# **SOLANO COUNTY FAIRGROUNDS**

# COVID-19 VACCINATION HUB

















## Solano County Mass Vaccinations Clinical Training Materials

#### Table of Contents

JOB DESCRIPTIONS	3
Line Management	3
Registration	2
Seat escorts at registration	8
Vaccine Prepper (LVN/RN/Pharmacy)	
Vaccine Prep Helper	10
Injection Station Helper	11
Injector – (LVN/RN/EMT-P)	12
Observation- (RN/LVN/EMT)	13
Observation Helper	15
Data Entry Station	16
Outside Reception	17
Reception Section Lead	19
Vaccination Section lead	20
Observation Section Lead	21
Operations Leader	22
KEY CONTACTS	23
Information Technology	23
Security	23
Public Relations	23
Hazardous Waste/Environmental Support	23
Appendix	24
Reception Lead Orientation Checklist	24
Injection Lead Orientation Checklist	25
Observation Section Lead Orientation Checklist	26
Outside Reception Lead Orientation Checklist	27
Pharmacy Lead Orientation Checklist	28
Registration: Adding New Patient	29
Vaccine FAQs for Clinicians: COVID-19 Guidance	30



#### JOB DESCRIPTIONS

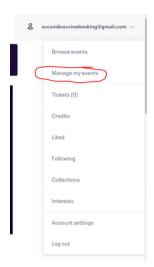
#### Line Management

- 1) Greets the patient
- 2) Ask to take out ID, proof of employment, and membership card (Sutter, NB, or KP)
- 3) Inform patients where the restrooms are located and kindly ask them to use it before registering
- 4) Directs patient to registration station (with the shortest line)

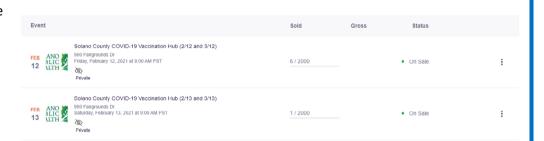


#### Registration

- 1. Greets the patient
- 2. Greeter asks the patient to view their ID card
- 3. Sign into Eventbrite.com
  - a. Email address: <a href="mailto:SCCovidVaccineBooking@gmail.com">SCCovidVaccineBooking@gmail.com</a>
  - b. Password: 900fairgrounds
- 4. On the right drop down, navigate to Manage Events

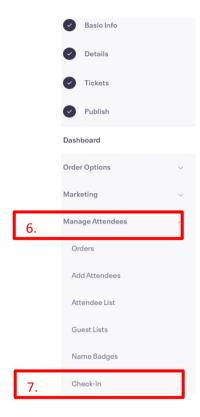


5. Select appropriate event date:





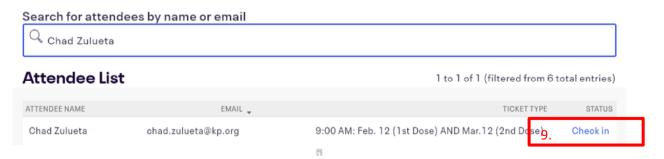
- 6. On the toolbar on the left side, navigate to Manage Attendees
- 7. Press the Check-In Tab



8. Check the patients ID and enter their name in the search field



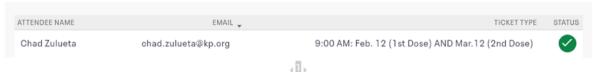
- 9. After verifying and finding the patients name, press the Check-In Button
- 10. The check in button should turn green with a check mark





#### Attendee List

1 to 1 of 1 (filtered from 6 total entries)



- 11. The patient is already checked in now you can move onto the next patient by **repeating** steps 6-8
- 12. To add someone that is not on the list
  - a. Navigate to guest list on the left side column
  - b. Press guest list
  - c. Click on the walk ins tab
  - d. On the top right click "add guest"
  - e. Enter the name, number, and email address if possible
  - f. Select a time on the bottom closest to the time they walked in (9am, 9:15am etc) and press the plus button to 1



- g. Press save on the bottom
- h. Navigate back to the check in tab on the left
- i. Search for that patients name
- i. Press Check in
- 13. Confirms the vaccine appointment type
  - a. First or second dose
    - i. If first dose, verify that patient can return on designated date for second dose
    - ii. If second dose, verify vaccine needed and sticker patient (based on type)
- 14. Check eligibility (age 65 or older, employment)
  - a. ID to show age or employment verification (ID badge, paystub, etc)
  - b. If the patient does not have it available
    - iii. Contact the Reception Site Lead
  - c. If the caregiver requests a vaccine but does not have an appointment?
    - iv. Inform the patient, they are the only ones able to receive the vaccination today.
  - d. Second Dose: Verify vaccine type and sticker patient (verify second shot)



15. If patient

requests

additional

information

about the

vaccine, offers

the EUA

#### FACT SHEET FOR RECIPIENTS AND CAREGIVERS

EMERGENCY USE AUTHORIZATION (EUA) OF

THE MODERNA COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 18 YEARS OF AGE AND OLDER

You are being offered the Moderna COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2. This Fact Sheet contains information to help you understand the risks and benefits of the Moderna COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19.

