

**[insert facility/organization logo here]**

**Closed Point of Dispensing Site**

*A Guide for Healthcare Facilities during COVID-19*

**Updated November 2020**

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# Section 1: Introduction

As the current coronavirus (COVID-19) pandemic evolves, local public health (LPH) planners are tasked with developing various operational plans for early COVID-19 vaccine distribution and administration when supply may be constrained and is dependent on several scenarios (See CDC Vaccine Allocation Assumptions and Scenarios in Appendix 1). One operational planning tool for vaccine dispensing is the development and implementation of Points of Dispensing (PODs) to most effectively distribute medical countermeasures (MCMs) to members of the community.

PODs are sites operated by public health [planners/officials] where medication can be given to people to prevent disease in response to public health threats. **Open PODs** are one of the main methods for the distribution of medicine or vaccines to many people during a large-scale public health emergency, such as the COVID-19 pandemic. Open PODs are available to the general public and are the responsibility of local public health departments. While this approach will be used to reach a large portion of the population, additional types of PODs will be utilized to help reach COVID-19 prioritized populations.

A **Closed POD** is a site operated by a public or private organization, e.g. skilled nursing facility, hospital, etc., for a specific group of people, likely that organization’s clients and staff. Closed PODs are not open to the public at-large and will work in partnership with local public health. **Closed POD partners**, such as local hospital systems, long-term care facilities, community health centers, outpatient clinics, and other private organizations, can provide vaccines in closest proximity to the prioritized populations as quickly as possible and will play an important role during vaccine dispensing.

**This guide is intended to assist in Closed POD planning once your organization has agreed to become a Closed POD to receive public health assets, dispense medication, and/or coordinate mass vaccination for your employees as well as their families.** This agreement is between the local public health department (LPHD) and the facility or organization. Tribal healthcare facilities are strongly encouraged to work with their LPHD and tribal health department.[[1]](#footnote-1) However, Indian Health Services (IHS) facilities can request vaccine directly. Furthermore, to receive and administer the COVID-19 vaccine and ancillary supplies, vaccination providers must enroll in the United States Government (USG) COVID-19 vaccination program, coordinated through their public health department’s immunization program, by signing and agreeing to conditions outlined in the COVID-19 Vaccination Program Provider Agreement (VPPA). This agreement is not yet available, but providers can register via the Arizona Department of Health Services (ADHS) Pandemic Provider Onboarding <https://redcapaipo.azdhs.gov/surveys/?s=DY8CA9LMJ8>. The Centers for Disease Control and Prevention (CDC) will make this agreement available to each LPHD’s immunization program for use in conducting outreach and enrolling vaccination providers.

**Note:** Some multijurisdictional vaccination providers (e.g., select large drugstore chains, Indian Health Service [IHS], and other federal providers) will enroll directly with the CDC to order and receive the COVID-19 vaccine.

The model used to dispense vaccines or medicine will be dependent on guidance from the U.S. Department of Health and Human Services (HHS) and will rely on the severity of the event and number of people affected. This guide is updated with the most current COVID-19 vaccine considerations from the CDC.

## **1.1 Benefits**

The benefits of participating as a Closed POD Partner include:

* Demonstrating an organizational commitment to your employees’ health and safety as well as their families
* Promoting continuity of operations for your organization by having employees come to work to receive the medication or vaccine rather than waiting in long lines at an Open POD
* Direct receipt of COVID-19 vaccine and ancillary supplies, or other public health assets from the LPHD free of charge
* Serving as a community partner in public health response

## **1.2 Purpose**

The purpose of this guide is to provide instruction and guidance for operating Closed PODs in response to the COVID-19 pandemic. This document will focus on vaccine-based models of distribution as identified by the CDC (see Appendix 1: Facts Sheets and Resources).

## **1.3 Users**

This guide was developed for healthcare facilities operating as Closed POD partners, POD Planning Committee team members, and organizational leadership to learn more about the Closed POD program and to collect information for the pre-event planning of Closed POD plans. If you are the designated emergency planner for your healthcare organization, local public health recommends you review the entire planning guide to gain a full understanding of all the components used to compose and update your organization’s Closed POD Plan.

If there are any questions, please contact your LPHD (see Appendix 2: Fact Sheets and Resources).

All Closed POD forms mentioned throughout the document will be available for export or printing at the end of the document in Appendix 1: Closed POD Forms.

# Section 2: Overview of Roles and Responsibilities

Below is an overview of the Closed POD roles and responsibilities of LPHD and healthcare partners. It is adapted from the CDC (<https://www.cdc.gov/cpr/readiness/healthcare/closedpodtoolkit/factsheet-roles.htm>).

**Table 1.0: Responsibilities of Local Public Health and Closed POD Partners**

|  |  |
| --- | --- |
| **County Health Department** **Responsibilities** | **Closed POD Healthcare Partner****Responsibilities** |
| * Provide planning and technical assistance for developing a Closed POD Dispensing Plan
* Identify the critical workforce and key workers (individuals essential to preserving the critical functions of a community)
* Create an agreement with Closed POD partnering healthcare organizations
* Provide the initial Closed POD training and support for future trainings
* Provide guidance on POD layout and logistics
* Provide electronic copies of all forms and documents needed for the response
* Provide incident-specific public health communications, vaccine guidance, and public messaging
* Collect Administrative Cost Reimbursement materials for vaccine dispensing
* Distribute vaccines to Closed POD partners, unless vaccine is sent directly to registered Closed PODs
* Report significant adverse events after vaccination to the Vaccine Adverse Events Reporting System (VAERS) <https://vaers.hhs.gov>
* Continue to support partners throughout response, demobilization, and recovery efforts
 | * Build a Closed POD Planning Committee
* Create an agreement with local public health department
* Build a Safety & Security Plan
* Determine the location and layout of vaccine-based POD models
* Obtain supplies and equipment to operate a Closed POD to include cold chain management items (i.e. dry ice)
* Identify where POD supplies will be stored
* Identify 24/7 contacts for your organization
* Designate staff/volunteers to fill Closed POD positions including a Vaccination Team
* Train employees/volunteers on the Closed POD Dispensing Plan periodically
* Develop a Closed POD Dispensing Plan and share with local public health department
* Participate in initial Closed POD Training from local public health department
* Respond to annual surveys sent out by local public health departments to update contacts, delivery information, and critical workforce
* Exercise your Closed POD Plan (tabletop, functional, full scale)
* Dispense vaccine to target populations
* Report significant adverse events after vaccination to the Vaccine Adverse Events Reporting System (VAERS) <https://vaers.hhs.gov>
 |

# Section 3: Pre-Event Planning Components

Congratulations! If you are working on this section, your organization is ready to move forward developing the pre-event planning components with your organization’s Planning Committee. Pre-event planning components consist of a 10 – Step process. Information collected from each step is implemented into the Closed POD Plan.

**Best Practice**

Some organizations have found it helpful to build a Core Planning Team and separate panel of Advisory Members to advise on Closed POD planning materials in alignment with expertise, daily job functions, roles, and oversight.

## **Step 1: Build a Planning Committee**

The first step in developing a Closed POD Plan involves building a Planning Committee with experienced individuals with various backgrounds within your healthcare organization. Consider individuals who can provide planning recommendations based on their field of expertise as well as promote the safety and well-being of employees.

Keep in mind, committee members may be the same individuals who activate the Closed POD Plan and take on leadership roles for Closed POD operations. Review the list below for a description of various types of committee members to consider. Depending on the size of the organization, the list of Planning Committee members may be scaled down to fewer individuals to fit the needs of your organization.

