

COVID-19 Vaccination Playbook

DELAWARE

DELAWARE COVID-19 Vaccination Planning Team
6 APRIL 2021

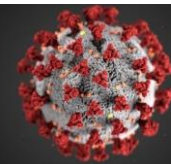
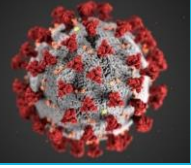


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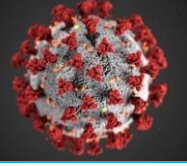
Introduction

Delaware, one of the thirteen original states, is located on the eastern Atlantic coast of the United States, occupying part of the Delmarva Peninsula between the Delaware and Chesapeake Bays. Delaware is divided into three counties: New Castle, Kent, and Sussex. Historically, industrialized New Castle County has contrasted with the other two predominantly agricultural counties. Today approximately 60% of the population live in New Castle County, the northernmost county. Wilmington, the state's largest city, with more than 70,000 people, is in New Castle County. Dover, located in Kent County in the center of the state, is the capital of Delaware.

According to the 2019 Delaware Population Consortium, the population of Delaware is 972,332. This represents an increase of 8.3% percent over the 2010 census figure of 897,934. Delaware's beaches and boardwalks make the state a popular tourist destination during the summer months. The southern portion of the state, particularly the coastline in Sussex County, sees a significant increase in the summer population. In addition to the tourists that visit the coastline, Delaware is host to thousands of foreign students employed by local businesses to assist with the economic boost associated with the tourism influx. These students staff restaurants, retail stores, and other associated businesses in and around the most heavily affected tourist destinations.

During this current COVID-19 pandemic, effective allocation and administration of a vaccine will play a vital role in reducing COVID-19 effects on Delaware's health, society, and economy. Although the overarching aim of Delaware's Division of Public Health's vaccination program is to vaccinate all persons in Delaware who choose to be vaccinated, the vaccine supply continues to be insufficient to meet this goal.

The Delaware Department of Health and Social Services (DHSS), Division of Public Health (DPH) is a unique organization in terms of the responsibility, size, and scope of operations. While most states have municipal or county health departments in addition to a state health department, DPH serves as the public health entity for both state and local initiatives.



Section 1: COVID-9 Vaccination Preparedness Planning

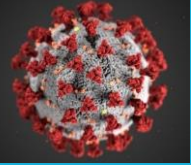
Instructions:

- A.** *Describe your early COVID-19 vaccination program planning activities, including lessons learned and improvements made from the 2009 H1N1 vaccination campaign, seasonal influenza campaigns, and other responses to identify gaps in preparedness.*

Since the COVID-19 outbreak, the DPH Immunization Program has been working internally to improve processes. During normal operations, each position in the program had a singular purpose, but with an advancing vaccine response, the Immunization Program needed to make some changes. One such change was the personnel structure. With the increased need of dose level accountability, several personnel have been cross-trained to assist with vaccine inventory, ordering and storage and handling of the vaccine. DPH's two Centers for Disease Control and Prevention (CDC) Public Health Advisors and the two health program representatives have been educated on the intricacies of maintaining dose level accountability into the Immunization Information System (IIS), which is referred to as DelVAX. During DPH's last CDC site visit in 2019, they recommended that the additional staff be hired that were budgeted in the 2020 cooperative agreement to assist with vaccine management and to increase storage and handling presence out in the community.

Based on lessons learned from the 2009 H1N1 vaccination campaign and an analysis of the current Immunization Program in advance of COVID-19 vaccine availability, DPH identified the need to decrease the immunization data reporting time to DelVax from a community clinic or Point of Dispensing (POD) exercise. The program has worked with the CDC and the DelVax vendor, Envision Technologies, to create a system to where administered immunization data can be reported directly from a clinic site. This process was not part of the COVID-19 response, but it aligned with current response activities. This new process will allow real time submission into DelVax if a Wi-Fi connection is available. If not, the administered data can be uploaded to DelVax at the end of the clinic day.

DPH has held weekly internal meetings since the release of the COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations – one for the DPH COVID-19 Vaccination Task Force which comprises of many members from the Influenza Advisory Committee and one for DPH leadership, within which many members are part of the COVID-19 Vaccination Task Force to ensure coordination between the two main groups. DPH has also met with certain stakeholders to provide a preliminary and ongoing approach to COVID-19 vaccine distribution. These stakeholders include the Delaware Public Health and Medical Ethics Advisory Group, Delaware Healthcare Association, Healthcare Associated Infection Advisory Committee, Post-Acute Care Task Force, and the Delaware Healthcare Preparedness Coalition.



- B. Include the number/dates of and qualitative information on planned workshops or tabletop, functional, or full-scale exercises that will be held prior to COVID-19 vaccine availability. Explain how continuous quality improvement occurs/will occur during the exercises and implementation of the COVID-19 Vaccination Program.*

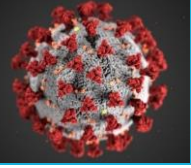
Dose level accountability was an issue of concern during the H1N1 campaign, where many doses went to sites that were not enrolled as vaccinating providers and these doses could not be tracked by the Immunization Program. With the increased attention to dose level accountability, through the creation of a new CDC Vaccine Tracking System (VTrckS), a dose of vaccine can be traced from the time it leaves the CDC Vaccine Depot, arrives at a provider site, and then is reported to DelVax as a dose that was administered. DelVAX has the ability of accepting either the Unit of Use or Unit of Sale information submissions using Health Level 7 (HL7) protocol messages to allow for flexibility in dose level accountability.

Reporting of immunizations has been a manual process of reporting by paper to the Immunization Program for several years. With the Centers for Medicare and Medicaid Services (CMS) Meaningful Use initiative, it gave providers an opportunity to connect their Electronic Medical Record (EMR) to the IIS. While this has been a successful project, it has not been a quick one, with an average time of 34 days required to onboard providers using HL7 messaging. Delaware still has several providers reporting manually after the implementation of DelVax. The Immunization Program is continuing to reach out to onboard providers as an ongoing process.

Increasing participation involves the COVID-19 vaccine enrollment process, outreach to providers, and development of an online training program; these initiatives are currently in place to support the transition process, which is anticipated to be ongoing as we evolve to complete electronic reporting after COVID-19. The program also has worked with the CDC and the DelVax vendor, Envision Technologies, to create a system where administered immunization data can be reported directly from a clinic site. State Service Centers that house the public health clinics wanted the responses from the questions prior to vaccination; this new enhancement allowed DPH to do that.

DPH developed the Delaware COVID-19 Vaccination Task Force to engage additional internal and external partnerships in the operational and logistical processes specific for vaccine distribution; its first meeting was held on October 23, 2020. Additional subcommittees and groups have been developed as needed, including the insertion of vaccine distribution discussions in established COVID-19 working groups involving health systems, long-term care, corrections, mental health, community groups, faith-based organizations, commercial pharmacies, other governmental agencies, schools and institutes of higher education, professional organizations, and businesses. Many of these groups already have COVID-19 vaccination as a standing agenda item, so these discussions will continue to evolve as more information is available for planning.

A tabletop exercise for DPH was held on October 29, 2020 to focus on internal processes. Another exercise for the Delaware COVID-19 Vaccination Task Force was scheduled after the introductory meeting on October 23, 2020 and was focused more on vaccine operations involving these stakeholders such as professional medical organizations, health systems, Federally Qualified Health

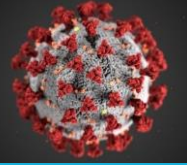


Centers (FQHC), third-party payers, health care associations, community groups, and other governmental agencies.

Regular weekly facilitated discussions with DPH leadership will be conducted to review updates to the Vaccine Allocation Framework and strategies to engage stakeholders in the vaccine administration process.

C. Explain how continuous quality improvement occurs/will occur during the exercises and implementation of the COVID-19 Vaccination Program

The Delaware COVID-19 Vaccination Program Committee is a diverse and well-rounded group, with every organization committed to providing vaccine for immunization in the most efficient manner. The key objective to this initiative is that processes in the COVID-19 vaccination program be fluid and adaptable to be able to fit every situation as changes occur. The Vaccination Program Committee has been meeting weekly since November 25, 2020 for a facilitated discussion to review and walk through some of the objectives, specifically when it comes to critical populations and vaccine allocation. Further facilitated discussions/exercises will be planned as needed in order to achieve the best outcome. Many different scenarios, including those involving operational, logistical, political, and technological/informatic challenges, must be tested and approved to develop processes before implementation in order to achieve desired goals. Once implementation begins, each process will be screened for validity and modified as situations warrant. Continuously retesting processes during implementation allow for the phasing out of issues as they arise, ensuring that processes meet the objective. Process will be reviewed and discussed during the weekly vaccine planning committee meetings to ensure that every step that needs to be corrected is identified and presented to the committee for resolution.



Section 2: COVID-19 Organizational Structure and Partner Involvement

A. *Describe your organizational structure.*

Using the current DPH organizational chart (Appendix C), the Office of the Medical Director (OMD) is taking the lead for the vaccination effort, with the Immunizations Program and Emergency Medical Services and Preparedness Section (EMSPS) supporting the required processes and reporting up to OMD through the structure. The DPH's State Health Operations Center (SHOC) also has the organization structure (Appendix D) to show the agencies responsible for different areas when activated for the vaccine response.

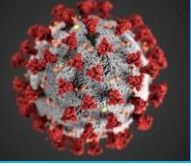
B. *Describe how your jurisdiction will plan for, develop, and assemble an internal COVID-19 Vaccination Program planning and coordination team that includes persons with a wide array of expertise as well as backup representatives to ensure coverage.*

DPH has held weekly internal meetings since the release of the COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations – one for the DPH COVID-19 Vaccination Task Force which comprises of many members from the Influenza Advisory Committee and one for DPH leadership, within which many members are part of the COVID-19 Vaccination Task Force to ensure coordination between the two main groups. DPH also met with certain stakeholders to provide a preliminary approach to the initial COVID-19 vaccine distribution. These stakeholders include the Delaware Public Health and Medical Ethics Advisory Group, Delaware Healthcare Association, Healthcare Associated Infection Advisory Committee, Post-Acute Care Task Force, and the Delaware Healthcare Preparedness Coalition.

The current team for influenza vaccine planning encompasses expertise in mass vaccination and pandemic planning/response (OMD, Immunizations, EMSPS, Community Health, etc.) so that this team is the appropriate conduit to expand into COVID-19 vaccination. Also, key members of the Pandemic Task Force and H1N1 response will be involved, which include:

- DPH Office of Communications
- OMD
 - Immunization Program
 - Office of Infectious Disease Epidemiology (OIDE)
 - Office of the State Epidemiologist
- EMSPS
- Delaware Attorney General's Office
- Office of the Governor Constituent Affairs

As mentioned above, an internal public health leadership call has been occurring weekly and as of October 23rd, additional external partners were added.



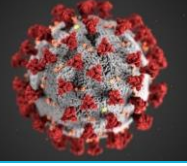
- C.** *Describe how your jurisdiction will plan for, develop, and assemble a broader committee of key internal leaders and external partners to assist with implementing the program, reaching critical populations, and developing crisis and risk communication messaging.*

Partnerships created during the COVID-19 response specifically for testing – testing collaboratives, Pandemic Resurgence Advisory Committee, etc. – have been engaged in vaccination initiatives as the objectives are similar, especially regarding access by vulnerable populations. Partnerships include DPH, Delaware Emergency Management Agency (DEMA), other state agencies, health care systems, FQHCs, governmental representatives, academic universities, professional organizations, community organizations, etc. Also, existing partnerships related to immunizations and influenza, such as the Healthcare Associated Infection Advisory Committee and the Immunization Coalition of Delaware, provide subject matter expertise in clinical and operational aspects of vaccination distribution. The Delaware Public Health and Medical Ethics Advisory Group (Ethics Group) was involved in the review of the priority groups for H1N1 vaccination and were included for COVID-19 to allow for transparency and standardization of the phased approach. The first meeting regarding COVID-19 vaccination was held on November 2, 2020 in advance of the finalized guidance from federal partners on approach to allocation and has met four additional times to discuss and affirm ethical approaches to vaccine administration based on the Advisory Committee on Immunization Practices (ACIP) recommendations.

DPH developed the Delaware COVID-19 Vaccination Task Force to engage additional internal and external partnerships in the operational and logistical processes specific for vaccine distribution; the first meeting on was held on October 23, 2020. Additional subcommittees and groups have been developed, including the insertion of vaccine distribution discussions in established COVID-19 working groups involving health systems, long-term care, corrections, mental health, community groups, faith-based organizations, commercial pharmacies, other governmental agencies, schools and institutes of higher education, professional organizations, and businesses.

- D.** *Identify and list members and relevant expertise of the internal team and the internal/external committee.*

Experts will include, but are not limited to, those from health systems, medical community, community-based organizations, correctional facilities, homeless shelters, faith-based leaders, FQHC's, Governor's Office, Legislators, academic institutions, health care associations, professional organizations, commercial pharmacies, etc., for which many are currently involved in COVID-19 testing strategies, with goals to include others as appropriate. Many of these stakeholders have been invited to participate in the COVID-19 Vaccination Task Force given experience with the current COVID-19 pandemic, the previous novel H1N1 influenza pandemic, public health, mass vaccination, crisis standards of care, community health and vulnerable population needs, delivery of health care, and communications, with others already



participating in other groups involved in COVID-19 planning and response that can become subcommittees to support the overall COVID-19 Vaccination Program. The introductory meeting for the COVID-19 Vaccination Task Force was held on October 23, 2020.

E. *Describe how your jurisdiction will coordinate efforts between state, local, and territorial authorities.*

Collaboration has been on-going between state and federal authorities through the U.S. Department of Health and Human Services (HHS) Region III (mid-Atlantic State Health Officers), specifically the Region III Vaccine Task Force, and various weekly to monthly calls with partners such as CDC, HHS, Association of State and Territorial Health Officials (ASTHO), etc. The DPH Medical Director has been assigned as the designated state lead for vaccine distribution planning, with scheduled calls with federal and national partners (CDC, HHS, ASTHO, etc.) on a weekly to monthly basis based on the call. Since DPH is the only designated health department in Delaware, it is responsible for local public health activities as well and continues to work in that same capacity with local partners. One advantage to this structure is that DPH does not need to coordinate with a local public health entity to reach the community level, and DPH has been successful in maintaining those relationships and communication channels with individual communities.

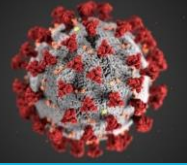
F. *Describe how your jurisdiction will engage and coordinate efforts with leadership from tribal communities, tribal health organizations, and urban Indian organizations.*

Representation from the state-recognized Lenape Indian Tribe of Delaware and Nanticoke Indian Tribe has been included in the DPH COVID-19 Vaccination Task Force, and further outreach to these communities continue to enhance engagement. The Immunization Program Manager has reached out to both tribal communities, hoping to discuss current COVID activity, and the need to immunize their population. These tribes are not federally recognized, are small and integrated into the communities.

While engaging with tribal leaders, each tribal nation has the sovereign authority to provide for the welfare of its people and, therefore, has the authority to:

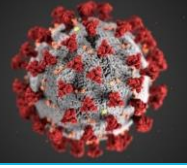
- Choose among the jurisdiction or Indian Health Service (IHS) options for accessing vaccine.
- Determine the population(s) it chooses to serve.
- Choose how vaccines are distributed to its community.
- Establish phased groups when there is a limited supply of COVID-19 vaccine or other accompanying resources.

G. *List key partners for critical populations that you plan to engage and briefly describe how you plan to engage them, including but not limited to:*



- Pharmacies – Walgreens, CVS, Rite Aid
- Correctional facilities/vendors – Delaware Department of Corrections
- Homeless shelters – DHSS Division of State Service Centers (Hotels) and Housing Alliance are communicated with at least monthly via meetings and phone conversations
- Community-based organizations – National Coalition of 100 Black Women
- Faith-based leaders – similar organizations for testing opportunities
- FQHCs – Westside Family Health, LA Red Health Center, Henrietta Johnson Medical Center
- Health systems – Delaware Healthcare Preparedness Coalition facility members and their internal SMEs for vaccination efforts
- EMS/Police/Fire – Engaging with county paramedic agencies to become Closed PODs for first responder agencies.
- Delaware Public Health and Medical Ethics Advisory Group – recommendations on phased groups for vaccine

DPH has a list of contacts for these partners and will either invite them to discussions or offer to participate in their meetings to share information and expertise.



Section 3: Phased Approach to COVID-19 Vaccination

Instructions:

- A.** Describe how your jurisdiction will structure the COVID-19 Vaccination Program around the three phases of vaccine administration:

Phase 1: Potentially Limited Doses Available

Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand

Phase 3: Likely Sufficient Supply, Slowing Demand

The SHOC anticipated and planned for significant challenges with vaccine distribution, especially in phase 1 in which there may be a limited number of doses available. The state is following the CDC ACIP recommended¹ phase groups listing, as modified by the Delaware Health and Medical Ethics Advisory Group (see Figure 2), for distribution. In preparation, the state has coordinated with strategic partners (especially hospitals, first responders etc.) regarding the identification of those individuals that need and want to be vaccinated.

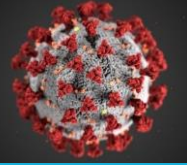
DPH will determine the specific amount of vaccine that will be allocated to each phase group based on the anticipated weekly vaccine allocations offered to the state by the federal government, the organizations participating as enrolled providers in DelVAX, and the ability of the enrolled provider to speedily vaccinate the designated phase group.

Section 3.1: Vaccine Allocation Framework

1.0 Purpose

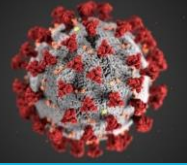
- 1.1. DPH will maintain comprehensive and dynamic Vaccine Allocation Framework (see Appendix F) that outlines the phased approach to vaccine allocation for high-risk and subsequent groups. The most recent version of the Vaccine Allocation Framework can be found on the Delaware Coronavirus webpage https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/12/DPH_COVID-Vaccine-Allocation-Phases_Public_122920_With-cover.pdf
- 1.2. The Vaccine Allocation Framework is updated regularly for the following reasons:
 - 1.2.1. Updates from the CDC ACIP on recommendations for phase groups and sub-groups.
 - 1.2.2. Updates from the vaccine manufacturers on allocations projected to be delivered to Delaware in the upcoming weeks.

¹ The CDC recommendations come from the Advisory Committee on Immunization Practices (ACIP). The Delaware Public Health and Medical Ethics Advisory Group made recommendations for approval with suggested modifications (see Figure 2).



2.0 Vaccine/Medication Groups

- 2.1. DPH, with recommendations from the Ethics Group, will review the CDC list of phased population groups and recommend the ethical allocation of vaccine(s).
- 2.2. High-risk workforce groups will include, but are not limited to the following:
 - 2.2.1. Paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials and are unable to work from home.
 - 2.2.2. Health care workers
 - 2.2.3. Public Safety/Emergency Services including, but not limited to the following:
 - A. Law Enforcement (LE)
 - B. Emergency Medical Services (EMS)
 - C. Fire/Rescue Departments (FD)
 - D. Corrections
 - E. National Guard (NG)
 - F. Other
 - 2.2.4. Public Health and Community Health support workers
 - 2.2.5. Critical Infrastructure workers including, but not limited to:
 - A. Manufacturing operations deemed essential
 - B. Supply chain (warehousing and shipping)
 - C. Food supply chain
 - D. Utilities and other services
 - 2.2.6. Essential workers (as defined by Delaware State of Emergency declarations, Public Health Emergency declarations, etc.)
 - A. Manufacturing
 - B. Public facing employees such as grocery stores, banks, etc.
 - C. Food Service
 - D. Retail
 - E. Others
- 2.3. High-risk population groups will include, but are not limited to the following:
 - 2.3.1. Population(s) most at risk for the following:
 - A. Susceptibility
 - B. Spreading
 - C. Hospitalization
 - D. Mortality



2.3.2. Congregate facilities

- A. Long Term Care/Rehabilitation
- B. Prisons
- C. Schools, including colleges and universities
- D. Other facilities

2.3.3. Populations most at risk for severe illness or death

- A. Age groups (over age 65)
- B. Health disparities
 - 1. Densely populated areas
 - 2. Multi-generation households
 - 3. Health care access limited
 - 4. Co-morbidities
 - a. Medical
 - b. Mental Health
 - c. Substance use disorders
 - 5. Lack of insurance
 - 6. Language and cultural barriers
 - 7. Fixed income
 - 8. Homeless population

3.0 Allocation Decision-making

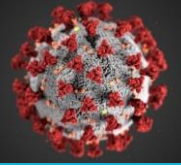
3.1. Each pandemic has specific levels of risk based on transmissibility, clinical severity, co-morbid and socioeconomic factors.

3.2. The Ethics Group will provide guidance for vaccine(s)/medication allocation based on the following framework:

3.2.1. Ethical Principles²

- A. Maximize benefits and minimize harms — Respect and care for people using the best available data to promote public health and minimize death and severe illness.
- B. Mitigate health inequities — Reduce health disparities in the burden of COVID-19 disease and death, and make sure everyone has the opportunity to be as healthy as possible.

² Johns Hopkins Bloomberg School of Public Health, Center for Health Security (2020). *Interim Framework for COVID-19 Vaccine Allocation and Distribution in the United States*. Retrieved from: https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/200819-vaccine-allocation.pdf



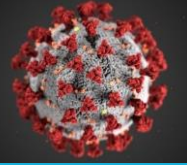
- C. Promote justice — Treat affected groups, populations, and communities fairly. Remove unfair, unjust, and avoidable barriers to COVID-19 vaccination.
- D. Promote transparency — Make a decision that is clear, understandable, and open for review. Allow and seek public participation in the creation and review of the decision processes.

