before the 21 or 28 days? Halfway house? Transfer/writ? A medical hold is placed on inmates after their first dose of COVID vaccine and they should not be transferred until they receive their second dose. However, in some situations (e.g. immediate releases, GCT/FT releases, and court-mandated moves) the inmate can no longer be held at that facility and must be released. If an inmate is released or sent to RRC, institutions will have to provide the vaccination administration card with the exit summary. If an inmate wishes to refuse the 2nd dose they should still be under the medical hold until after the 2nd dose is due.

From start to finish approximately how long does it take to complete the entire vaccination process for one person including all preparatory steps, fact sheet review and data entry? [It is anticipated to plan for 3-5 minutes per individual.](#)

UPDATED 4/15/21- Once all our staff and inmates are vaccinated, will we keep vaccine on-hand for new hire employees or how will that be handled? [Yes – vaccine will be shipped from the central fill location for institutions as new employees are hired. The process for requesting additional vaccine will be provided once finalized.](#)

Once we have vaccinated all staff and inmates, how long will we continue to offer the vaccine to inmates that are new to the BOP and staff that are new? [Vaccine will be offered as long as the CDC recommends it.](#)

Has the COVID vaccine been added into BEMR yet? [Yes. Individual vaccines are available in BEMR.](#)

Do staff reporting adverse reactions need to be reported thru the P&T adverse reaction system? [Staff adverse events must be reported through employee health and the Vaccine Adverse Event Reporting System \(VAERS\). Only inmate adverse drug reactions are required to be reported through the BOP Events dashboard and P&T.](#)

Do we need to have the Clinical Director to place a standing order for the vaccination in VAMS? [No](#)

Do you have to use the same manufacturer for each dose? [The same manufacturer must be used for both doses \(i.e. you cannot use Pfizer then Moderna for the second dose on the same patient\).](#)

If an inmate or staff member misses the second dose, what is the grace period? [The Pfizer vaccine should be administered within a grace period of \$\leq 4\$ days \(i.e. between day 17 and 21\). If the second dose is administered earlier than day 17, it does not need to be repeated. If more than 21 days have elapsed since the first dose, the second dose should be given at the earliest opportunity; the series does not need to be repeated. All efforts should be made by all staff to make appropriate arrangements to ensure both doses are administered within the required time frame.](#)

Does the day of vaccination count for "Day 0" or "Day 1" of the series to receive vaccine two? Example: Vaccination December 1st with Pfizer product, return December 21st or 22nd for second dose? [In the example listed first dose on Tuesday December 1, the second dose would be Tuesday December 22. The amount of flexibility, if any, in this sequence has not been released yet and is expected to be contained in the EUA.](#)