Note: the below committee member types are not inclusive or exclusive and can be adapted based on organizational capacity and needs.

* **Emergency Management/Operations Chief** – A staff member who is the primary leader of the Planning Committee that understands the Incident Command System, is familiar with disaster planning, and has the ability to execute training and exercises.
* **Security/Risk Management/Safety Officer** – This staff member oversees the safety and security aspects of the healthcare organization and the Closed POD.
* **Facility Management** – A staff member who oversees and understands owned-facilities, building design, room capacity, as well as equipment and supplies available for use within organization.
* **Occupational Health & Safety** – Staff members who are experienced promoting a culture of health and safety for employees and leading standards for safety, occupational health, and compliance with local, state, and federal requirements.
* **Human Resources** – A staff member who understands the healthcare organization’s policies and procedures as well as applicable local, state, federal, or tribal requirements and possible communication methods of reaching employees within the entire organization.
* **Medical Personnel** (e.g. Nurse or Paramedic) – It is helpful to engage with a staff member that is knowledgeable in the medical field.
* **Public Information Officer/Spokesperson**– A staff member at your organization who is able to develop and deliver key messages to employees during a crisis and speak on behalf of the organization.
* **Administrative Staff** – Staff who are helpful in scheduling meetings, taking minutes, assisting with organizing the information for the plans.

**Tip:** You may want to consider the following titles or similar positions to be a member of the planning team: ADA Compliance Officer, Diversity Officer, representatives from identified Critical Workforce populations, Union representatives, and individuals from the disability community.

Planning Committee Members

Use the Form 1.0 at the end of the document to enter contact information for each Closed POD Planning Committee Member. Your local public health department recommends reviewing contacts and updating the information monthly during the COVID-19 pandemic. Partners can also use this time to reevaluate if additional members to the Planning Committee are needed to inform plans and ensure the health, safety, and well-being of employees within the organization.

**[Visit Form 1.0: Closed POD Planning Committee Members]**

Once the Planning Committee is formed, schedule regular Closed POD Planning Meetings to discuss the remaining steps in collecting information for the Closed POD Plan for your healthcare organization.

## **Step 2: Identify 24/7 Emergency Contacts for Local Public Health Department**

Identify 24/7 primary and secondary individuals within your organization who can be notified by the local public health department (LPHD) and have the authority to activate the Closed POD. If available, add a tertiary individual. Please discuss this with your Closed POD Planning Committee how to fulfill these roles within your organization. Capture a 24/7 phone number, a secondary phone number, and two email addresses per contact. The LPHD recommends you update contact information monthly.

**[Visit Form 2.0: Emergency Contact List for Local Public Health]**

## **Step 3: Identify the Critical Workforce Population**

As a Closed POD Partner, your organization agreed to receive COVID-19 vaccine and ancillary supplies from the LPHD and dispense vaccine to your employees based on availability of vaccine and guidance from the U.S. Department of Health & Human Services (HHS) and the CDC .

This guidance outlines considerations for a vaccine-based model, as opposed to the pill-based model used for antibiotics or antivirals. In a vaccine-based model medical personnel must dispense the vaccine with licensed medical personnel controlling the dispensing process.

The Arizona Department of Health Services (ADHS) and the LPHDs will use the critical workforce population estimates as outlined by HHS and the CDC. Because of the rapidly evolving nature of the COVID-19 pandemic, the below critical workforce population description is based on vaccine planning assumptions.

Critical Workforce Population and the Tiered System

The CDC states within the past 100 years four pandemics have resulted from the emergence of a novel influenza strain including the H1N1 Spanish Flu (1918), the H2N2 Asian Flu (1957), the H3N2 Hong Kong Flu (1968), and most recently the H1N1 swine flu (2009). The novel coronavirus (SARS-CoV-2) pandemic in 2020 has presented unique challenges different from influenza pandemic planning.

Effective pandemic response relies on the ability of the federal government to rapidly develop and distribute vaccine shortly after identifying the virus. However, as with COVID-19 and the 2009 H1N1 pandemic, the nature of a novel virus poses difficulties to a timely vaccine development and manufacturing process which results in a vaccine being available to the public months into the pandemic.

Pandemics have significant impacts on labor and infrastructure operations. The Occupational Safety & Health Administration (OSHA) cites a pandemic could affect as many as 40% of the workforce during peak periods of influenza illness with each wave of the outbreak lasting six to eight weeks.

Take a moment to consider those effects on your own workforce due to illness, parents having to stay home with sick children, employees refusing to go to work out of fear of contracting the illness (worried well), and fatigue in staff working extraordinary hours.

Critical Workforce – Workers with critical skills, experience, certification, or licensure status whose absence would create severe bottlenecks in or the collapse of critical functions.

Partners during planning should identify their *Critical Workforce[[2]](#footnote-2)* to help the LPHD make informed decisions about the allocation of a vaccine, especially when doses are in short supply. Not only does this identification support business continuity goals but can also aide in the federal response strategy.

*Critical workforce planning is not the same as critical infrastructure planning*. Critical infrastructure refers to those systems and assets, both physical or virtual, that are vital to operations and which, if compromised, could have a debilitating effect on national security, financial stability, public health, safety, communication, and supplies distribution.

Critical workforce categories for the COVID-19 pandemic will be pre-defined and categorized by the CDC and are in the development process.

**Tip:** Consider referencing your own Business Continuity or Continuity of Operations Plan (COOP) to identify mission essential functions of the organization. You may find the identified functions are linked to potential members of the Critical Workforce with specialized licenses, experience, certification and/or skill.

Vaccine Ordering and Distribution

COVID-19 vaccine and ancillary supplies will be procured and distributed by the federal government at no cost to enrolled COVID-19 vaccination providers. All providers/organizations must be enrolled and must be able to meet the reporting requirements discussed below in “Vaccine Provider Enrollment.” CDC will share more information about reimbursement claims for administration fees as it becomes available.

Below is a list of vaccine distribution assumptions from the CDC:

* The CDC will fulfill orders for most COVID-19 vaccine products as approved by ADHS immunization programs. Some COVID-19 vaccine products, such as those with ultra-cold temperature requirements, will be shipped directly from the manufacturer.
* Closed POD partners will follow the LPHD/ADHS vaccine ordering procedures, once they become available.
* COVID-19 vaccination providers will be required to report ongoing COVID-19 vaccine inventory.
* Vaccine orders will be approved and transmitted in the CDC’s Vaccine Tracking System (VTrckS) by the ADHS immunization program (Arizona Immunization Program) for enrolled vaccination providers.
* Vaccine (and adjuvant, if required) will be shipped to healthcare provider sites within 48 hours of their order approval by the ADHS immunization program, if supply is available. Ancillary supply kits and diluent (if required) will ship separately from the vaccine due to different cold chain requirements, but shipment will be timed to arrive with or before the vaccine.
* Ancillary supply kits will include needles, syringes, alcohol prep pads, COVID-19 vaccination record cards for each vaccine recipient, and a minimal supply of personal protective equipment (PPE), including surgical masks and face shields, for vaccinators.
	+ Each kit will include supplies needed to administer 100 doses of vaccine.
	+ Local public health departments may need to plan for additional PPE, depending on vaccination site needs.
	+ For COVID-19 vaccines that require reconstitution with diluent or mixing adjuvant at the point of administration, these ancillary supply kits will include additional necessary syringes, needles, and other supplies for this purpose.
	+ Sharps containers, gloves, gowns, bandages, and other supplies will not be included.
* Minimum order size for CDC centrally distributed vaccines will be 100 doses per order for most vaccines. Minimum order size for direct-ship vaccines may be much larger. CDC will provide more detail as it becomes available.
* Vaccine will be sent directly to vaccination provider locations for administration or designated depots for secondary distribution to administration sites (e.g., chain drugstores’ central distribution).
* Once vaccine products have been shipped to a healthcare provider site, the federal government will not redistribute product vaccines and supplies.
	+ Frozen vaccines should not be redistributed to another site.[[3]](#footnote-3)
* LPHDs and Closed POD partners are not advised to purchase ultra-cold storage equipment at this time; ultra-cold vaccine may be shipped from the manufacturer in coolers that are packed with dry ice, can store vaccine for an extended period of time, and can be repacked for longer use. The CDC will provide additional detail as it becomes available.

