



Provision of COVID-19 Monoclonal Antibodies  
Alternate Site Operational Guide

# Record of Changes

Version	Description of Change	Date Entered
1	Document created	October 2021

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## Purpose

This document supports Western Washington Healthcare Coalition Partners in establishing outpatient monoclonal antibody (mAb) capabilities to reduce demand on emergency departments and the need for admission of COVID-19 patients requiring acute care. Collaboration between healthcare organizations, outpatient clinics, retail pharmacies, public health agencies and other response partners offers synergistic opportunities for increasing the provision of mAb while easing the burden of clinical staff resources.

## Northwest Healthcare Response Network (NWHRN)

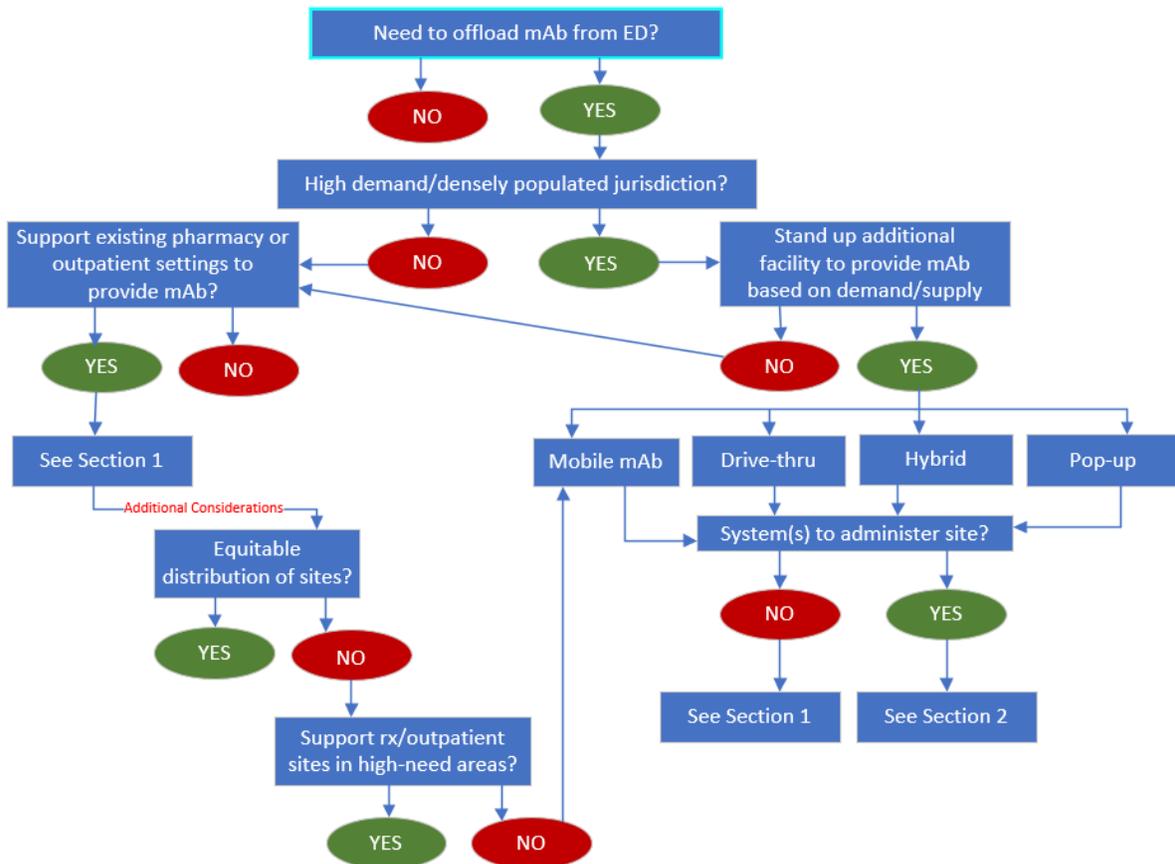
- The NWHRN supports healthcare mutual aid requests, including requests for resources needed to expand facility resources to provide mAb. Facilities seeking additional resource support should first attempt to acquire them through regular resource acquisition processes. If it is not successful, facilities can contact the NWHRN to support a mutual aid request.
- The NWHRN supports healthcare to identify strategic partners to assist with providing additional healthcare services for the community, including mAb treatment. Facilities looking to identify and coordinate with additional partners can contact the NWHRN.
- The NWHRN provides coordination opportunities by facilitating regular and ad hoc operational coordination meetings. Facilities needing additional local and/or regional support coordination should contact the NWHRN to identify additional coordination opportunities.