3.2.2. Situations and Assumptions

- A. The COVID-19 vaccine allocation phased groups for Delaware were developed based on ethical decision-making only; logistics were not a consideration.
- B. The initial allocation of COVID-19 Vaccine to the State of Delaware will not be adequate to protect all the Phase 1 groups³.
- C. The initial allocation of vaccine must be distributed and administered in a very short period due to storage and utilization requirements and urgency to reduce transmission during the pandemic.
- D. Operational decision-making is used to consider the physical ability to vaccinate within the Phase 1 sub-groups in order to efficiently utilize the anticipated vaccine supply with the resources available and within the limited timeframe.
- E. The vaccine delivery timeline will drive the allocation of resources among the phases; overlap of phased groups is likely (see Figure 2).
- F. There will be individuals who abstained from vaccination during their appropriate phase (such as Phase 1a healthcare workers with vaccine safety concerns) who will remain unvaccinated as later phases are initiated.
- G. Flexibility is permitted to adjust phased groups based on current trends and public health needs.

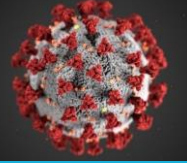
- 3.2.3. The Ethics Group has developed recommendations for vaccine(s)/medication allocation based the above framework, to include phase group and sub-groups as needed. The recommendations are provided through the Public Health Medical Director to DPH leadership.

³ Johns Hopkins Bloomberg School of Public Health, Center for Health Security (2020). *Interim Framework for COVID-19 Vaccine Allocation and Distribution in the United States*. Retrieved from: https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/200819-vaccine-allocation.pdf

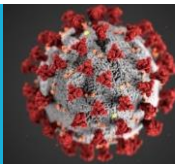


- 3.3. SHOC and/or DPH will implement specific actions outlined in the *Delaware Pandemic Influenza Plan*, the *Delaware Division of Public Health Mass Distribution of Medications/Vaccines Standard Operating Guideline*, and other applicable plans, procedures, and guidelines to achieve widest distribution of available vaccines. The Vaccine Allocation Framework (Appendix F) includes proposed strategies and potential timelines for vaccine administration efforts to the phase groups.
- 3.4. Decisions about use of initially available supplies of COVID-19 vaccines were partially informed by the proven efficacy of the vaccines coming out of vaccine trials; populations of focus for initial COVID-19 vaccination include those listed in the Vaccine Allocation Framework (Appendix F).
- 3.5. All planning will be conducted within the context of the three phases:
 - 3.5.1. Phase 1: Potentially limited supply of COVID-19 vaccine doses available
 - A. Concentrate efforts on reaching the initial populations of focus for COVID-19 vaccination listed above, including those who may be part of other critical populations that might require additional vaccination efforts to ensure access to vaccine. Ensure vaccination locations selected can reach populations, manage cold chain requirements, and meet reporting requirements for vaccine supply and uptake.
 - 3.5.2. Phase 2: Large number of vaccine doses available
 - A. Focus on ensuring acceptance of and access to vaccine for all critical populations who were not vaccinated in Phase 1, as well as for the general population; expand provider network.
 - 3.5.3. Phase 3: Sufficient supply of vaccine doses for entire population (surplus of doses)
 - A. Focus on ensuring equitable vaccination access across the entire population. Monitor vaccine uptake and coverage; reassess strategy to increase uptake in populations or communities with low coverage.
- 3.6. Transitioning to the next phase
 - 3.6.1. DPH will implement the approved transition from one phase to the next. Transitioning to the next phase and potential overlap with previous phases may be impacted by the following⁴:

⁴ Centers for Disease Control and Prevention. (January 2021, V.1.0). COVID-19 Vaccination Program Interim Playbook for Jurisdictional Operations Annex. *Considerations for Increasing COVID-19 Vaccination: Reaching and Increasing Uptake in Priority Populations*. Retrieved from: <https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-vaccination-program-playbook-annex.pdf>



- A. Current phase strategic target vaccination % has been met and vaccination supply is adequate for transition to the next phase.
 - B. Vaccine supply increases beyond existing phase demand and is logistically feasible to begin vaccinating the next phase.
 - C. When current phase demand has decreased below strategic target levels despite efforts to increase demand and access
 - D. When vaccine supply within specific locations where vaccine is at risk for going unused unless transition to the next phase occurs.
 - E. When vaccine uptake and coverage data indicate that it is appropriate to transition to the next phase, as identified by vaccine phase strategy.
- 3.6.2. As transition to later phases occurs, DPH will continue to focus efforts on fully vaccinating those in the previous phases to increase access and vaccine acceptance.

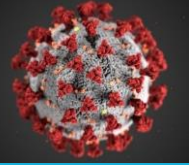


Section 4: Critical Populations

Instructions:

ACIP, the National Institutes of Health, and the National Academies of Sciences, Engineering, and Medicine (NASEM) have determined populations of focus for COVID-19 vaccination and ensure equity in access to COVID-19 vaccination availability across the United States. CDC has established an ACIP work group to review evidence on COVID-19 epidemiology and burden as well as COVID-19 vaccine safety, vaccine efficacy, evidence quality, and implementation issues to inform recommendations for COVID-19 vaccination policy. A key policy goal was to determine critical populations for COVID-19 vaccination, including those groups identified to receive the first available doses of COVID-19 vaccine when supply is expected to be limited. Despite increases in vaccine availability, demand for vaccinations continues to significantly exceed vaccine supply. Vaccination efforts are being expanded to include additional critical populations as well as the general public. Delaware is developing plans to ensure equitable access to vaccination for each of the critical populations identified in the Vaccine Allocation Framework. Current efforts are focused on identifying solutions for vaccine hesitancy, transportation barriers, communication with those who do not speak English, literacy-level and culturally appropriate messaging and overcoming vaccination scheduling roadblocks.

In anticipation that the vaccine allocation during Phase 1 would be insufficient to vaccinate all those included in the initial populations of focus, Delaware identified and estimated the subset groups (i.e., Phase 1a, Phase 1b) within the initial populations of focus to allocate the first available doses of COVID-19 vaccine. Delaware utilized the most current ACIP work group considerations for assistance in identifying, prioritizing, and estimating Phase 1 sub-population groups. Considerations for Phase 1 subset groups include paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials; people who play a key role in keeping essential functions of society running and cannot socially distance in the workplace (e.g., emergency and law enforcement personnel, food packaging and distribution workers, teachers/school staff, childcare providers); adults with high-risk medical conditions who possess risk factors for severe COVID-19 illness; and people 65 years of age or older (including those living in Long Term Care Facilities [LTCF]). Due to insufficient COVID-19 vaccine supply initially to vaccinate all those who fall into sub-population groups, Delaware identified additional subsets within that group utilizing the Cybersecurity and Infrastructure Security Agency (CISA) guidance for categories of health care personnel²². Phase 2 planning includes the possibility of vaccine supply/demand mismatch when identifying subsets of population groups (see Figure 2). The U.S. Department of Labor's Occupational Safety and Health Administration has information on classifying workers at risk (low to very high based on position within an organization) for exposure to SARS-CoV-2 which was utilized to determine subsets of critical populations for vaccination. Also, Delaware will consider enumeration by place of employment rather than residence, as accounting for workers by place of employment will help to minimize underestimation of these critical populations. The convenience of receiving vaccination at the place of employment may also result in increased vaccination coverage.



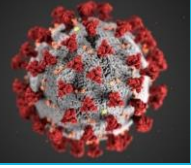
A. *Describe how your jurisdiction plans to: 1) identify, 2) estimate numbers of, and 3) locate (e.g., via mapping) critical populations. Critical population groups may include:*

- *Health care personnel*
- *Other essential workers*
- *Long-term care facility residents (e.g., nursing home and assisted living facility residents)*
- *People with [underlying medical conditions](#) that are risk factors for severe COVID-19 illness*
- *People 65 years of age and older*
- *People from racial and ethnic minority groups*
- *People from tribal communities*
- *People who are incarcerated/detained in correctional facilities*
- *People experiencing homelessness/living in shelters*
- *People attending colleges/universities*
- *People living and working in other congregate settings*
- *People living in rural communities*
- *People with disabilities*
- *People who are under- or uninsured*

Several divisions, sections, and programs across the state, and specifically within the Delaware Department of Health and Social Services, were utilized to assist the state in identifying, estimating numbers of, and locating critical populations. The DHSS Division of Healthcare Quality oversees long-term care and assisted living facilities. The DPH's Community Health Services utilize trusted members of populations in vulnerable communities to connect with this group. The Medical Director with the Department of Corrections has provided information on correctional facilities. The Division of Developmental Disabilities Services and Division of Services for Aging and Adults with Physical Disabilities maintain information on these populations. The Division of Medicaid & Medical Assistance, as well as several programs within DPH, provides assistance to those who are under- or uninsured. The state connects with programs and sections that serve specific populations, such as those mentioned above, to better aid understanding of these populations.

The internal workgroup is connecting with statewide divisions, sections, and programs to identify, estimate numbers of, and locate critical populations. DPH's Community Health Services has existing partnerships with several of the populations described above, such as people from racial and ethnic minority groups, and can assist in identification, estimating numbers of, and locating critical populations.

Identifying, estimating numbers of, and locating critical populations are critical to determining the resources needed during the early phases of vaccination, including the number of vaccine doses, and the approach to vaccine administration. The resources and approach to administration will evolve as the vaccine supply expands.



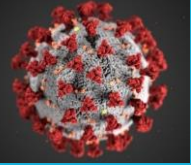
Broadly speaking, epidemiologists with DPH currently leverage various data sources, such as My Healthy Community, to identify, estimate numbers of, and locate critical populations and subpopulations. Epidemiological data sources provide demographic information such as age, sex, race, and ethnicity, which will allow for identification of critical populations. Epidemiologists have been collecting surveillance data and conducting case investigations since March 2020; this data provides a wealth of information about the demographics of COVID-19 cases in the state and may provide insights into critical populations that can be served by the COVID-19 vaccine.

Since July 2020, DPH has onboarded 16 new epidemiologists, data analysts, and public health professionals to assist with conducting the state's COVID response. The current COVID epidemiology team includes a data team comprised of three epidemiologists and two data analysts and is overseen by the State's Deputy Epidemiologist. The data team meets twice weekly to review data-related activities, such as analyzing testing event data. Additionally, the data team disseminates daily outbreak detection reports which drill down into specific locations and populations that may be at risk for COVID-19. The State Deputy Epidemiologist provides a daily update to state public health leadership on the number of new cases overall and by demographic group and geographic region. Thus, the results produced by the data team help create a better understanding of the state's critical populations and will be used to inform vaccine allocation/distribution efforts in the coming months.

B. *Describe how your jurisdiction will define and estimate numbers of persons in the critical infrastructure workforce, which will vary by jurisdiction.*

DPH utilizes connections with health systems, EMS agencies, and employers of other essential personnel to estimate the number of persons in the critical infrastructure workforce, including identifying subgroups of individuals at greater risk for COVID-19. DPH solicits input from employers to determine who is included in the critical infrastructure workforce. As the vaccine becomes available for distribution to certain populations, DPH will engage in the aforementioned activities to estimate the number of persons in the critical infrastructure workforce and incorporate this group with critical populations into the risk stratification process. DPH has already sent out an online survey through the Medical Society of Delaware (see Section 5 below for greater detail) to assist with provider recruitment and enrollment. Information gathered in the survey includes the number of staff at numerous health care organizations and practices across the state, therefore providing insight on the number of people in the critical infrastructure workforce as it relates to health care. DPH is in a unique position as it is the centralized health department (i.e., one department for the whole state as opposed to county or local health departments), and therefore has more streamlined channels of communication with partners across the state. Decisions about dissemination of information and coordination of immunization-related activities occur at the state level, which allows for a timelier and coordinated response as there are fewer avenues of communication to maintain.

Delaware hospitals provided estimates for risk stratification groups by a) number of direct patient care, b) support for direct patient care, C) essential employees that cannot work from



home and may come in contact with COVID patients, and d) others. Estimates for first responders (EMS/Fire/Police/Dispatch) have been completed. DPH has contracted with a vendor to assist with estimating vulnerable population numbers, which was utilized to for vaccine planning in advance of the first vaccine allocations at the end of 2020.

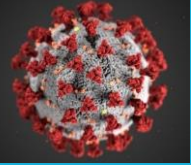
C. *Describe how your jurisdiction will determine additional subset groups of critical populations if there is insufficient vaccine supply.*

The Vaccine Coordination Unit within SHOC provides recommendations for vaccine allocation in subset groups of critical populations if there is insufficient vaccine supply. Given that there is likely to be substantial overlap between subgroups in the critical populations identified above, targeted efforts may focus on specific populations most at-risk. DPH will also communicate with community leaders across the state to identify subset groups of critical populations based on COVID-19 prevalence and the status of the virus among these groups. DPH staff, including leadership and epidemiologists, maintains communication with employers of members of groups in Phase 1, such as health care systems, schools, and food packaging and distribution plants. The state will continue working with employers to estimate the number and composition of subset groups of critical populations based on vaccine availability. DPH has already collected some of this information with the survey mentioned above and described in greater detail below (Section 5). Key metrics of COVID-19 in the state at the time that the vaccine becomes available, such as prevalence, positivity rate, and demographics of those infected, will also help identify additional subset groups of critical populations.

The DPH Ethics Group will be activated to provide recommendations to the DPH Director when vaccine is in insufficient supply to administer to all members within an identified population group. The Ethics Group will also take into consideration the current ACIP workgroup recommendations to make decisions about additional subset groups of critical populations. The state will continue to solicit input from employers of critical populations (such as health care workers) about specific subgroups that are most at risk for COVID-19 within the overall critical population.

D. *Describe how your jurisdiction will establish points of contact (POCs) and communication methods for organizations, employers, or communities (as appropriate) within the critical population groups.*

Community Health Services and the EMSPS Vulnerable Populations Coordinator will leverage existing relationships with community leaders who advocate for their communities, which may include individuals at increased risk for COVID-19. The State has created many partnerships with community members and leaders prior to and during COVID-19 and currently utilize these partnerships to identify points of contact (whether the current ones or new ones based on needs and expertise) within the critical population groups. Leadership and staff within Community Health Services can use their connections with community members to establish communication methods within critical population groups as appropriate.



Section 5: COVID-19 Provider Recruitment and Enrollment

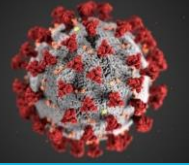
Instructions:

- A.** *Describe how your jurisdiction is currently recruiting or will recruit and enroll COVID-19 vaccination providers and the types of settings to be utilized in the COVID-19 Vaccination Program for each of the previously described phases of vaccine availability, including the process to verify that providers are credentialed with active, valid licenses to possess and administer vaccine.*

DPH is continually reaching out to potential COVID-19 vaccination providers and targeting the appropriate settings so that COVID-19 vaccination services are accessible to the initial populations of focus. Providers and settings that maximize the number of people who can be vaccinated have been identified for enrollment; it is important that jurisdictions ensure social distancing and other infection control procedures can be maintained in selected settings (see CDC guidance on vaccination during a pandemic). DPH has developed the *Vaccination-Point-of-Dispensing Toolbox* (Appendix G) to assist providers and organizations with vaccination planning and decision-making. All providers/settings, especially those enrolled for Phase 1, must be able to meet the reporting requirements discussed in Section 9: COVID-19 Vaccine Administration Documentation and Reporting and Section 11: COVID-19 Requirements for Immunization Information Systems or Other External Systems. DPH is partnering with the private sector and with local hospitals and health systems to provide COVID-19 vaccination in the closest proximity possible to the initial populations of focus. Delaware is recruiting additional COVID-19 vaccination providers to expand equitable access to COVID-19 vaccination as vaccine supply increases and will consider engaging both traditional and nontraditional vaccination providers and settings.

To recruit interested providers, an online survey link was sent through the Medical Society of Delaware newsletter, Delaware Health Alert Network (DHAN), the email addresses of long-term care facility (LTCF) contacts, and kidney/dialysis centers in Delaware. The survey responses are used to determine interest and capacity to administer COVID-19 vaccine to patients and staff. Once the provider has received and agreed to completing the COVID-19 vaccinator checklist, they will be eligible for enrollment. The survey was released on September 1, 2020 without a deadline. The program will continue to monitor responses and enroll potential providers on a rolling basis. As March 2, 2021, 749 responses were collected with 406 respondents approved, 94 respondents pending, and 73 expressing interest in administering COVID-19 to either patients, staff, or both.

Once the vaccination provider was identified through the recruitment process, Phase 1 providers were sent the enrollment form to be filled out and returned and loaded into VTrckS. Phase 2 and Phase 3 providers will receive an email containing a link to COVID-19 enrollment documents within the DelVAX. Both the Provider Agreement and Provider Profile information are in DelVAX as a PDF and can be downloaded for signature of the chief medical officer and chief executive officer. The enrollment template in DelVAX is built to require an Immunization



Program User (user from the program approving the enrollment) to confirm the medical license. The medical license will be verified by the program user utilizing the Delaware Division of Professional Regulation License Look-Up webpage

https://delpros.delaware.gov/oh_verifylicense. The information on this website will verify that the license is valid and supplies the issue and expiration date.

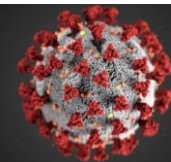
Utilizing the online survey, interested providers will be screened to verify their specialty (i.e., Geriatric, Family medicine, LTCF, etc.), approved vaccine storage units and staffing capacity to ensure proper vaccination of patients. Additionally, the provider will be screened to ensure their patient demographics meet one of the three criteria: people at increased risk for severe COVID-19 illness; people at increased risk of acquiring or transmitting COVID; or people with limited access to routine vaccination services.

B. *Describe how your jurisdiction will determine the provider types and settings that will administer the first available COVID-19 vaccine doses to the critical population groups listed in Section 4.*

DPH is currently collaborating with partners and EMS agencies in the three counties on initiatives to administer vaccine in closed POD-type settings for selected populations. The DPH Office of EMS (OEMS) has developed the capability to have adequate infrastructure and supplies to hold three PODs simultaneously. See Section 4C. DPH has established Closed POD agreements with hospitals, health care systems and first responder agencies to positively affect the administration of vaccine to critical work force populations. Hospitals have demonstrated with 2019 flu vaccine efforts that they can vaccinate approximately 75% of their workforce within three (3) days.

Outlined below are the federal entities (and their respective populations) that will receive a direct allocation of COVID-19 vaccine.

DELAWARE COVID-19 VACCINATION PLAYBOOK

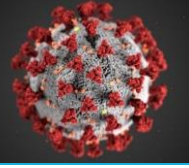


Federal Entity	Population Served
Bureau of Prisons (BoP)	<ul style="list-style-type: none"> All BoP-managed facilities: facility staff and inmates Private contracted facilities and contracted residential reentry centers (RRCs) not included
Department of Defense (DoD)	<ul style="list-style-type: none"> Active duty personnel and their dependents Retirees (does not include their dependents) U.S. Coast Guard (does not include their dependents) DoD civilian and contractor employees (those who regularly receive care through DoD as well as those who don't) To be determined: Reserves and National Guard (including those not activated)
Department of State (DoS)	<ul style="list-style-type: none"> All personnel under Chief of Mission eligible to receive care through DoS Stateside civil service employees
Indian Health Service (IHS)	<ul style="list-style-type: none"> Tribal nations selecting IHS for vaccine allocation (see page 12: Tribal Nations and Tribal Communities) Potentially includes IHS/Tribal/Urban facility staff and individuals served
Veterans Health Administration (VHA)	<ul style="list-style-type: none"> VA staff (including volunteers and trainees) and veterans regularly receiving care at VHA facilities (State Veterans Homes not included)

- C. Describe how provider enrollment data will be collected and compiled to be reported electronically to CDC twice weekly, using a CDC-provided Comma Separated Values (CSV) or JavaScript (JSON) template via a SAMS-authenticated mechanism.

To receive/administer COVID-19 vaccine, constituent products, and ancillary supplies, vaccination provider facilities/organizations must enroll in DelVAX. Enrolled COVID-19 vaccination providers must be credentialed/licensed in the jurisdiction where vaccination takes place, and sign and agree to the conditions in the CDC COVID-19 Vaccination Program Provider Agreement. The vaccinating providers will enter their enrollment data and upload this information directly into DelVAX. Once this information is reviewed and approved, it will be downloaded directly to CDC using DelVax.

A vaccine coordinator is the POC for receiving vaccine shipments, monitoring storage unit temperatures, managing vaccine inventory, etc. The Immunization Program will encourage enrolled facilities/organizations to designate a vaccine coordinator role at each location as well as a back-up vaccine coordinator. To support more efficient distribution of vaccine, locations should offer full day receiving hours to the extent possible. When that is not possible, COVID-19 vaccination providers must be available to receive vaccine shipments during a 4-hour window on a weekday other than Monday



- D.** *Describe the process your jurisdiction will use to verify that providers are credentialed with active, valid licenses to possess and administer vaccine.*

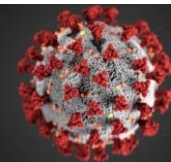
The Immunization Program will use the information reported on the CDC COVID-19 Vaccination Program Provider Profile Information Form to verify that the medical license number(s) are active and valid to both possess and administer vaccines by checking this information with the Delaware Division of Professional Regulation License Look-Up webpage https://delpros.delaware.gov/oh_verifylicense. A printable version of the verification is available and can be saved with the provider enrollment information. If any of these providers licenses are found to be invalid or if the provider is unable to possess or administer vaccines, the Chief Medical Officer and/or the CEO will be notified that the identified provider will not be able to administer and/or receive vaccine until the license information can be updated or resolved. Pharmacist licenses on enrollment forms will be verified through information provided by the Division of Professional Regulation.

- E.** *Describe how your jurisdiction will provide and track training for enrolled providers and list training topics.*

Providers will be notified of all required trainings through correspondence with the primary vaccine coordinators identified at every enrolled CDC COVID-19 vaccine provider site. Prior to the enrollment process, providers that do not report administered doses electronically via HL7 or flat file will have to complete training for direct data entry into DelVAX. There is currently a Training Material module built into DelVAX which contains training guidance (Quick Reference Guides) for vaccine ordering and inventory management, CDC's *You Call the Shots*, and a Reports Training section that contains training information on using the reminder/recall functions within DelVAX. Training documents for the provider enrollment process have been developed. The *You Call the Shots* training materials will be updated to address specific COVID-19 vaccination once CDC makes this information available. The Immunization Program will require the providers to submit their training certificates from CDC *You Call the Shots* training to the program office. Completion of all other required provider trainings will be self-reported from the vaccinating providers by utilizing and submitting a completed Provider Training form to the program. This data will be entered into an Access or Excel database so it can be monitored.