*To be determined:*

• *Frequency requirement for provider-level COVID-19 vaccine inventory reporting*

• *Vaccine disposal/recovery procedures*

Vaccine Provider Enrollment (excerpt from CDC guidance)

To receive/administer COVID-19 vaccine, constituent products, and ancillary supplies, vaccination provider facilities/organizations must enroll in the federal COVID-19 Vaccination Program coordinated through their LPHD’s immunization program. 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***.

These conditions are detailed in the agreement itself:

1. Administer COVID-19 vaccine in accordance with ACIP recommendations. (Note: ACIP will review data on the safety and efficacy of each available COVID-19 vaccine and vote on recommendations for use.)
2. Within 24 hours of administering a dose of COVID-19 vaccine and adjuvant (if applicable), record in the vaccine recipient’s record and report required information to the Arizona State Immunization Information System (ASIIS).
3. The provider must maintain the vaccine administration records for at least 3 years following vaccination, or longer if required by state, local, or territorial law. These records must be made available to any federal, state, local, or territorial public health department to the extent authorized by law.
4. Not sell or seek reimbursement for COVID-19 Vaccine and any adjuvant, syringes, needles, or other constituent products and ancillary supplies provided by the federal government.
5. Administer COVID-19 vaccine regardless of the vaccine recipient’s ability to pay.
6. Provide an Emergency Use Authorization (EUA) fact sheet or vaccine information statement (VIS), as applicable, to each vaccine recipient/parent/legal representative prior to vaccination.
7. Comply with CDC requirements for vaccine management, including storage and handling, temperature monitoring at all times, complying with jurisdiction’s instructions for dealing with temperature excursions, and monitoring expiration dates.
8. Report COVID-19 vaccines and adjuvants that were unused, spoiled, expired, or wasted as required by the jurisdiction’s immunization program.
9. Comply with federal instruction regarding disposal of unused COVID-19 vaccine and adjuvant.
10. Report significant adverse events to the Vaccine Adverse Event Reporting System (VAERS). <https://vaers.hhs.gov/>
11. Provide a completed COVID-19 vaccination record card to every vaccine recipient/parent/legal representative.
12. Comply with the U.S. Food and Drug Administration’s requirements, including EUA-related requirements, if applicable (<https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>). Providers must also administer COVID-19 vaccine in compliance with all applicable state and territorial vaccine laws.

Vaccine Allocation

Recognizing a pandemic incident can range in severity and complexity, the CDC has updated guidance on allocating and targeting initial vaccination population groups for an influenza pandemic but are currently developing allocation guidance for the COVID-19 pandemic.

Below is a list of **vaccine allocation assumptions** from recent CDC guidance.

* The federal government will issue guidance on groups to prioritize for initial COVID-19 vaccination; populations of focus for initial COVID-19 vaccination will likely be:
	+ Critical workforce that provides healthcare and maintains essential functions of society (see <https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19>)
	+ Staff and residents in long-term care and assisted living facilities
* Allocation of COVID-19 vaccine to local public health departments will be based on multiple factors, including:
	+ Populations recommended by the Advisory Committee on Immunization Practices (with input from the National Academy of Medicine)
	+ Current local spread/prevalence of COVID-19
	+ COVID-19 vaccine production and availability
* Local public health departments should anticipate that allocations may shift during the response based on supply, demand, and risk.
* Each local public health department should plan for high-demand and low-demand scenarios.

Table 2.0 below illustrates proposed pandemic vaccination tiers and population groups targeted for vaccination during the COVID-19 pandemic based on pandemic severity. These suggestions for ethically defensible allocation groups were developed by the Center for Health Security at John Hopkins University. At this point in time it would be ethically defensible to include the following groups as candidates for high priority access to scarce SARS-CoV-2 vaccine.

**Table 2.0: A Proposed Tiered Strategy for Vaccine Allocation**

|  |
| --- |
| **Tier 1** |
| * Those most essential in sustaining the ongoing COVID-19 response
* Those at greatest risk of severe illness and death, and their caregivers
* Those most essential to maintaining core societal functions
 |
| **Tier 2** |
| * Those involved in broader health provision
* Those who face greater barriers to access care if they become seriously ill
* Those contributing to maintenance of core societal functions
 |

Disclaimer: Closed POD partners will need to categorize critical workforce and occupational groups and provide numbers to the LPHD for reference. However, LPHD will ultimately make decisions about vaccine allocation when vaccine supplies are available. The assumption is that vaccine will be in short supply at the start of the COVID-19 vaccine distribution.

To help inform POD planning, partners can assess their Critical Workforce population using Form 3.0 in Appendix 1.

## **Step 4: POD Delivery Location**

Vaccine will be sent directly to the vaccination administration sites (e.g., healthcare facility POD). If a provider has a MOU with CDC, vaccine will be shipped directly to designated depots for secondary distribution to administration sites (e.g., chain drugstores’ central distribution). Once vaccine products have been shipped to a provider site, the federal government will not redistribute product. Therefore, it is important to have accurate site of administration location in ADHS provider records so that vaccine will be shipped to the correct site. ADHS must authorize any redistribution of refrigerated vaccines and there needs to be signed agreements to do so. Frozen vaccine should not be redistributed (CDC Playbook pg. 25-26). When vaccines are to be used at a satellite, temporary, or off-site clinic, they require additional oversight. In these cases, vaccines must be transported, not shipped, and the cold-chain must be maintained. (CDC Playbook pg. 26-27)

Use Form 4.0 in Appendix 1 to collect and enter the POD information for your own reference. ADHS will collect all this information via the Pandemic Provider Onboarding registration[[4]](#footnote-4), so make sure both are maintained. Provide any additional information regarding the delivery site description, specifications, secured gate entry details, contact information for the facility and/or individuals who may coordinate and receive COVID-19 vaccine and ancillary supplies at your organization, number of POD sites, and dispensing method.

**[Visit Form 4.0: POD Delivery Information in Appendix 1]**

Vaccine Storage

Upon the delivery of the vaccine to your healthcare organization, the LPHD recommends securing the vaccine in a locked storage room with limited access. Cold chain storage and handling requirements for each COVID-19 vaccine product will vary from refrigerated (2° to 8°C) to frozen (-20°C) to ultra-cold (-60º to -80ºC) temperatures. However, these parameters could change based on ongoing stability testing. Note: These temperatures are based on information available as of September 16, 2020. Updated information will be provided as it becomes available.

An addendum to the Vaccine Storage and Handling Toolkit that specifically addresses COVID-19 vaccines is currently being developed in addition to other training materials (<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>).