*If your organization requires support in expanding or outsourcing mAb treatment, please contact the NWHRN:*

- 24/7 Duty Officer line: 425-988-2897
- Healthcare Emergency Coordination Center email: [HECC@nwhrn.org](mailto:HECC@nwhrn.org)

## Provision Strategy Decision Tree

Two unique strategies were identified to increase provision of mAb. Each strategy is dependent on specific settings/demand criteria. The chart below was developed to support decision-making, incorporate additional equity-based considerations, and provide a roadmap for efficient utilization of this operational guide.



## Strategies

### 1. Retail Pharmacy/Outpatient Settings

Many pharmacies and outpatient clinics are already providing mAb treatment, and with additional support from hospitals are likely to significantly increase their capacity to provide mAb. Hospitals should identify pharmacies and outpatient clinics in high-need areas (high disease prevalence, low vaccination rate, low socioeconomic status, etc.) to support.

Healthcare organizations interested in supporting pharmacies/clinics to provide mAb should reach out to the Washington State Pharmacy Association (WSPA) for pharmacy partnerships or local health jurisdiction, and the NWHRN for all other facilities or support.

## 2. Stand-up mAb Clinics

Jurisdictions with high demand for mAb, or which are densely populated, should consider standing up mAb clinics to supplement pre-existing mAb resources. Partnerships between healthcare organizations and/or public-private partnerships can be leveraged to jointly support and administer mAb clinic(s) to build economies of scale. Clinics can take a variety of forms and should be tailored to provide additional capacity and meet community needs.

### *2.1 Process for setting up a mAb clinic [See flow chart]*

1. Site location: can be a variety of sizes, from small facilities to large stadiums. Size should be tailored to demand, supply, and available support
2. Site administration
  - Consider joint/shared administration if a single facility/system is unable
    - If needed, reach out to the NWHRN or local health jurisdiction to support identifying partners
  - Consider strategic public-private partnerships to support
3. Staffing needs – see Staff Considerations Section above.
4. Logistical planning/operations
  - Consider repurposing high-throughput drive-thru vaccination clinic plans/protocols.
  - Prioritize locations with easy access to public transportation
  - Ensure flexible, adaptable, and scalable based on demand/supply

### *2.2 Drive Through-Specific Considerations*

- Traffic and parking considerations
- Utilize vehicles for observation; reduces likelihood of transmission
- Can utilize volunteers for traffic support and observation
- Can repurpose pre-existing drive-thru vaccination/testing plans
- May consider providing additional services at a single drive-thru clinics, such as testing and vaccination.

### *2.3 Hybrid Clinic-Specific Considerations*

- Injections/infusion in outpatient clinic or outdoor tent area, observation in car (monitored by combination of volunteers and an RN)
- Like pharmacies, hybrid clinics require infection control considerations regarding patient entry/exit pattern, patient flow, ventilation, etc.
- Reduces time that patients are indoors compared to providing mAb in outpatient clinics, thus can support higher volume throughput
- Outdoor injection/observation areas must consider weather limitations

### *2.4 Mobile Clinic-Specific Considerations*

Mobile clinics offer advantages, particularly for patients that face barriers to accessing care or who live in congregate settings – this may include individuals living houseless, incarcerated individuals, long-term care facilities, individuals at home with functional and access need, and those living in remote/rural settings. If PEP mAb is authorized, strike teams can respond to congregate settings and provide mAb to exposed individuals.

