

Vaccine Administration During COVID-19
Field Operations Guide (FOG)

DRAFT

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Table of Contents

Purpose	3
Overview of Operational Considerations.....	3
Planning for Vaccine Administration	3
Protecting the Safety of Staff.....	4
Vaccine Administration in Field Models	5
Field Model 1: Drive-Up.....	5
Field Model 3: Drive-Up/Walk-Up	6
Staffing Vaccine Administration Sites	8
Vaccine Administration Staff Licenses	9
Staffing Models	12
Organizational Charts.....	13
Taskforce A.....	14
Taskforce B.....	15
Taskforce C.....	16
MPOD A.....	17
MPOD B.....	18
MPOD C.....	19
Roles and Responsibilities.....	20
Command Roles	20
Support Roles.....	20
Operations Roles.....	21
Adverse Event Response Guide	22
On-site Emergency Treatment for Adverse Reactions.....	22
Epinephrine.....	23
Adverse Event Reporting	24
Vaccine Storage and Handling.....	25
Vaccine Administration Documentation.....	27

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Purpose

The safe administration of vaccines will require operational modifications to minimize the potential spread of COVID-19. This guide provides information, recommendations, and resources to assist in planning for vaccine administration in the field, outside of a controlled clinic setting.

Overview of Operational Considerations

Due to the ongoing COVID-19 pandemic, there are additional safety concerns to be considered in order to minimize exposure during vaccine administration. The following areas should be considered based on public health mandates and guidance to reduce risk of COVID-19:

- Facemasks or Cloth Face Coverings
- Maintaining Physical Distance
- Limiting contact time
- Hand and Respiratory hygiene
- Assessing for symptoms
- Optimizing PPE

Planning for Vaccine Administration

When planning for vaccine administration in the field, consider the following:

- Select a large space that is outdoors or a large community center that is well ventilated or increase ventilation by opening windows and doors
- Reconfigure the layout and placement of tables to ensure physical distancing of staff
- Implement an appointment system to stagger arrivals to avoid large numbers of community members gathering in crowds
- Encourage patients to wait outside or in their cars until the vaccine is ready to be administered
- Prepare necessary supplies prior to vaccine administration to limit contact time
- Provide community members access to forms to complete prior to arriving
- Ensure cleaning products and hand sanitizers are available
- Post signage to remind clients of hand and respiratory hygiene and cough etiquette
- Ensure proper PPEs are available for staff

During vaccine administration field operations, consider the following:

- Screening clients for symptoms prior to entering the site and protocols for those that may have symptoms, for example:
 - Taking temperature, clients must have a temperature less than 100.4 degrees F
 - Observing for cough, shortness of breath or difficulty breathing, fatigue, runny nose
 - Asking clients if they have had any symptoms: fatigue, difficulty breathing, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion, nausea, vomiting, diarrhea
 - Informing clients that have more than one of the symptoms that they are ineligible to receive vaccine
- Designating areas 6 feet apart for clients
- Having clients stand while receiving vaccine to avoid surfaces touched by others (chairs, tables)
- Mandating clients wear facemask or cloth face coverings and protocols for non-compliance
 - For example: Per the Health Officer's Order, face coverings are required in public settings, therefore clients refusing to comply will be refused service and asked to leave the site

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- Keeping interactions with clients short with minimal contact
- Having staff clean surfaces after each client (pens, clipboards, tables)
- Ensuring strict adherence to hand hygiene practices and proper PPE donning and doffing techniques for staff

Protecting the Safety of Staff

Due to the risk of COVID-19, additional personal protective equipment (PPE) are recommended for staff operating vaccine administration sites in the field. The following PPE are recommended depending on the location:

- For staff administering vaccine at encampments, shelters, or other high-risk settings, including non-ventilated indoor space, the following PPEs are recommended:
 - Gloves – must be changed after each client
 - N95 masks
 - Face shields
 - Gowns
 - Head and shoe covers are optional
- For staff administering vaccine at outdoor settings or ventilated large venues (i.e. MPODS, community centers, and libraries), the following PPEs are recommended:
 - Gloves – must be changed after each client
 - Procedural masks or disposable face masks
 - Face shields
 - Gowns are optional
- For all other staff assisting at vaccine administration sites, the following PPEs are recommended:
 - Gloves
 - Disposable face mask
 - Face shield

Due to the potential shortage or limited supply of PPEs, extended use and reuse of PPE as recommended by CDC should be considered:

- Gloves will be changed after contact with a client
- N95 masks may be reused after breaks and lunches, if stored in a paper bag
- Procedural or disposable masks will be removed and discarded before activities such as meals and restroom breaks
- Face shields that are removed for meals and restrooms breaks; may be cleaned, disinfected and reused
- Gowns may be removed and stored in a paper bag and reused unless they are soiled, torn, or contaminated.
- All N95 masks, gowns, and face shields will be examined prior to reuse and discarded if visual inspection reveals concerns or damage.

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Vaccine Administration in Field Models

There are different models for conducting vaccine administration safely during COVID-19 in the field, outside of the controlled clinical setting. The following vaccine administration field operational models are based on the additional safety concerns outlined above in order to minimize exposure during vaccine administration based on public health mandates and guidance to reduce risk of COVID-19.

Field Model 1: Drive-Up

The vaccine administration site based on the Drive-Up model uses a large parking lot with ample parking spaces and safe outdoor space near the parking lot for a staging area and stations to vaccinate. When setting up a drive-up site, consider the following:

- Clearly designate the ingress into the parking lot and egress out of the parking lot for the cars to avoid crossing traffic and promote one-way flow of traffic.
- Ensure there are barricades between car traffic and the staging area and vaccination stations.
- Setup the staging area with tables and chairs for staff to checking in and out, take breaks, store supplies, and prepare vaccine.
- Staff displaying or stating they have any COVID-19 symptoms will be immediately sent home and referred to their healthcare provider for follow-up
- Setup the vaccination stations (one table and chair per vaccination station) near the parking lot at least 6 feet apart. One of the vaccination stations should be near the blue accessible parking spaces, if possible.
- Setup a small queuing area marked with places to stand at least 6 feet apart near the vaccination stations.

When operating a drive-up site, consider the following process:

- As cars enter the parking lot, direct them to park in a designated parking space.
 - If vaccinations will be administered while the client(s) remain in the car, then ensure ample space between cars for vaccinators and supplies.
 - If vaccinations will be administered at vaccination stations, then all parking spaces may be utilized.
 - For those with a blue accessible parking placard, have them park in the designated accessible parking space.
- Direct cars to park in spaces in the order they entered the parking lot.
- After parking, have client(s) remain in the cars and wear their facemask or cloth face covering
- Screen for COVID-19 symptoms, and provide each client in the car with the form(s) to complete.
 - Clients displaying or stating they have any COVID-19 symptoms will be asked to leave and see their healthcare provider, since they cannot receive the vaccine
 - To serve client(s) in the order they entered the parking lot, number the forms and distribute to cars in the order that they entered the parking lot
- Client forms are reviewed for completeness while waiting in their car
- Client(s) wait in their car until their number(s) are called
 - If vaccination will be administered while the client(s) remain in the car, then vaccinators will walk over to the car with the number to be served.
 - If client(s) are not easily vaccinated while remaining in the car, then vaccinator may ask client(s) to step out of the car one at a time to administer the vaccine

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or ask client(s) to rotate to an easily accessible seat in the car to administer the vaccine.