Proper vaccine storage and handling is important from the moment the vaccine arrives at the facility. All staff, particularly supply chain and shipping/receiving, should be trained to notify the vaccine coordinator or the alternate (back-up) coordinator when a vaccine delivery has arrived.

* **If your existing storage equipment is a household unit or a combination refrig­erator/freezer, use only the refrigerator compartment for refrigerated vaccines.**
* **Ultra-cold storage is required for some vaccines.**
* **Dorm-style refrigerators with a single door and a freezer compartment are not acceptable for vaccine storage.**

**Table 3.0: COVID-19 Vaccine Storage Scenarios developed by the CDC.[[5]](#footnote-5)**

|  |
| --- |
| **On-site Vaccine Storage Requirements** |
| **Planning Scenario 1:** Vaccine A demonstrates sufficient efficacy/safety for Emergency Use Authorization (EUA) | **Planning Scenario 2:** Vaccine B demonstrates sufficient efficacy/safety for EUA | **Planning Scenario 3:** Vaccines A and B demonstrate sufficient efficacy/safety for EUA |
| **Vaccine A:**Frozen (-70 °C ± 10 °C)• Must be used/recharged within 10 days• Storage in shipping container OK (replenish dry ice within 24 hours of receiving shipment and again 5 days later)Thawed but NOT reconstituted (2–8 °C)• Must use within 5 days (discard unused doses after 5 days)Reconstituted (room temperature)• Must use within 6 hours (discard any unused, reconstituted vaccine after 6 hours) | **Vaccine B:**Frozen (-20 °C)• Storage in shipping container OK Refrigerated (2–8 °C)• Must use within 7-14 daysRoom temperature• Must use within 6 hours (discard any unused vaccine after 6 hours) | **Vaccine A**:Frozen (-70 °C ± 10 °C)• Must be used/recharged within 10 days• Storage in shipping container OK (replenish dry ice within 24 hours of receiving shipment and again 5 days later)Thawed but NOT reconstituted (2–8 °C)• Must use within 5 days (discard unused doses after 5 days)Reconstituted (room temperature)• Must use within 6 hours (discard any unused, reconstituted vaccine after 6 hours) |
|  |  | **Vaccine B:** Frozen (-20 °C)• Storage in shipping container OKRefrigerated (2–8 °C)• Must use within 14 daysRoom temperature• Must use within 6 hours (discard any unused vaccine after 6 hours) |

If your organization or facility meets CDC’s guidelines for ultra-low cold storage. Enter the details below for vaccine storage:

**Storage Room Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Building and Room Number: \_\_\_\_\_\_\_\_\_\_**

**Storage Room Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Once your organization has completed Closed POD operations, move leftover vaccine back to the storage room carefully placing any used vials in clearly marked bags. The LPHD will not pick up leftover vaccine, rather it is encouraged to use all vaccine per shipment.

Tip: Designate a primary and secondary Vaccine Coordinator. The Vaccine Coordinator position will be responsible for ensuring all vaccines are received, stored, and handled correctly during the incident. The person in this role should be familiar with your facility and resources as well as the organization’s Closed POD plan.

Vaccine Arrival

Notify the Vaccine delivery coordinator upon arrival. Examine delivery to ensure no breakage or leakage and immediately store vaccines in the center of the refrigeration unit where temperatures are most stable. Vaccines should be well-labeled and kept in original packaging. Keep copies of any documentation for receipt of vaccines and provide to ***Vaccine Coordinator***. Upon receipt of the vaccines, lot numbers, NDC numbers, and expiration dates should be recorded. Having the information will assist in the event there is a recall and request for information.

Note: A vaccine coordinator is the point of contact (POC) for receiving vaccine shipments, monitoring storage unit temperatures, managing vaccine inventory, etc. Immunization programs should encourage enrolled facilities/organizations to designate a vaccine coordinator role at each location as well as a back-up vaccine coordinator.

Temperature data must be reviewed and documented according to guidance in the upcoming ***COVID-19***

***addendum to CDC’s Vaccine Storage and Handling Toolkit***. Temperatures should be checked and recorded on a Temperature Log three times per day: at opening, at lunch, and at closing.

During daily checks, ensure the unit is properly working. Check for any leaks near unit and ensure the door is properly closed. Lastly, make sure there is good air circulation around the unit with space around the sides and top at least four inches between the unit and a wall.

Remember, vaccine should **not** be stored with other food or beverage items. Do **not** store vaccine in crisper bins, on the floor of the unit, in front of cooling blowers, or in door shelving. Do not repurpose water bottles for drinking after storage use.

**Take immediate action for out-of-range temperatures! Contact your LHPD for further instructions if vaccine that has been stored out-of-range is discovered.**

Vaccine Administration

**Table 4.0: COVID-19 Vaccine Administration Scenarios developed by the CDC.[[6]](#footnote-6)**

|  |
| --- |
| **On-site Vaccine Administration Requirements** |
| **Planning Scenario 1:** Vaccine A demonstrates sufficient efficacy/safety for Emergency Use Authorization (EUA) | **Planning Scenario 2:** Vaccine B demonstrates sufficient efficacy/safety for EUA | **Planning Scenario 3:** Vaccines A and B demonstrate sufficient efficacy/safety for EUA |
| **Vaccine A:**2-dose series (21 days between doses)* On-site mixing required; reconstitute with diluent just prior to administration
* Administer by intramuscular (IM) injection
 | **Vaccine B:**2-dose series (21 days between doses)* No on-site mixing required
* Administer by intramuscular (IM) injection
 | **Vaccine A**:2-dose series (21 days between doses)* On-site mixing required; reconstitute with diluent just prior to administration
* Administer by intramuscular (IM) injection
 |
|  |  | **Vaccine B:** 2-dose series (21 days between doses)* No on-site mixing required
* Administer by intramuscular (IM) injection
 |

Legal Considerations When Dispensing Vaccine

**All Closed POD facilities should review the *Public Readiness and Preparedness Act (PREP*):**The PREP Act,passed by Congress in 2005, assures*: “…protection from liability… unless willful misconduct”.* Consult with your legal counsel for more information on liability protections.

**DATA PRIVACY and HIPAA**:  Keeping medical information private is important. In signing the Closed POD MOU with the LPHD, the Closed POD partner (healthcare organization) agrees that this plan agreement is subject to Federal laws on data privacy and health data privacy.  This Closed POD agency agrees to comply with these requirements as if it were a governmental entity.

Closed POD partners should be aware that some day-to-day regulations and legal authorities during a state of an emergency may be modified or lifted. LPHD will provide information to Closed POD partners what rules may have been relaxed, if any, in order to support rapid response to the current COVID-19 incident.

**BILLING**: While these vaccines must be given free of charge, there are some limited billing and administrative costs that can be passed on to insurance. More information will be provided related to the COVID-19 pandemic.

## **Step 5: Design a Closed POD Floor Plan**

The design and layout of your Closed POD floor plan directly affects the efficiency of dispensing medication to your employees in a timely manner as well as ensuring their health and safety.

Closed POD partners should ensure social distancing and other infection control procedures can be maintained in selected settings (see CDC guidance on vaccination during a pandemic in Appendix 2).

**☑** As mentioned, this document only covers vaccine-based POD models. If your organization has already established a Closed POD plan for pill-based distribution only minor enhancements are necessary to meet requirements to administer the vaccine. However, a vaccine-based model requires an observation area.

The Closed POD Planning Committee should discuss a POD floor plan that works best for your organization as well as meets the needs of employees.