The Moderna COVID-19 Vaccine is a vaccine and may prevent you from cetting COVID-19

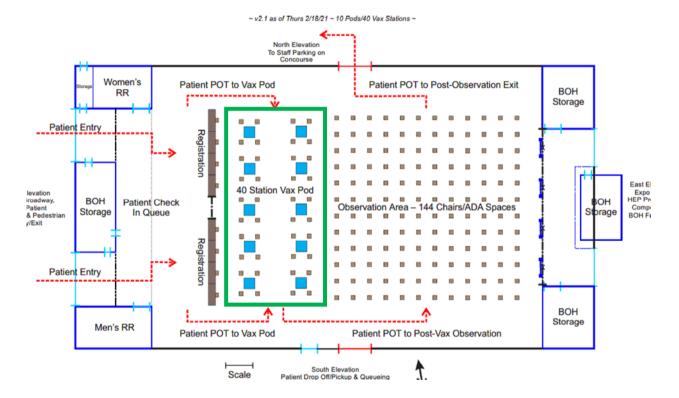
COVID-19 VACCINE DOSE 1 SCREENING QUESTIONNAIRE  COVID-19 PRE-VACCINATION ASSESSMENT — PLEASE COMPLETE	YES	NO		Name (First & Last	)	Date of Birth (MM/DD/YYYY)		Medical Record # (If applicable)
IF "YES" TO QUESTIONS 1 or 2: DO NOT VACCINATE.	100	140					_	
F TES TO QUESTIONS FOI 2: DO NOT VACCINATE.				Cell Phone Number	r	Email Address		Zipcode
. Are you younger than 16 years of age?			Ge	nder (select one)	R	ace (select all that apply)	E	thnicity (select one)
Are you allergic to polyethylene glycol (PEG), polysorbate, or any ingredients in the currently approved				Male		American Indian or Alaska Native	1	Hispanic or Latino
accines*?				Female		Asian	] [	Non-Hispanic or Latino
F "YES" TO QUESTIONS 3 - 5: DO NOT VACCINATE TODAY, Reschedule in 2 weeks.				Non-Binary		Black or African-American	]_	•
. Do you have a fever of 100.5 degrees Fahrenheit or are you moderately or very ill today?				Unknown		Native Hawaiian or Other Pacific Islander	]	
. Are you currently quarantining for COVID-19?			_			White	]	
. Have you received any other vaccines within the past 14 days?						Other Race	]	
F "YES" TO QUESTION 6: DO NOT VACCINATE WITH mRNA 1273 COVID-19 VACCINE Moderna). Vaccinate with BNT162b2 COVID-19 VACCINE (Pfizer-BioNTech).								
1. Åre you age 16-17?								

- 16. Complete medical pre-screening form with patient (if already completed, review answers and update as needed)
  - e. Review screening questions
  - f. Fill out demographic information in upper case lettering:
    - v. Name
    - vi. Medical Record Number (if applicable)
    - vii. Date of Birth
    - viii. Cell Phone Number
    - ix. Email Address
    - x. Gender
    - xi. Race
    - xii. Ethnicity
    - xiii. Zipcode
  - g. Sticker patient if 30-minute wait (due to "Yes" answer on question 9 or 10)
- 17. Direct patient to seat escort at each end of the tables



#### Seat escorts at registration

- 1) Greets patient
- 2) Directs patient to open chair
  - a. Escorts the patient to the chair if it would be difficult to verbally direct them (i.e. due to the chair being far away and through a lot of traffic, the person being less mobile or hard of hearing, etc.)
  - b. If no seat is available, hold the line until the next available seat



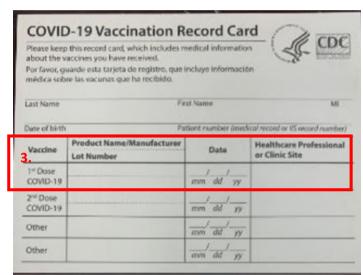


#### Vaccine Prepper (LVN/RN/Pharmacy)

- 1. Draw up vaccine
  - a. Moderna 0.5 mL per syringe
  - b. Pfizer 0.3 mL per syringe (after diluting with 1.8 mL 0.9% NaCl)
- 2. Label the syringe with pharmacy labels and initial

Moderna COVID-19 Vaccine (100 mcg/0.5 mL) IM supension
Date and Time to discard (6 hours after puncture)\_2/3/21 @ 1907
Lot# 042L20A
Initials of Preparer:\_\_\_\_\_