- If vaccination will be administered at vaccination stations, then client(s) will be asked to exit their cars and walk to the small queuing area and wait in line 6 feet apart when their number is called.
 - Ask clients to stand while they receive their vaccine. (Chairs shall be provided to clients with disabilities, access and functional needs, or who requests one. Disinfect chairs after each use.)
- Keep interactions short with minimal physical contact.
- Clean high-touch surfaces after each client (e.g., pens, clipboards, tables).
- After receiving the vaccine, ask client(s) to return to their car and wait the observation period prior to leaving

Field Model 2: Walk-Up

The vaccine administration site conducted based on the Walk-Up model uses a large outdoor space for staging area and stations to vaccinate with ample space for people to wait in line 6 feet apart. When setting up a walk-up site, consider the following:

- Clearly designate standing spots at least 6 feet apart for the length of the expected waiting line.
- Setup the staging area with tables and chairs for staff to checking in and out, take breaks, store supplies, and prepare vaccine.
- Staff displaying or stating they have any COVID-19 symptoms will be immediately sent home and referred to their healthcare provider for follow-up
- Setup the vaccination stations (one table and chair per vaccination station) at least 6 feet apart.
- Setup observation area with chairs at least 6 feet apart.

When operating a walk-up site, consider the following process:

- As people enter the waiting line, ensure they are wearing a facemask or cloth face covering
- Screen for COVID-19 symptoms and provide each client with the form(s) to complete.
 - Clients displaying or stating they have any COVID-19 symptoms will be asked to leave and see their healthcare provider, since they cannot receive the vaccine
- Ask client(s) to remain 6 feet apart, while in waiting line
- Client forms are reviewed for completeness while in the seated waiting area
- Direct client(s) to available vaccination station
 - Ask clients to stand while they receive their vaccine. (Chairs shall be provided to clients with disabilities, access and functional needs, or who requests one. Disinfect chairs after each use.)
- Keep interactions short with minimal physical contact.
- Clean high-touch surfaces after each client (e.g., pens, clipboards, tables).
- After receiving the vaccine, ask client(s) to move to the observation area and wait the observation period prior to leaving

Field Model 3: Drive-Up/Walk-Up

The vaccine administration site conducted based on the Drive-Up/Walk-Up model combines the two models and allows access for client(s) with or without a car. This combined model uses a large parking lot with ample parking spaces and safe outdoor space near the parking lot for a staging area and stations to vaccinate. When setting up a drive-up/walk-up site, consider the following:

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- Clearly designate the ingress into the parking lot and egress out of the parking lot for the cars to avoid crossing traffic and promote one-way traffic flow.
- Ensure there are barricades between car traffic and the staging area and vaccination stations.
- Ensure there is a seated waiting and observation area with designated spots 6 feet apart for those walking up to the site away from the parking lot.
- Setup the staging area with tables and chairs for staff to checking in and out, take breaks, store supplies, and prepare vaccine
- Staff displaying or stating they have any COVID-19 symptoms will be immediately sent home and referred to their healthcare provider for follow-up
- Setup the vaccination stations (one table and chair per vaccination station) between the parking lot and seated area at least 6 feet apart to serve both client(s) that drive-up and walk-up. One of the vaccination stations should be near the blue accessible parking spaces, if possible.
- Setup a small queuing area marked with places to stand at least 6 feet apart near the vaccination stations.

When operating a drive-up/walk-up site, consider the following process:

- As cars enter the parking lot
 - Direct them to park in a designated parking space.
 - All parking spaces may be used.
 - For those with a blue accessible parking placard, have them park in the designated accessible parking space.
 - Direct cars to park in spaces in the order they entered the parking lot.
 - After parking, have client(s) remain in the cars and wear their facemask or cloth face covering
 - Screen for COVID-19 symptoms, and provide each client in the car with the form(s) to complete.
 - Clients displaying or stating they have any COVID-19 symptoms will be asked to leave and see their healthcare provider, since they cannot receive the vaccine
 - To serve client(s) in the order they entered the parking lot, number the forms and distribute to cars in the order that they entered the parking lot
 - Client forms are reviewed for completeness while waiting in their cars
 - Client(s) wait in their car until their number(s) are called
- Direct client(s) that walk to the site to the seated waiting area.
 - As client(s) enter the seated waiting area, ensure they are wearing a facemask or cloth face covering
 - Screen for COVID-19 symptoms and provide each client a numbered form to complete in the order they enter the seated waiting area
 - Ask client(s) to remain 6 feet apart, while seated in the waiting area
 - Client forms are reviewed for completeness while in the seated waiting area
- When their number is called, client(s) walk to the small queuing area and wait in line 6 feet apart
- Client(s) from the small queuing area are directed to the next available vaccination station.

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- Ask clients to stand while they receive their vaccine. (Chairs shall be provided to clients with disabilities, access and functional needs, or who requests one. Disinfect chairs after each use.)
- Keep interactions short with minimal physical contact.
- Clean high-touch surfaces after each client (e.g., pens, clipboards, tables).
- After receiving the vaccine, client(s) are asked to:
 - To return to their car and wait the observation period prior to leaving; or
 - To return to the seated observation area and wait the observation period prior to leaving

Field Model 4: Walk-Thru

The vaccine administration site conducted based on the Walk-Thru model utilizes a large indoor space (i.e. gymnasium or community center) for staging area and stations to vaccinate with ample space outdoors for people to wait in line 6 feet apart. When setting up a walk-thru site, consider the following:

- If public health mandates or guidance allows for large gatherings indoors
- Clearly designate standing spots at least 6 feet apart for the length of the expected waiting line.
- Setup the staging area with tables and chairs for staff to check in and out, take breaks, store supplies, and prepare vaccine indoors.
- Staff displaying or stating they have any COVID-19 symptoms will be immediately sent home and referred to their healthcare provider for follow-up
- Setup the vaccination stations (one table and chair per vaccination station) at least 6 feet apart.
- Setup observation area with chairs at least 6 feet apart.

When operating a walk-thru site, consider the following process:

- As people enter the waiting line, ensure they are wearing a facemask or cloth face covering
- Screen for COVID-19 symptoms and provide each client with the form(s) to complete.
 - Clients displaying or stating they have any COVID-19 symptoms will be asked to leave and see their healthcare provider, since they cannot receive the vaccine
- Ask client(s) to remain 6 feet apart, while in waiting line
- Direct client(s) to registration station, where forms are reviewed for completeness
- Direct client(s) to available vaccination station
 - Ask clients to stand while they receive their vaccine. (Chairs shall be provided to clients with disabilities, access and functional needs, or who requests one. Disinfect chairs after each use.)
- Keep interactions short with minimal physical contact.
- Clean high-touch surfaces after each client (e.g., pens, clipboards, tables).
- After receiving the vaccine, client(s) move to the observation area and wait the observation period prior to leaving

Staffing Vaccine Administration Sites

The number and type of staffing required to operate the vaccine administration site will depend on the following variables:

- Availability of personnel
- Availability of vaccine
- Estimated demand for the vaccine
- Hours of operations

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Vaccine Administration Staff Licenses

Vaccine administration requires licensure. In the State of California, there are four (4) licensed professions that are clearly allowed to administer vaccinations as stated in their scope of practice. These licensed professions are also needed in hospitals to treat patients. With the potential limited number of staff within these licensed professions that would be available to assist with vaccine administration, expanding to allow other licensed professions to administer vaccine should be considered. The tables below provide you information on licensed professions that are: 1) currently allowed to administer vaccines, as clearly stated in their scope of practice; and 2) optional based on licensure and would require approval.