CDC has developed a variety of clinical educational and training resources for health care professionals related to COVID-19 vaccine(s). Each manufacturer has also developed educational and training resources for its individual vaccine candidate. The list may change or be updated as appropriate (see table below).

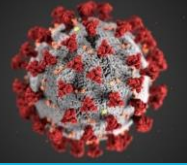
DELAWARE COVID-19 VACCINATION PLAYBOOK



PRODUCT	NEW/UPDATE	ADDITIONAL INFORMATION
<i>Vaccine Storage and Handling Toolkit</i>	Update	An addendum with general COVID-19 vaccine storage, handling and transport information will be added, and the addendum will be updated as COVID-19 vaccine products are approved. A fully updated toolkit, incorporating COVID-19 information into the actual toolkit will not be issued until 2022.
COVID-19 training module	New	Under development is a web-based module. Topics will include storage/handling, vaccine indications, contraindications/precautions, administration, and documentation. It will not have CE and will be amended as new COVID-19 vaccine products are introduced.
Vaccine product summary sheets	New	Fact sheets with storage, handling, preparation, indications, contraindications/precautions, and administration will be developed for each vaccine
Additional immunization guidance materials	New	More extensive information related to storage, handling, preparation, administration, shipping, packaging, and transport will be provided as necessary (not all vaccines will need additional guidance)
Comprehensive table of vaccine products	New	A table of COVID-19 vaccine products with key information will be updated as vaccines are approved.
Beyond use dates and expiration date tracking tools	New	A resource will be provided to track BUD and expiration dates, for use early in vaccine distribution process.
ACIP recommendation summary information	New	Conduct webinar, slide deck for use by awardees and other partners
<i>You Call the Shots</i> web-based Training	Update	Updates to the <i>You Call the Shots</i> Vaccine Administration and Storage and Handling modules to refer users to appropriate COVID-19 vaccine websites. Information will be updated more extensively in early 2021 based on continuing education timelines.
Healthcare personnel FAQs	New	Web-based FAQ document
Providing vaccinations Safely during a pandemic	Update	CDC has developed this website to provide guidance about safely providing vaccines during COVID 19. The website will be updated as appropriate.

- F. Describe how your jurisdiction will approve planned redistribution of COVID-19 vaccine (e.g., health systems or commercial partners with depots, smaller vaccination providers needing less than the minimum order requirement).

All COVID-19 vaccine transfers will be coordinated through the Immunization Program utilizing a process similar to the transfer of publicly funded vaccines guidance and will be provided to all vaccinating provider sites regarding the procedures and requirements for redistribution of COVID-19 vaccines. This guidance will adhere to the Vaccine Transport section of the CDC Vaccine Storage and Handling Toolkit (see Appendix A). Once the provider contacts the Immunization Program via email or phone requesting to redistribute vaccine, the provider will



be emailed a Vaccine Transfer Form (See Appendix B) to complete and return to the Immunization Program.

- G.** *Describe how your jurisdiction will ensure there is equitable access to COVID-19 vaccination services throughout all areas within your jurisdiction.*

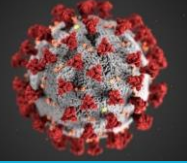
The DPH Ethics Group is being consulted, along with the Health Equity Bureau to assess availability and equitable access for the available vaccine. The Vaccine Allocation Framework (Appendix F) is regularly updated and publicly shared in this document which has been placed on the DPH webpage.

- H.** *Describe how your jurisdiction plans to recruit and enroll pharmacies not served directly by CDC and their role in your COVID-19 Vaccination Program plans.*

CDC has collaborated with CVS and Walgreens to provide on-site vaccination clinics for LTCF residents. CDC is working closely with LTCFs, jurisdictions, CMS, professional trade organizations that serve LTCFs and assisted living facilities, and pharmacy partners to inform facilities of their options to receive COVID-19 vaccine. Depending on when LTCF staff is prioritized to receive vaccine, they will be covered under this plan (if prioritized at the same time as residents) or covered under Delaware's plan for vaccinating health care workers/essential populations (if prioritized before residents). If staff is prioritized before residents, any staff not already vaccinated may be vaccinated through the on-site clinics offered by pharmacy partners.

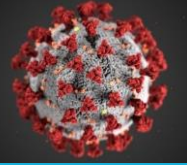
To vaccinate a broader population group in Phase 2, vaccine will be allocated and distributed directly from the federal government to select pharmacy partners; allocation through this program is separate from Delaware's weekly allocation. Direct allocation opportunities will be provided to retail chain pharmacies and networks of independent and community pharmacies (those with a minimum of 200 stores). There are 20 small Delaware pharmacies currently partnering for vaccine administration. All partners must sign a pharmacy provider agreement with the federal government. As part of such agreement, before receiving COVID-19 vaccine, the partner must propose, in writing, its minimum capacity for vaccine administration, including a) the number and location of facilities that will administer COVID-19 vaccine, b) the estimated number of COVID-19 vaccine doses that each facility will be able to administer within defined periods, and c) estimated cold chain storage capacity. On a daily basis, pharmacy partners must report to CDC via designated methods the number of doses of COVID19 vaccine a) ordered by store location; and b) on hand in each store reported through VaccineFinder. Pharmacy providers will also be required to report CDC-defined data elements related to vaccine administration to DelVAX. CDC will provide information on these data elements and reporting methods if stores are not able to directly provide data to DelVAX. Partnerships with pharmacies will need to be synchronized with jurisdictions to improve vaccination coverage and ensure transparency across the COVID-19 Vaccination Program.

Pharmacies are enrolled in DelVAX. Designated staff identify smaller pharmacies and train those sites for enrollment in DelVAX. The Delaware Board of Pharmacy and Delaware Pharmacist



Association are partners; the program will be used to ensure all pharmacies have had an opportunity to enroll in DelVAX. Presently, there are less than five small pharmacies that are not enrolled in DelVAX. DPH does not anticipate using these pharmacies during phase 1.

Additionally, Delaware pharmacies are actively contacting the Immunization Program to express interest in becoming a COVID-19 vaccination partner; contact information is being collected. An on-boarding process has been developed, which includes license verification through the Bureau of Professional Regulation.



Section 6: COVID-19 Vaccine Administration Capacity

Instructions:

- A.** *Describe how your jurisdiction has or will estimate vaccine administration capacity based on hypothetical planning scenarios provided previously.*
- B.** *Describe how your jurisdiction will use this information to inform provider recruitment plans.*

The DPH utilizes the Pandemic Vaccination Campaign Planning Tool to help determine the vaccination capacity for the COVID-19 vaccine response for the State of Delaware. The results from the tool helped to target where the vaccine can be most effectively used. The results from this tool informed discussions in the COVID vaccination planning group to assist in determining the best course in providing COVID-19 vaccinations in every phase of the response. If effective, DPH should be able to ascertain the time it will take to vaccinate the adult population in the State of Delaware.

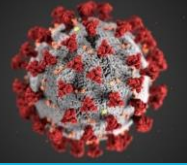
DPH reached out to the health systems during the week of October 12th, 2020 to discuss vaccine planning and allocation. Further outreach to other agencies has been accomplished, with progress reported to the Vaccine Planning Committee. CDC has also developed a tool to assist with estimating vaccination capacity. The newest version of this tool, the PanVax Tool for Pandemic Vaccination Planning (version 3.3), is available on the CDC website.

The Immunization Program will enter the information into the planning tool once a consensus is reached on the following areas:

1. Population to be vaccinated
2. Provider vaccination groups
3. Provider group vaccination scenarios
4. Vaccine availability
5. Vaccine allocation
6. Monthly vaccine availability

Once the data is entered and agreed upon, the vaccination planning group can use the information to determine the strengths and shortfalls in provider groups starting in Phase 1 of the response. Knowing the capacity of the provider groups is key, especially in determining to what extent that other provider groups (Example: pharmacies supporting community clinics) can supplement to fill in the gaps to optimize vaccine availability and allocation. This is especially important in Phase 1 of the response, as the goal is to vaccinate this population as quickly as possible using the vaccine that is available.

Once the state enters Phases 2 & 3, and vaccine becomes more readily available, the vaccination planning group can use the data from the planning tool, data from the CDC program Tiberius, and data from the Data Lake to forecast coverage rates, completion dates for differing age groups and have the ability to target areas of need.



Section 7: COVID-19 Vaccine Allocation, Ordering, Distribution, and Inventory Management

Instructions:

- A.** *Describe your jurisdiction's plans for allocating/assigning allotments of vaccine throughout the jurisdiction using information from Sections 4, 5, and 6. Include allocation methods for populations of focus in early and limited supply scenarios as well as the variables used to determine allocation.*

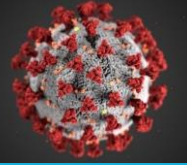
The Ethic Group utilized the ACIP vaccine allocation guidance to formulate the Delaware-specific vaccine allocation recommendations to DPH leadership on December 22, 2021. The Delaware COVID-19 Vaccine Allocation Framework was approved and instituted following these recommendations and is continuously reviewed and modified as a result of the ever-changing vaccine landscape. The most recent version of the COVID-19 Vaccine Allocation Framework can be found on the Delaware Coronavirus webpage https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/12/DPH_COVID-Vaccine-Allocation-Phases_Public_122920_With-cover.pdf

Ancillary supplies will be packaged in kits and will be automatically ordered in amounts to match vaccine orders in VTrckS. For centrally distributed vaccines, each kit will contain supplies to administer 100 doses of vaccine, including needles (#105), syringes (#105), alcohol prep pads (#210), surgical masks (#4), face shields (#2), and COVID-19 vaccination record cards for vaccine recipients (#100). If a COVID-19 vaccine that requires mixing with diluent is ordered and shipped from CDC's centralized distributor, a mixing kit that includes the necessary needles, syringes, and alcohol prep pads will also be automatically added to the order. Ancillary supply kits will not include sharps containers, gloves, and bandages. Additional personal protective equipment (PPE) may be needed depending on vaccination provider site needs.

- B.** *Describe your jurisdiction's plan for assessing the cold chain capability of individual providers and how you will incorporate the results of these assessments into your plans for allocating/assigning allotments of COVID-19 vaccine and approving orders.*

As part of the enrollment process, specific information regarding vaccine storage capabilities and equipment is collected. DelVAX has an asset management functionality that is used for those providers capable of uploading temperature monitoring data via a .csv file. The goal is to maintain similar procedures that already exist and are familiar to providers (e.g., protocols from the Vaccine for Children (VFC) Program.

Information collected during enrollment will include type of storage unit (pharmacy grade, household, commercial, etc.); temperature capabilities of the storage units; temperature



monitoring equipment (hospital-based system, continuous temperature monitoring, etc.); capacity; and appropriate equipment and training to transfer vaccine if necessary.

- C.** *Describe your jurisdiction's procedures for ordering COVID-19 vaccine, including entering/updating provider information in VTrckS and any other jurisdictional systems (e.g., IIS) used for provider ordering. Describe how you will incorporate the allocation process described in step A in provider order approval.*

Entering/ Updating Provider Information in VTrckS and DelVAX:

- Providers will be created in VTrckS and DelVAX utilizing information obtained from the COVID-19 Vaccine Provider Enrollment Initiation form.
- Once providers are established in VTrckS, provider information will be updated by ExIS file upload from the DelVAX Master Data File (twice daily).

Allocations:

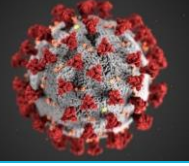
- Allocations will be managed in a process similar to the influenza vaccine allocations. Provider orders are submitted and entered onto an order template (excel spreadsheet).
- Doses requested or allocated are totaled. If all doses can be ordered, all orders are processed utilizing the template via VTrckS order upload.
- If only a percentage can be processed due to limited allocation, that percentage is established for the doses needed, keeping in mind the minimum dose requirement.
- Balances are determined and the spreadsheet is maintained as a master file in order to send balances once the allocation is updated.

To support more efficient distribution of vaccine, locations should offer full day receiving hours to the extent possible. When that is not possible, locations identified to receive vaccine and ancillary supply shipments must be available during a 4-hour window on a weekday other than Monday to receive those shipments. COVID-19 vaccination providers will be required to report COVID-19 vaccine inventory daily using VaccineFinder. Once providers are enrolled in VTrckS, they will be preregistered for a VaccineFinder account and provided instructions via email on how to submit daily supply information.

- D.** *Describe how your jurisdiction will coordinate any unplanned repositioning (i.e., transfer) of vaccine.*

The Immunization Program staff trained and experienced in vaccine transfers utilize an approved process for transferring vaccine. Immunization Program staff responsible for transferring vaccine have been trained on storage and handling of ultra-cold COVID vaccine utilizing revised guidance from CDC.

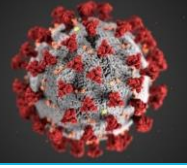
- Specific providers may be authorized by the Immunization Program to transfer vaccine from one location to another within their organization.
- All transfers are coordinated and approved by the Immunization Program staff.
- Vaccine transfers are entered in DelVAX under the Inventory Management module.



- Vaccine Transfer reports may be accessed using DelVAX's Inventory Transfer Inquiry.
- Entities must sign and agree to conditions in the *CDC COVID-19 Vaccine Redistribution Agreement* for the sending facility/organization and have a fully completed and signed *CDC COVID-19 Vaccination Provider Profile* for each receiving location.

E. *Describe jurisdictional plans for monitoring COVID-19 vaccine wastage and inventory levels.*

COVID-19 vaccine wastage and inventory levels are monitored utilizing VTrckS allocation reports daily and requiring vaccine wastage reporting via DelVAX. DelVAX COVID-19 vaccine inventory reconciliation will be required weekly, and the DelVAX Inventory Management reports is utilized by Immunization Program staff to monitor inventory levels.

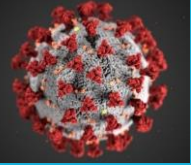


Section 8: COVID-19 Vaccine Storage and Handling

Instructions:

A. *Describe how your jurisdiction plans to ensure adherence to COVID-19 vaccine storage and handling requirements, including cold and ultracold chain requirements, at all levels:*

- *Individual provider locations*
 - i. Specific information regarding vaccine storage capabilities and equipment will be collected as part of the enrollment process.
 - ii. Information collected during enrollment will include type of storage unit (pharmacy grade, household, commercial, etc.); temperature capabilities of the storage units; temperature monitoring equipment (hospital-based system, continuous temperature monitoring, etc.); capacity; and appropriate equipment and training to transfer vaccine if necessary. Hospital systems will be contacted about ultra-cold temperature capacity.
- *Satellite, temporary, or off-site settings*
 - i. Any satellite or temporary site location will have the appropriate vaccine storage unit for the type of vaccine that is being administered. Digital data logging equipment will be with the storage unit to track the temperature of the vaccine at these locations.
 - ii. The Immunization Program will provide trainings on vaccine storage and handling and for all personnel responsible for the management of the vaccine before these temporary vaccination sites are conducted. A manual with the CDC Storage and Handling Toolkit information and temperature excursion information will be provided to the team leads of these clinics.
- *Planned redistribution from depots to individual locations and from larger to smaller locations*
 - i. The DPH warehouse will have the appropriate vaccine storage unit for the type of vaccine that is being stored and administered. Digital data logging equipment will be with the storage unit to track the temperature of the vaccine at these locations.
 - ii. All personnel responsible for the management of the vaccine will have the appropriate training on vaccine storage and handling from program and CDC resources.
 - iii. Local transport of vaccine from one location to another within the jurisdiction may be necessary but should only occur only on a limited basis. Only enrolled providers with an approved Redistribution Agreement will be permitted to redistribute COVID-18 vaccine. An approved Redistribution Agreement must include standard operating procedures describing the process for validating cold-chain procedures in accordance with the manufacturer's instructions and CDC's guidance on COVID-19 vaccine storage and handling.
- *Unplanned repositioning among provider locations*



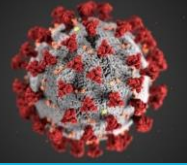
- i. Any surplus vaccine among provider locations, except for approved redistribution providers, will be transported back to the DPH warehouse in the appropriate transport equipment by Immunization Program personnel.

B. *Describe how your jurisdiction will assess provider/redistribution depot COVID-19 vaccine storage and temperature monitoring capabilities.*

Primarily, the redistribution will be managed and conducted by the Immunization Program staff who are trained and experienced in vaccine transfers. The staff will utilize the current state-approved process for transferring vaccine. In some case, specific providers may be authorized by the Immunization Program to transfer vaccines from one location to another within their organization. These provider transfers must be approved and coordinated by the Immunization Program staff prior to transporting any vaccine. Those providers that are approved to transport vaccines, have demonstrated to the program that they have the proper vaccine transport unit and temperature monitoring devices to redistribute the vaccines and the knowledge of packing out the vaccines as described in the CDC Vaccine Management Toolkit.

SHOC surveyed hospital systems to determine if they can store the vaccines at the ultra-cold temperatures. For those with the capability, direct shipments to these sites were made to avoid the need to redistribute. It is not recommended to transport vaccines that need ultra-cold chain temperatures to maintain viability; however, vaccine can be kept for 5 days (120 hours) between 2°C and 8°C to allow for off-site vaccine administration. If the shipping container is used for vaccine storage, the manufacturer recommends only opening the shipping container twice a day. Vaccine stored in a refrigerator should be used first before additional vials are removed from frozen storage as vaccine cannot be refrozen once thawed. Vaccine should also be shielded from light. Vaccines vials should have beyond-use dates (BUDs) documented prior to transport of vaccine.

Every vaccine storage unit/container must have a temperature monitoring device. CDC recommends digital data loggers (DDLs). One vaccine product is stored at ultra-cold temperatures and will require a DDL that can register these temperatures. CDC is currently exploring options to support acquisition of DDLs for use with ultra-cold vaccines. However, jurisdictions should continue to identify options to obtain DDLs for use with ultra-cold vaccines, in addition to the DDLs needed for storage of refrigerated and frozen (-20°C) vaccines. DDLs using a buffered temperature probe provide the most accurate measurement of vaccine temperatures. However, many manufacturers use pure propylene glycol (freezing point -59°C) or a glycol mixture with a warmer freezing point in their probes. For accurate temperature monitoring of ultra-cold vaccines, it is essential that an air-probe or a probe designed specifically for ultra-cold temperatures is used with the DDL.



Section 9: COVID-19 Vaccine Administration Documentation and Reporting

Instructions:

- A.** *Describe the system your jurisdiction will use to collect COVID-19 vaccine doses administered data from providers.*

Delaware vaccine providers will use DelVAX.

- B.** *Describe how your jurisdiction will submit COVID-19 vaccine administration data via the Immunization (IZ) Gateway.*

- C.** DPH has approved and submitted the CONNECT Data Use Agreement (DUA). DPH has received a confirmation email that the onboarding for the IZGateway Connect is complete for Delaware. In a recent conference call with DPH's DelVax vendor, Envision Technology Partners, DPH was informed that vaccine administration data would no longer be reported via Connect to CDC but via a flat file (CVRS Covid-19 Vaccine Reporting Specifications) to the CDC Data Clearinghouse. This is according to information the IIS vendors have received from CDC. Delaware's DelVax vendor is committed to providing this extract flat file for Delaware.

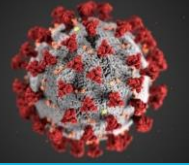
- D.** *Describe how your jurisdiction will ensure each COVID-19 vaccination provider is ready and able (e.g., staff is trained, internet connection and equipment are adequate) to report the required COVID-19 vaccine administration data elements to the IIS or other external system every 24 hours.*

Providers who are currently onboarded with DelVAX to submit vaccine administration data via their EMR/EHR system will continue to report in this manner. Those providers who have not onboarded with DelVAX will be required to perform direct data entry of doses administered. Training for provider staff will be provided.

- E.** *Describe the steps your jurisdiction will take to ensure real-time documentation and reporting of COVID-19 vaccine administration data from satellite, temporary, or off-site clinic settings.*

Delaware is utilizing a web based system to register the Delaware population for immunizing at off-site clinic settings, along with using the Vaccine Administration Management System (VAMS) to report administration data to DelVax. DPH has the option of utilizing a mobile application that provides patient registration, vaccination reporting and inventory management for use at satellite, temporary, or off-site clinic settings.

- F.** *Describe how your jurisdiction will monitor provider-level data to ensure each dose of COVID-19 vaccine administered is fully documented and reported every 24 hours as well as steps to be taken when providers do not comply with documentation and reporting requirements.*



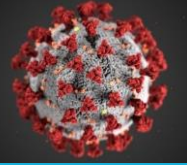
Where possible, providers are set up as Type III full inventory providers where doses will be decremented from inventory, dose by dose, as the administration is being recorded. Those sites not set up as full inventory (i.e., VFC providers are aggregate reported currently and will need to remain aggregate even if receiving COVID-19 vaccine), the Immunization Program utilizes DelVAX reports (i.e., doses administered, Patients Detail with Services, inventory reconciliation, etc.) to monitor vaccine inventory and reporting.

G. *Describe how your jurisdiction will generate and use COVID-19 vaccination coverage reports.*

DelVAX contains many “canned” reports that can be utilized by DPH to monitor and evaluate COVID-19 vaccination distribution, storage/handling, administration, and reporting. Some example reports available are:

- Reminder/Recall
- Patients with Vaccine Refusals
- Doses Administered
- Immunization Rates
- Vaccine Shipments/order status/returns inquiry/return status.

DPH also has the availability to have ad-hoc reports created as needed by Delaware’s DelVax vendor through the vendor contract.



Section 10: COVID-19 Vaccination Second-Dose Reminders

Instructions:

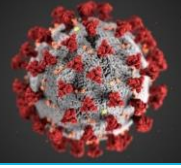
- A.** *Describe all methods your jurisdiction will use to remind COVID-19 vaccine recipients of the need for a second dose, including planned redundancy of reminder methods.*

There will be three methods of second-dose reminders for COVID-19 vaccine recipients. First, providers will receive instruction/training regarding the importance of documenting accurate information on vaccine record cards provided to patients receiving the COVID-19 vaccine.