### Mobile Clinics<sup>3</sup>

- Can provide mAb access to rural locations with limited healthcare capacity
- Requires mobile resources – appropriate vehicles, supplies, etc.
- Must factor in transportation and set-up time
- Ideal for bringing mAb to high-need congregate settings (example: SNF)
- Reduces risk of COVID transmission by not having infected patients travel to a clinic
- Can potentially utilize available Fire/EMS personnel in certain areas<sup>4</sup>

#### 2.5 Pop-up Clinic-Specific Considerations

- Consider utilizing community spaces/non-traditional spaces/surge spaces
- Requires community outreach and promotion
- Consider partnering with community organizations to reach high-need groups/individuals.
- ASPR mAb clinic guide (infusion-based)<sup>2</sup>
- Working with pharmacies can reduce logistical challenges
- May be able to repurpose pre-existing pop-up vaccination plans/protocols

## Logistical Steps & Considerations

Hospital systems, pharmacies, and outpatient clinics looking to increase space, staffing, and/or supplies for providing mAb to the community should consider/follow the steps below:

### Space

1. Assess facility to provide mAb in unused spaces (unused patient care spaces, conference rooms etc.) All indoor spaces need to consider disease transmission precautions and contingency operations.
2. Assess outdoor spaces, such as parking lots. Setting up tents and/or utilizing patient vehicles should be considered. Additionally, weather concerns must be considered.
3. Identify nearby facilities/spaces to be utilized. Partnering with local healthcare organizations may support identifying unused spaces to support the provision of mAb.
4. Identify supplies needed to provide mAb in each above setting, this could include tents/heaters/chairs/etc. See Supplies section below.

### Supplies

1. Contact DOH ([mcm@doh.wa.gov](mailto:mcm@doh.wa.gov)) to establish a mAb treatment site(s). Healthcare can provide additional mAb doses to pharmacies as needed by following DOH guidance.
2. Based on location and burn-rate assessment, facilities may need the following supplies to expand capabilities:
  - Tents/temporary structures
  - Chairs/tables
  - Heaters/other weather-related equipment
  - PPE

- mAb-specific supplies
- 3. Facilities should first attempt to go through their regular process for obtaining supplies. If this is unsuccessful, facilities can reach out to the NWHRN to start the mutual aid/resource requesting process.

## Staff

1. Identify staffing needs to support a mAb site. See logistical considerations section below for more information and examples.
  - Washington DOH is currently working on a standing order to allow nurses to work under pharmacist licenses. Once approved, this standing order would allow healthcare to share nursing staff with pharmacies to increase mAb administration.
2. Steps for obtaining additional staff and submitting a resource request:
  1. Identify available contracts
    1. Pre-existing contracts with healthcare staffing agencies
    2. Shared contracts with local EM/LHJ or state EMD contracts
  2. Identify opportunities to share staff between healthcare systems
    1. Healthcare staff sharing (contact the NWHRN for more information or to identify potential staffing sources).
    2. Pre-existing healthcare staff/volunteer pools
  3. Identify if volunteers can fill staffing gaps. All volunteer requests must go through local resource requesting process (contact NWHRN for details)
    1. MRC (through LHJ)
    2. WAServ (through DOH)
    3. CERT (through EM)
  4. Any questions on submitting a resource request can be directed to NWHRN [see NWHRN section above].

## Information Sharing and Coordination

- Retail pharmacies share information with the Washington State Pharmacy Association (WSPA)
- WSPA will participate in regional coordination and information sharing calls organized and facilitated by the NWHRN and others to, for example, update partners on pharmacy capabilities, locations, etc.
- LHJs, healthcare systems, and other healthcare organizations and response agencies can reach out to the NWHRN if concerns/questions arise that require convening key stakeholders.