Table 1. Professions currently allowed to administer vaccinations

Profession	Scope of Practice/Authority
REGISTERED NURSE/ NURSE PRACTITIONER	<p>California Business and Professions Code Section 2725(b)(2) - <i>Nursing</i> Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code.</p> <p>California Business and Professions Code Section 2725(b)(3) - <i>Nursing</i> The performance of skin tests, immunization techniques, and the withdrawal of human blood from veins and arteries.</p>
LICENSED VOCATIONAL NURSE	<p>California Business and Professions Code Section 2860.5(a) A licensed vocational nurse when directed by a physician and surgeon may do all of the following: (a) Administer medications by hypodermic injection.</p>
PHYSICIAN ASSISTANT	<p>Medical Board of California – Physician Assistants A Physician Assistant performs many of the same diagnostic, preventative, and health maintenance services as a physician. These services include, but are not limited to, the following: administering immunizations and injections.</p> <p>California Business and Professions Code Section 3502(a)(1) - <i>Physician Assistants</i> The PA renders the services under the supervision of a licensed physician and surgeon who is not subject to a disciplinary condition imposed by the Medical Board of California or by the Osteopathic Medical Board of California prohibiting that supervision or prohibiting the employment of a physician assistant.</p>
PHYSICIAN (MD/DO)	<p>California Business and Professions Code Section 2051 - <i>Medicine</i> The physician’s and surgeon’s certificate authorizes the holder to use drugs or devices in or upon human beings and to sever or penetrate the tissues of human beings and to use any and all other methods in the treatment of diseases, injuries, deformities, and other physical and mental conditions.</p> <p>California Business and Professions Code Section 2453(a) - <i>Medicine</i></p>

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	It is the policy of this state that holders of M.D. degrees and D.O. degrees shall be accorded equal professional status and privileges as licensed physicians and surgeons.
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Table. 2. Optional Scope of Practice or Scope of Practice closely related to vaccination techniques

Profession	Scope of Practice/Authority
RESPIRATORY THERAPIST	<p>California Business and Professions Code Section 1242.6(c) Any respiratory care practitioner certified under the provisions of Chapter 8.3 (commencing with Section 3700) of Division 2 may perform arterial puncture, venipuncture, or skin puncture for the purposes of withdrawing blood or for test purposes upon authorization from any licensed physician and surgeon.</p> <p>California Business and Professions Code Section 3702(2) Direct and indirect respiratory care services, including, but not limited to, the administration of pharmacological and diagnostic and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a physician and surgeon.</p> <p>https://www.rcb.ca.gov/licensees/scope_of_practice.shtml Frequently Asked Questions: Can respiratory care practitioners administer flu vaccines? The respiratory care scope of practice includes direct and indirect pulmonary care services that are safe, aseptic, preventative, and restorative to the patient. As a flu vaccination is a preventative measure, respiratory care practitioners are authorized to administer these vaccinations.</p>
PHARMACIST	<p>California Business and Professions Code Section 4052 (a)(11) A pharmacist may administer immunizations pursuant to a protocol with a prescriber.</p> <p>California Business and Professions Code Section 4052.8 (a) In addition to the authority provided in paragraph (11) of subdivision (a) of Section 4052, a pharmacist may independently initiate and administer vaccines listed on the routine immunization schedules recommended by the federal Advisory Committee on Immunization Practices (ACIP), in compliance with individual ACIP vaccine recommendations, and published by the federal Centers for Disease Control and Prevention (CDC) for persons three years of age and older.</p> <p>California Business and Professions Code Section 4052.8 (b)(1-3) In order to initiate and administer an immunization described in subdivision (a), a pharmacist shall do all of the following: (1) Complete an immunization training program endorsed by the CDC or the Accreditation Council for Pharmacy Education that, at a minimum, includes hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines, and shall maintain that training.</p>

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Profession	Scope of Practice/Authority
	<p>(2) Be certified in basic life support.</p> <p>(3) Comply with all state and federal recordkeeping and reporting requirements, including providing documentation to the patient’s primary care provider and entering information in the appropriate immunization registry designated by the immunization branch of the State Department of Public Health.</p> <p>Also, refer to California Code of Regulations Title 16 § 1746.4. Pharmacists Initiating and Administering Vaccines.</p> <p>(a) A pharmacist initiating and/or administering any vaccine pursuant to section 4052 or 4052.8 of the Business and Professions Code shall follow the requirements specified in subdivisions (b) through (f) of this section.</p> <p>(b) <u>Training</u>: A pharmacist who initiates and/or administers any vaccine shall keep documentation of:</p> <ul style="list-style-type: none"> (1) Completion of an approved immunization training program, and (2) Basic life support certification. <p>This documentation shall be kept on site and available for inspection.</p> <p>(c) <u>Continuing Education</u>: A pharmacist must complete one hour of ongoing continuing education focused on immunizations and vaccines from an approved provider once every two years.</p>
MEDICAL ASSISTANT	<p>California Business and Professions Code Section 2069(a)(1)</p> <p>Notwithstanding any other law, a medical assistant may administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon or a licensed podiatrist. A medical assistant may also perform all these tasks and services upon the specific authorization of a physician assistant, a nurse practitioner, or a certified nurse-midwife.</p>
PARAMEDICS	<p>CA EMSA Scope of Practice Statements</p> <p>Emergency Immunizations – Authorized for paramedic only if approved as a local optional skill.</p> <p>Administration of a vaccine/immunization when indicated during a public health medical emergency.</p> <p>Section 100146(c)(2)(A) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations allows a paramedic to perform or monitor procedures that are not named as part of basic scope of practice. A Local Optional Skill must be deemed appropriate for paramedic use by the medical director of the local EMS Authority and has been approved by the director of the EMS Authority. A paramedic must be trained and tested to demonstrate competence in performing the additional procedure.</p>
DENTIST	<p>The administration of local anesthesia, sedation and general anesthesia is an integral part of dental practice.</p> <p>California Business and Professions Code Section 1647.2 - Dentistry</p>

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Profession	Scope of Practice/Authority
	<p>(a) No dentist shall administer or order the administration of, conscious sedation on an outpatient basis for dental patients unless one of the following conditions is met:</p> <p>(1) The dentist possesses a current license in good standing to practice dentistry in California and either holds a valid general anesthesia permit or obtains a permit issued by the board authorizing the dentist to administer conscious sedation.</p> <p>(2) The dentist possesses a current permit under Section 1638 or 1640 and either holds a valid anesthesia permit or obtains a permit issued by the board authorizing the dentist to administer conscious sedation.</p> <p>California Business and Professions Code Section 1647.3 - Dentistry</p> <p>(a) A dentist who desires to administer or order the administration of conscious sedation, shall apply to the board on an application form prescribed by the board. The dentist shall submit an application fee and produce evidence showing that he or she has successfully completed a course of training in conscious sedation that meets the requirements of subdivision (c).</p>
PODIATRIST	<p>https://www.pmbc.ca.gov/forms_pubs/fsscope.shtml</p> <p>Doctors of Podiatric Medicine (DPMs) are licensed under Section 2472 of the State Medical Practice Act.</p> <p>DPMs commonly administer intravenous (IV) sedation.</p>
VETERINARIAN	<p>California Code of Regulations Title 16 § 2021.3. California Curriculum</p> <p>Veterinary Medical Board curriculum includes “Common Vaccination Protocols.”</p> <p>California Code of Regulations Title 16 § 2034. Practice</p> <p>(h) “Administer” means the direct application of a drug or device to the body of an animal by injection, inhalation, ingestion, or other means.</p> <p>(i) “Induce” means the initial administration of a drug with the intended purpose of rendering an animal unconscious.</p>
Students (Nursing, Medical, Physician Assistant, Pharmacy)	TBD – Under the direct supervision of a faculty member
EMT	Not Approved
Certified Nursing Attendant	Not Approved

Staffing Models

The six (6) staffing model options below are based on the results of time studies conducted over 5 years during mass vaccination exercises by LA County Department of Public Health Emergency Preparedness and Response. Analysis of the data indicated average times of **38 seconds to screen** a vaccine consent form, **31 seconds to prepare a vaccine** for dispensing, and

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108 seconds to administer a vaccine. Therefore, the data supports a 1:1 ratio of staff to screen and prepare vaccine, and a 1:3 ratio of staff to screen and vaccinate.