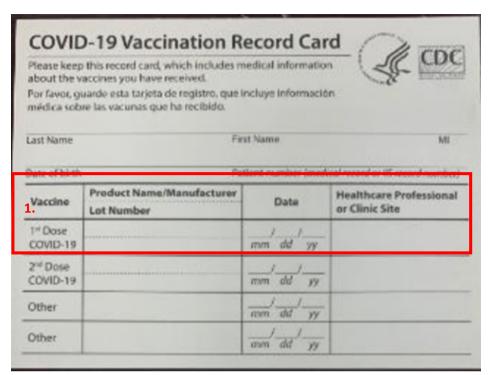
- If vaccine prep helper unavailable, fill out CDC card - manufacturer, drug name, lot #, date and clinic site
  - a. Use the provided stamp or label to complete if available.
  - b. Write in the information if not available



4. Place filled syringes in container along with CDC cards and labels for screening questionnaire



#### Vaccine Prep Helper



- 1. Fill out CDC card manufacturer, drug name, lot #, date and clinic site
  - a. Use the provided stamp or label to complete if available.
  - b. Write in the information if not available
- 2. Helps prep vaccine as needed (only if clinical)
- 3. Delivers vaccines, CDC cards and stickers for screening form to pod



#### Injection Station Helper

- 1. Receives vaccine delivery (with syringes, CDC cards and screening form labels)
- 2. Welcomes patient. Asks which arm they would like to get injected in and requests they expose that arm
- 3. Collects screening form and fills out the following fields:
  - a. Lot / Expiration Date Uses sticker if available
  - b. Vaccine given
  - c. Dose/Route/Site
  - d. Injector name and date administered

	BELOW COMPLETED BY VACCINE STAFF ONLY: PLEASE COMPLETE SECTION BELOW							
	b. LIM# Vaccine Descriptor as in KIDDS  1111 BNT162b2 COVID-19 Vaccine				AGE	Dose/Route/Site		
b.					16+ yrs	C- 0.3 mL IM L / R Deltoid		
Ш		1110	MRNA 1273 COVID-19 Vaccine	MDV	18+ yrs	0.5 mL IM L / R Deltoid		
a.	a. Lot / Expiration Date:/							
	Administered By (PRINT name and title in the boxes below):							
	Signature: Date Administered: (MM/DD/YYYY)							
d.	d.							

- 4. Gives patient the CDC card
- 5. Gives patient a sticker that alerts when they can leave observation (add 15 or 30 mins to the current time on the clock)
- 6. Turns over injection station (i.e. occasionally cleans chairs) and maintains flow in chairs



#### Injector – (LVN/RN/EMT-P)

- 1. Greets the patient- "Hello, my name is \_\_\_\_\_and I will be administering the \_\_\_\_\_ (insert name of vaccine) vaccine today"
- 2. Validates correct vaccine
- 3. Validates if first or second dose
- 4. Confirms any "Yes" responses on the pre-screening questionnaire
  - Do not vaccinate if yes to 1-7
  - Remind of 30 min wait if yes to 9 or 10

COVID-19 PRE-VACCINATION ASSESSMENT — PLEASE COMPLETE	ı	YES	NO
IF "YES" TO QUESTIONS 1 or 2: DO NOT VACCINATE.			
1. Are you younger than 16 years of age?			
2. Are you allergic to polyethylene glycol (PEG), polysorbate, or any ingredients in the currently approvaccines*?	d		
IF "YES" TO QUESTIONS 3 – 7: DO NOT VACCINATE TODAY. Reschedule in 2 weeks unless specifie	i		
3 Do you have a fever of 100.5 degrees Fahrenheit or are you moderately or very ill today?			
4 Are you currently quarantining for COVID-19?			
5. Have you received any other vaccines within the past 14 days?		4	
6. Have you received a single intravenous (antibody therapy) as treatment for COVID-19 within the last 90 days? If yes, defer 90 days after infusion	Г	<u> </u>	
7. Have you had a positive test for COVID-19 within the last 10 days or has a doctor ever told you that you had COVID-19? If yes, defer approx. 30 days after onset of symptoms or collection of first positive test (if asymptotic)			
IF "YES" TO QUESTION 8 DO NOT VACCINATE WITH mRNA 1273 COVID-19 VACCINE			
(Moderna). Vaccinate with BNT162b2 COVID-19 VACCINE (Pfizer-BioNTech).			
8. Are you age 16-17?	П		
IF "YES" TO QUESTIONS 9 or 10: YOU WILL BE OBSERVED FOR 30 MINUTES.			
9. Do you have a history of severe allergic reaction? (e.g. anaphylaxis; symptoms may involve tongue o throat swelling and/or shortness of breath)			
<ol> <li>Have you had swelling, hives, trouble breathing, or anaphylaxis within 4 hours of receiving any previous vaccine or injectable medication?**</li> </ol>			

- 5. Administers vaccine on exposed sleeve
- 6. Signs screening questionnaire. If no injection helper available, fills in remaining fields (vaccine given, location of vaccination, injector name, lot / expiration date and date administered)