POD floor plan considerations:

* The room needs to be accessible to all employees such as a large conference room or cafeteria
* Avoid areas with a public’s view
* Include an entrance and exit at opposite sides of the room to reduce confusion
* Review room capacity to ascertain the number of people that can be accommodated at any given time
* Determine where you will place signage for your POD
* Include an area for POD staff to check-in, receive instructions before dispensing operations begin, and for staff to take breaks
* Determine whether the room is ADA compliant and provide enough space for individuals using wheelchairs to navigate through the POD

Concepts for healthcare organizations with more than one facility:

* Have all employees travel to a central facility

Disability and Access and Functional Needs (DAFN)

Organizations may have employees with disabilities and others with access and functional needs. It is important that plans include considerations ensuring all employees can access and receive medication at the Closed POD site.

The Americans with Disabilities Act (ADA) defines disability as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. The ADA does not specifically name all of the impairments that are covered, however, the Federal Emergency Management Agency (FEMA) provides additional guidelines based on best practices on planning both with and for people with disabilities and others with access and functional needs.

Examples of access and functional needs can include, but are not limited to:

* Visually Impaired
* Deaf and Hard of Hearing
* Mobility Impaired
* Non-English-speaking persons
* People without vehicles
* Single working parents
* People with medical conditions (both temporary and permanent)
* People with cognitive disabilities

As the Planning Team works to develop the Closed POD plan, attention should be given to consider the functional areas of communication, maintaining health and independence, providing safety and support services, and ensuring plans support and provide access to vaccination services.

As a best practice, partners should consider engagement of Human Resources, ADA, or Diversity Officers in their planning process and consult with Occupational Health & Safety experts.

For more information on the Americans with Disability Act, visit: <https://www.ada.gov/2010_regs.htm>

For more information on FEMA’s planning guides for people with access and functional needs, visit: <https://www.fema.gov/media-library-data/20130726-1831-25045-7316/fnss_guidance.pdf>.

**Vaccine POD Sample Floor Plan**

A Vaccine POD will require some adjustment to the pill-based model floor plans, in order to allow for additional areas such as seats for nurses and vaccine recipients, as well as an observation area after the vaccine is administered to watch for any adverse reactions.

Remember, a non-medical person is not able to administer vaccines to individuals, but can distribute pills under the guidance of a medical staff member.

 **Registration:** Staff will provide consent forms, informational materials, and any necessary screening forms. If there are potential medical contraindications or questions, patients will be directed to the Medical Assessment Area (B) for consultation.

*COVID-19 symptomatic individuals will be screened upon arrival and will be directed to Medical Assessment Area (B) or other quarantined area for appropriate vaccination. All patients must wear appropriate PPE.*

**Medical Assessment Area:** Qualified healthcare personnel will be on hand to provide further consultation for those who indicated potential contraindications at registration/screening. Translators may also be on hand in this area to provide native language guidance for the materials and information provided.

**Waiting Area**: Patients will continue to the waiting area to complete their documentation and await vaccine administration.

*COVID-19 social distancing recommendations should always be followed during vaccine administration. See CDC’s Vaccination Guidance during a Pandemic for more information* [*https://www.cdc.gov/vaccines/pandemic-guidance/index.html*](https://www.cdc.gov/vaccines/pandemic-guidance/index.html)*.*

**Vaccination Stations / Dispensing**: Qualified vaccinators will provide additional information, answer any last-minute questions, double check that the appropriate documentation has been completed, and administer the vaccine. They will direct patients to then proceed to the Observation Area. Social distancing should be maintained at all times.

**Observation Area:** All patients should be kept within the Observation Area for at least 15 minutes after administration to monitor for any adverse reactions. At this time, patients will receive a fact sheet and information on how to report adverse events. Such reactions should be reported to staff immediately. Security should be placed at the exit to ensure patients/families remain in the Observation Area for the appropriate amount of time.

Vaccine Administration Table Layout

The Arizona Department of Health Services recommends the following two examples for table layout for vaccine administration:<https://www.azdhs.gov/documents/preparedness/emergency-preparedness/pandemic-flu/az-pandemic-influenza-response-plan.pdf>

Minimal amount of vaccine will be kept at each table, in appropriate storage container that maintains proper temperatures of specific vaccine. The main supply of vaccine will be kept in the cold chain system to allow for proper storage.

Example layouts for two vaccine administration stations at one table:[[7]](#footnote-7)

**Identify POD Location Possibilities**

**[Visit Form 6.0: POD Dispensing Room(s) in Appendix 1]**

## **Step 6: POD Supplies & Equipment Needs**

The items listed are considered to be essential. However, this list is not all inclusive and can be adjusted to fit the needs of your organization. Enter additional equipment and supplies as needed. It may be helpful to develop a Closed POD Kit for your organization and to ensure all essential staff know where these items are stored.

Closed POD partners should be prepared and are encouraged to stock their own vaccine POD supplies. Ancillary supplies will be packaged in kits and will be automatically ordered in amounts to match vaccine orders to ADHS. Each kit will contain supplies to administer 100 doses of vaccine, including:

* Needles, 105 per kit (various sizes for the population served by the ordering vaccination provider)
* Syringes, 105 per kit
* Alcohol prep pads, 210 per kit
* 4 surgical masks and 2 face shields for vaccinators, per kit
* COVID-19 vaccination record cards for vaccine recipients, 100 per kit
* For COVID-19 vaccines that require reconstitution with diluent or mixing with adjuvant at the point of administration, mixing kits with syringes, needles, and other needed supplies will also be included.

\*\*Ancillary supply kits will not include sharps containers, gloves, and bandages. POD sites need to provide these items, unless LPHD is able to assist. Additional personal protective equipment (PPE) may be needed depending on vaccination provider site needs. (CDC Playbook pg. 25)

A Closed POD supply checklist can be found in Form 5.0: POD Supplies and Equipment in Appendix 1.

Infection Control

**The Arizona Department of Health Services recommends the following resources for Infection Control at Mass Vaccination Clinics:** <https://www.azdhs.gov/documents/preparedness/emergency-preparedness/pandemic-flu/az-pandemic-influenza-response-plan.pdf>

Universal or standard precautions shall be observed to prevent contact with blood or other potentially infectious materials. When differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious material.

It is important to consider ***infection control measures*** that are currently necessary when selecting COVID-19 vaccination clinic settings (excerpt from CDC guidance):

* + Providing specific appointment times or other strategies to manage patient flow and avoid crowding and long lines
	+ Ensuring sufficient staff and resources to help move patients through the clinic flow as quickly as possible
	+ Limiting the overall number of clinic attendees at any given time, particularly for people at higher risk for severe illness from COVID-19
	+ Setting up a unidirectional site flow with signs, ropes, or other measures to direct site traffic and ensure physical distancing between patients
	+ When feasible, arranging a separate vaccination area or separate hours for people at increased risk for severe illness from COVID-19, such as older adults and people with underlying medical conditions
	+ Making available a point of contact for any reasonable accommodation needs for people with disabilities
	+ Ensuring vaccination locations are accessible to individuals with disabilities consistent with disability rights statutes such as the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973
	+ Selecting a space large enough to ensure a minimum distance of 6 feet between patients in line or in waiting areas for vaccination, between vaccination stations, and in postvaccination monitoring areas.

Note: ACIP recommends that providers consider observing patients for 15 minutes after vaccination to decrease the risk for injury should they faint. For mobile or drive-through vaccination clinics, it is important to assess parking to accommodate vaccine recipients as they wait after vaccination.

**Safe Work Practices.** Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited activities in work areas where there is a reasonable likelihood of exposure to potentially infectious materials.