For smaller operations, one staff person may take on screening and vaccinating duties in a 4:1 ratio of staff screening and vaccinating and preparing vaccine. This approach reduces the total number of staff and may eliminate potential bottlenecks, but requires a greater percentage of medically licensed staff.

Org Chart	Non-licensed Staff	Licensed Staff	Total Staff	Clients per Hour	Staff to Client Ratio
Taskforce A	1	5	6	100	1:17
Taskforce B	2	4	7	95	1:14
Taskforce C	6	9	15	190	1:13
MPOD A	9	13	22	285	1:13
MPOD B	13	18	31	380	1:13
MPOD C	19	22	41	475	1:12

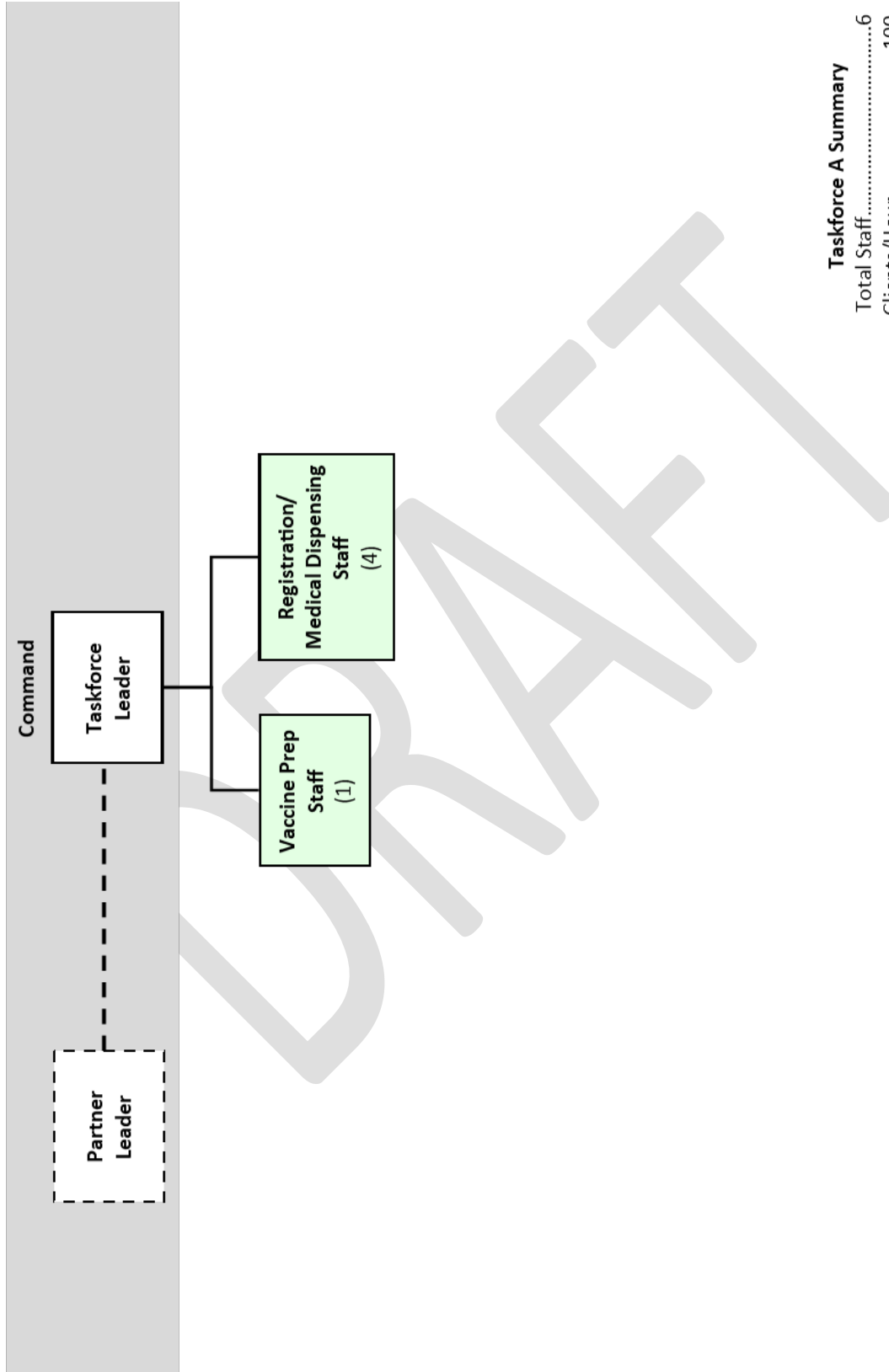
Organizational Charts

This model was used to develop 6 template organizational charts that incorporate Incident Command System principles, including modular organization and manageable span of control.

Selecting an appropriate organizational chart depends on the variables listed above and vaccine administration field model utilized.