Second, DelVAX has reminder/recall functionality, which providers may use to send reminder letters to their patients with valid addresses in DelVAX.

Finally, the program plans to contract second-dose reminders with a vendor that can automate reminders via phone call or SMS from patient contact information collected from DelVAX.

Training will be provided to vaccinators to ensure they are entering complete address information and accurate phone numbers into patient demographic sections of their EMR and/or DelVAX. The Immunization Program will encourage pharmacies and provider offices that have their own reminder recall systems to utilize this functionality to recall patients for their second dose.



Section 11: COVID-19 Requirements for IISs or Other External Systems

Instructions:

- A.** *Describe your jurisdiction's solution for documenting vaccine administration in temporary or high-volume vaccination settings (e.g., CDC mobile app, IIS or module that interfaces with the IIS, or other jurisdiction-based solution). Include planned contingencies for network outages or other access issues.*

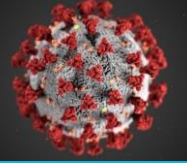
DelVAX has a mobile component that is used for offsite locations. This solution does not require internet access; the data is loaded to the iPads and will be uploaded to DelVAX once they return to the office. Back-up is a manual process to be entered once they return to the office. DPH personnel receive Just-in-Time (JIT) training on its use.

- B.** *List the variables your jurisdiction's IIS or other system will be able to capture for persons who will receive COVID-19 vaccine, including but not limited to age, race/ethnicity, chronic medical conditions, occupation, membership in other critical population groups.*

- Administrated at location: facility name/ID
- Administered at location: type
- Administration address (including county)
- Administration date
- CVX (Product)
- Dose number
- DelVax Recipient ID
- DelVax vaccination event ID
- Lot Number: Unit of Use and/or Unit of Sale
- MVX (Manufacturer)
- Recipient address*
- Recipient date of birth *
- Recipient name*
- Recipient sex
- Sending organization
- Vaccine administering provider suffix
- Vaccine administering site (on the body)
- Vaccine expiration date
- Vaccine route of administration
- Vaccination series complete
- Recipient ethnicity
- Recipient race
- Vaccination Refusal (Y/N)

*Identifiable Data Elements

These data elements are collected in DelVAX.



- C.** *Describe your jurisdiction's current capacity for data exchange, storage, and reporting as well as any planned improvements (including timelines) to accommodate the COVID-19 Vaccination Program.*

DelVAX system infrastructure is hosted outside of the state using cloud-based technology and has storage and back up support. Through the vendor as a participant in the CDC program IZ Gateway DPH has the capacity to exchange data with neighboring states and jurisdictions. Delaware is prepared to produce the reporting requirement to the CDC.

The enhancements below are completed or scheduled to be completed by September 2021, but, although helpful, these enhancements are not integral to the plans for data exchange, storage, and reporting of COVID-19 vaccine:

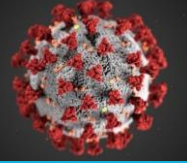
- A streamlined provider registration process to fast-track pandemic providers so they can leverage DelVAX to gather patient and COVID-19 vaccinations
- A consumer facing portal that allows Delaware to access and print their own and their children's COVID-19 immunization records
- An expanded DelVAX Vaccination Reminder/Recall capability to target contact of COVID-19 high-risk patients
- Implement the use of address verification software (SmartyStreets) for data at rest that will enhance reminder recall capacity in DelVAX.

- D.** *Describe plans to rapidly enroll and onboard to the IIS those vaccination provider facilities and settings expected to serve health care personnel (e.g., paid and unpaid personnel working in health care settings, including vaccinators, pharmacy staff, and ancillary staff) and other essential workers.*

DPH will be using the Provider Management module within DelVAX to enroll practices for COVID-19 vaccinations. Delaware's DelVax vendor is working to create an exportable provider enrollment file that will be uploaded into CDC's Immunization Data Lake twice weekly and should be ready for use by November 7, 2020. DPH is prepared to have providers complete paper enrollment forms and to manually create the twice weekly provider enrollment file to send to CDC if the vendor is unable to meet the deadline.

- E.** *Describe your jurisdiction's current status and plans to onboard to the IZ Gateway **Connect** and **Share** components.*

Delaware is already a participant in IZ Gateway Share and the DUA has been signed for Connect.



F. *Describe the status of establishing:*

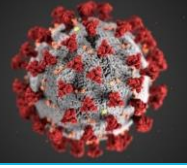
1. Data use agreement with the Association of Public Health Laboratories to participate in the IZ Gateway has been signed.
2. Data use agreement with CDC for national coverage analyses has been signed.
3. Memorandum of Understanding to share data with other jurisdictions via the IZ Gateway Share component – The MOU is signed by Delaware and is exchanging data with the City of Philadelphia and the State of Maryland. Other bordering states (New Jersey, Pennsylvania, Virginia, and Washington D.C.) will be asked to participate in the future.

G. *Describe planned backup solutions for offline use if internet connectivity is lost or not possible.*

DelVAX has a mobile component that will be used for offsite locations, this solution does not require internet access, the data is loaded to the iPads and will be uploaded to DelVAX once they return to the office. The mobile component was successfully tested at the community influenza clinics in October 2020 and is currently utilized at appropriate locations.

H. *Describe how your jurisdiction will monitor data quality and the steps to be taken to ensure data are available, complete, timely, valid, accurate, consistent, and unique.*

Utilizing tools in DelVAX DPH can monitor data quality using the Traffic Analysis tool to review incoming messages, message log tool which shows warnings and errors in the messages, and reports.



Section 12: COVID-19 Vaccination Program Communication

Instructions:

A. *Describe your jurisdiction's COVID-19 vaccination communication plan, including key audiences, communication channels, and partner activation for each of the three phases of the COVID-19 Vaccination Program.*

1. Key audiences, many of whom have established partnerships prior to and during COVID-19:

- First responders (health care workers, police, EMS, fire)
- Older individuals (i.e., LTCFs, senior centers, 55+ communities and towns/municipalities with older populations)
- Other vulnerable populations (immunocompromised, chronic, or underlying medical conditions – cancer, diabetes, stroke, lung/heart/kidney disease)
- Diverse populations (African American communities, Hispanic/Latino, etc.)
- Uninsured/underinsured Delawareans
- Legislators
- Employers (including state, county, and municipal governments)
- Community partners and stakeholders

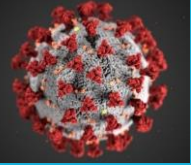
2. Communication channels

DPH is working closely with AB&C, a marketing and communications firm, to develop and subsequently implement clear and concise messaging regarding the COVID vaccine and encouraging vaccine acceptance. Messages will be tailored to key audiences to ensure they are understood and accepted by members of various populations and communities. Messaging during COVID-19 has been translated into Spanish and Haitian-Creole given the population composition in Delaware. The planned communication channels will include:

- Social media (Facebook, Twitter, Instagram)
- Press briefings
- Press releases
- Radio
- Publications utilized by Delaware's Hispanic community
- Billboards
- Other digital media: Pandora, Spotify, AdTheorent display network, Taboola Native Display
- E-blasts
- DE Health Alert Network
- Community influencers

3. Partner activation - DPH will ask for assistance with outreach from:

- Schools, school nurses, parents, children



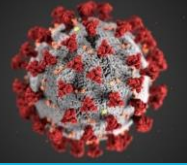
- College/university health centers
- FQHCs
- State/county chambers
- Faith-based partners
- Non-profit associations
- Legislators
- Employers – private, state, county and municipal
- Delaware Healthcare Association and its member Hospital systems
- Local pharmacies: CVS, Rite-Aid, and Walgreens
- Medical Society of DE and medical practices
- Black, Latino and Haitian Creole community organizations
- Tribal nations
- Immunization Coalition

B. *Describe your jurisdiction's expedited procedures for risk/crisis/emergency communication, including timely message development as well as delivery methods as new information becomes available.*

In the event of emergency communications, the DPH Office of Communications (OComms) will closely follow the Continuity of Operations Plan as well as the Crisis and Risk Communications Annex. OComms works directly with the Office of the Governor to assure common messaging, arrange for regular press events, town halls, and releases, particularly to maintain communications as vaccines are made available and rolled out to the public. OComms works in tandem with the DHSS Communications Office, DEMA and any other agency to ensure fast and accurate information is presented to the public. This will include, but is not limited to, updating scripts for the COVID-19 Call Center, drafting, and sending press releases, drafting, and posting social media, and handling inquiries from the media when subsequent questions are asked of DPH.

To deliver an evolving message, OComms will rely heavily on social media as well as the local press to distribute information in press release form to as wide an audience as possible, as well as utilize relationships with faith-based and community partners which have been enhanced during the COVID-19 response. The Crisis and Risk Communications Annex contains draft press releases for various scenarios, including vaccine distribution and distribution events.

OComms will also work closely with public information officers at local schools, hospitals, LTCFs, FQHCs, and shelters to ensure the information is disbursed to as wide an audience as possible. OComms will also continue to communicate information with community groups such as faith-based organizations, tribal organizations, and African American and Latino populations.



Section 13: Regulatory Considerations for COVID-19 Vaccination

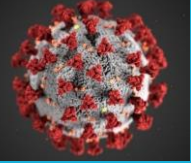
Instructions:

- A.** *Describe how your jurisdiction will ensure enrolled COVID-19 vaccination providers are aware of, know where to locate, and understand the information in any Emergency Use Authorization (EUA) fact sheets for providers and vaccine recipients or vaccine information statements (VISs), as applicable.*

EUA/VIS fact sheets will be made available on the DPH COVID-19 webpage as soon as that information is made available by the Food and Drug Administration (FDA) and the CDC. Practitioners will be able to make inquiries to DPH through the Call Center for any questions related to the EUA/VIS.

- B.** *Describe how your jurisdiction will instruct enrolled COVID-19 vaccination providers to provide Emergency Use Authorization (EUA) fact sheets or vaccine information statements (VISs), as applicable, to each vaccine recipient prior to vaccine administration.*

DPH has made the EUA/VIS fact sheet available on the DPH COVID-19 webpage and provides the EUA/VIS to all enrolled providers receiving vaccine from the DPH warehouse. Enrolled providers are required to provide the EUA/VIS to all recipients of the vaccine prior to administration.



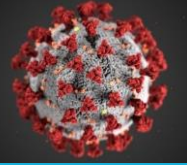
Section 14: COVID-19 Vaccine Safety Monitoring

Instructions:

- A.** *Describe how your jurisdiction will ensure enrolled COVID-19 vaccination providers understand the requirement and process for reporting adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS).*

The Immunizations Program has published information on the state COVID-19 webpage on the options for reporting Vaccine Adverse Events, which is standard practice for Delaware vaccine providers. They are required to report to VAERS any additional adverse events and/or adhere to any revised safety reporting requirements per FDA's conditions of authorized vaccine use posted on FDA's website throughout the duration of the EUA, as applicable. Vaccination providers should also report any additional clinically significant adverse events following COVID-19 vaccination to VAERS, even if they are not sure if the vaccination caused the event. DPH ensures that enrolled COVID-19 vaccination providers understand the procedures for reporting adverse events to VAERS. More information on submitting a VAERS report electronically can be found at <https://vaers.hhs.gov/reportevent.html>.

CDC has implemented V-safe, a new smartphone-based tool that uses text messaging and web surveys to check in with vaccinated individuals for adverse events after a COVID-19 vaccination. V-safe will also provide second-dose reminders (if needed) and live telephone follow up by CDC if vaccinated individuals report a medically significant event during a V-safe check-in. V-safe asks questions that help CDC monitor the safety of COVID-19 vaccines. Medically significant events will be identified if the vaccinated individual reports that they missed work, were unable to complete normal daily activities, or had to seek care from a health care provider or health care professional. The information will be used to analyze common side effects (soreness in the arm, muscle aches, etc.) and to detect unexpected, serious health problems if they occur.



Section 15: COVID-19 Vaccination Program Monitoring

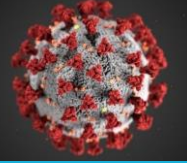
Instructions:

A. *Describe your jurisdiction's methods and procedures for monitoring progress in COVID-19 Vaccination Program implementation, including:*

1. Provider enrollment
 - Compare provider enrollment data in DelVAX versus recruitment outreach efforts.
2. Access to COVID-19 vaccination services by population in all phases of implementation
 - Surveillance through the Immunization Program and OIDE with My Healthy Community website for public reporting.
3. DelVAX or other designated system performance
 - Monitor DelVAX performance via reports from vendor to determine performance shortfalls.
4. Data reporting to CDC
 - Monitor immunization reporting to IZ Gateway using established DelVAX reports
5. Provider-level data reporting
 - Using established DelVAX reports, provide data on reporting for inclusion to My Healthy Community website.
6. Vaccine ordering and distribution
 - Using established VTrckS data downloaded to incorporate into the My Healthy Community website or use the CDC's Tiberius program to incorporate data.
7. First- and second dose COVID-19 vaccination coverage
 - Using established DelVAX Coverage Rate Reports to monitor progress. Further enhancements may be needed to review demographic coverage rates.
 - Routine meeting with stakeholders to cover data reporting, DelVAX performance, provider surveys and epidemiological surveillance.

B. *Describe your jurisdiction's methods and procedures for monitoring resources, including:*

1. Budget
 - Immunization Program manages grant budget using Office of Management and Budget established fiscal process. EMSPS monitors the Epidemiology and Laboratory Capacity grant budget fiscal process.
2. Staffing
 - SHOC in coordination with vaccine planning group will manage staffing for preparedness events and SHOC staffing.
3. Supplies
 - Similar process will be used by SHOC that is currently underway with COVID-19 testing resources.



C. *Describe your jurisdiction's methods and procedures for monitoring communication, including:*

1. Message delivery
 - OComms serves as the public information hub for any response activity when the SHOC is activated.
2. Reception of communication messages and materials among target audiences throughout jurisdiction
 - OComms disseminates the information for public consumption for any response activity when the SHOC is activated. OComms has website analytics to monitor and evaluate access to information and determine effectiveness of messaging through websites and social media.

D. *Describe your jurisdiction's methods and procedures for monitoring local-level situational awareness (i.e., strategies, activities, progress, etc.).*

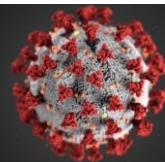
1. A process is used similar to the COVID testing with regular review of the data from DelVAX and epidemiological surveillance. DPH will review data viewed on the My Healthy Community website to determine progress.

E. *Describe the COVID-19 Vaccination Program metrics (e.g., vaccination provider enrollment, doses distributed, doses administered, vaccination coverage), if any, that will be posted on your jurisdiction's public-facing website, including the exact web location of placement.*

COVID-19 Vaccination Program metrics are tracked on the [My Healthy Community](#) website and mimic testing data, similar to flu.delaware.gov and [COVID-19](#) websites, including the following information based on available data and technological capabilities:

- Vaccination sites
- Vaccination provider enrollment
- Doses distributed
- Doses administered
- Vaccination coverage capturing race/ethnicity
- Percent infection in vaccinated population

Two dashboards are available by CDC to provide situational awareness for jurisdictions and the general public throughout the COVID-19 vaccination response. CDC's Weekly Flu Vaccination Dashboard will include estimates of influenza vaccination for adults, children, and pregnant women using existing (National Immunization Survey [NIS]-Flu) data sources. An additional dashboard, the CDC's Tiberius platform, is a COVID-19 vaccine distribution planning, tracking, modeling, and analysis application that provides flexible, real-time, data-backed processes so users of all types can make data-driven decisions. Tiberius will integrate data sources from federal agencies, state and local partners, private-sector partners, and other data providers to create a comprehensive common operating picture for the COVID-19 vaccine planning,



distribution, and administration effort that DPH can use to support the COVID-19 vaccine response.

Appendix A-Vaccine Transport

SECTION SIX: Vaccine Transport

Transport, as described in this section, involves the movement of vaccine between providers or other locations over a shorter distance and time frame and is appropriate for events such as an emergency, off-site clinic, or to ensure vaccines that are about to expire can be used rather than wasted.

Vaccine Transport Situations

Vaccine transport to off-site or satellite facilities is different from both shipping and emergency transport. Shipping usually involves a professional carrier and a longer distance and time frame for moving vaccines between locations. Emergency transport usually involves relocating vaccines to protect them when a facility's ability to store vaccines is compromised (e.g., because of power loss). Depending on the situation, some transport recommendations may be the same, but there are also some differences.

Vaccine Transport

Vaccines from your supply should not be routinely transported. In instances where the transport of vaccine from your supply is necessary, take appropriate precautions to protect your supply. Vaccines should only be transported using appropriate packing materials that provide the maximum protection.



- ✓ **The total time for transport alone or transport plus clinic workday should be a maximum of 8 hours (e.g., if transport to an off-site clinic is 1 hour each way, the clinic may run for up to 6 hours).**
- ✓ **Transport diluents with their corresponding vaccines to ensure there are always equal amounts of vaccines and diluents for reconstitution.**
- ✓ **Your facility should have a sufficient supply of materials needed for vaccine transport of your largest annual inventory. Appropriate materials include:**
 - Portable vaccine refrigerator/freezer units (preferred option)
 - Qualified containers and packouts
 - Hard-sided insulated containers or Styrofoam™ (Use in conjunction with the [Packing Vaccines for Transport during Emergencies](#)* tool. This system is only to be used in an emergency.)
 - Coolant materials such as phase change materials (PCMs) or frozen water bottles that can be conditioned to 4°C to 5°C
 - Insulating materials such as bubble wrap and corrugated cardboard—enough to form two layers per container
 - TMDs for each container

Soft-sided containers specifically engineered for vaccine transport are acceptable. Do not use commercially available soft-sided food or beverage coolers because most are poorly insulated and likely to be affected by room or outdoor temperatures.

The same shipping materials the vaccines were initially shipped in should rarely, if ever, be used as they are not meant for reuse. This could put the cold chain and, ultimately, the viability of the vaccine, at risk.

* Contact your immunization program for details about specific state or local regulations impacting this activity.

* Packing Vaccines for Transport during Emergencies: www.cdc.gov/vaccines/hcp/admin/storage/downloads/emergency-transport.pdf

Protecting your vaccine supply

- » Vaccine that will be used at an off-site or satellite facility should be delivered directly to that facility.
- » If delivery to the specific site is not possible, then vaccine can be transported in a stable storage unit and monitored with a TMD. If the facility doesn't have the capacity to refrigerate the vaccines, then a portable vaccine storage unit or qualified container and packout may be used with a DDL.
- » Develop an emergency plan or SOPs for transporting vaccines and include procedures and protocols for packing and transport.

Partially used vials cannot be transferred between providers OR across state lines.*

Appendix B-Vaccine Transfer Log

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Immunization Program

IMMUNIZATION PROGRAM

Vaccine Transport/ Transfer Log

INSTRUCTIONS: Contact the Immunization Program obtain approval to transfer publicly funded vaccines. Once approved please complete the form and fax to the Immunization Program (302-739-2555) after transfer is complete. A program representative will contact if there are questions regarding the disposition of the vaccine. If you have any questions or concerns, please call (800) 282-8672. Use additional sheets if necessary.