**Personal Protective Equipment.** Use of protective barriers such as gloves, gowns, masks is recommended for direct contact with blood and other body fluids.

**Patient Resuscitation.** Avoid unnecessary mouth-to-mouth contact; use mouthpiece, resuscitation bag or other ventilation devices to prevent contact with mouth and oral secretions.

**Emergency Mouth-to-mouth resuscitation.** Mouth pieces, resuscitation bags or other ventilation devices should be strategically located and available for use in areas where the need for resuscitation might be anticipated.

**Gloves.** Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces.

**Supplies.** Clean and dirty materials are kept in separate areas. Needles and syringes should be stored in a secure area.

**Syringes and Needles.** A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a sharps container. Do not recap a needle.

**Sharps Containers.** Sharps containers are to be discarded when filled ¾ full or less with used needles and syringes. When moving contaminated sharps from the area of use, the containers shall be closed immediately prior to removal. An adequate supply of sharps containers should be available at every vaccination clinic.

**Hand Hygiene.** Hands are to be washed with soap and water when visibly dirty or soiled. Alcohol-based (≥60% alcohol) hand rubs can be used when hands are not visibly soiled. Hands should be washed/cleaned between each patient.

**Work Surfaces.** For routine surface cleaning, use an EPA-registered disinfectant labeled for use in health care for disinfections. Vaccine clinics do not usually result in work surfaces becoming contaminated with blood and body fluids. However, work surfaces that have been contaminated with blood and body fluids shall be decontaminated with an EPA-approved antimicrobial after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

**For more details on infection prevention in outpatient settings, see the CDC guide at:** <https://www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf>

**Potentially biohazardous materials**. Potentially infectious materials should be cleaned up promptly. If the potentially infectious material is in a liquid state, use of a fluid control solidifier can aid in effective clean-up. The area should then be treated with an EPA-approved antimicrobial.

**Soiled Patient Care equipment.** Handle in a manner that prevents transfer of microorganisms to oneself, others, and environmental surfaces. Wear gloves when handling soiled items and perform hand hygiene afterwards. Disposal of solid waste Wear gloves when handling waste containers and perform hand hygiene afterwards.

## **Step 7: POD Staffing**

Incident Command System

From the time an incident first occurs until the end of the emergency, the Incident Command System (ICS) provides a uniform system by which all involved can respond at any level of management. At the core of ICS, is an organizational structure that can be used to coordinate response personnel.

POD Organizational Chart

The management portion of operating a POD is critical. Primary and secondary POD management staff should be pre-assigned prior to an emergency. The POD Organizational Chart below provides a representation of POD management and staff positions that align with the Incident Command Structure.

\*The Closed POD Planning Committee needs to evaluate and determine whether there is a need to fill security positions.

POD Staff Roles, Job Action Sheets, and Identification

POD Staff roles and responsibilities are described in Table 5.0 below. Each role plays a significant function during POD operations.

Job Action Sheets (JAS) are one-page documents made for each POD Staff role that provides guidance through POD setup, operations, and demobilization procedures.

It is recommended, but not required to have POD staff wear colored vests displayed with the job titles. Wearing vests provides visual identification of management roles and other roles during POD operations. Other options may include identification badges with POD position titles.

**Table 5.0: Closed POD Staff Roles**

**Closed POD Staff Roles**

**POD Manager** oversees setup, operations, shift change, demobilization activities of the POD, supervises the Operations and Logistics Chiefs; conducts briefings, ensures safety is a priority, and communicates with LHPD.

**POD Operations Chief** oversees the operational portion of the POD including traffic flowing in/out and around the POD.

**POD Logistics Chief** oversees the inventory of the POD and ensures there is plenty of equipment, supplies, and medication for the POD to run efficiently.

**Security** (if needed) may oversee areas such as entrances, exits, receiving area, inventory room, internal crowd management, and traffic flow in parking lots.

**Greet & Line Lead** oversees the traffic flow in and around the POD; supervises all Greeters and Line Staff. Advises Operations Chief when additional staff are needed.

**Greeter(s)** are placed near the front entrance of the POD to provide the HOH Form and Information Packets to each employee.

**Line Staff** are strategically placed in areas where there is a need to provide direction to the traffic flow within the POD.

**Screen & Dispensing Lead** supervises the screening and dispensing areas to ensure employees are quickly processed. Advises Operations Chief when additional staff are needed.

**Screeners** review the completed Head of Household Form, determine code and medication for each individual. Totals the number of medication for each HOH Form.

**Dispensers** review the Head of Household Form for accuracy and dispenses medication to employees.

**Inventory Management** manages inventory, supplies, and equipment for the POD.

**Runners** monitor and replenish inventory and supplies at the Greeting, Screening, and Dispensing Stations.

POD Staffing for 8-Hour Shift

Utilize the spreadsheet below to estimate of the number of POD staff needed to operate a POD within an 8-hour workday. It may be necessary for larger organizations to provide longer shifts to accommodate the entire workforce.

Obtain the number of employees that work at your organization and then review Form 7.0 to determine how many staff is needed to run the Closed POD. *Example: if your organization has 1,000 employees, you will need 17 total POD staff.*

**[Visit Form 7.0: POD Staffing in Appendix 1]**

POD Staff Assignments

The Closed POD Planning Committee should discuss pre-assigning staff for the POD positions displayed below. Utilize Form 8.0 to document the name, title, phone number, and email address. The LPHD recommends that you obtain a secondary phone number and email if available.

**[Visit Form 8.0: POD Staffing Assignments in Appendix 1]**

## **Step 8: Communications**

As a Closed POD, your organization is responsible for providing emergency notifications to the Closed POD Planning Committee, POD Staff, and employees during a public health emergency. Effective communications and methods are critical to the success of your dispensing plan. Discuss the need for an organization-wide awareness campaign, developing messaging templates for the time of need, and the systems your organization will use to disseminate this information.

**Awareness Campaign**

During the Pre-Event Planning stage, determine if your organization would prefer to inform employees your organization has taken the initiative to prepare for a public health emergency. An awareness campaign may include basic preparedness information as well as some concept examples provided below:

* Defining a Closed POD and a description of a scenario in which your organization may be asked to dispense medication.
* A description of who is covered within your dispensing plan.
* A brief description of how medication will be dispensed.
* A request for employees to volunteer for POD Staff positions
* Pre-filling the Head of Household Form

**Message Templates**

Another essential communication piece is developing message templates used specifically for emergency notifications. During an emergency, the LPHD will provide public health specific information such as what type of incident occurred, disease information, and the type medication(s) available to prevent and/or treat the infection. This information may be implemented with your organization’s personal message to your employees. The major key points to address is letting them know what happened, what they can do to protect themselves, and instructions what to do next (e.g. fill out forms).

Below is a list of CDC communication assumptions:

* CDC will develop communication resources for jurisdictions to use with key audiences. These resources will be available on a public-facing website currently under development, but the LPHD and Closed POD partner will likely need to tailor messaging and resources specific to special populations in their communities. CDC will work with national organizations to disseminate key messages.
* Communication and educational materials about COVID-19 vaccination provider enrollment, COVID-19 vaccine ordering, COVID-19 vaccine storage, handling, administration (i.e., reconstitution, adjuvant use, administration techniques), etc. will be available in a variety of formats.
* When vaccine supply is available for expanded groups among the general population, a national COVID-19 vaccine finder will be available on the public-facing Vaccine Finder.
* A screening tool on the CDC website will help individuals determine their own eligibility for COVID-19 vaccine and direct them to the Vaccine Finder.