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Taskforce A



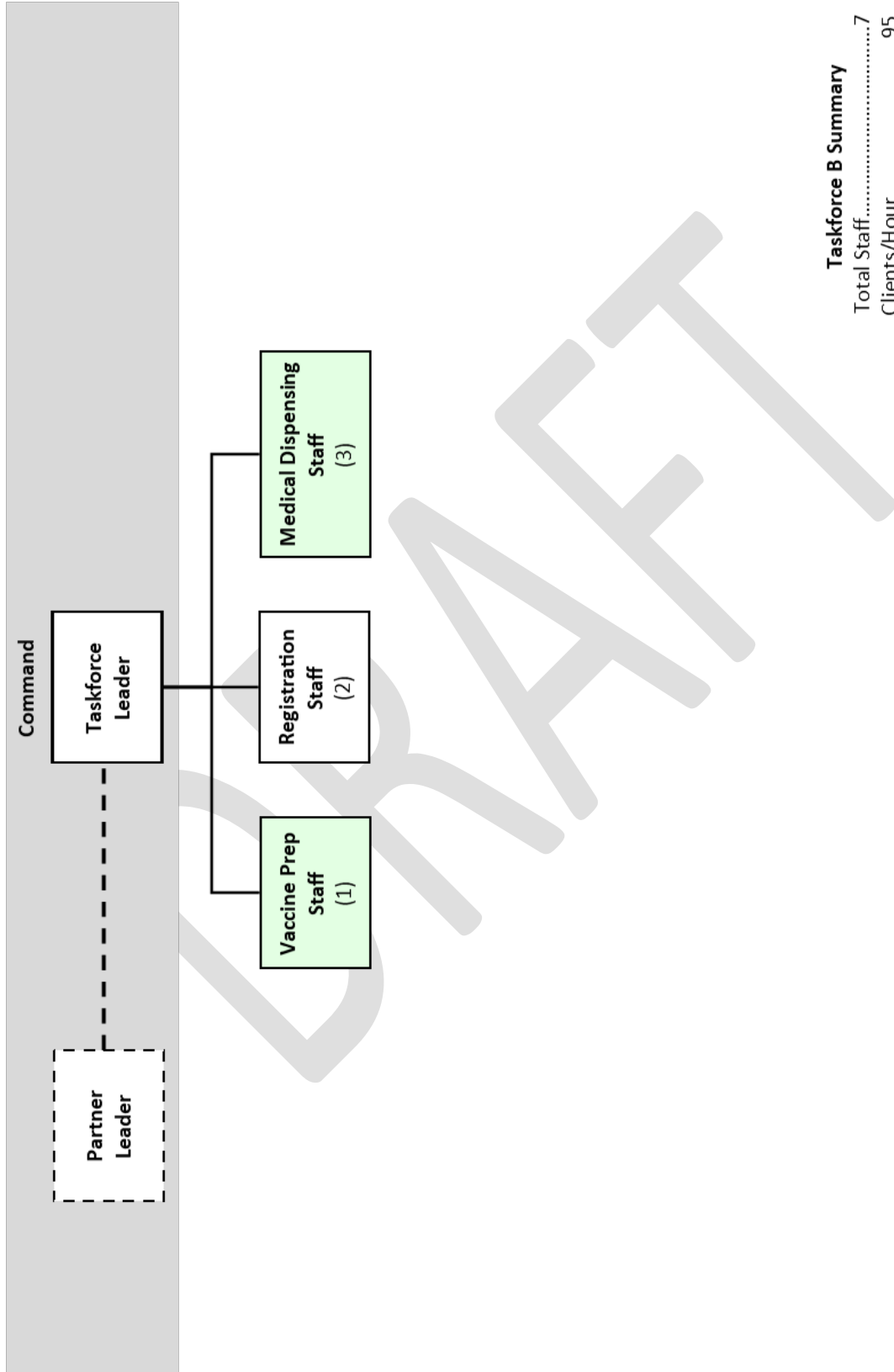
Taskforce A Summary

Total Staff	6
Clients/Hour	100
Staff to Client Ratio	1:17

Shaded boxes indicate positions that require a medical license.