Provider Name:		PIN:		Contact:	
Street Address:		City:		Phone:	
Transferred To:		PIN:		Contact:	
Street Address:		City:		Phone:	
Person Transferring Vaccine:				Phone:	
Immunization Staff Approval obtained on (date & time):			Name of Imm Staff approving transfer:		

VACCINE TRANSFER DUE TO: ☐ Power Outage ☐ Excess Supply ☐ Short Dated ☐ Unit Malfunction ☐ Other

[illegible]

Transport Equip Temp @ Pick Up:	Transport Equip Temp @ Drop Off:
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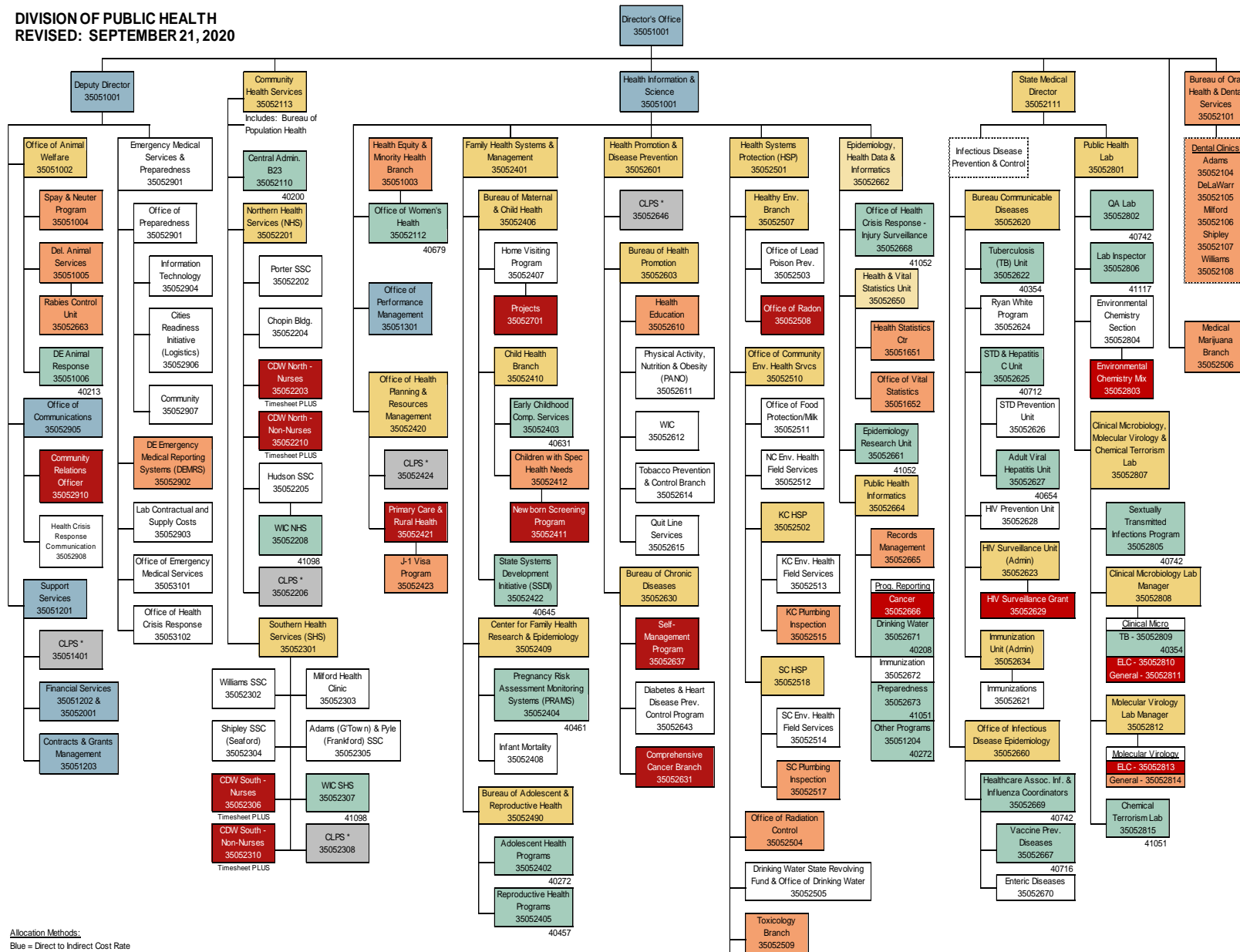
Date & Time of Pick Up:	Date & Time of Drop Off:	Total Transport Time:
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Provider Staff Signature: _____ Signature of Receiving Provider Staff: _____
Printed Name: _____ Printed Name: _____

FAX FORM TO (302) 739-2555

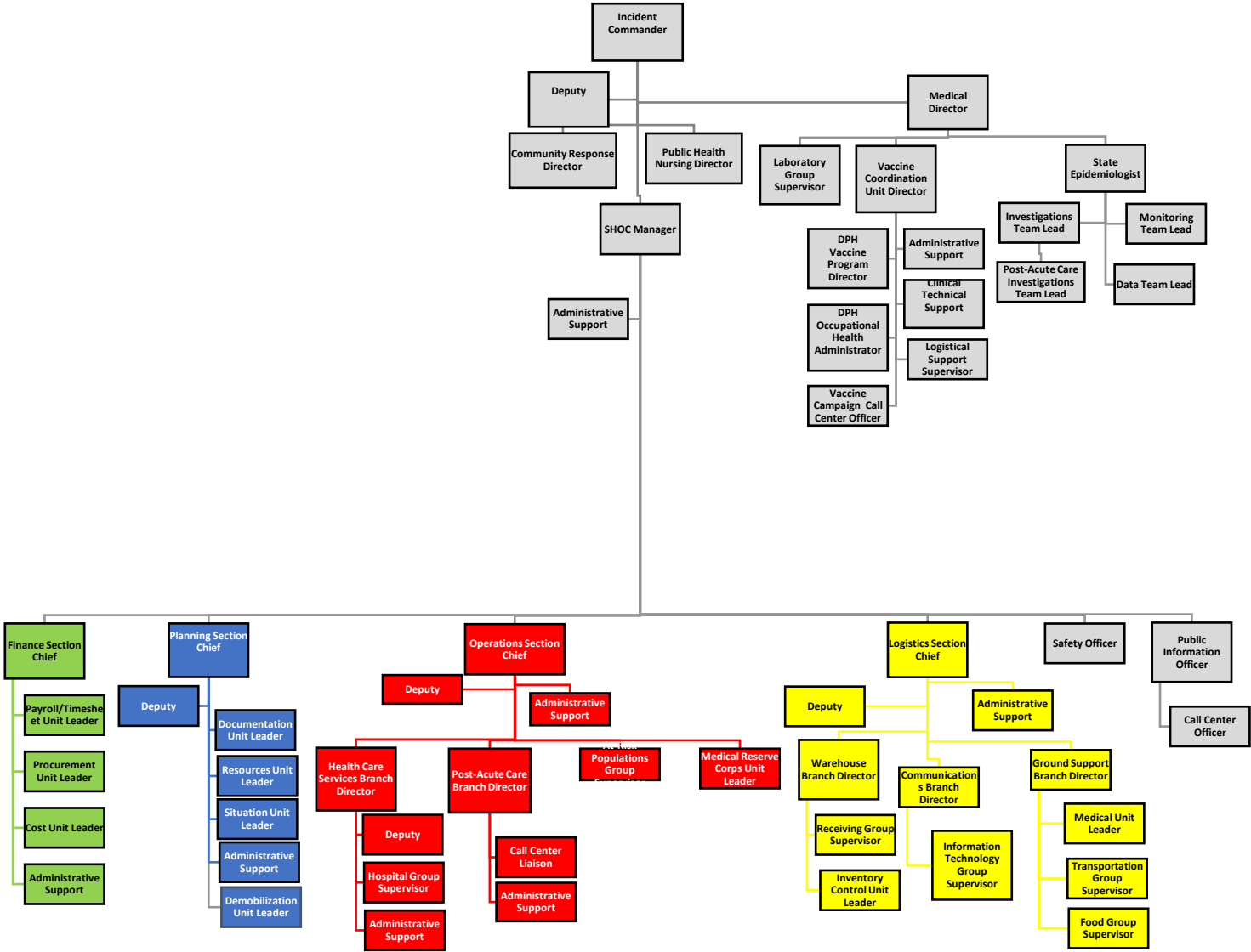
Appendix C: DPH Org Chart

DIVISION OF PUBLIC HEALTH
REVISED: SEPTEMBER 21, 2020



Allocation Methods:
 Blue = Direct to Indirect Cost Rate

Appendix D: SHOC Org Chart



Appendix E: CDC COVID-19 Vaccination Playbook Supplement #1

Distribution Plan Update

November 20, 2020

CDC is working with other federal partners of [Operation Warp Speed](#) (OWS) to plan and implement a COVID-19 Vaccination Program. OWS's goal is to produce and deliver 300 million doses of safe and effective vaccines, with the initial doses available before the end of 2020. The following high-level distribution update is provided to aid jurisdictions to further refine their implementation plans. This approach for centralized vaccine ordering and distribution will be executed in phases by CDC in collaboration with jurisdictions, tribes, federal agencies receiving a direct allocation of vaccine, and commercial partners.

The information below covers four key topics:

1. Allocation
2. Ordering
3. Receipt, storage, and handling
4. Operational norms

The information within these sections will continue to evolve as new information becomes available.

Allocation:

COVID-19 vaccine will be allocated according to the following principles:

- Allocations will be calculated pro-rata based on the size of the jurisdiction's population and the quantity of ready-to-ship doses from manufacturer(s).
- Allocation amounts will be communicated to jurisdictions weekly. These allocations will be immediately available for ordering.
- If a jurisdiction does not order the full allocation, the remainder will roll over for future ordering. Unused allocations will not be reallocated to other jurisdictions.

For the two initial vaccine candidates, two doses will be required, and the same product must be used for both doses. Two-dose vaccine allocations will be managed in the following way:

- In coordination with vaccine manufacturers, CDC will reserve and store inventory of second dose product to include in future allocations for ordering at the appropriate time (e.g., 2 weeks after first doses are ordered for a product requiring the second dose on Day 21).
- CDC does not expect jurisdictions or federal and commercial partners to maintain physical inventory of second-dose product (i.e., jurisdictions will not be expected to store product for 21–28 days to prepare for second-dose administration).

Ordering:

The COVID-19 Vaccination Program will utilize CDC's VTrckS system.

1. Each jurisdiction, federal agency, and commercial partner will receive allocations (order caps) weekly in VTrckS.

2. Jurisdictions, federal agencies, and commercial partners will submit orders for vaccination provider sites. These orders will be processed against the allocation (order cap).
 - a. Federal and commercial partners may pull order files from the Vaccine Provider Ordering Portal (VPOP) to upload into VTrckS.
3. Orders will be scheduled for delivery Monday through Friday.

Direct-Ship Vaccine (Vaccine A):

Jurisdictions are asked to identify locations to receive early shipments of this vaccine once the Food and Drug Administration (FDA) issues an Emergency Use Authorization (EUA) but before the Advisory Committee on Immunization Practices (ACIP) meets and makes recommendations for use and the recommendations are approved. This will ensure that product is available at the jurisdictional level and jurisdictions are ready to support vaccine administration after ACIP recommendations are issued and approved.

- A. The minimum order volume for Vaccine A is 975 doses.
- B. Each jurisdiction is asked to identify delivery sites to receive initial shipments of product. Jurisdictions can decide what quantity to order for each initial site (in 975-dose increments), based on what is feasible to administer.
 - Jurisdictions are encouraged to finalize site locations as soon as possible. Jurisdictions will be asked to confirm these sites once an EUA has been authorized.
- C. After ACIP recommendations have been approved, additional sites will be able to place orders against their jurisdiction's allocation. Vaccine will be delivered within 24–48 hours of order placement.
- D. Along with vaccine, each site will receive ancillary kits and an initial dry ice resupply:
 - Ancillary supply kits will include diluent and administration materials (including appropriate needles, syringes, alcohol swabs, and limited PPE). Ancillary supply kits will be automatically added to vaccine orders and do not require additional action or separate orders from jurisdictions/sites. CDC will provide details on dimensions of ancillary supply kits once the information is confirmed.
 - OWS will provide an initial dry ice resupply to facilitate storage in coordination with each vaccine shipment. Jurisdictions will have the option to allow sites to opt out of the

Final decisions about vaccination timing of populations will not be made until closer to implementation; jurisdictions should have multiple scenarios prepared for local distribution and administration.

initial dry ice resupply if desired. Sites will receive this initial dry ice resupply in coordination with receipt of the product, as they will need to replenish the dry ice upon product receipt. Further details about shipping and receipt of dry ice will be forthcoming.

Receipt, Storage, and Handling:

CDC is updating its *Vaccine Storage and Handling Toolkit*, to include a COVID-19 Vaccine Addendum, which will provide guidance on each vaccine product. CDC will also provide additional product-specific materials, including storage, handling and administration job aids. CDC will provide these resources as soon as possible.

The Vaccine Storage and Handling Toolkit can be found at:

<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>. General Additional web pages with clinical guidance will be added as COVID-19 vaccine products become available.

Vaccine A:

Thermal shipping containers with Vaccine A will arrive with a GPS-enabled temperature monitoring device that will monitor temperature excursions in transit as well as at the vaccination provider site, if used.

If a jurisdiction/site plans to store product in an ultra-low temperature (ULT) freezer, the jurisdiction/site must remove vaccine trays from the thermal shipping container before moving them to the freezer. The jurisdiction/site must then monitor the temperature inside the ULT freezer using standard protocol to ensure temperature excursions are identified quickly. Once the vaccine is removed from the thermal shipping container and put in the ULT freezer, the temperature monitoring device accompanying the vaccine can no longer be used; a digital data logger (DDL), or other appropriate monitoring method, will be needed.

A jurisdiction/site may also use the thermal shipping container for temporary storage of the vaccine. Instructions will be provided for monitoring vaccine temperatures in the thermal shipping container using the device that is available on the shipper (details will be forthcoming). In addition, storage and handling instructions for vaccine stored in the thermal shipper will be made available by the manufacturer and in CDC's storage and handling tool kit. Please also see Vaccine information in this CDC Playbook.

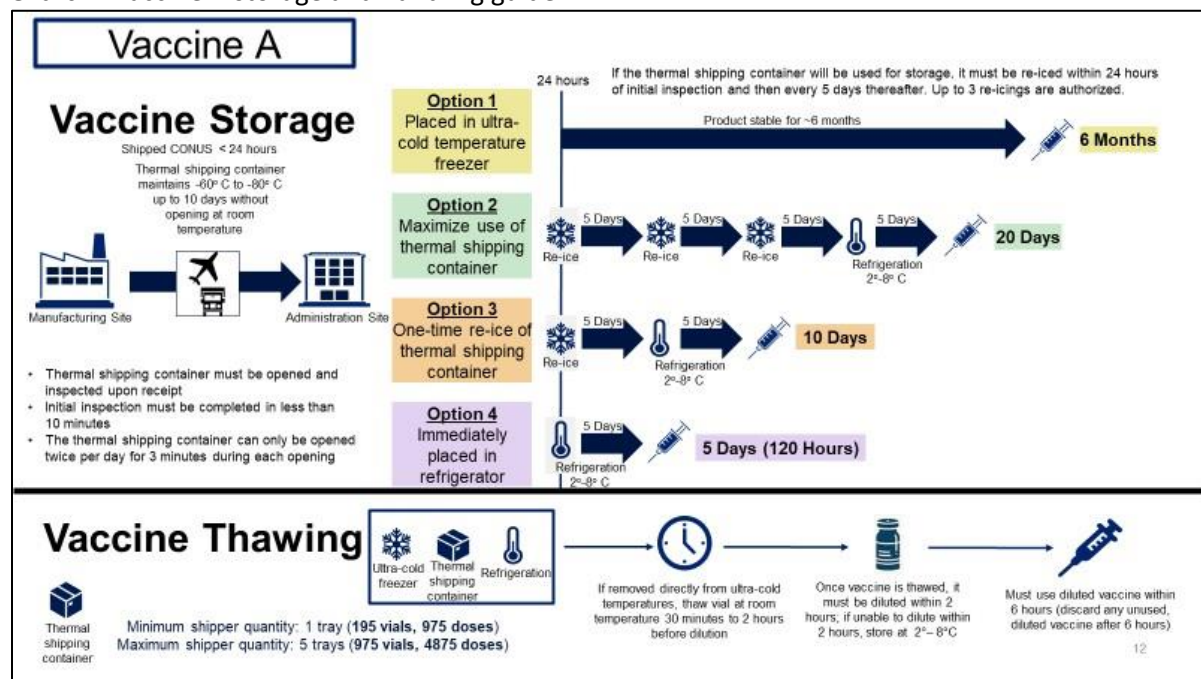
Operational Norms:

Jurisdictions should operate under the following assumptions and account for the following variables:

- Vaccine will be authorized by FDA (EUA).
- ACIP will make recommendations for vaccine use, including populations for phased allocation of initial doses.
- Vaccine is expected to be recommended in a phased approach by ACIP until supplies allow for broader administration.
- Jurisdiction and federal agency plans will need to be updated regularly as additional information becomes available and implemented in a timely manner.

Planning Appendix: The following materials are being provided to inform planning activities.

Chart 1: Vaccine A storage and handling guide



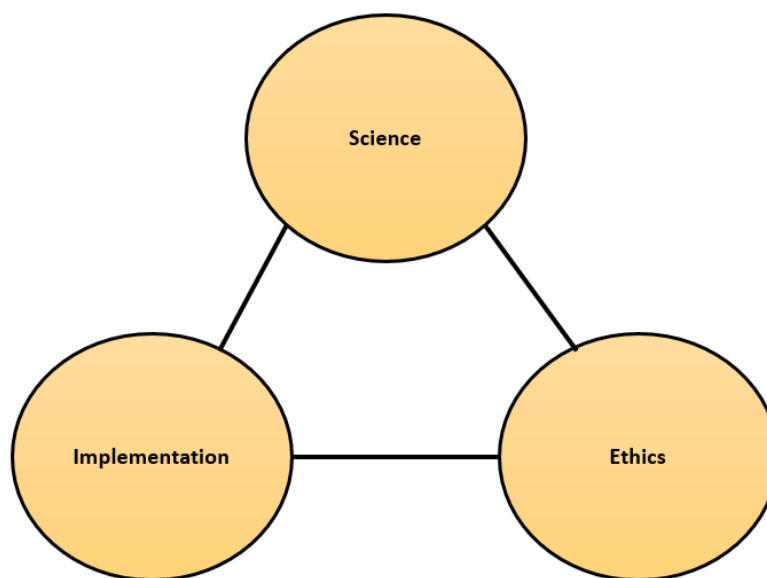
Appendix F: Delaware COVID-19 Vaccine Allocation Framework

Delaware COVID-19 Vaccine Allocation Framework

The Delaware Division of Public Health has adopted an ethical framework that guides decision-making for administration of the vaccines that are expected to be limited for the first several weeks. Vaccine administration to the public expands through the phases as vaccine becomes more available.

Overarching Goal: To vaccinate as many people who choose to be vaccinated as possible in a time-sensitive manner as a critical mitigation strategy in the COVID-19 pandemic response.

Advisory Communities on Immunization Practices (ACIP) Allocation Framework of COVID-19 Vaccine⁵



Balancing Goals: Prevention of Morbidity & Mortality and Preservation of Societal Functioning

Phase 1 Operational Goals⁶

- Decrease death and serious disease as much as possible
- Preserve functioning of society
- Reduce the extra burden the disease is having on people already facing disparities
- Increase the chance for everyone to enjoy health and well-being

⁵ Chamberland, M.E. Ethical Principles for Phased Allocation of COVID-19 Vaccines. (October 30, 2020). Retrieved from <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-10/COVID-Chamberland.pdf>

⁶ How CDC is Making COVID-19 Vaccine Recommendations. (November 25, 2020). Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations-process.html>

Ethical Principles⁷

- **Maximize benefits and minimize harms** — Respect and care for people using the best available data to promote public health and minimize death and severe illness.
- **Mitigate health inequities** — Reduce health disparities in the burden of COVID-19 disease and death, and make sure everyone has the opportunity to be as healthy as possible.
- **Promote justice** — Treat affected groups, populations, and communities fairly. Remove unfair, unjust, and avoidable barriers to COVID-19 vaccination.
- **Promote transparency** — Make a decision that is clear, understandable, and open for review. Allow and seek public participation in the creation and review of the decision processes.

Other Considerations

- National/statewide trends and data (at-risk groups)
- Operational considerations (staff levels, critical services/infrastructure, available supply, etc.)
- Logistics (vaccination staff/resources, storage, venue support requirements)
- Time sensitivity (ability to vaccinate large groups within the timeframe)

Situations and Assumptions

- The COVID-19 vaccine allocation phased groups for Delaware were developed based on ethical decision-making only; logistics were not a consideration.
- The initial allocation of COVID-19 Vaccine to the State of Delaware will not be adequate to protect all the Phase 1 groups⁸.
- The initial allocation of vaccine must be distributed and administered in a very short period due to storage and utilization requirements and urgency to reduce transmission during the pandemic.
- Operational decision-making is used to consider the physical ability to vaccinate within the Phase 1 sub-groups in order to efficiently utilize the anticipated vaccine supply with the resources available and within the limited timeframe.
- The vaccine delivery timeline will drive the allocation of resources among the phases; overlap of phased groups is likely.
- Flexibility is permitted to adjust phased groups based on current trends and public health needs.

The balance of the Vaccine Allocation Framework is a separate document maintained on the Delaware Coronavirus webpage at <https://coronavirus.delaware.gov/vaccine/vaccination-timeline/>. The most recent information will be posted on the website.

⁷ Johns Hopkins Bloomberg School of Public Health, Center for Health Security (2020). *Interim Framework for COVID-19 Vaccine Allocation and Distribution in the United States*. Retrieved from: https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/200819-vaccine-allocation.pdf

⁸ Johns Hopkins Bloomberg School of Public Health, Center for Health Security (2020). *Interim Framework for COVID-19 Vaccine Allocation and Distribution in the United States*. Retrieved from: https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/200819-vaccine-allocation.pdf



Appendix G: Vaccination-Point-of-Dispensing Planning Toolbox

Vaccination – Point-of-Dispensing Planning Toolbox

Contents at a Glance

The sections of this document provide direction, guidance, and planning considerations to help prepare your organization for vaccination of your patients, staff within your facility, and/or the public in an internal or off-site Vaccination Point of Dispensing (V-POD).

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Section 1 - Vaccination POD Basics

Getting Started
<p>What is a Vaccination POD?</p> <p>A Vaccination POD, or V-POD, is a location for the high-volume administration of a vaccine for your facility staff or a specific group, such as patients, clients, or the public. By choosing to sponsor a V-POD, you can efficiently vaccinate your staff/clients who choose to receive the COVID-19 vaccine.</p>
<p>Do I need to do a V-POD?</p> <ul style="list-style-type: none"> • If you have fewer than 10 clients per hour that wish to be vaccinated, a full V-POD is probably not necessary. One clinically licensed staff member will typically be able to manage the vaccination process for this level of client flow per hour (throughput). • As throughput demand exceeds 10 clients per hour, an additional clinically licensed staff member can be added to manage the vaccination process without a full V-POD. • Once throughput exceeds 20 clients per hour, logistical and administrative support becomes necessary, and a modified or single line V-POD is recommended to maintain organization, efficiency, and safety.

Becoming a Provider for Vaccines			
Enrolled Provider or Partnering?			
To participate, your organization must choose one of these options:			
Option 1	Enroll as a “Provider” ⁹ and administer internally. This option assumes that you have a licensed clinical provider authorized to provide vaccinations.	Option 2	Partner with a “Provider” organization such as a pharmacy or healthcare system who will complete ordering, receive and store the vaccine, and administer the vaccine.
How can my organization find an enrolled provider to partner with?			
<ul style="list-style-type: none">• Contact COVIDVaccine@delaware.gov to request enrolled Provider partner list.• DPH Vaccination Partner List: https://coronavirus.delaware.gov/vaccine/dph-vaccination-partner-list/			

⁹ In order to register as a Provider, the organization must have a medical license. Delaware Interim COVID-19 Vaccination Playbook - <https://www.cdc.gov/vaccines/covid-19/downloads/delaware-jurisdiction-executive-summary.pdf>



How do I “enroll as a Provider”

In order to **enroll as a Provider**, you will need to:

- Follow this link to complete the enrollment interest survey
<https://www.surveymonkey.com/r/YGD8DDT>
- Complete enrollment documents once received by Email
- Complete the vaccine provider enrollment survey and associated tasks
- Once received, review the provider enrollment packet
- Complete the CDC’s online “You Call the Shot” training
- Confirm DelVAX access using the provided link

*Detailed instructions and information can be found at <https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2021/01/20210106-DE-Vx-Enrollment-Instructions-vF.pdf>

Planning for your V-POD

How does my organization figure out how much vaccine is needed?