BELO	BELOW COMPLETED BY VACCINE STAFF ONLY: PLEASE COMPLETE SECTION BELOW						
	LIM#	Dose/Route/Site					
	1111	BNT162b2 COVID-19 Vaccine	MDV	16+ yrs	0.3 mL IM L / R Deltoid		
	1110	MRNA 1273 COVID-19 Vaccine	MDV	18+ yrs	0.5 mL IM L / R Deltoid		

Administered By (PRINT name and title in the boxes below):

6. Signature: \_\_\_\_\_\_ Date Administered: (MM/DD/YYYY)

- 7. Places completed screening questionnaire in designated folder / bin at injection station
- 8. Directs patient to the observation area
- 9. If using gloves, change gloves and hand-sanitize after every patient
- 10. If not using gloves, hand-sanitize after every patient

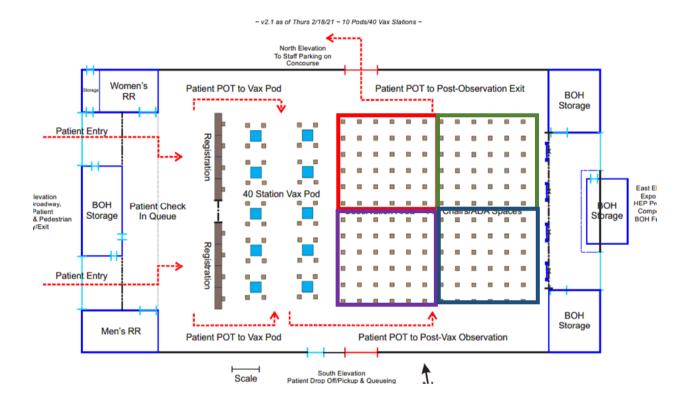


#### Observation- (RN/LVN/EMT)

- 1. Welcome patient to observation area
- 2. Write down the time that the observation period is over on a sticker. Request patient wear sticker.
  - a. Note, time should be 15 minutes unless patient has a 30-minute sticker
- 3. Orient to symptoms for which to alert clinical staff
  - a. Points to signs with symptoms on them
    - i. Difficulty breathing
    - ii. Swelling of the face and throat
    - iii. Fast heartbeat
    - iv. Rash
    - v. Dizziness and weakness
- 4. Orient to symptoms to expect over next 48 hrs
  - a. Points to signs with symptoms
    - i. Mild or moderate fatigue
    - ii. Headache
    - iii. Muscle aches
    - iv. Injection site soreness
    - v. Mild fever
- 5. If patient becomes symptomatic, request assistance from EMS
  - a. Flag down observation area lead
  - b. Observation area lead to radio for EMS
  - c. EMS to evaluate patient
- 6. Answer any questions a patient may have about their vaccination
- 7. Direct patient to exit once observation period over



8. Assign the observation helpers to a Grid (Red, Purple, Green, Blue)





#### **Observation Helper**

- 1. Welcome patient to observation area
- 2. Write down the time that the observation period is over on a sticker. Request patient wear sticker.
  - a. Note, time should be 15 minutes unless patient has a 30-minute sticker
- 3. Orient to symptoms for which to alert clinical staff
  - a. Points to signs with symptoms on them
    - i. Difficulty breathing
    - ii. Swelling of the face and throat
    - iii. Fast heartbeat
    - iv. Rash
    - v. Dizziness and weakness
- 4. Orient to symptoms to expect over next 48 hrs
  - a. Points to signs with symptoms
    - i. Mild or moderate fatigue
    - ii. Headache
    - iii. Muscle aches
    - iv. Injection site soreness
    - v. Mild fever
- 5. If patient becomes symptomatic or has a clinical question, request assistance from observer or observation area leader
- 6. Direct patient to exit when observation period over



#### **Data Entry Station**

- 1) Regularly retrieve data questionnaire forms from the injection stations
- 2) Sort the forms by color
- 3) Enter information in appropriate system (Health Connect, CAIRS, Cerner)
  - Each entity will provide job aid for process
    - o Sutter will use mass Excel sheet
    - o KP will use Health Connect
    - o NorthBay will use mass Excel sheet
    - o Solano County will enter mass Excel sheet
- 4) Post data entry, discard prescreening tool in PHI shred bin



#### **Outside Reception**

#### **Registration Prep Lead (1)**

- 1. Primary responsibilities
  - Oversite of staff in the area
  - o Interfacing with public (w/out appts, with questions, guest list additions)
  - Troubleshot issues and problems occurring in the outside/front area of the venue
  - o Ensure smooth flow of traffic from entry into the area until inside the building

#### Registration prep support (6)

- 2. Shift times
  - o 7:45a 4:30p (2) (lunch break at @ 11:30a staggered)
  - 8:00a 4:45p (4) (lunch break at @ 11:30a staggered)
- 3. Three assignments:
  - o "Walk-in" station (3)
  - o "Drop-off" station (2)
  - Clipboard & cart restocking (1)