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Taskforce B



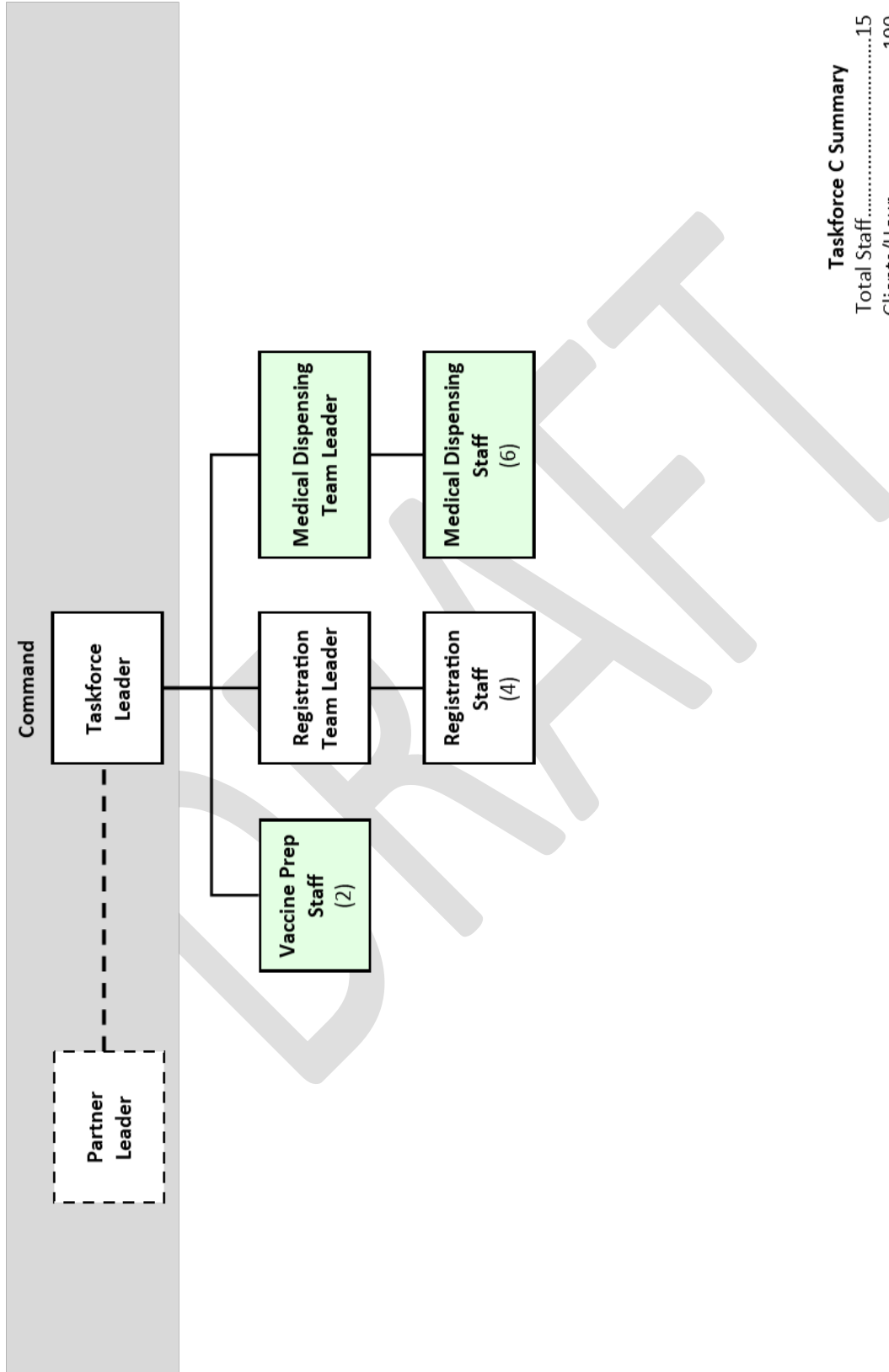
Taskforce B Summary

Total Staff	7
Clients/Hour	95
Staff to Client Ratio	1:14

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Taskforce C



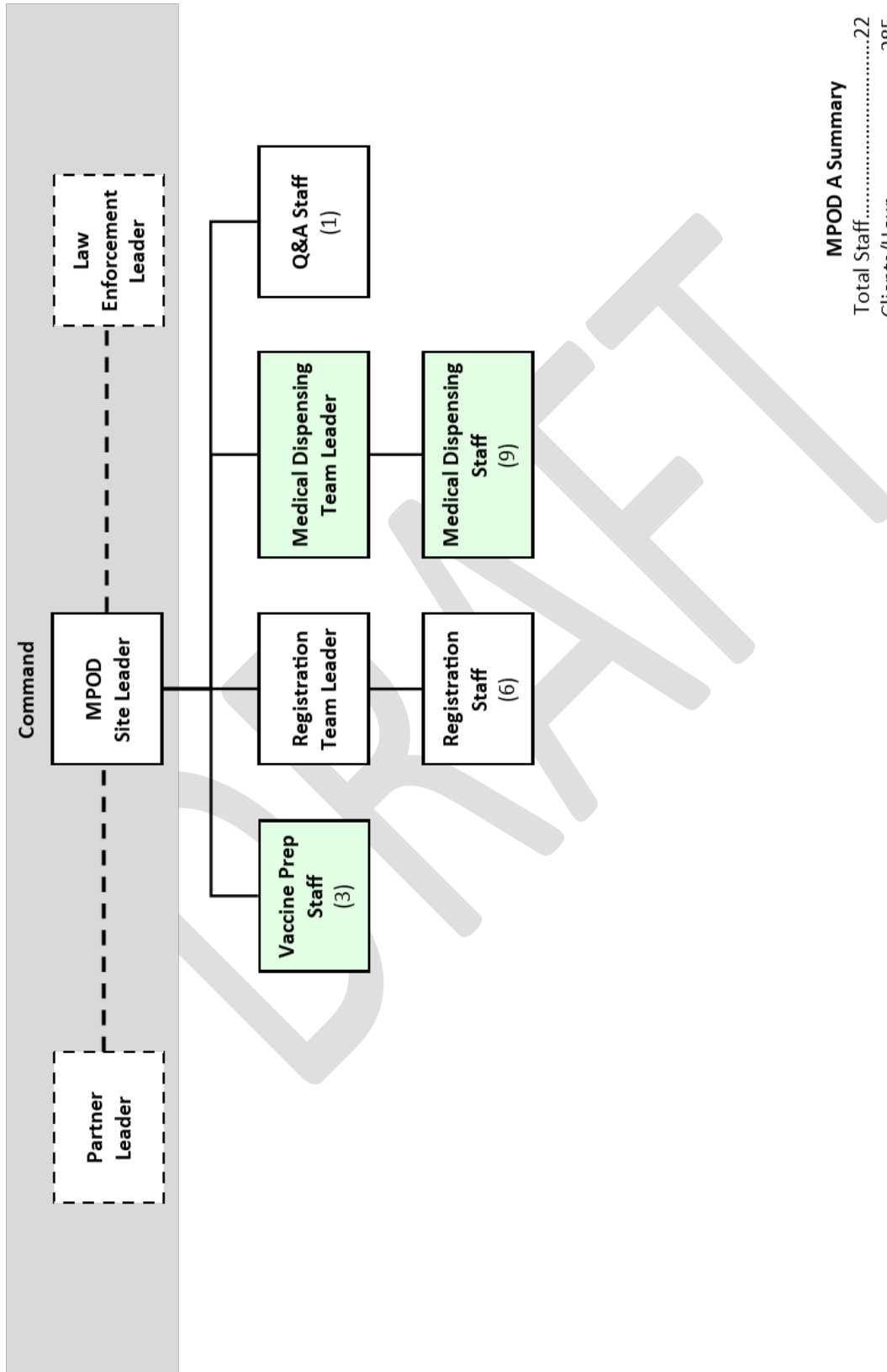
Taskforce C Summary

Total Staff	15
Clients/Hour	190
Staff to Client Ratio	1:13

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MPOD A



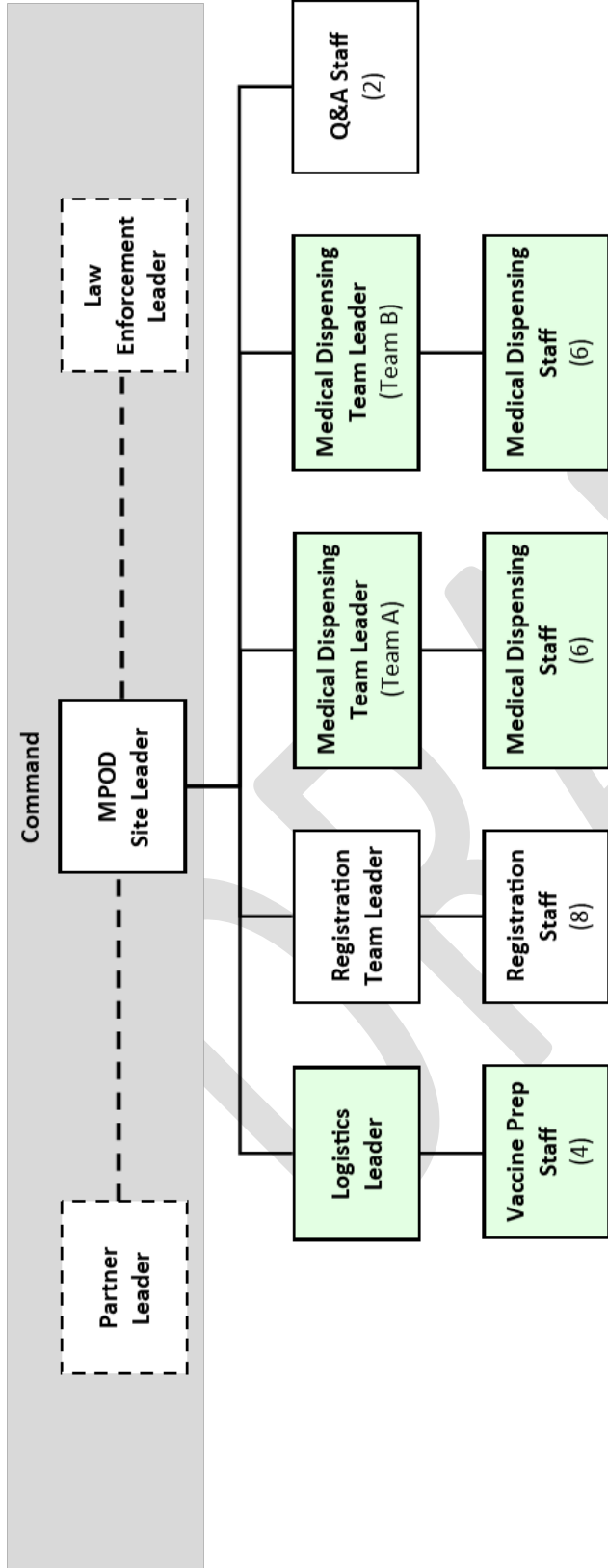
MPOD A Summary

Total Staff22
Clients/Hour285
Staff to Client Ratio1:13

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MPOD B



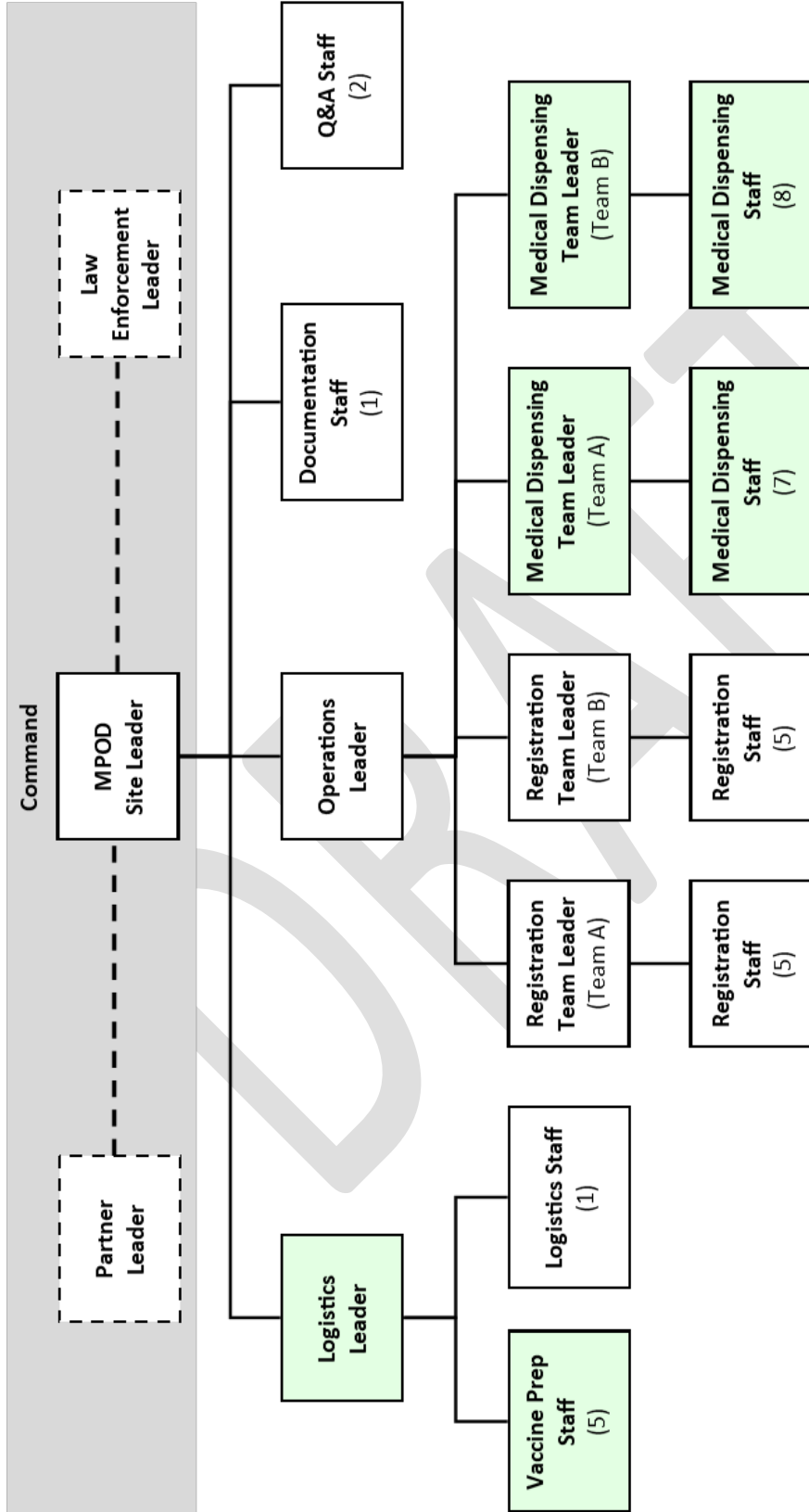
MPOD B Summary

Total Staff.....	31
Clients/Hour.....	380
Staff to Client Ratio.....	1:13

Shaded boxes indicate positions that require a medical license.

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MPOD C



MPOD C Summary

Total Staff.....	41
Clients/Hour.....	475
Staff to Client Ratio.....	1:12

Shaded boxes indicate positions that require a medical license.

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Roles and Responsibilities

The roles and responsibilities described here are specific for vaccine administration sites with the “MPOD C” staffing model. For the smaller staffing models, the responsibilities of roles not activated are assumed by the roles above them, according to the organizational charts.

Command Roles

Role	Responsibilities
MPOD Site Leader or Taskforce Leader	<ul style="list-style-type: none">• Communicate with Health Department Operations Center (DOC) to provide regular status updates.• Oversee and direct MPOD operations at the site to meet the goals and objectives in the <u>Incident Action Plan</u>.• Initiate meal breaks as scheduled.• Provide on-site training and supervision for Documentation Staff and Q&A Staff.• Ensure that all documentation is returned to the Health DOC at the end of each shift and MPOD supplies / medical materiel are returned to the Health Department at the close of MPOD operations.
Partner Leader	<ul style="list-style-type: none">• Provide status updates to their leadership (e.g., City Emergency Operations Center [EOC]).• Oversee the site and provide facility support as needed.
Law Enforcement Leader	<ul style="list-style-type: none">• Oversee and direct security operations at the site to ensure safety / security of the site, staff, and supplies.• Oversee and direct traffic control to and from the site.

Support Roles

Role	Responsibilities
Logistics Leader <i>*Requires license for administering or managing vaccines</i>	<ul style="list-style-type: none">• Participate in Operational Briefings with Command Staff.• Oversee and direct MPOD supply distribution and tracking at the site.• Provide on-site training and supervision for Vaccine Prep Staff and Logistics Staff (if activated).
Vaccine Prep Staff <i>*Requires license for administering vaccines</i>	<ul style="list-style-type: none">• Assist with distribution of vaccines to medical dispensing stations.• Ensure proper storage and handling of vaccines.• Track vaccine storage temperature.• Prepare vaccines for dispensing.
Logistics Staff	<ul style="list-style-type: none">• Assist with MPOD supply distribution and tracking.

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Role	Responsibilities