- Identify the appropriate target population(s) that your organization wishes to vaccinate at the V-POD
 - Target populations must correspond to the current Vaccination Phase groups. Refer to <https://coronavirus.delaware.gov/vaccine/> for the most current phase group information.
- Determine the total number of appropriate people that wish to be vaccinated at the V-POD.
 - DPH or the enrolled Provider partner will require this number to order vaccines.

What if I still need help planning my V-POD?

Email your direct support request to COVIDVaccine@delaware.gov and a representative will contact you to provide assistance.

Note – Place “V-POD Support” in the email subject line to clearly identify your specific need.

What information does my organization need to place a vaccine order?

- Provider (self-enrolled or partner?).
- Estimated # of clients to be vaccinated.
- Location, date, time and duration of V-POD(s).
- V-POD layout and staffing plan.
- Point of Contact/responsible party.

Note: The process for ordering vaccine can be found here:



When can my organization place an order for vaccine?

Once your organization is enrolled or you establish a partnership with a provider – an order for the vaccine can be placed through DeIVAX.

Vaccine availability is limited. Delaware is following federal and state recommendations for phased allocation of vaccines. Based on the order requested, the Delaware Division of Public Health (DPH) and Immunization Program will allocate vaccines to your organization when they are available and as appropriate.

How does the vaccine get to my organization?

Once allocated, the vaccine will be delivered directly to your site either from the vaccine manufacturer or from DPH.



Section 2 - Prepare for the V-POD

Once the planning considerations have been addressed in Section 1, Section 2 describe the key considerations in the V-POD preparation process including: the ordering of vaccine, determining the delivery date, and assuring the integrity of the vaccine cold-chain transport and storage requirements.

Key Considerations

- Your organization (as an enrolled provider) or your enrolled provider partner will submit the vaccine order for the V-POD using the total number of appropriate people for vaccination developed in Section 1. The requested date of the vaccine must align with your organizations scheduling of persons to be vaccinated and staff to support the vaccination effort. However, the date is also dependent on vaccine availability.
- Receive notification of when vaccine will be made available and delivered to your organization.



Figure 1 - Vaccine allocation sequence

- Begin steps to prepare for the V-POD.
- Planning for the V-POD must include the following infection prevention measures:
 - Social distancing
 - Personal protective equipment (PPE) for staff and recipients
 - Enhanced sanitation efforts

Infection Control Measures
<input type="checkbox"/> Clean and disinfect vaccination stations at a minimum every hour, between shifts and if station areas become visibly soiled ¹⁰ .
<input type="checkbox"/> Ensure all patients and accompanying attendants wear a cloth face covering or face mask that covers the nose and mouth. If a patient or attendant is not wearing a cloth face covering, ensure face coverings or face masks are available.
<input type="checkbox"/> Ensure staff is wearing appropriate PPE ¹¹ including cold/inclement weather gear if operating in limited/unprotected environments
<input type="checkbox"/> Ensure supplies such as tissues, hand sanitizer, and wastebaskets are readily accessible throughout the V-POD.

¹⁰ CDC Guidance for Cleaning and Disinfecting - https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/Reopening_America_Guidance.pdf

¹¹ Vaccine Administration: COVID-19 Personal Protective Measures
<https://www.cdc.gov/vaccines/hcp/admin/downloads/COVID-19-vaccine-administration-PPE-508.pdf>



Infection Control Measures
<input type="checkbox"/> Brief staff on personal protective equipment (PPE) optimization techniques (when PPE resource availability is limited) ¹² .
<input type="checkbox"/> Make sure there are signs, barriers, and floor markers throughout the V-POD to instruct patients to maintain a 6-foot distance from others and promote use of hand hygiene, respiratory hygiene, and cough etiquette.

- Determine timeframe for vaccination - Based on the target population and how many vaccinators are available, determine the schedule for vaccination.
 - Plan to use all allocated vaccines within 5 days of receipt.
 - Consider minimum staffing levels required for continued operations if V-POD(s) are operational during normal business hours.
 - Schedule vaccinations accordingly.
 - Consider scheduling staff for vaccine administration the day before a scheduled day off when possible.

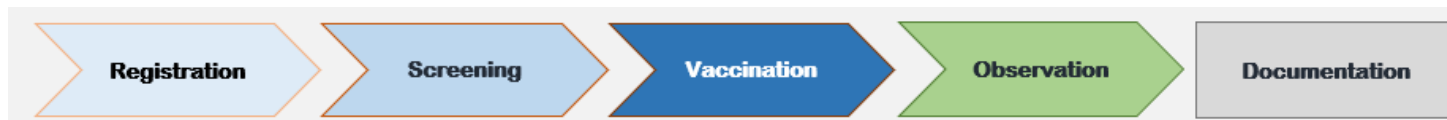


Figure 2: V-POD Stages

- V-PODs can be setup several different ways to best accommodate the size, goals, and layout of the organization and best fit the facility/location. The general processes and activities of the V-POD will remain the same. In preparation for the V-POD consider the five stages of the V-POD:
- Select a suitable location based on total volume, access, throughput, vaccine storage and temperature control. Specific space considerations include:
 - Walk-through V-POD: Room for social distancing in all queue lines and Observation areas. **Note: Hybrid structure may utilize parking area as observation to meet social distancing requirements and maximize space.**
 - Drive-through V-POD: Adequate vehicle space and traffic flow in lines and Observation area.
 - Appropriate restroom facilities (drive-through).
 - Access for those with access and functional needs.
 - V-POD staff breakroom areas.
- Set up your V-POD in the location to ensure functionality. Consider the following:

¹² Vaccine Recommendations and Guidelines of the ACIP, Vaccine Administration - <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html>



- Set up the V-POD stations, tables with location of equipment marked (use tape/paper to indicate approximate location of supplies/equipment), and observation areas.
- Run the V-POD process through for practice and to ensure flow/timeframe is realistic and effective.
- Take pictures/diagram confirmed layout to facilitate ease of set on the day(s) of the V-POD.
- Document set up time and time to return the space and equipment back to normal operations; include this time in your V-POD planning.
- Secure sufficient supplies to meet the needs of staff and the highest anticipated number of people receiving vaccination.
 - Refer to Appendix A – Position Tools
- Ensure V-POD staff are trained^{13,14}
- Prepare for vaccine storage and handling¹⁵
 - Vaccine transportation, storage, and handling requirements change based on the particular vaccine directed to your organization.
- For additional vaccine planning considerations such as supplies, and materials see:
 - *DPH Vaccine Provider Administration Site Checklist:* https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/12/Vaccine-Provider-Administration-Site-Checklist_12.18.20.pdf
 - *DPH Vaccine Planning Checklist:* https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/12/Vaccine-planning-checklist_12.18.20.pdf

V-POD Promotion and Communication

- To promote your V-POD:
 - Be clear about who the V-POD is for—those who have an appointment, those who have been prescreened, healthcare workers, high-risk populations, etc. Use signage at the V-POD to provide this information, including how to make an appointment or where to get vaccinated if someone does not meet the V-POD criteria.
 - Provide instructions on how to set up appointments if prescheduling will be used.
 - Consider providing a point of contact and/or resource e-mailbox for questions and assistance with registration paperwork prior to the V-POD.

¹³ CDC Skills Checklist for Vaccine Administration - <https://www.immunize.org/catg.d/p7010.pdf>

¹⁴ CDC You Call the Shots, web-based training courses - <https://www.cdc.gov/vaccines/ed/youcalltheshots.html>

¹⁵ CDC Vaccine Storage and Handling Toolkit - <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>



- Scale your promotion to the amount of vaccine that will be available.
- Use multilingual and multimedia channels to widely post V-POD purpose, dates, locations, times, and population that will be served.
- Be prepared to:
 - Communicate other options if scheduling is unable to meet demands (e.g., direct persons to other facilities, if possible).
 - Use electronic communication, as appropriate, to share V-POD information such as asking participants to download screening forms or review the VIS(s)¹⁶ or Emergency Use Authorization (EUA¹⁷) fact sheets before coming to the V-POD.

V-POD Setup

Setup Considerations	<ul style="list-style-type: none">● Utilize an appointment-only approach if possible, to assure appropriate social distancing. Large-scale administration with long lines may not allow for social distancing.● For walk-through V-PODs, it is important to establish queue lines that maintain separation between individuals or to ask individuals to wait in their vehicles or another location until called.● Consider using online or phone options for scheduling appointments and completing paperwork, when possible.
Type of Setup	<ul style="list-style-type: none">● For indoor V-PODs, consider use of a school, church, auditorium, theater, pharmacy, hallway, classroom, or cafeteria with adequate space for each process stage.● Curbside or drive-through V-POD.● Outdoor walk-through V-POD or V-POD in an outdoor tent outside a facility.● Mobile V-POD in a larger vehicle like a bus or trailer that allows for in one door and out another flow.

V-POD Organizational Structure

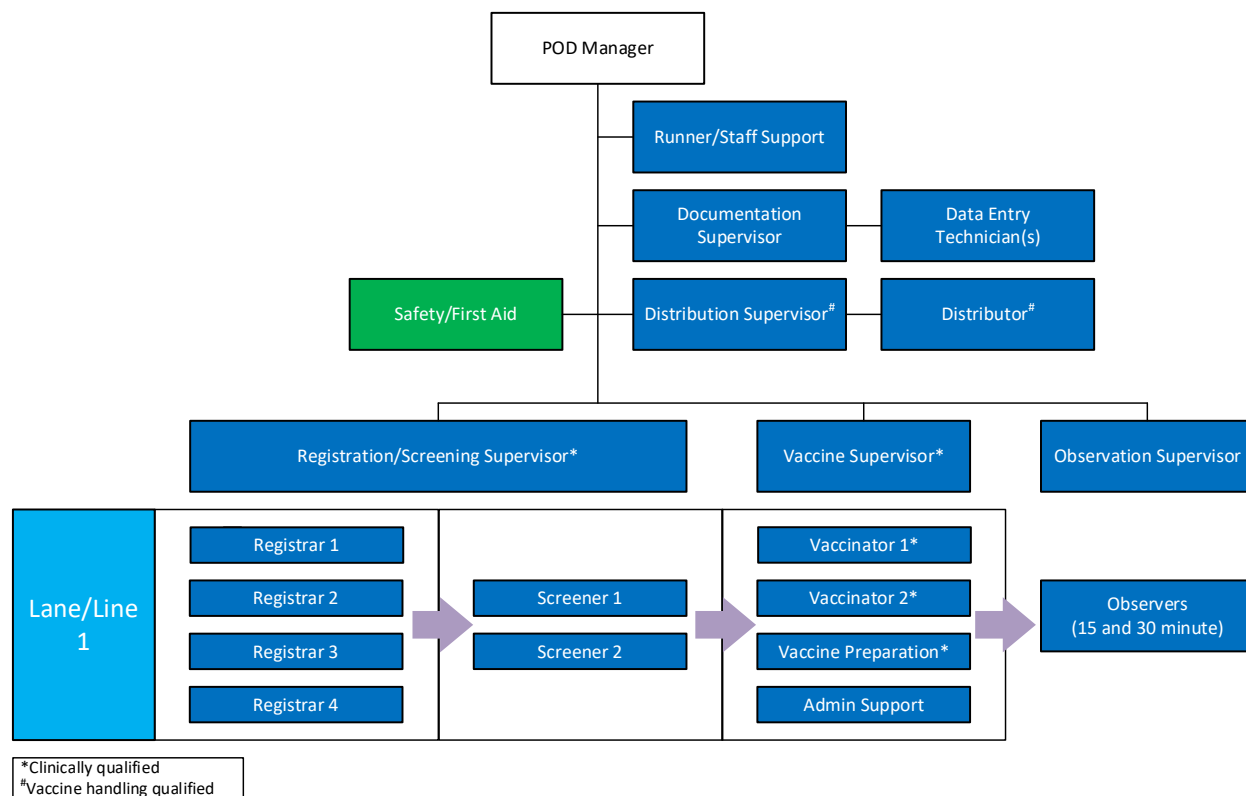
- Establishing and identifying the organizational structure is critical in ensuring staff understand who to report to, where to go for leadership and questions, and ensure there is oversight of each function and activity of the V-POD. The following is the suggested organization structure of a high-capacity V-POD.

¹⁶ VISs - <https://www.cdc.gov/vaccines/hcp/vis/index.html>

¹⁷ EUA - <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>



Figure 3 - 60 person per hour V-POD



- Depending on the overall size, configuration, and anticipated volumes per hour, not all positions are required to be filled.
- As additional lanes/lines are added, additional staff and/or positions (such as Lane Walkers) are required. Supervisor and/or manager positions may be filled and/or added as the V-POD Manager recognizes that they need help supervising staff as the number of lanes/lines increase.

V-POD Throughput Staffing Considerations

Throughput	V-POD Structure	Staffing
<10 Clients per hour	<ul style="list-style-type: none"> • No V-POD required; vaccination team can provide vaccinations and observation in the work or other designated area. 	<ul style="list-style-type: none"> • V-POD Manager is responsible for the coordination of all vaccination activities including distribution, tracking, documentation and return of unused supplies.
	<ul style="list-style-type: none"> • Add second team member to manage additional <10 additional clients. 	<ul style="list-style-type: none"> • Single clinically qualified staff • Second clinically qualified staff member may be added to handle <10 additional clients per hour
Trigger for expansion	<ul style="list-style-type: none"> • At throughput of 20 or more per hour, the vaccine process will require logistical, operational, and administrative support to maintain compliance, efficiency, and safety. A full V-POD is recommended. 	



Throughput	V-POD Structure	Staffing
20-40 Clients per hour Low volume V-POD *V-POD Manager assumes all functional Supervisor roles until span of control/ situation dictates.	<ul style="list-style-type: none"> Registration/screening station 	<ul style="list-style-type: none"> Supervisor assigned as appropriate Registrar 1 for up to 25/hour; add a second for 25-40/hour 1-2 Screeners
	<ul style="list-style-type: none"> Distribution station 	<ul style="list-style-type: none"> Supervisor assigned as appropriate 1-2 Distributors
	<ul style="list-style-type: none"> Vaccination station 	<ul style="list-style-type: none"> 1 vaccinator up to 25/hour; add a second for 25-40/hour 1 Medication preparer 1 Scribe
	<ul style="list-style-type: none"> Documentation Team 	<ul style="list-style-type: none"> 1 Documentation person entering information into DelVAX for each 25/hour
Trigger for expansion	<ul style="list-style-type: none"> Consistent wait time at Registration of more than 10 minutes and/or inability to maintain physical distancing Consistent wait time at vaccination station of more than 3 minutes Backups or long periods of inactivity inconsistent with current volumes should be investigated to identify opportunities for adding additional stations or expanding to additional lanes if possible 	

V-POD Safety and Security

- The organization operating the V-POD is responsible for the overall safety of the V-POD team and security and monitoring of the vaccines allocated to it.
 - The V-POD Manager assumes overall responsibility for activities related to safety. The appointment of a Safety Officer with the authority to end unsafe practices should be considered for high-volume V-PODs. Consider:
 - Overall infection prevention practices (see page 5) including the wearing of face coverings and social distancing for persons in queue lines.
 - Adequate and appropriate PPE for staff to include masks, face shields, gloves, and gowns.
 - Safe handling and sharps containers for safe disposal of syringes/needles.
 - Designate a space or system to secure vaccine and protect V-POD staff and their valuables.

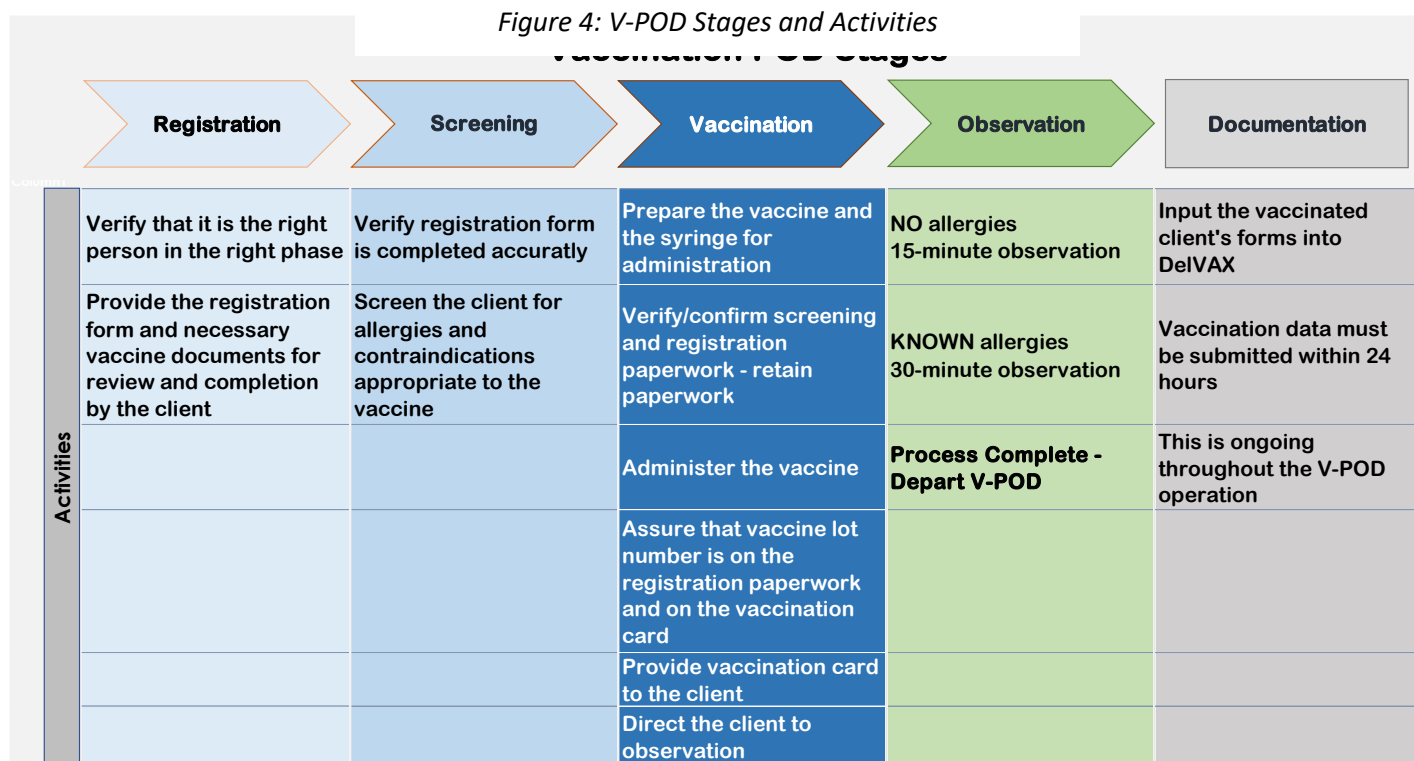


Section 3 - Operate the V-POD

Once the vaccine order is placed, DPH can allocate vaccine to the V-POD when it is available. Upon notice of scheduled vaccine delivery, activate internal V-POD processes (staff, setup, etc.)

V-POD Operation

The basic V-POD functions are described in *Figure 4: V-POD Stages and Activities*. For further detail, refer to *Appendix A - V-POD Position Tools*.



- The V-POD Manager is responsible for monitoring all stages to assure smooth and efficient functioning of the V-POD.
- The V-POD Manager must also monitor the inventory level of the vaccine throughout the V-PODs opening to assure:
 - That there is an adequate supply for those to receive the vaccine.
 - That there is not an undue amount of vaccine leftover at the close of the V-POD. This is not an issue if the V-POD is to reopen in the following days.



Section 4 - Demobilize the V-POD

The following actions must be taken upon the administration of the last vaccine of the V-POD. If a multi-day V-POD is conducted, vaccines must be stored in accordance with manufacturers requirements.

Vaccine Disposition

- ☐ All remaining vaccine in syringes are discarded according to protocol.
- ☐ Any remaining vaccine in vials are appropriately stored and handled to protect the cold chain.
- ☐ Unused vials need to be reported immediately to the DPH Vaccine Coordination Unit.

Documentation

- ☐ Enter receipt information on vaccinations administered to DelVAX within 24 hours of vaccine administration.
- ☐ All persons medical information must be placed in a secure location for privacy protection.
- ☐ Any suspected adverse events should be reported to the Vaccine Adverse Event Reporting System (VAERS)¹⁸.

Post-V-POD Improvement Planning

- ☐ Have a discussion with staff after the V-POD closes about what went well and what could have done better.
- ☐ Consider developing an after-action report (AAR)¹⁹ or evaluation to capture lessons learned from the V-POD and make recommendations for improvements.

¹⁸ VAERS - <https://vaers.hhs.gov/index.html>




¹⁹ Homeland Security Exercise and Evaluation Program (HSEEP) AAR Template - <https://emergency.cdc.gov/training/ERHMScourse/pdf/127961885-Hseep-AAR-IP-Template-2007.pdf>



Appendix A – Position Tools




Consider printing/laminating the Position Tools and provide to each staff member based on their role within the V-POD.