## Considerations & Staffing Models

- Site Preparation<sup>1</sup>
  - Collect administration site location(s), address, and points of contact
    - For mobile or deployed teams, identify the point(s) of contact at the administration site and make contact

- Site will need dedicated space for isolation of COVID-19 patients and location to monitor patients after administration
    - Rededication of existing clinical space is permitted under the CMS Hospital Without Walls Initiative
  - Ensure a patient scheduling and referral process is in place
  - Identify and understand which therapeutics will be administered
  - Determine who is responsible for ordering the monoclonal antibody drug
    - Referring provider
    - On-site or telemedicine provider
    - Standing order
  - Brief administration team with site objectives
  - Team training
    - Site workflow
    - PPE utilization/management
    - Monoclonal administration
    - Managing adverse reactions
- Equitable access should be considered in identifying locations for mAb sites, this could include prioritizing communities with high burden of disease, low access to medical care, socioeconomic status, transportation access, or low vaccination rates.

#### *Infusion Sites*

- Staffing Model example<sup>2</sup>
  - 8-10 bed mAb infusion/observation site
    - 1 physician/advanced practitioner (present or available via telemedicine)
    - 2-3 Nurses
    - 2-3 paramedics
    - 1 flex position – administrative/logistics/runner
- Pharmacy and hood to mix product
- Gravity drip or IV pump and IV infusion
  - Cancer centers & many nursing homes have these capabilities but need to consider infection control implications of treating positive Covid-19 patients
- Standard order set (including orders for treatment of adverse reactions) should be created.
- A nurse/paramedic team can efficiently manage five to six patients at a time with a set of standing orders for monoclonal antibody therapy.
- Patient do not require advanced monitoring during infusion, although airway and patient monitoring supplies, as well as medications for allergic/anaphylactic reactions and a provider trained to provide treatment for reactions, should be readily available.
- The monitoring time after infusion does not need to be performed in a patient care area. A monitored waiting /discharge area is sufficient.

#### *Subcutaneous Injection Sites*

- Single station or mobile visit subcutaneous administration site<sup>1</sup>:
  - Staffing model example:
    - 1 physician / advanced practitioner (present or available via telemedicine)
    - 1 Nurse / Paramedic per single mobile visit or single station
  - 4 syringes per patient

- Refrigerated storage needed, requiring time to equilibrate to room temperature (~20 min)
- Observation in vehicles / outdoors / indoor setting
- Supply acquisition process:
  1. Attempt to acquire supplies via pre-existing contracts, or
  2. Contact the NWHRN to start mutual aid requesting process

#### *Multi-Use Considerations*

- Co-located COVID testing with mAb services may allow additional benefit, by rapidly identifying candidates for mAb treatment.
- Co-located COVID mAb services and vaccinations in a drive-thru format may allow additional benefit due to economies of scale and similar processes – injection and observation period.
- Co-located services must consider complexities with protocols, billing, and staff training.

*This document was developed by the Northwest Healthcare Response Network in collaboration with the Local Health Jurisdictions of Skagit, Snohomish, King, Pierce, Kitsap, and Lewis Counties.*

## Resources and References

1. [Federal Response to COVID-19: Monoclonal Antibody Clinical Implementation Guide: Outpatient administration guide for healthcare providers – DSHS, Sept 2021](#)
2. [Planning Considerations for Monoclonal Antibody Administration – ASPR, Sept 2021](#)
3. [A Mobile Unit Overcomes the Challenges to Monoclonal Antibody Infusion for COVID-19 in Skilled Care Facilities – Journal of American Geriatrics Society, 2021](#)
4. [EMS Template Protocol for COVID-19 Monoclonal Antibody Administration: Treatment and Post-Exposure Prophylaxis of REGEN-COV \(casirivimab and imdevimab\) – ASPR, August 2021](#)