Documentation Staff	<ul style="list-style-type: none">• Participate in Operational Briefings with Command Staff.• Estimate MPOD throughput.• Conduct staff check-in/check-out.• Secure completed MPOD documents.
Q&A Staff	<ul style="list-style-type: none">• Work with Registration Staff in the Queuing Area to answer client questions about MPOD vaccines and client forms.

Operations Roles

Role	Responsibilities
Operations Leader	<ul style="list-style-type: none">• Participate in Operational Briefings with Command Staff.• Oversee and direct all operations directly applicable to the primary mission of dispensing preventive medication.• Coordinate meal breaks as scheduled.
Registration Team Leaders	<ul style="list-style-type: none">• Work in the Queuing Area to oversee form distribution and answer questions about the form / process for receiving vaccines.• Work in the Screening Area to serve as a line monitor and direct clients to open screening stations, oversee form screening, and perform periodic checks to ensure that staff correctly screen forms.• Ensure that appropriate accommodations are offered to individuals with access and functional needs.• Provide on-site training and supervision for Registration Staff.
Registration Staff	<ul style="list-style-type: none">• Work in the Queuing Area to distribute forms, assist clients in completing forms, and answer any questions about the form / process for picking up medication.• Work in the Screening Area to review client forms and complete the screening sections.
Medical Dispensing Team Leaders <i>*Requires license for administering vaccines</i>	<ul style="list-style-type: none">• Oversee medication dispensing and perform periodic checks to ensure that staff follow procedures for safe vaccine dispensing.• Serve as a line monitor to direct clients to open medical dispensing stations.• Provide on-site training and supervision for Medical Dispensing Staff.

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Role	Responsibilities
Medical Dispensing Staff <i>*Requires license for administering vaccines</i>	<ul style="list-style-type: none">• Work in the Medical Dispensing Area to review client forms, administer vaccines, and direct clients to the exit.• Follow safe vaccine administration practices.

Adverse Event Response Guide

Anyone suspected of experiencing an adverse response to vaccine administration will be assessed by a medically licensed staff member, preferably a LACDPH employee.

1. If it is a medical emergency:

- Dial 911.
- Follow on-site emergency treatment protocol (below) until emergency medical services arrive.
- Report event to immediate supervisor.
- Site Leader is to be notified immediately through chain of command.
- Follow Adverse Event Reporting procedures (on page 24).

2. If it is *not* a medical emergency or the individual declines treatment:

- Report event to immediate supervisor.
- Refer the individual to their healthcare provider.
- Follow Adverse Event Reporting procedures (on page 24).

On-site Emergency Treatment for Adverse Reactions

- Assess circulation, airway, breathing, and level of consciousness.
- Provide basic life support, as necessary.
- Have the individual lay on their back and elevate their legs. If they are in respiratory distress or vomiting, ask them to sit upright or in a comfortable position.
- Administer epinephrine if needed.

Epinephrine

Epinephrine may be provided via auto-injector (e.g., EpiPen, EpiPen Jr.) or injection.