Title	Page
V-POD Manager	14
Safety Officer	16
Runner	17
Registration Supervisor	18
Registrar	19
Lane Walkers	20
Lane Manager	21
Screening Supervisor	22
Screeener	23
Vaccination Supervisor	24
Vaccinator	26
Vaccination Scribe	28
Logistics Distribution Supervisor	29
Distributor	31
Observation Supervisor	32
Observation Staff	33
Documentation Supervisor	34
Data Entry Technician	35




POSITION TOOL		V-POD Manager	
Date		V-POD Location	
Name		Cell Phone #	
		Email	
 Who does this position report to?			<i>Example: Org. Leadership</i>
 What are the responsibilities and activities of this position?	Overall management and responsibility for V-POD operations and discontinuation activities		
Supplies	> 72 hours from V-POD Start		
<input type="checkbox"/> Vest <ul style="list-style-type: none"> o Ideally, V-POD leadership should wear a different color from the rest of the staff. <input type="checkbox"/> 2-way radio or cell phone <input type="checkbox"/> V-POD Staffing List	<input type="checkbox"/> Coordinate V-POD planning using the Toolkit <input type="checkbox"/> Establish and test set-up and flow to confirm throughput, venue suitability, staffing, and number/timeframe for V-POD(s); document through diagrams, plans, pictures, etc. <input type="checkbox"/> Confirm/reserve V-POD location for dates considering vaccine storage timeframe. <input type="checkbox"/> Coordinate enrollment process or engagement of enrolled partner to complete vaccine order <input type="checkbox"/> Develop and coordinate vaccine receipt and appropriate cold chain storage <input type="checkbox"/> Ensure V-POD staffing and all appropriate trainings <ul style="list-style-type: none"> o Decide if Registration and Screening will be combined into one job or two. Larger volume PODs are encouraged to keep these jobs separate. <ul style="list-style-type: none"> ▪ IF COMBINED, ensure the Registration Supervisor uses BOTH Registration and Screening Position Tools. <input type="checkbox"/> Coordinate V-POD target population(s) communication to include education and registration/screening paperwork to be completed to be eligible for the V-POD <input type="checkbox"/> Establish V-POD preparation timeline including support for set-up and staff sign-in/screening <input type="checkbox"/> Develop and coordinate staff sign-in/staff COVID screening process in accordance with organizational policies and V-POD schedule/timeline <input type="checkbox"/> Assign/coordinate staff to inventory and assemble equipment and supply packages for each Team <input type="checkbox"/> Discuss with logistics – vaccine amount and supplies needed, such as stickers for VAR and for Vaccination Card. <input type="checkbox"/> Identify follow-up education to provide to clients (i.e., 2 nd dose information)		
 Pro Tip: Wear Comfortable shoes and appropriate layers based on the weather if outdoors			
Preparation and Set-Up Activities			
<input type="checkbox"/> Review V-POD layout and flow diagrams as determined during planning process <input type="checkbox"/> Coordinate Preparation and Set-Up staff sign-in and staff COVID screening <input type="checkbox"/> Assign/coordinate staff to set up stations, lanes, stanchions/cones/other dividers <input type="checkbox"/> Review forms and coordinate the distribution of supplies <input type="checkbox"/> Review Training/Dispensing requirements <input type="checkbox"/> Review Communication Plan <input type="checkbox"/> Collect and print vaccine-specific screening questions or task to Screening Supervisor			
During Activation			
<input type="checkbox"/> Observe throughput and volume; adjust staffing accordingly <input type="checkbox"/> Track inventory <input type="checkbox"/> Ensure safe document storage <input type="checkbox"/> Monitor safety and security <input type="checkbox"/> Document all actions and decisions			




Demobilization




- ☐ Coordinate unused resource return to proper location
- ☐ Adverse reactions for vaccine administration should be reported on VAERS forms, submitted to VAERS with a copy to Employee Health Section (Dr. Rick Pescatore/Jillian Austin).




POSITION TOOL		Safety Officer	
		*Larger PODs require more than one safety officer if drive-through model is used, i.e., one SO in Registration, one in Post Admin Area, and one in Vaccination Area.	
Date		V-POD Location	
Name		Cell Phone #	
		Email	
 Who does this position report to?			Example: V-POD Manager
 What are the responsibilities and activities of this position?	Responsible for overall safety of V-POD		
Supplies		Initial Actions	
<input type="checkbox"/> Vest <ul style="list-style-type: none"> o Ideally, the Safety Officer will have a different color from the rest of staff <input type="checkbox"/> 2-way radio or cell phone  Pro Tip: Wear Comfortable shoes and appropriate layers based on the weather if outdoors		<input type="checkbox"/> Put on identifying vest. This vest should be a different color than what other staff members are wearing so you are easily identifiable <input type="checkbox"/> Review V-POD Configuration and Flow <input type="checkbox"/> Understand the proper protocols for each station <input type="checkbox"/> Identify communication lines with all supervisors and V-POD Manager	
During Activation			
<input type="checkbox"/> Walk throughout V-POD Configuration start to finish to observe staff members. <input type="checkbox"/> If safety issues are identified, and when necessary, call a “hard stop” to correct the issue immediately. <input type="checkbox"/> Assist with completion of documentation for injuries sustained during V-POD Operations. These include needle sticks, exposures, injuries etc.			
Demobilization			
<input type="checkbox"/> If safety issues were identified, ensure these are communicated with V-POD manager			




POSITION TOOL		Runner	
Date		V-POD Location	
Name		Cell Phone #	
		Email	
 Who does this position report to?			<i>Example: V-POD Manager or Vaccination Supervisor</i>
 What are the responsibilities and activities of this position?			
Supplies		Initial Actions	
<input type="checkbox"/> Vest <ul style="list-style-type: none"> <i>Ideally, V-POD leadership should wear a different color from the rest of the staff.</i> <input type="checkbox"/> 2-way radio or cell phone  Pro Tip: Wear Comfortable shoes and appropriate layers based on the weather if outdoors		<input type="checkbox"/> Meet with each supervisor to identify that you are the runner for the day <input type="checkbox"/> Identify who you will be the “runner” for (may be more than one person) <input type="checkbox"/> Identify what items you are responsible for running and where their locations are (i.e., vaccines, needles, band aids etc.)	
During Activation			
<input type="checkbox"/> Walk around between the different units and be available when needed <input type="checkbox"/> Assist with communications, and supply sharing between the different units and with the V-POD Manager <input type="checkbox"/> Check-in with V-POD Manager and supervisors you are assigned to throughout the day <input type="checkbox"/> Provide support to the V-POD Manager as requested			
Demobilization			
<input type="checkbox"/> Help the different units shut down for the day, ensure all open communication holes were filled <input type="checkbox"/> Ensure additional vaccines, band aids, needles and other supplies are returned to proper staff member so they can be transported back to warehouse.			




POSITION TOOL		Registration Supervisor	
		*Screening may be combined with Registration, if so, utilize both position tools	
Date		V-POD Location	
Name		Cell Phone #	
		Email	
 Who does this position report to?			Example: V-POD Manager
 What are the responsibilities and activities of this position?	Responsible for overseeing the Registration Stations		
Supplies		Initial Actions	
<input type="checkbox"/> Vest <ul style="list-style-type: none"> o Ideally V-POD leadership should wear a different color from the rest of the staff. <input type="checkbox"/> 2-way radio or cell phone <input type="checkbox"/> <u>Copies of Forms</u> <ul style="list-style-type: none"> o Registration Form o Vaccine-related information forms <input type="checkbox"/> Clipboards <input type="checkbox"/> Pens for the clients		Meet with staff assigned to Registration to: <ul style="list-style-type: none"> <input type="checkbox"/> Brief staff on documents needed for individuals to pass the registration section <input type="checkbox"/> Brief staff on questions that need to be asked during registration <input type="checkbox"/> Brief Staff on the flow of the V-POD, i.e., how the clients will be moved throughout the different sections. 	
 Pro Tip: Wear Comfortable shoes and appropriate layers based on the weather if outdoors			
During Activation			
<input type="checkbox"/> Check ID for all who be getting vaccinated <input type="checkbox"/> Identify the date on the pre-registration QR code is correct <input type="checkbox"/> Ensure questionnaire is completed if client has paperwork <input type="checkbox"/> Identify what line the client should be in (red, yellow, or green) if individuals are being separated <input type="checkbox"/> Mark vehicle/client appropriately with correct color group <input type="checkbox"/> Be in communication with other Section Chiefs <input type="checkbox"/> Ensure staff understand their role and are taking breaks when needed			
Demobilization			
<input type="checkbox"/> Instruct staff who the last person/vehicle is that will be going through the line <input type="checkbox"/> Instruct staff where to return supplies to			

POSITION TOOL		Registrar	
		*Screening may be combined with Registration, if so, utilize both position tools.	
Date		V-POD Location	
Name		Cell Phone #	
		Email	
 Who does this position report to?			Example: Registration Supervisor
 What are the responsibilities and activities of this position?	Responsible for ensuring all clients are registered correctly		
Supplies		Initial Actions	
<input type="checkbox"/> Vest ○ Ideally POD leadership should wear a different color from the rest of the staff. <input type="checkbox"/> Clipboard <input type="checkbox"/> Pens  Pro Tip: Wear Comfortable shoes and appropriate layers based on the weather if outdoors		<input type="checkbox"/> Ensure all materials are ready prior to opening of V-POD (i.e., Extra paperwork for clients to fill out, pens etc.) <input type="checkbox"/> Review questions that need to be asked to clients, and review criteria for the Phase that is being vaccinated	
During Activation			
<input type="checkbox"/> Check ID for all who be getting vaccinated, ensure it lines up with paperwork <input type="checkbox"/> Identify the date on the pre-registration QR code is correct <input type="checkbox"/> Ensure questionnaire is completed if client has paperwork <input type="checkbox"/> Identify what line the client should be in (red, yellow, or green) if individuals are being separated <input type="checkbox"/> Mark vehicle/client appropriately with correct color group <input type="checkbox"/> Ensure all paperwork is complete <input type="checkbox"/> Ensure client meets the criteria for the phase that is being vaccinated <input type="checkbox"/> Answer any/all questions you can. Refer client to another staff member if you cannot answer their question			
Demobilization			
<input type="checkbox"/> Ensure all paperwork and supplies are returned to the correct location			




POSITION TOOL		Lane Walkers	
		<p>* Lane walkers should be considered for large PODs, especially when using a drive-through model.</p> <p>* Lane Walkers may be combined with the Registrar position, if so, utilize both position tools.</p>	
Date		V-POD Location	
Name		Cell Phone #	
		Email	
 Who does this position report to?			<i>Example: Registration Supervisor</i>
 What are the responsibilities and activities of this position?	Responsible for distributing EUA, VSafe documents, verify the client meets the current phase requirements (registration has final say), ensure the client's forms are filled out correctly if using paper forms.		
Supplies		Initial Actions	
<input type="checkbox"/> Vest <input type="checkbox"/> Clipboard <input type="checkbox"/> Pens <input type="checkbox"/> Traffic directional equipment (flags, signs, etc.) <input type="checkbox"/> Directional/flashlight (if working in low/no light)		<input type="checkbox"/> Ensure all materials are ready prior to opening of V-POD <ul style="list-style-type: none"> ○ Extra paperwork for clients to fill out ○ Pens/Clipboards ○ EUAs and VSafe documents <input type="checkbox"/> Review questions that need to be asked to clients, and review criteria for the Phase that is being vaccinated	
 Pro Tip: Wear Comfortable shoes and appropriate layers based on the weather if outdoors			
During Activation			
<input type="checkbox"/> Check ID for all who be getting vaccinated, ensure it lines up with paperwork <input type="checkbox"/> Ensure all paperwork is complete <input type="checkbox"/> Distribute the EUA and VSafe documents <input type="checkbox"/> Ensure client meets the criteria for the phase that is being vaccinated <input type="checkbox"/> Answer any/all questions you can. Refer client to another staff member if you cannot answer their question			
Demobilization			
<input type="checkbox"/> Ensure all paperwork and supplies are returned to the correct location			

POSITION TOOL		Lane Manager	
Date		V-POD Location	
Name		Cell Phone #	
		Email	
 Who does this position report to?			Example: Registration Supervisor
 What are the responsibilities and activities of this position?	Responsible for ensuring all clients are registered correctly		
Supplies		Initial Actions	
<input type="checkbox"/> Vest <ul style="list-style-type: none"> <i>o Ideally POD leadership should wear a different color from the rest of the staff.</i> <input type="checkbox"/> Lane marking supplies/equipment (as appropriate) <input type="checkbox"/> Traffic directional equipment (flags, signs, etc.) <input type="checkbox"/> Directional/flashlight (if working in low/no light) <input type="checkbox"/> Two-way radio or cell phone  Pro Tip: Wear Comfortable shoes and appropriate layers based on the weather if outdoors		Meet with staff assigned to the lane and review the following: <ul style="list-style-type: none"> <input type="checkbox"/> Lane staff roles, responsibilities <input type="checkbox"/> Lane flow and vaccination process <input type="checkbox"/> Lane change over process roles and responsibilities <input type="checkbox"/> Communication and supply request process <input type="checkbox"/> Safety procedures 	
During Activation			
<input type="checkbox"/> Account for and track all staff assigned to lane; ensure tracking when reassigning/receiving staff and changing shifts <input type="checkbox"/> Monitor and evaluate throughput; be prepared to provide total volume and throughput reporting as requested <input type="checkbox"/> Trouble shoot/coach processes as necessary to achieve desired throughput and safe operations <input type="checkbox"/> Recommend and/or coordinate lane change over process <input type="checkbox"/> Assign/reassign lane staff such as runners and screeners to facilitate efficient lane operations <input type="checkbox"/> Communicate and coordinate with Supervisors and V-POD manager to maximize resources and throughput <input type="checkbox"/> Evaluate and ensure safe lane operations at all times; be prepared to suspend operations due to safety concerns			
Demobilization			
<input type="checkbox"/> Close lane to traffic as directed <input type="checkbox"/> Coordinate clean-up and storage of lane marking equipment and signage <input type="checkbox"/> Ensure all lane equipment and supplies are accounted for and returned as directed <input type="checkbox"/> Account for all assigned staff <input type="checkbox"/> Ensure all documentation is complete and returned as directed			

POSITION TOOL		Screening Supervisor	
		<p>*Screening may be combined with Registration, if so, utilize both position tools.</p> <p>**If using digital registration through VAMS and Screeners are positioned with Vaccinators, consider moving Data Entry Technician tasks to the Screener, if so, utilize both position tools.</p>	
Date		V-POD Location	
Name		Cell Phone #	
		Email	
 Who does this position report to?			Example: Registration Supervisor
 What are the responsibilities and activities of this position?	Responsible for overseeing the Registration Stations		
Supplies		Initial Actions	
<input type="checkbox"/> Vest <ul style="list-style-type: none"> o Ideally POD leadership should wear a different color from the rest of the staff. <input type="checkbox"/> 2-way radio or cell phone <input type="checkbox"/> Clipboards <input type="checkbox"/> Pens for the clients <input type="checkbox"/> Allergy Identifier (Suggestion stickers or bright pieces of paper) <input type="checkbox"/> Vaccine Information sticker that identifies date, location, vaccine type and lot number  Pro Tip: Wear Comfortable shoes and appropriate layers based on the weather if outdoors		<input type="checkbox"/> A screening quick guide tool is available on page 37 <ul style="list-style-type: none"> o Print the vaccine quick guide for vaccine screening questions o Ensure staff know what screening questions to ask <input type="checkbox"/> Determine how clients with allergies will be identified. <ul style="list-style-type: none"> o <i>Suggestion: Use a bright colored piece of paper to identify a known allergy. You can either place the paper on the windshield for a drive through V-POD or hand it to the client to take with them to the vaccine stage. If using paper registration forms, you can also place a small sticker, so vaccinators know to ask follow-up questions.</i> <input type="checkbox"/> Remind staff to keep mask on at all times <input type="checkbox"/> Ensure staff have the proper materials to mark someone with allergies, so the Vaccinator can easily identify them. <input type="checkbox"/> Ensure all staff are greeting the clients in a positive way. <input type="checkbox"/> Ensure all staff review paperwork to make sure it is thoroughly filled out. <input type="checkbox"/> Ensure stickers identifying date, location, and vaccine type are for current day. <input type="checkbox"/> Ensure social distancing guidelines are followed <input type="checkbox"/> Ensure staff are briefed on follow-up education (i.e., 2 nd dose)	
During Activation			
<input type="checkbox"/> Ensure all staff have all the materials needed. <input type="checkbox"/> Communicate any issues with V-POD Manager <input type="checkbox"/> Ensure efficiently of Screeners			
Demobilization			
<input type="checkbox"/> Instruct screeners where to put materials			

POSITION TOOL		Screener	
		<p>*Screening may be combined with Registration, if so, utilize both position tools.</p> <p>**If using digital registration through VAMS and Screeners are positioned with Vaccinators, consider moving Data Entry Technician tasks to the Screener, if so, utilize both position tools.</p>	
Date		V-POD Location	
Name		Cell Phone #	
		Email	
 Who does this position report to?			Example: Screening Supervisor
 What are the responsibilities and activities of this position?	Responsible for overseeing the Registration Stations		
Supplies		Initial Actions	
<input type="checkbox"/> Vest <ul style="list-style-type: none"> o Ideally POD leadership should wear a different color from the rest of the staff. <input type="checkbox"/> 2-way radio or cell phone <input type="checkbox"/> Clipboards <input type="checkbox"/> Pens for the clients <input type="checkbox"/> Allergy Identifier (Suggestion stickers or bright pieces of paper) <input type="checkbox"/> Vaccine Information sticker that identifies date, location, vaccine type and lot number		<input type="checkbox"/> Review the screening questions <ul style="list-style-type: none"> o Should be provided by the Screening Supervisor <input type="checkbox"/> Understand how allergies will be identified <input type="checkbox"/> Ensure all materials are ready for the day (markers, pens, ways to identify allergies on paperwork)	
 Pro Tip: Wear Comfortable shoes and appropriate layers based on the weather if outdoors			
During Activation			
<input type="checkbox"/> Greet the client(s), and identify all who are there to be vaccinated <input type="checkbox"/> Gather all the paperwork <input type="checkbox"/> Review paperwork, and put sticker on paperwork that identifies what vaccine they took and the date of the injection <input type="checkbox"/> Ask the screening questions, be sure to ask about allergies and/or allergic reactions requiring medical attention <input type="checkbox"/> Mark on paper if the client answers yes to having allergies <input type="checkbox"/> After reviewing the paperwork, explain the next steps will be the vaccination. Following the vaccination, explain that individuals will be asked to wait for 15 minutes (those with no allergies) or a half hour (those with allergies) in case they have any adverse effects. <input type="checkbox"/> Ensure social distancing guidelines are followed			
Demobilization			
<input type="checkbox"/> Gather all materials used and put them back where they belong.			



- ☐ Stickers used to identify the date, location, and vaccine type should be discarded so there is no confusion during the next vaccination day.

POSITION TOOL		Vaccination Supervisor	
Date		V-POD Location	
Name		Cell Phone #	
		Email	
 Who does this position report to?			<i>Example: V-POD Manager</i>
 What are the responsibilities and activities of this position?	Responsible for overall Vaccination stage		
Supplies		Initial Actions	
<input type="checkbox"/> Vest  Pro Tip: Wear Comfortable shoes and appropriate layers based on the weather if outdoors		Meet with staff assigned as Vaccinators to: <ul style="list-style-type: none"> <input type="checkbox"/> Review proper handling of vaccinations <input type="checkbox"/> Ensure staff know the correct dosages to be given <input type="checkbox"/> Review proper disposal of syringes <input type="checkbox"/> Review questions that need to be asked <input type="checkbox"/> Ensure staff are briefed on follow-up education (i.e., 2nd dose) 	
Each Vaccination Station: <ul style="list-style-type: none"> <input type="checkbox"/> Table <input type="checkbox"/> Needle Information Card <input type="checkbox"/> Vaccination Cards (one for each client being vaccinated) <input type="checkbox"/> Nitrile Gloves <input type="checkbox"/> Band-Aids <input type="checkbox"/> Hand Sanitizer <input type="checkbox"/> Pens <input type="checkbox"/> Box for Immunization Sheet <input type="checkbox"/> Sharps Container <input type="checkbox"/> Box for Biohazard with Bag <input type="checkbox"/> Vaccine supplies provided by Distribution Supervisor (List below) 			
During Activation			
<ul style="list-style-type: none"> <input type="checkbox"/> Keep track of the vaccine dosages within your lane. If you are running low, tell the V-POD Manager <input type="checkbox"/> Ensure staff are disposing of syringes correctly <input type="checkbox"/> Ensure staff are asking the right questions to clients <input type="checkbox"/> Be available to Vaccinators for questions 			
Demobilization			
<ul style="list-style-type: none"> <input type="checkbox"/> Work with V-POD Manager to ensure all extra doses are stored properly <input type="checkbox"/> Ensure station is cleaned up, and no needles are out in open 			
Vaccine Ancillary Supply Kits (Provided by Division of Public Health) <i>Vaccinators will receive supplies with vaccines from the DISTRIBUTION SUPERVISOR as needed throughout</i> Vaccine Station Initial Set-Up for 20 Doses			

See Vaccine Ancillary Supply Kits on following page.

<input type="checkbox"/> (17) 22G-25G, 1 In Needles	<input type="checkbox"/> (2) Isolation Gowns
<input type="checkbox"/> (4) 22G-25G, 1.5 in Needles	<input type="checkbox"/> Nitrile Gloves (Vary Sizes)
<input type="checkbox"/> (42) Sterile Alcohol Prep Pads	<input type="checkbox"/> (1 Box) Band-Aids (Box)
<input type="checkbox"/> (1) Needle Information Card	<input type="checkbox"/> (1) Hand Sanitizer
<input type="checkbox"/> (20) Vaccination Cards	<input type="checkbox"/> (1) Clip board
<input type="checkbox"/> (2) Disposable Face Shields	<input type="checkbox"/> (2-4) Pens
<input type="checkbox"/> (4) Surgical Masks	<input type="checkbox"/> (1) Box for Immunization Sheet
	<input type="checkbox"/> (1) Sharps Container
	<input type="checkbox"/> (1) Box for Biohazard with Bag



POSITION TOOL		Vaccinator	
Date		V-POD Location	
Name		Cell Phone #	
		Email	
 Who does this position report to?		<i>Example: V-POD Manager</i>	
What are the responsibilities and activities of this position?		Responsible for overall Vaccination stage	
Supplies		Initial Actions	
<input type="checkbox"/> Vest  Pro Tip: Wear Comfortable shoes and appropriate layers based on the weather if outdoors		Meet with staff assigned as Vaccinators to: <ul style="list-style-type: none"> <input type="checkbox"/> Work with team to prepare the initial vaccinations <input type="checkbox"/> Review proper dosages <input type="checkbox"/> Ensure station is clean and organized 	
Each Vaccination Station: <ul style="list-style-type: none"> <input type="checkbox"/> Table <input type="checkbox"/> Needle Information Card <input type="checkbox"/> Vaccination Cards (one for each client being vaccinated) <input type="checkbox"/> Nitrile Gloves <input type="checkbox"/> Band-Aids <input type="checkbox"/> Hand Sanitizer <input type="checkbox"/> Pens <input type="checkbox"/> Box for Immunization Sheet <input type="checkbox"/> Sharps Container <input type="checkbox"/> Box for Biohazard with Bag <input type="checkbox"/> Vaccine supplies provided by Distribution Supervisor (List below) 			
During Activation			
<ul style="list-style-type: none"> <input type="checkbox"/> Keep track of the vaccine dosages within your lane. If you are running low, tell the Distributor <input type="checkbox"/> Ensure all syringes have the correct doses <input type="checkbox"/> Confirm the basic questions <input type="checkbox"/> Provide educational information while sticking arms <input type="checkbox"/> Remind clients about second dose <input type="checkbox"/> Hand sanitizer between every client. It is up to vaccinator if they want to change gloves between every client <input type="checkbox"/> Communicate needs with the Vaccine Preparer <input type="checkbox"/> Put used needles in the proper disposal bin immediately after use <input type="checkbox"/> Have needles paired with a band aid to make operations run smoother <input type="checkbox"/> Provide follow-up education (i.e., 2nd dose) <input type="checkbox"/> Be aware of your surroundings as individuals are walking around with needles at your station 			
Demobilization			
<ul style="list-style-type: none"> <input type="checkbox"/> Work with runner to ensure all extra doses are brought back to the correct location <input type="checkbox"/> Dispose of the disposal bin properly <input type="checkbox"/> Ensure station is cleaned up, and no needles are out in open 			

See Vaccine Ancillary Supply Kits on following page.