#### Line Support (2)

- 1. Shift times
  - o 8:00a 4:45p (2) (lunch break at @ 11:30a staggered)
- 2. At front door (1)
- 3. Float (1)

#### **Standard Work:**

- 1. BEFORE ARRIVAL of first guest
  - a. Roll clipboard filled metro cart out to white tent area
    - i. need 2 people to safely move cart when fully loaded
  - b. Unload metro cart and return it to inside front building doors
  - c. Roll 2 red carts out to white tent (for the walk-in and drop-off stations)
  - d. Set up for first arrival:
    - i. Blue bins (3-KP, 1-NB, 1-Sutter, 1-Other)
    - ii. Fill smaller clear bins from blue bins (each red cart 3-KP, 1-NB, 1-Sutter, 1-other)
    - iii. Roll red carts to entry points (1 at drop-off, 1 at end of stanchions)
  - e. Assign staff to roles & review standard work
    - i. Walk-in (3), Drop-off (2), clipboard/cart stocking (1), line support (2)
- 2. Arrival of guest
  - a. Ask if guest has an appointment
    - i. If not, inform guest the site is appointment only and refer them to the Solano County website for info on registering.



- ii. If they have further questions, refer them to Reg Prep Lead on duty
- b. If there are 2 or more people together confirm they all have appointments
  - i. If not, inform guest they will not be able to bring anyone inside with them who does not have an appointment.
  - ii. Those without appointments, can wait in area in front of the building for their person to finish their vaccination/observation
  - iii. Exception to this rule if assistance is needed due to cognitive or mobility issues, 1 caregiver may escort the guest inside
- c. Ask the guest where they receive their care and give them the correct color-coded form for their insurance
  - i. Kaiser Permanente Purple
  - ii. NorthBay Blue
  - iii. Sutter Greet
  - iv. All Other Yellow
- d. Instruct guest to fill out the form down to the red line
  - i. If there is currently a line for entry into the facility, instruct the guest to fill the form out while waiting in line.
  - ii. If there is NOT currently a line for entry into the facility, instruct the guest to fill out the form PRIOR to proceeding to the front door for entry.
- 3. Through-out the day
  - a. Ensure clipboards are collected prior to entering the building
  - b. Periodic sweeps of registration and front entry area to collect clipboards/pens
  - c. Refill clipboards with form & pen so that all clipboards are always ready for next guest
    - i. Ratio of 3/KP, 1/NB, 1/Sutter, 1/other
  - d. Ensure red cards are fully stocked with loaded clipboards
    - i. Ratio of 3/KP, 1/NB, 1/Sutter, 1/other
- 4. After arrival of the last guest (at @ 4:30p)
  - a. Collect all clipboards and pens from registration, front entry area, etc.
  - b. Refill all clipboards with form & pen and store in blue bins
    - i. Blue bins (3-KP, 1-NB, 1-Sutter, 1-Other)
  - c. Role metro cart out to white tent
  - d. Place blue bins on top two shelves of metro cart
  - e. Place all other supplies on bottom shelf of metro cart
  - f. Roll metro cart and red carts back into the building and place against the wall out of the flow of traffic.
  - g. Secure the cage door and lock wheels



#### Reception Section Lead

- 1) Orienting staff to section process
- 2) Answers any questions from staff on process
- 3) Managing patient flow in section
- 4) Roll call for assigned staff and escalate if no-shows
- 5) Receives any changes or updates for section
- 6) Escalates any issues to nurse manager
- 7) Request Interpreter assistance/Language Line if there are any concerns regarding client understanding.
- 8) Complete Activity Log (HICS 214) (see attachment)
- 9) Provide routine progress and/or status reports to Nurse Manager.
- 10) Monitor staff and clients for signs of fatigue or stress.



#### Vaccination Section lead

- 1) Orienting staff to section process
- 2) Gives vaccine helpers colored vests
- 3) Answers any questions from staff on process
- 4) Managing patient flow in section
- 5) Roll call for assigned staff and escalate if no-shows
- 6) Receives any changes or updates for section
- 7) Escalates any issues to nurse manager
- 8) Liaison between injectors, nurse manager, pharmacy, and supplies
- 9) Obtain information and updates from those reporting to you for resources needed.
- 10) Communicate staff needs to Nurse Manager.
- 11) Obtain hourly count of clients and number of vaccinations/medications dispensed.
- 12) Request additional pharmaceuticals, if applicable from PH Operations. Via Radio
  - a. If pharmacy does not have a runner:
    - i. Need to determine the time between running and administrative time
  - a. Stagger closing carts by 3pm to consolidate vaccine
  - b. Count the medications in the last hour
  - c. Informs how many bins are being taken at a time
- 13) Provide routine progress and/or status reports to Nurse Manager.
- 14) Monitor staff and clients for signs of fatigue or stress.
- 15) Complete Activity Log (HICS 214).
- 16) Communication with Carts
  - a. Flagged by carts if down to 1 bag



#### Observation Section Lead

- 1) Orienting staff to section process
- 2) Answers any questions from staff on process
- 3) Managing patient flow in section
- 4) Roll call for assigned staff and escalate if no-shows
- 5) Receives any changes or updates for section
- 6) Escalates any issues to nurse manager
- 7) Liaison between EMS, Nurse manager, and observation staff
- 8) Provide routine progress and/or status reports to Nurse Manager.
- 9) Monitor staff and clients for signs of fatigue or stress.
- 10) Complete Activity Log (HICS 214).