Epinephrine Auto-Injectors

Epinephrine auto-injectors are available in 2 sizes and deliver a single dose of epinephrine:

- EpiPen® Auto-Injector (generic: Epinephrine, USP Auto-Injector 0.3 mg)
- EpiPen Jr® Auto-Injector (generic: Epinephrine, USP Auto-Injector 0.15 mg)

Appropriate dosage is based on patient body weight:

- 33 to 66 pounds: 0.15 mg/EpiPen Jr
- Over 66 pounds: 0.3 mg/EpiPen

To administer epinephrine via auto-injector:

- Grasp the auto-injector firmly around its center.
- Remove the safety cap.
- Firmly push the needle end into the client's upper/outer thigh until it clicks.
- Hold in place for 10 seconds, then remove and check that the container has emptied.
- Massage the injected area for 10 seconds.
- Administer a second dose if symptoms don't improve within 20 minutes.

Epinephrine Injection

Epinephrine injections may only be provided by MPOD staff with a medical license.

Appropriate dosage is based on patient body weight: 0.01 mg aqueous solution of epinephrine hydrochloride 1:1,000 IM per kilogram of body weight, with a maximum of 0.5 mg per injection. If weight is unknown, age may be used to determine approximate dosage as follows:

Up to 6 months	0.05 mg
7 months to 3 years	0.10 mg
3 to 5 years	0.15 mg
5 to 7 years	0.20 mg
8 to 10 years	0.25 mg
11 to 12 years	0.35 mg
13 years and above	0.50 mg

To administer epinephrine via injection:

- If the vaccine causing the adverse reaction was injected into the anterolateral thigh or deltoid, epinephrine can be injected into the same site to slow absorption.
 - **For children under 4:** Inject epinephrine to the anterolateral thigh.
 - **For children over 4 and adults:** Epinephrine may be injected to the anterolateral aspect of the thigh (i.e., vastus lateralis) or lateral shoulder (i.e., deltoid).
- Doses may be given every 10 to 15 minutes for up to 3 doses, as needed.

Adverse Event Reporting

The **Site Leader** will:

- Immediately report the adverse event to the Health DOC. Report may be verbal or via General Message (ICS 213).
- Record the incident on the Activity Log (ICS 214).
- Complete and submit the MPOD/Emergency Medication Center Incident Report to the Public Health DOC.
- The Public Health DOC will enter the information into the appropriate DPH incident reporting forms and federal reporting systems (i.e. VAERS or MedWatch) as appropriate.

Vaccine Storage and Handling

The proper storage and handling of vaccine are important to ensure potency of the vaccine. The reduced potency of vaccines results in inadequate immune response and poor protection against the disease. Therefore, it is important to maintain proper cold chain or a temperature-controlled environment to maintain vaccines in optimal condition.

Section 1: Vaccine Packing & Transport Supplies

Vaccine Storage

- **Best Practice:** Use a portable vaccine refrigerator or other purpose-built, vaccine transport containers for transport and off-site storage.
 - Purpose-built vaccine transport containers will maintain a consistent temperature range for up to 72 hours and provide thermal protection of vaccines during transport and storage through out an offsite, drive-up, or drive through clinic.
 - To find companies that sell purpose-built vaccine transport containers enter “**qualified container and pack out for vaccines**” in your web browser.
- If purpose-built vaccine transport containers are not available, hard sided or Styrofoam insulated coolers with at least 2-inch thick walls. may be used.
 - Containers should hold appropriate temperatures for up to 8 hours.

Packing Materials

If not using a purpose-built, vaccine transport container, you will need the following materials for vaccine packing:

- **Best Practice:** Coolant materials such as phase change materials (PCMs).
 - PCMs are engineered packing supplies that help control container temperatures during vaccine transport or shipping.
 - PCMs maintain a proper temperature 39°F-41°F (4°C-5°C).
 - To find companies that sell PCMs enter “**phase change material gel packs**” in your web browser.
- If PCMs are not available use conditioned frozen water bottles or cold packs.
 - Condition cold packs by storing them at room temperature until they perspire (1-2 hours). Alternatively, condition frozen water bottles by placing them under cool or lukewarm water until the ice block inside spins freely (fewer than 5 minutes).
- Insulating materials such as bubble wrap and corrugated cardboard, enough to form two layers per container.
 - To find companies that sell non-PCM packing materials enter “**vaccine packing materials**” in your web browser.

Temperature Monitoring

- Digital data logger (DDL).
 - Accuracy of +/-1°F (+/-0.5°C) with a current and valid certificate of calibration testing
 - Buffered temperature probe
 - Digital display
 - To find companies that sell data loggers enter “**digital data loggers**” in your web browser.
- VFC [Hourly Vaccine Temperature Log](#)

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Vaccine Administration During COVID-19 - Field Operations Guide

Vaccine Packing & Transport

- If using purpose-built transport containers prep the containers following manufacturers' guidelines.
- If you use hard sided insulated containers or insulated Styrofoam containers, follow the [Transporting Refrigerated Vaccines](#) guidelines for packing containers.
 - **Insulating materials:**
 - Bubble wrap – a layer at least 1 inch thick above and below between the vaccine and the water bottles or cold packs.
 - Cardboard – two pieces cut to fit interior space of the cooler above and below between the vaccine and the water bottles or cold packs.
- Refrigerated vaccines **MUST** be maintained at temperatures between 36°F and 46°F (2°C and 8°C) during transport and off-site clinics.
- Ensure that the probe is connected to the digital data logger and it is recording.
- Place the DDL probe as close as possible to the vaccines, and check and record the temperatures hourly.
- Pre-chill buffered probe for at least 5 hours in refrigerator.
- Keep the DDL display on the outside of the container so that you can easily see the temperatures.
- Transport only the amount of vaccine needed for the clinic.
- Check temperature hourly and document on temperature log.
- Vaccines exposed to out-of-range temperatures (temperature excursion):
 - Label the container(s) “Do Not Use” and keep the containers closed.
 - Alter your supervisor immediately and report the out of range temperatures.
 - Document details of the temperature excursion on the Hourly Temperature Log.
 - Contact the vaccine manufacturer(s) to determine if the vaccine is viable.
 - **Best Practice:** the vaccine should not be used until viability is determined.
- After the clinic return the vaccines to their original storage units.

Section 3: Resources and Tips

- Keep the container closed as much as possible.
- Avoid leaving containers in areas where they are exposed to direct sunlight.
- Vaccines that are distributed for immediate administration should be stored in a tray or a small cooler with a cold pack and used within 30 minutes of arrival to a vaccination station.
 - Place a paper towel over the cold pack to create a barrier.
 - Place the vaccine syringes on the paper towel NOT directly on the cold pack.
- Keep coolers closed as much as possible.
- Remove only the amount needed at one time for preparation and administration.
- For storage and handling trainings visit www.eziz.org.
- [Refrigerated Vaccine Transport Log](#)

Vaccine Administration Documentation

Prior to vaccine administration, it is required to screen individuals for eligibility of the vaccine and receive proper consent. The documentation of vaccine administration for every individual must include the following fields:

<input type="checkbox"/> Last Name	<input type="checkbox"/> Mother’s First Name	<input type="checkbox"/> Site of Administration
<input type="checkbox"/> First Name	<input type="checkbox"/> Race/Ethnicity	<input type="checkbox"/> Staff Initials or name
<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Consent	<input type="checkbox"/> Date of Administration
<input type="checkbox"/> Zip Code	<input type="checkbox"/> Age	<input type="checkbox"/> Insurance Coverage
<input type="checkbox"/> Phone number	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Vaccine Dosage
<input type="checkbox"/> Gender	<input type="checkbox"/> Lot Number	<input type="checkbox"/> Dose Number

Upon completion of the field operations, it is required to enter this information into CAIR within 14 days of vaccine administration.