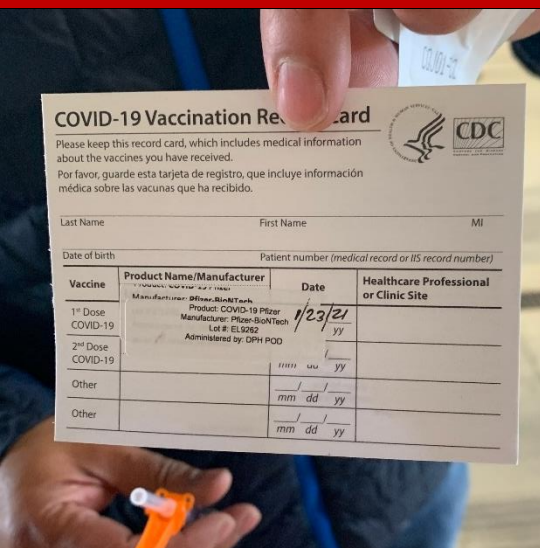
Vaccine Ancillary Supply Kits (Provided by Division of Public Health)




*Vaccinators will receive supplies with vaccines from the **DISTRIBUTION SUPERVISOR** as needed throughout*

Vaccine Station Initial Set-Up for 20 Doses

- | | |
|---|---|
| <input type="checkbox"/> (17) 22G-25G, 1 In Needles | <input type="checkbox"/> (2) Isolation Gowns |
| <input type="checkbox"/> (4) 22G-25G, 1.5 in Needles | <input type="checkbox"/> Nitrile Gloves (Vary Sizes) |
| <input type="checkbox"/> (42) Sterile Alcohol Prep Pads | <input type="checkbox"/> (1 Box) Band-Aids (Box) |
| <input type="checkbox"/> (1) Needle Information Card | <input type="checkbox"/> (1) Hand Sanitizer |
| <input type="checkbox"/> (20) Vaccination Cards | <input type="checkbox"/> (1) Clip board |
| <input type="checkbox"/> (2) Disposable Face Shields | <input type="checkbox"/> (2-4) Pens |
| <input type="checkbox"/> (4) Surgical Masks | <input type="checkbox"/> (1) Box for Immunization Sheet |
| | <input type="checkbox"/> (1) Sharps Container |
| | <input type="checkbox"/> (1) Box for Biohazard with Bag |



POSITION TOOL		Vaccination Scribe	
Date		V-POD Location	
Name		Cell Phone #	
		Email	
 Who does this position report to?			<i>Example: V-POD Manager</i>
 What are the responsibilities and activities of this position?	Responsible for writing down all information pertaining to the clients being vaccinated		
Supplies		Initial Actions	
<input type="checkbox"/> Vest <input type="checkbox"/> Pens <input type="checkbox"/> Vaccination Cards <input type="checkbox"/> <i>If available, stickers identifying type of vaccine and lot #</i> <input type="checkbox"/> Chair  Pro Tip: Wear Comfortable shoes and appropriate layers based on the weather if outdoors		Meet with staff assigned as Vaccinators to: <input type="checkbox"/> Ensure all materials/supplies are ready for the day <input type="checkbox"/> Identify which Vaccinators will you be working with	
During Activation			
<input type="checkbox"/> Scribes are responsible for writing down what vaccine was given, the manufacturer and lot number the vaccine came from, the date the vaccine was given, the location the vaccine was given, and the physical location on the client's body the vaccine was given and who administered the vaccine (i.e., vaccinators identification) <input type="checkbox"/> Scribes are also responsible for ensuring the client receives the COVID-19 Vaccination Record Card, which identifies the date, clients first and last name, date of birth, product type (which vaccine was given), manufacturer and lot number of vaccine and who the vaccine was administered by. Scribes should instruct the client to hold onto this card and bring it with them when they get their second dose. <input type="checkbox"/> Provide follow-up education (i.e., 2 nd dose)			
Demobilization			
<input type="checkbox"/> Return all materials to their proper locations <input type="checkbox"/> Ensure all paperwork is handed in to V-POD Manager			
Vaccine Card Example			

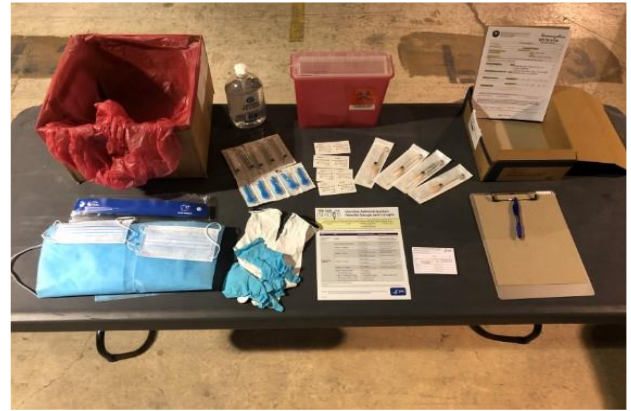
POSITION TOOL		Logistics Distribution Supervisor	
		***The type of vaccine used may modify functions/tasks slightly, merge or separate positions as appropriate to best meet the vaccine requirements AND specific V-POD setup.	
Date		V-POD Location	
Name		Cell Phone #	
		Email	
 Who does this position report to?			Example: V-POD Manager
 What are the responsibilities and activities of this position?	Responsible for overall storage, and tracking of vaccines on site		
Supplies		Initial Actions	
<input type="checkbox"/> Vest <input type="checkbox"/> Vaccine Supplies <input type="checkbox"/> Table  Pro Tip: Wear Comfortable shoes and appropriate layers based on the weather if outdoors		<input type="checkbox"/> Discuss with POD Manager regarding # of vaccination tables. <input type="checkbox"/> Discuss with POD Manager # of vaccine; print stickers for Vaccination Cards and for VAR. <input type="checkbox"/> Review proper handling of vaccinations <ul style="list-style-type: none"> Follow vaccine-specific requirements based on the type of vaccine received <input type="checkbox"/> Ensure staff know the correct dosages to be given <input type="checkbox"/> Review proper disposal of syringes <input type="checkbox"/> Review screening questions that need to be asked <input type="checkbox"/> Set-up each vaccine station table (See Below Vaccination Station Initial Set-Up for 20 Doses)	
During Activation			
<input type="checkbox"/> Following all vaccine handling requirements <i>Follow vaccine-specific requirements based on the type of vaccine received</i> <ul style="list-style-type: none"> Temperature checks Documentation Tracking of vaccines distributed Proper thawing of vaccines <input type="checkbox"/> Maintain vaccine station supplies (vaccine and ancillary supplies) <input type="checkbox"/> Respond to resource requests as needed <input type="checkbox"/> Receipt and document vaccine supply <input type="checkbox"/> Tracking of vaccine distribution to vaccine station(s) <input type="checkbox"/> Temperature monitoring of vaccine storage <input type="checkbox"/> Vaccine supply monitoring and communication to V-POD Manager <input type="checkbox"/> Evaluate vaccine demand and timeframe needed for thawing <input type="checkbox"/> Dose demand monitoring to ensure that only the required doses will be thawed to avoid vaccine waste; coordinate closely with the Vaccination Supervisor and the V-POD Manager			
Demobilization			
<input type="checkbox"/> Work with V-POD Manager to ensure all extra doses are stored properly <input type="checkbox"/> Ensure station is cleaned up, and no needles are out in open			




See Vaccine Ancillary Supply Kits on following page.




Vaccine Ancillary Supply Kits (Provided by Division of Public Health)




VACCINE STATION INITIAL SET-UP FOR 20 DOSES




- | | |
|---|---|
| <input type="checkbox"/> (17) 22G-25G, 1 In Needles | <input type="checkbox"/> (2) Isolation Gowns |
| <input type="checkbox"/> (4) 22G-25G, 1.5 in Needles | <input type="checkbox"/> Nitrile Gloves (Vary Sizes) |
| <input type="checkbox"/> (42) Sterile Alcohol Prep Pads | <input type="checkbox"/> (1 Box) Band-Aids (Box) |
| <input type="checkbox"/> (1) Needle Information Card | <input type="checkbox"/> (1) Hand Sanitizer |
| <input type="checkbox"/> (20) Vaccination Cards | <input type="checkbox"/> (1) Clip board |
| <input type="checkbox"/> (2) Disposable Face Shields | <input type="checkbox"/> (2-4) Pens |
| <input type="checkbox"/> (4) Surgical Masks | <input type="checkbox"/> (1) Box for Immunization Sheet |
| | <input type="checkbox"/> (1) Sharps Container |
| | <input type="checkbox"/> (1) Box for Biohazard with Bag |






POSITION TOOL		Distributor	
		***The type of vaccine used may modify functions/tasks slightly, merge or separate positions as appropriate to best meet the vaccine requirements AND specific V-POD setup.	
Date		V-POD Location	
Name		Cell Phone #	
		Email	
 Who does this position report to?			Example: Distribution Supervisor
 What are the responsibilities and activities of this position?	Responsible for supporting the Distribution Supervisor in storing and tracking of vaccines and supporting resource management.		
Supplies		Initial Actions	
<input type="checkbox"/> Vest <input type="checkbox"/> Vaccine Supplies <input type="checkbox"/> Table  Pro Tip: Wear Comfortable shoes and appropriate layers based on the weather if outdoors		<input type="checkbox"/> Review proper handling of vaccinations <ul style="list-style-type: none"> ○ Follow vaccine-specific requirements based on the type of vaccine received <input type="checkbox"/> Ensure staff know the correct dosages to be given <input type="checkbox"/> Review proper disposal of syringes <input type="checkbox"/> Review screening questions that need to be asked <input type="checkbox"/> Set-up each vaccine station table (See Below Vaccination Station Initial Set-Up for 20 Doses)	
During Activation			
<input type="checkbox"/> Following all vaccine handling requirements <i>Follow vaccine-specific requirements based on the type of vaccine received</i> <ul style="list-style-type: none"> ○ Temperature checks ○ Documentation ○ Tracking of vaccines distributed ○ Proper thawing of vaccines <input type="checkbox"/> Maintain vaccine station supplies (vaccine and ancillary supplies) <input type="checkbox"/> Respond to resource requests as needed <input type="checkbox"/> Receipt and document vaccine supply <input type="checkbox"/> Tracking of vaccine distribution to vaccine station(s) <input type="checkbox"/> Temperature monitoring of vaccine storage <input type="checkbox"/> Vaccine supply monitoring and communication to POD Manager <input type="checkbox"/> Evaluate vaccine demand and timeframe needed for thawing <input type="checkbox"/> Dose demand monitoring to ensure that only the required doses will be thawed to avoid vaccine waste; coordinate closely with the Vaccination Supervisor and the V-POD Manager			
Demobilization			
<input type="checkbox"/> Work with V-POD Manager to ensure all extra doses are stored properly <input type="checkbox"/> Ensure station is cleaned up, and no needles are out in open			

POSITION TOOL		Observation Supervisor	
Date		V-POD Location	
Name		Cell Phone #	
		Email	
 Who does this position report to?			<i>Example: V-POD Manager</i>
 What are the responsibilities and activities of this position?	Responsible for overseeing the observation those who have been vaccinated		
Supplies		Initial Actions	
<input type="checkbox"/> Vest <input type="checkbox"/> Cones if in parking area <input type="checkbox"/> 2-way radio or cell phone  Pro Tip: Wear Comfortable shoes and appropriate layers based on the weather if outdoors		Meet with staff assigned to Observation to: <ul style="list-style-type: none"> <input type="checkbox"/> Brief them on symptoms to look out for <input type="checkbox"/> Identify who the First Aid Person is, their number or radio channel/ and when to call for help <input type="checkbox"/> Ensure observers know how long people should be waiting (15 minutes for those with no allergies, and half hour for those with allergies). <input type="checkbox"/> Each observation staff members should make contact with individuals in their designated area. 	
During Activation			
<input type="checkbox"/> Be available to answer questions from Observers <input type="checkbox"/> Report adverse reactions using VAERS form, report all incidents to POD manager. <input type="checkbox"/> Call 9-1-1 or medical support if client has a medical emergency			
Demobilization			
<input type="checkbox"/> Ensure observers do not leave post until all clients are finished with their wait periods <input type="checkbox"/> Help staff clean up observation area / put materials away (cones, signs etc.)			

POSITION TOOL		Observation Staff	
Date		V-POD Location	
Name		Cell Phone #	
		Email	
 Who does this position report to?			<i>Example: Observation Supervisor</i>
 What are the responsibilities and activities of this position?	Responsible for observing those who have been vaccinated for adverse reactions		
Supplies		Initial Actions	
<input type="checkbox"/> Vest <input type="checkbox"/> 2-way radio or cell phone <input type="checkbox"/> Cones if in parking area  Pro Tip: Wear Comfortable shoes and appropriate layers based on the weather if outdoors		<input type="checkbox"/> Review symptoms to look out for <input type="checkbox"/> Identify who the First Aid Person is, their number or radio channel/ and when to call for help	
During Activation			
<input type="checkbox"/> Review client paperwork to see if they should wait for 15 minutes (no allergies) or 30 minutes (those with allergies) <input type="checkbox"/> Direct clients on where to go for observation <input type="checkbox"/> Be in communication with Observation Supervisor on needs <input type="checkbox"/> Alert medical staff if a client is having a negative reaction; notify supervisor if adverse reaction; fill out VAERS form. <input type="checkbox"/> Call 9-1-1 or medical support if client has a medical emergency			
Demobilization			
<input type="checkbox"/> Do not leave post until all clients are finished with their wait periods <input type="checkbox"/> Clean up observation area / put materials away (cones, signs etc.)			

POSITION TOOL		Documentation Supervisor	
		<p>***This position may be merged with another, such as Screening Supervisor, if digital registration through VAMS is used or based on V-POD setup or size. If merged with another position, utilize both position tools.</p>	
Date		V-POD Location	
Name		Cell Phone #	
		Email	
 Who does this position report to?			Example: V-POD Manager
 What are the responsibilities and activities of this position?	Responsible for ensuring all necessary vaccine and administration documentation occurs and is properly reported.		
Supplies		Initial Actions	
<input type="checkbox"/> Vest <input type="checkbox"/> 2-way radio or cell phone <input type="checkbox"/> Laptop/tablet <input type="checkbox"/> Pens <input type="checkbox"/> Boxes to secure documents <input type="checkbox"/> Optional – sticky notes  Pro Tip: Wear Comfortable shoes and appropriate layers based on the weather if outdoors		Meet with staff assigned to Data Entry to: <input type="checkbox"/> Brief them on how to upload the client information into DelVax.	
During Activation			
<input type="checkbox"/> Frequently visit each vaccination table and pull immunization forms, prior to leaving ensure that critical areas are filled in such as (lot#, administrator (vaccinator), site (RD, LD) etc.) <input type="checkbox"/> As client's receive vaccines, ensure Data Entry Technicians are uploading the client's registration form data into DelVax. <ul style="list-style-type: none"> ○ If using digital registration through VAMS, this can be done as a component of screening and submitted once the client's vaccine information is updated. 			
Demobilization			
<input type="checkbox"/> Ensure all reportable information is uploaded to DelVax. <input type="checkbox"/> Retain any paper documentation used throughout the event, <u>remember, the documents may include client's personal and health information and should be kept secure.</u>			
Submit ALL vaccine reported information within 24-hours of event.			

POSITION TOOL		Data Entry Technician	
		***This position may be merged with another, such as Screening Supervisor, if digital registration through VAMS is used or based on V-POD setup or size. If merged with another position, utilize both position tools.	
Date		V-POD Location	
Name		Cell Phone #	
		Email	
 Who does this position report to?			Example: V-POD Manager
 What are the responsibilities and activities of this position?	Responsible for ensuring all necessary vaccine and administration documentation occurs and is properly reported.		
Supplies		Initial Actions	
<input type="checkbox"/> Vest <input type="checkbox"/> Laptop/tablet <input type="checkbox"/> Pens <input type="checkbox"/> Boxes to secure documents <input type="checkbox"/> <i>Optional – sticky notes</i>		<input type="checkbox"/> Receive briefing on how to upload client data into DelVax. <input type="checkbox"/> Familiarize yourself with DelVax and the process.	
 Pro Tip: Wear Comfortable shoes and appropriate layers based on the weather if outdoors			
During Activation			
<input type="checkbox"/> As client's receive vaccines, upload the registration form data into DelVax. <ul style="list-style-type: none"> <input type="checkbox"/> If using digital registration through VAMS, this can be done as a component of screening and submitted once the client's vaccine information is updated. 			
Demobilization			
<input type="checkbox"/> Ensure all reportable information is uploaded to DelVax and VaccineFinder. <input type="checkbox"/> Retain any paper documentation used throughout the event, <u>remember, the documents may include client's personal and health information and should be kept secure.</u>			
Submit ALL vaccine reported information within 24-hours of event.			



COVID Vaccine Screening Quick Guide

* At this time, it is recommended that the COVID-19 vaccine not be given within 14 days of any **other vaccines**. Therefore, you should not get the COVID-19 vaccine if you have had another vaccine within the last 14 days, and you should not get any other vaccines for 14 days after receiving the COVID-19 vaccine. This applies to both the first dose and second dose of the COVID-19 vaccine.

* If you have received either **monoclonal antibodies or convalescent plasma** as a treatment for COVID-19 infection, you must wait 90 days before getting vaccinated.

* If you are a **close contact** that is deemed to require quarantine due to COVID-19, you should not get the vaccine until out of quarantine.

* If you are **currently diagnosed** with COVID-19 and advised to isolate, you should not get the vaccine until out of isolation.

* If someone says they are **pregnant, may be pregnant, lactating/breastfeeding**—say, "you are advised to have a risk/benefit discussion with your OB/GYN prior to vaccination. do you still wish to proceed?"

* You may receive the vaccine if you are taking **blood thinners**, watch the injection site for bleeding.

* **TB tests** (TST or IGRA) are not a contraindication for receiving the COVID-19 vaccine. A known need for a TB test is generally prioritized when timing receiving the COVID-19 vaccine. It is important to weigh the risks and benefits of delaying TST/IGRA with your provider/employer. <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

* Any previous immediate **allergic reaction** to polysorbate (of any severity) or polyethylene glycol/Miralax is an absolute contraindication.

* If you have had an immediate allergic reaction—even if it was not severe—to any ingredient in an mRNA COVID-19 vaccine, **CDC recommends that you should not get either of the currently available mRNA COVID-19 vaccines**. If you had an immediate allergic reaction after getting the first dose of an mRNA COVID-19 vaccine, **you should not get the second dose**.

* People who have had severe allergic reactions or who have had any type of immediate allergic reaction to a vaccine or injectable therapy should be monitored for at least 30 minutes after getting the vaccine. All other people should be monitored for at least 15 minutes after getting the vaccine.

* Information about the date of receiving the **second dose** is not confirmed but should be at least 28 days.

Appendix B - Relevant Links

Visit the Delaware Division of Public Health COVID-19 Vaccine webpage for up-to-date fact sheets and additional information - <https://coronavirus.delaware.gov/vaccine/>

Centers for Disease Control and Prevention (CDC)

- Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations - <https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html>
- CDC Guidance for Cleaning and Disinfecting - https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/Reopening_America_Guidance.pdf
- Vaccine Administration: COVID-19 Personal Protective Measures <https://www.cdc.gov/vaccines/hcp/admin/downloads/COVID-19-vaccine-administration-PPE-508.pdf>
- Vaccine Recommendations and Guidelines of the ACIP, Vaccine Administration - <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html>
- CDC Skills Checklist for Vaccine Administration - <https://www.immunize.org/catg.d/p7010.pdf>
- CDC You Call the Shots, web-based training courses - <https://www.cdc.gov/vaccines/ed/youcalltheshots.html>
- CDC Vaccine Storage and Handling Toolkit - <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>

Drive-Through POD Research

- Gupta, Evans, and Heragu, (2013). Stimulation and Optimization Modeling for Drive-Thru Mass Vaccination – A Generalized Approach. *Embry-Riddle Aeronautical University*, page 7 <https://commons.erau.edu/cgi/viewcontent.cgi?article=1000&context=ww-management-science>
- Agary, Najafabadi, Karsseboom, and Wu. (2020). A Drive-Thru Simulation Tool for Mass Vaccination during COVID-19 Pandemic. *MDPI Journal, Healthcare*. Figure 1 The 2D layout of the drive-Thru mass vaccination simulation tool, page 9. <https://www.mdpi.com/2227-9032/8/4/469/html>