#### **Operations Leader**

- 1) Oversees workflow from registration to observation
- 2) Escalates any issues to appropriate contact
- 3) Coordinate with Solano County Public Health Operations.
- 4) Notify and/or request any additional supplies necessary.
- 5) Brief staff on situation, operation and performance expectations.
- 6) Approve requests for incoming or outgoing resources.
- 7) Assist local government in briefing officials and media, as appropriate.
- 8) Notify Public Information Officer Team of any media requests.
- 9) Conduct initial briefing/planning meeting with Section Leads.
- 10) Send all reports, documents, etc. to the necessary Section Chiefs at Public Health Operations.
- 11) Conduct brief hotwash (What went well? /Areas of improvement) at the end of shift.
- 12) Complete Activity Log (HICS 214).



#### **KEY CONTACTS**

#### Information Technology

• For any issues contact Anthony Lopez or James Pinlac

#### Security

• For any issues contact Paul Raksit at 626-644-7367

#### **Public Relations**

• For any issues contact Stephanie Glaze

#### Hazardous Waste/Environmental Support

• For any issues contact Jose Anthony Diaz



## **Appendix**

#### Reception Lead Orientation Checklist

Have p	rescreening forms, form color key, pens, and job aides set up at each station
Greet	staff: "Thank you for volunteering for this clinic etc."
Provide	e overview of the flow for the patient
0	Patient parks → Outside reception → Inside registration → Injection → Observation
Reads	the names and roles on the staffing list
0	Identify any bilingual staff and sit them nearest the entrance door
0	Identify those that have worked previously in role- can be helpful leads in training
Inform	all KP employees to turn off wifi on their phones
Review	job duties for each role and location of job aides
0	Line Management
	<ul> <li>Direct patients to open line</li> </ul>
0	Clinical line management
	<ul> <li>Answers any clinical questions regarding the vaccine</li> </ul>
0	Registration

- Verifies ID of the patient
- Checks patient in the registration system
- If not in system, accept only those patients that believe they have an appointment, add patients to the walk-in lists
  - Call Reception Lead if unsure
- Verifies pre-screening questionnaire and legibility
- Gives 30 min sticker to those with severe allergic reaction history
- $\hfill \square$  Review pre-screening questionnaire- identify what actions to take if any 'Yes' responses
- ☐ Break the staff into their roles and duties



#### Injection Lead Orientation Checklist

<ul> <li>Greet staff: "Thank you for volun</li> </ul>	nteering for this clinic etc.
---	-------------------------------

- ☐ Provide overview of the flow for the patient
  - o Patient parks → Outside reception → Inside registration → Injection → Observation
- Reads the names and roles on the staffing list
  - o Identify any bilingual staff
  - o Passes out vests to line/greeters to wear
- ☐ Inform all KP employees to turn off wifi on their phones
- ☐ Review job duties for each role
  - o Injection Helper
    - Places the Lot number sticker onto the pre-screening questionnaire form
    - Writes the Name and Occupation Title of the injector onto the pre-screening questionnaire form
    - Gives patient CDC Card and places a 15-minute observation sticker on the patient (add 15 mins or 30 mins to the current time)
  - o Injector
    - Provides the vaccine to the patient
    - Validates pre-screening questionnaire for any Yes responses
    - Confirms they are there for a vaccine
    - Using gloves is up to the discretion to each injector
      - If using gloves, must change gloves and hand sanitize after every injection
      - If not using gloves, must hand sanitize after every injection
  - Seat Escort
    - Finds open chairs in injection pods
    - Directs patient to open chairs
- ☐ Break the staff into their roles and duties



#### Observation Section Lead Orientation Checklist

Greet staff: "Thank you for volunteering for this clinic etc."
Provide overview of the flow for the patient
○ Patient parks $\rightarrow$ Outside reception $\rightarrow$ Inside registration $\rightarrow$ Injection $\rightarrow$ Observation
Reads the names and roles on the staffing list
<ul> <li>Identify any bilingual staff</li> </ul>
Inform all KP employees to turn off wifi on their phones
Review job duties for each role
O Observation RN

- - Orients patients to symptoms that should be reported as displayed on the signs in the observation area.
  - Observes patients for any adverse reactions to the vaccine and determine whether EMS should be called for supportive services.
  - Waves down Observation Section Lead if EMS services are needed.
- **Observation Helper** 
  - One group of Observation Helpers are stationed at the transition point between the vaccination station and the observation station (~8 Observation Helpers are needed). The Observation Helper places a sticker onto the patient that informs them when they are ready to leave and directs them to find any open chair in the observation section.
  - One group of Observation Helpers circulate through the Observation Area helping patients find open chairs, checking in on patients and orienting them to symptoms that should be reported as displayed on the signs in the observation area. If patients report any symptom concerns, the Observation Helpers will call over the Observation RN for assessment.
  - Waves down Observation Section Lead if EMS services are needed.