**Emergency Notification Methods**

Emergency communication with your employees should occur in three phases. During the first phase, your organization will receive a notification/activation call from the LPHD to the identified primary point of contact. During the second phase, the primary contact person, will activate the Closed POD Plan and provide an emergency notification to pre-assigned POD staff to report for duty at a specific time.

The third phase consists of communicating with the organization’s employees notifying them of the event and providing a designated time to arrive at the Closed POD to receive their medication. There are various types of emergency notification systems that are capable of providing notification to your employees. Review the options below:

* Mass Notification Systems providing a blast of phone, text, and email messages.
* A Phone Tree where one person is designated as the primary person. The primary person will be assigned two people to call with the message. From that point on, each of those two recipients will call two people, and so on until all employees have been reached.
* Intranet Website – message on website (available to employees ***only***)
* Workplace Email
* In-Person

**Enter the Communication Method(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Who will be responsible for initiating the communication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Media**

Social Media is prevalent currently and users range from young to old. The LPHD recommends that your organization refrain your employees from taking photos, messaging social media sites, or communications with any media during POD Operations. This will help protect your organization from public knowledge of your Closed POD.

## **Step 9: Develop a Closed POD Plan**

Congratulations! You now have the framework and information to develop your organization’s Closed POD Plan for the COVID-19 pandemic.

# Appendices

**Appendix 1: Closed POD Forms**

**Appendix 2: Fact Sheets & Resources**

**Appendix 3: Glossary**

Appendix 1: Closed POD Forms

**Form 1.0: Closed POD Planning Committee Members**

|  |
| --- |
| **Emergency Management/Operations Chief** |
| **Name:** |  | **Position/Title:** |  |
| **24/7 Phone:**  |  | **Secondary Phone:** |  |
| **E-mail 1:** |  | **Email 2:** |  |
| **Facility Management** |
| **Name:** |  | **Position/Title:** |  |
| **24/7 Phone:** |  | **Secondary Phone:** |  |
| **E-mail 1:** |  | **Email 2:** |  |
| **Human Resources** |
| **Name:** |  | **Position/Title:** |  |
| **24/7 Phone:** |  | **Secondary Phone:** |  |
| **E-mail 1:** |  | **Email 2:** |  |
| **Public Information Officer/Spokesperson** |
| **Name:** |  | **Position/Title:** |  |
| **24/7 Phone:**  |  | **Secondary Phone:** |  |
| **E-mail 1:** |  | **Email 2:** |  |
| **Security/Risk Management/Safety Officer** |
| **Name:** |  | **Position/Title:** |  |
| **24/7 Phone:** |  | **Secondary Phone:** |  |
| **E-mail 1:** |  | **Email 2:** |  |
| **Medical Personnel (if available)** |
| **Name:** |  | **Position/Title:** |  |
| **24/7 Phone:**  |  | **Secondary Phone:** |  |
| **E-mail 1:** |  | **Email 2:** |  |
| **Administrative Staff** |
| **Name:** |  | **Position/Title:** |  |
| **24/7 Phone:** |  | **Secondary Phone:** |  |
| **E-mail 1:** |  | **Email 2:** |  |
| **Occupational Health & Safety** |
| **Name:** |  | **Position/Title:** |  |
| **24/7 Phone:** |  | **Secondary Phone:** |  |
| **E-mail 1:** |  | **Email 2:** |  |
| Insert contact information for additional Planning Committee members: |
| **Name:** |  | **Position/Title:** |  |
| **24/7 Phone:** |  | **Secondary Phone:** |  |
| **E-mail 1:** |  | **Email 2:** |  |

**Form 2.0: Emergency Contact List for Local Public Health Department**

|  |
| --- |
| **Primary 24/7 Contact** |
| **Name:** |  | **Position/Title:** |  |
| **24/7 Phone:** |  | **Secondary Phone:** |  |
| **E-mail 1:** |  | **Email 2:** |  |
| **Secondary 24/7 Contact** |
| **Name:** |  | **Position/Title:** |  |
| **24/7 Phone:** |  | **Secondary Phone:** |  |
| **E-mail 1:** |  | **Email 2:** |  |
| **Tertiary 24/7 Contact** |
| **Name:** |  | **Position/Title:** |  |
| **24/7 Phone:** |  | **Secondary Phone:** |  |
| **E-mail 1:** |  | **Email 2:** |  |

**Form 3.0 Identifying the Critical Workforce**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Workforce Type** | **Organization/Facility Name**  | **Number** | **Contact Name** | **Phone Number** | **Target Population Group** | **Tier** |
| **E.g. Pharmacists** | **Pharmacy** | **12** | **Emma**  | **888-888-8888** | **Pharmacists & Pharmacy Techs** | **1** |
| **List essential service/function:** | **Dispense medications; counsel patients on use of prescription and over-the-counter medications; advise physicians about medication therapy** |
|  |  |  |  |  |  |  |
| **List essential service/function:** |  |  |  |
|  |  |  |  |  |  |  |
| **List essential service/function:** |  |  |  |
|  |  |  |  |  |  |  |
| **List essential service/function:** |  |  |  |

**Form 4.0: POD Delivery Information**

|  |  |  |
| --- | --- | --- |
| **24/7 Point of Contact for delivery:** | **Primary****Name:****Phone:****Email:** | **Secondary****Name:****Phone:****Email:** |
| **Name of Building:** |  |
| **Delivery Street Address:** **Lot or Slip #** |  |
| **City / State / Zip Code:** |  |
| **Facility phone:** ***(if applicable)*** |  |
| **# of doses requested/delivered:** |  |
| **How many POD sites will there be for the organization?** |  |
| **What type of method(s) will be used to dispense?****(select)** | 1. *Walk-Through*
2. *Drive-Through*
3. *Pharmacy*
 | 1. *Other*

*please describe:* |
| **Does the facility have on-site refrigeration?** |  |
| **Are there any special instructions for delivery?*****(i.e. gate authorizations, alternate entry or routes)*** |  |

**Form 5.0: POD Supplies & Equipment**

|  |  |
| --- | --- |
| **Item Description** | **Quantity** |
| Closed POD Plan |  |
| POD Forms (electronic version supplied by LPHD) |  |
| Job Action Sheets |  |
| POD Staff Vests |  |
| Tables and Chairs |  |
| Laptop with internet connection / printer access / scanner access |  |
| Stanchions or other line control options (e.g. caution tape) |  |
| Signage:Entrance, Exit, Arrows, Greeting, Screening, Dispensing |  |
| Office Supplies: Pens, Clipboards, Paper, etc. |  |
| First Aid Kit |  |
| Durable tape |  |
| Garbage Bags / Trash Cans |  |
| Biohazard bags |  |
| Hand Sanitizer |  |
| Cleaning supplies / disinfectant |  |
| Bottled water |  |
| Paper Towels |  |
| Sticker Name Tags |  |
| Power adapters; power strips |  |

**Additional Vaccine-Based POD Supplies (Recommended)**

| **Item Description** | **Quantity** |
| --- | --- |
| Vaccine Standing Orders and Protocols (provided by LPHD) |  |
| Screening Forms (electronic version supplied by LPHD) |  |
| Billing / Cost Forms (if applicable) |  |
| Vaccine Adverse Events Reporting System Information |  |
| Epinephrine |  |
| Benadryl |  |
| Atarax or Vistaril |  |
| Alcohol wipes |  |
| Stethoscopes |  |
| Tourniquets  |  |
| Blood pressure cuff / measuring devices |  |
| Timers / Watches for measuring pulse |  |
| Needle disposal “sharps” containers |  |
| Medical gloves |  |
| Medical Gowns |  |
| Thermometers |  |
| Sanitizing products |  |
| Plastic storage containers |  |
| Sharps Containers |  |
| Gauze / Bandages |  |
| Tissue Boxes |  |
| Cold packs for insulated containers |  |
| Dry Ice |  |

**Form 6.0 POD Dispensing Room(s)**

*Use the form below to identify possible dispensing room(s).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Options | Room Number/Name | Room Location | Size(ft2) | # of Doors (Entrance & Exit) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

***Note:*** Closed POD Drive-Thru Operations may be implemented if it works best for your organization. Please contact your LPHD for assistance in planning a drive-thru model. Extreme weather conditions and adequate space for cars to stage during the observation period must be taken into consideration.