Break the staff into their roles and duties. The Observation Area can be broken into 4-6
Quadrants and Observation Helpers and Observation RN are assigned to specific quadrants for
monitoring patients.



LSIC	de Reception Lead Orientation Checklist
	Greet staff: "Thank you for volunteering for this clinic etc."
	Provide overview of the flow for the patient  ○ Patient parks → Outside reception → Inside registration → Injection → Observation
	Reads the names and roles on the staffing list  o Identify any bilingual staff
	<ul> <li>BEFORE ARRIVAL of first guest</li> <li>Roll clipboard filled metro cart out to white tent area         <ul> <li>need 2 people to safely move cart when fully loaded</li> </ul> </li> <li>Unload metro cart and return it to inside front building doors</li> <li>Roll 2 red carts out to white tent (for the walk-in and drop-off stations)</li> <li>Set up for first arrival:         <ul> <li>Blue bins (3-KP, 1-NB, 1-Sutter, 1-Other)</li> <li>Fill smaller clear bins from blue bins (each red cart – 3-KP, 1-NB, 1-Sutter, 1-other)</li> <li>Roll red carts to entry points (1 at drop-off, 1 at end of stanchions)</li> </ul> </li> </ul>
	Review job duties for each role  Registration Prep Support  Walk in Station  Drop Off Station  Clipboard/Cart Stocking  Line Support
	Break the staff into their roles and duties



#### Pharmacy Lead Orientation Checklist

- ☐ Greet staff: "Thank you for volunteering for this clinic etc."
- ☐ Provide overview of the flow for the patient
  - o Patient parks → Outside reception → Inside registration → Injection → Observation
- ☐ Reads the names and roles on the staffing list
- ☐ Inform all KP employees to turn off wifi on their phones
- ☐ Review job duties for each role
  - Vaccine Prep
    - Draws up vaccine
    - Labels syringe with labels
  - o Vaccine Prep Helper
    - Labels the CDC card with LOT sticker
    - Places 5 syringes, 5 CDC cards, stickers into bag
    - Delivers bag to PODs
- ☐ Break the staff into their roles and duties



#### Registration: Adding New Patient

- 1. Navigate to guest list on the left side column
- 2. Press guest list
- 3. Click on the walk ins tab
- 4. On the top right click "add guest"
- 5. Enter the name, number, and email address if possible
- 6. Select a time on the bottom closest to the time they walked in (9am, 9:15am etc) and press the plus button to 1



- 7. Press save on the bottom
- 8. Navigate back to the check in tab on the left
- 9. Search for that patients name
- 10. Press Check in



#### Vaccine FAQs for Clinicians: COVID-19 Guidance

WHAT ARE THE INTERVALS BETWEEN COVID VACCINE DOSES 1 AND 2 INTHE ABSENCE OF RECENT COVID19 INFECTION?

- For the Pfizer vaccine the interval is 21 days. If the member refuses day 21, offer the next available date.
- For the Moderna vaccine the interval is 28 days. If the member refuses day 28, offer the next available date.
- Note: The 4 day early grace period is to be used as an exception, and not a standard for booking intervals

#### WHEN DO WE GIVE COVID19 VACCINE IN SOMEONE WHO HAS RECENTLY HAD COVID 19?

- Patients can be immunized after their isolation period for COVID19 ends.
- If a patient wants to delay vaccination until 90 days after COVID infection that is reasonable and supported by what we know about reinfection.

#### WHEN DO WE GIVE DOSE #2 OF COVID VACCINE IF A PATIENT GETS COVID19 AFTER DOSE #1?

- At this point, most ID physicians thought giving dose #2 once isolation for COVID19 ends was reasonable.
- This is permissive. It is reasonable to delay dose #2 for 90 days after COVID19 diagnosis if desired as part of shared decision making.
- This recommendation may change we are awaiting additional guidance from the CDC and CDPH

# WHAT DO WE DO IF A PATIENT RECEIVES DOSE #1 OF COVID VACCINE WITHIN 90 DAYS OF RECEIVING A COVID19 SPECIFIC MONOCLONAL ANTIBODY?

- Currently, we recommend re-starting the series at 90 days after receiving COVID19 monoclonal antibody.
- If a patient gets vaccine dose #1, and then a monoclonal antibody, delay dose #2 until 90 days after the monoclonal antibody was given.

#### WHAT DO WE ADVISE PATIENTS WHO MISSED DOSE #2 OF THEIR COVID VACCINE?

- Patients do not need to re-start the series.
- Get vaccine dose #2 as soon as possible.

#### HOW DO WE MANAGE PATIENTS WITH A HISTORY OF DERMAL FILLERS?

- Infrequently, persons who have received dermal fillers may develop swelling at or near the site
  of filler injection (usually face or lips) following administration of a dose of an mRNA COVID-19
  vaccine.
- This appears to be temporary and can resolve with medical treatment, including corticosteroid therapy.



- mRNA COVID-19 vaccines may be administered to persons who have received injectable dermal fillers who have no contraindications to vaccination (see 'contraindications' section below). No additional precautions are needed.
- However, these persons should be advised to contact their healthcare provider for evaluation if they develop swelling at or near the site of dermal filler following vaccination

#### SHOULD PATIENTS GET ANTIBODY TESTING DONE AFTER COVID VACCINE?

 Antibody testing is not currently recommended to assess for immunity to COVID-19 following mRNA COVID-19 vaccination or to assess the need for vaccination in an unvaccinated person

#### WILL THE COVID-19 VACCINES RESULT IN FALSE POSITIVE COVID-19 PCR TEST?

No

#### IF VACCINATED CAN SOMEONE STILL GET COVID-19?

Yes, this is why we continue to recommend distancing, handwashing, and masking

WHAT DO I TELL PATIENTS WHO HAVE RECEIVED TWO VACCINES AND WANT TO STOP MASKING OR STOP AVOIDING CLOSE CONTACT?

- We don't get have enough information to say if or when we will stop recommending masks and/or close contact with others.
- We are waiting to see how many people get vaccinated, and how much protection the vaccines provide in the "real world" setting.
- We also don't yet know whether getting a COVID19 vaccine will prevent you from spreading the virus that causes COVID19.
- Please encourage everyone to keep masking and avoiding close contact.

#### SHOULD WE ASK FOR QUANTITATIVE TITERS AFTER COVID VACCINE?

- Quantitative titers have limited value after most immunizations.
- Currently, there isn't data to support quantitation as a way of determining need for revaccination.
- If and when that data comes out it will be considered and recommendations adjusted as needed

HOW DO WE HANDLE PATIENTS WITH DELAYED ONSET LOCAL REACTIONS AROUND THE INJECTION SITE AREA AFTER THE FIRST VACCINE DOSE AND DO NOT HAVE A CONTRAINDICATION OR PRECAUTION TO THE SECOND DOSE?

- Delayed-onset local reactions have been reported in some individuals, including in Moderna clinical trial participants, beginning a few days through the second week after the first dose, and are sometimes quite large.
- It is not known whether persons who experienced a delayed-onset injection site reaction after the first dose will experience a similar reaction after the second dose.



- These delayed-onset local reactions are not felt to represent a risk for anaphylaxis upon receipt of the second dose.
- Individuals with such delayed injection site reactions after the first mRNA COVID-19 vaccine dose should receive the second dose using the same vaccine product as the first dose and at the recommended interval, and preferably in the opposite arm.



# Potential characteristics of allergic reactions, vasovagal reactions, and vaccine side effects following mRNA COVID-19 vaccination

Characteristic			Vaccine side effects
	(including anaphylaxis)		(local and systemic)
Timing after	Most occur within 15-30	Most occur within 15	Median of 1 to 3 days
vaccination	minutes of vaccination	minutes	after vaccination (with
			most occurring the day
			after vaccination)
Signs and Symptoms	S		
Constitutional	Feeling of impending doom	Feeling warm or cold	Fever, chills, fatigue
Cutaneous	Skin symptoms present in	Pallor, diaphoresis,	Pain, erythema or
	~90% of people with	clammy skin, sensation of	swelling at injection
	anaphylaxis, including	facial warmth	site; lymphadenopathy
	pruritus, urticaria, flushing,		in same arm as
	angioedema		vaccination
Neurologic	Confusion, disorientation,	Dizziness,	Headache
	dizziness, lightheadedness,	lightheadedness, syncope	
	weakness, loss of	(often after prodromal	
	consciousness	symptoms for a few	
		seconds or minutes),	
		weakness, changes in	
		vision (such as spots of	
		flickering lights, tunnel	
		vision), changes in hearing	
Respiratory	Shortness of breath,	Variable: if accompanied	N/A
	wheezing, bronchospasm,	by anxiety, might have an	
	stridor, hypoxia	elevated respiratory rate	
Cardiovascular	Hypotension, tachycardia	Variable; might have	N/A
		hypotension or	
		bradycardia during	
		syncopal event	
Gastrointestinal	Nausea, vomiting, abdominal	Nausea, vomiting	Vomiting or diarrhea
	cramps, diarrhea		might occur
Musculoskeletal	N/A	N/A	Myalgia, arthralgia
Vaccine Recommend	dations		
Recommended to	No	Yes	Yes
receive 2nd dose			
of mRNA COVID-19			
vaccine?			

For questions, please contact Napa-Solano COVID Vaccination Team