**Form 7.0 POD Staffing**

|  |
| --- |
| **Closed POD Staffing - 8 Hour Shift** |
| **# of Employees** | **Dispensing Time** | **People per Hour** | **Minimum Square Feet** | **POD Manager** | **Operations Chief** | **Logistics Chief** | **Security** | **Greeter & Line Lead** | **Greeters****&** **Line Staff****½ - ½**  | **Screen & Dispense Line Lead** | **Screeners & Dispensers****½ - ½**  | **Runners** | **Inventory Mgt.** | **Total POD Staff** |
| 500 | 8 Hours | 62 | 500 | 1 | 1 | 1 | 1 | 0 | 2 | 0 | 4 | 1 | 1 | 12 |
| 1,000 | 8 Hours | 125 | 1,000 | 1 | 1 | 1 | 2 | 1 | 4 | 1 | 4 | 1 | 1 | 17 |
| 2,500 | 8 Hours | 312 | 2,500 | 1 | 1 | 1 | 2 | 1 | 4 | 2 | 8 | 2 | 1 | 23 |
| 5,000 | 8 Hours | 625 | 5,000 | 1 | 1 | 1 | 3 | 2 | 6 | 3 | 16 | 2 | 1 | 33 |

**Number of POD Staff Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Note:*** *These are only suggested numbers and your POD staffing plan may be modified on availability, current needs and exercising improvements.*

**Form 8.0: POD Staffing Assignments**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **POD Position** | **Name** | **Title** | **Phone #** | **Email** |
| **POD Manager** |  |  |  |  |
| **Operations Chief** |  |  |  |  |
| **Logistics Chief** |  |  |  |  |
| **Security** |  |  |  |  |
| **Greeter & Line Lead** |  |  |  |  |
| **Greeter** |  |  |  |  |
| **Greeter** |  |  |  |  |
| **Line Staff** |  |  |  |  |
| **Line Staff** |  |  |  |  |
| **Screen & Dispense Lead** |  |  |  |  |
| **Screening Staff** |  |  |  |  |
| **Screening Staff** |  |  |  |  |
| **Dispensing Staff** |  |  |  |  |
| **Dispensing Staff** |  |  |  |  |
| **Dispensing Staff** |  |  |  |  |
| **Inventory Mgmt.**  |  |  |  |  |
| **Runners** |  |  |  |  |
| **Runners** |  |  |  |  |

# Appendix 2: Fact Sheets and Resources

1. Arizona’s COVID-19 Vaccination Plan

<https://azdhs.gov/documents/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/novel-coronavirus/draft-covid19-vaccine-plan.pdf>

1. Arizona Immunization Program Office Provider Training

<https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#provider-training>

1. TAPI Training

<https://whyimmunize.org/resources-for-immunizations-at-off-site-locations/>

1. COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations, CDC (updated September 16, 2020, Version 1.0)

<https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf>

1. CDC’s Vaccination Guidance during a Pandemic

<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

1. U.S. HHS Distribution Strategy

<https://www.hhs.gov/sites/default/files/strategy-for-distributing-covid-19-vaccine.pdf>

1. U.S. HHS Distribution Infographic

<https://media.defense.gov/2020/Sep/16/2002498504/-1/-1/1/OWS-VACCINE-DISTRIBUTION-GRAPHIC.pdf>

1. Advisory Committee on Immunization Practices

<https://www.cdc.gov/vaccines/acip/index.html>

1. Centers for Medicare and Medicaid Vaccine Reimbursement Strategy

<https://www.cms.gov/covidvax>

1. HRSA COVID-19 Claims Reimbursement

<https://www.hrsa.gov/coviduninsuredclaim>

1. NASEM Preliminary Framework for Equitable Allocation of COVID-19 Vaccine

<https://www.nap.edu/catalog/25914/discussion-draft-of-the-preliminary-framework-for-equitable-allocation-of-covid-19-vaccine>

1. Johns Hopkins Center for Health Security Interim Framework for COVID-19 Vaccine Allocation and Distribution in the United States

<https://www.centerforhealthsecurity.org/our-work/publications/interim-framework-for-covid-19-vaccine-allocation-and-distribution-in-the-us>

1. Infection Control Guidance for Healthcare Professions about COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>

1. General Best Practice Guidelines for Immunization

<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf>

1. CDC 8 things to know about vaccine planning

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/8-things.html?ACSTrackingID=USCDC_2067-DM40798&ACSTrackingLabel=8%20Things%20to%20Know%20about%20Vaccine%20Planning%20%7C%20COVID-19&deliveryName=USCDC_2067-DM40798>

# Appendix 3: Glossary

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| Term | Definition |
| ADHS | Arizona Department of Health Services |
| AIPO | Arizona Immunization Program Office |
| AzCHER | Arizona Coalition for Healthcare Emergency Response |
| ASIIS | Arizona State Immunization Information System |
| CDC | Centers for Disease Control and Prevention |
| DAFN | Disability and Access and Functional Needs  |
| HHS | U.S. Department of Health and Human Services |
| LPH | Local public health |
| LPHD | Local public health department |
| POD | Point of Dispensing |

1. While Indian Health Services (IHS) may provide vaccination services to the populations they serve, plans are currently in development regarding vaccine distribution to tribal health facilities, including urban facilities, that are not officially connected to IHS. [↑](#footnote-ref-1)
2. A complete definition of the healthcare critical workforce for the CDC Phase 1A strategy is in development. Consult with your LPHD for who to include for vaccination at each phase of the vaccine distribution. [↑](#footnote-ref-2)
3. Refrigerated vaccine may sometimes be allowed to be redistributed to another healthcare provider if approved by ADHS, if a CDC COVID-19 Redistribution Agreement has been signed, if a fully completed and signed CDC COVID-19 Vaccination Provider Profile form has been signed for each receiving location, and if validated cold-chain procedures are in place in accordance with manufacturer’s instructions and CDC’s guidance on COVID-19 vaccine storage and handling (CDC Playbook pg. 25-26). [↑](#footnote-ref-3)
4. <https://redcapaipo.azdhs.gov/surveys/?s=DY8CA9LMJ8> [↑](#footnote-ref-4)
5. The storage and handling requirements noted in Table 3.0 may shift and the requirements in these scenarios are likely the strictest set of requirements for which planning is needed. [↑](#footnote-ref-5)
6. The storage and handling requirements noted in Table 3.0 may shift and the requirements in these scenarios are likely the strictest set of requirements for which planning is needed. [↑](#footnote-ref-6)
7. Remember the POD space should be large enough to allow for social distancing measures and include an additional/separate area for symptomatic patients. [↑](#footnote-ref-7)