Use chat feature to tell us the names and credentials of who is in the room with you!

TAPI T.I.P.S.  
Protecting the Cold Chain & Preparing for Patients  
July 8, 2020

AGENDA:  
- Preparing for Flu Season  
- COVID-19 Update  
- Presentation & Discussion  
- Evaluation
Thank you for your feedback!

Wheel Decide
MASK UP ARIZONA

MY MASK PROTECTS YOU, AND YOUR MASK PROTECTS ME.
Today

- Storage & Handling
- Preparing for Patients
- COVID-19 Update
- Preparing for Flu
POLL:
What do you expect you will do this year to immunize patients for flu?
Why is this flu season any different?
What can healthcare workers do?
FLU FACT

CDC estimates between 3% and 11% of the U.S. population gets sick with flu each season.
COVID-19 Update
Dr. Peggy Stemmler,
MCDPH Consultant

Chat in your questions!
COVID-19 in Arizona

- 108,614 cases overall
  - Confirmed and probable
  - A person is counted once, no matter how many tests
- 1,963 deaths
- Testing is up, but % positive tests is up more

Data updated: 7/7/20
Cold Chain Flowchart

Vaccine manufacturing
Vaccine distribution
Vaccine arrival at provider facility
Vaccine storage and handling at provider facility
Vaccine administration

Manufacturer responsibility
Manufacturer/distributor responsibility
Provider responsibility
Staff Training
- Who?
- How often?
- About what?
Vaccine Storage and Temperature Monitoring Equipment
Emergency Vaccine Storage, Handling and Transport Preparation

❄️ Hope for the best...

Plan for the worst
What are the storage and handling errors you have seen in your practice?
Vaccine Storage and Handling Plans and Standard Operating Procedures
Arizona Vaccines for Children (VFC) Program

Operations Guide

ARIZONA DEPARTMENT OF HEALTH SERVICES

VFC Vaccine Accountability and Management Plan

Office Name:  
Address:  
Facility Phone:

By signing this form, I certify on behalf of myself and all immunization staff in this facility as listed on the VFC Provider Agreement and below, that I have read and agree to the Vaccine Accountability & Management Plan items listed and understand I am accountable (and each listed person is individually accountable) for compliance with these requirements.

All signatures from the signing physician, primary and back-up coordinators and the office manager (if the site has one) are required.

Signing Provider signature:  
Print Name:  
Signing Provider email:  
Signing Provider phone:  
Office Manager signature:  
Print Name:  
Office Manager email:  
Office Manager phone:  
VFC Coordinator signature:  
Print Name:  
VFC Coordinator email:  
VFC Coordinator phone:  
VFC Back up Coordinator signature:  
Print Name:  
VFC Back up Coordinator email:  
VFC Back up Coordinator phone:  

Submit a revised Vaccine Accountability and Management Plan to the AIPO (Arizona Immunization Program Office) EVERY TIME facility changes occur (including changes in staff).

Vaccines must be maintained within the manufacturers temperature requirements in order to remain viable to administer to patients. Below list the emergency vaccine storage location that staff will transport vaccine to in the event of a storage unit malfunction, extended power failure, natural disaster or other emergency that might compromise the appropriate vaccine storage. (Module 6).

Emergency storage facility
Name:  
Address:  
Phone number:  
Contact at facility:  
Major cross streets:  

Useful Contacts
Name  Phone Number
Electricity company  
Building maintenance  
Building security company  
Storage unit maintenance & repair  

1
Online Training & Resources

[www.cdc.gov](http://www.cdc.gov)
You Call the Shots
CDC Vaccine Storage and Handling Toolkit
Key Takeaways

- Staff Training
- SOPs
- Clearly define roles & duties
  - Primary/secondary
  - Job action sheet
- Follow SOP to reduce errors & waste:
  - Check temps twice a day
  - Always use same measurement (Celsius or Fahrenheit)
  - When vaccine arrives, unpack immediately
  - Rotate your vaccines
- Emergency Plan
Cold Chain Flowchart

1. Vaccine manufacturing
2. Vaccine distribution
3. Vaccine arrival at provider facility
4. Vaccine storage and handling at provider facility
5. Vaccine administration

Responsibilities:
- Manufacturer responsibility
- Manufacturer/distributor responsibility
- Provider responsibility
Is the patient due?

**Scheduling**
- Reminder recall
- When patient schedules
- Appointment reminders

**Chart Prep**
- What’s due?
- Check ASIIS/compare (and update!)

**Check-In**
- Today you will receive these vaccines...
<table>
<thead>
<tr>
<th>Screening Basics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Immunization History</strong></td>
</tr>
<tr>
<td>(YY) of the basic immunization and recent boosters</td>
</tr>
<tr>
<td>Hemophilia A (Factor VIII Deficiency)</td>
</tr>
<tr>
<td>Hemophilia B (Factor IX Deficiency)</td>
</tr>
<tr>
<td>Hepatitis A</td>
</tr>
<tr>
<td>Hepatitis B (HBV)</td>
</tr>
<tr>
<td>Varicella (Chicken Pox)</td>
</tr>
<tr>
<td>Measles-Mumps-Rubella (MMR)</td>
</tr>
<tr>
<td>Pneumococcal</td>
</tr>
<tr>
<td>RSV (Respiratory Syncytial Virus)</td>
</tr>
<tr>
<td>Question</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
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<td>3. Has the child had a serious reaction to a vaccine in the past?</td>
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<td>4. Has the child had a health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy?</td>
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<tr>
<td>5. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?</td>
</tr>
<tr>
<td>6. If your child is a baby, have you ever been told he or she has had intussusception?</td>
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<tr>
<td>7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?</td>
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<td>8. Does the child or a family member have cancer, leukemia, HIV/AIDS, or any other immune system problems?</td>
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<td>9. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn’s disease, or psoriasis; or had radiation treatments?</td>
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<td>10. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?</td>
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<td>11. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?</td>
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<tr>
<td>12. Has the child received vaccinations in the past 4 weeks?</td>
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**Contraindications** increases risk of serious adverse reaction

**Precautions** may increase risk for a serious adverse reaction, cause diagnostic confusion or compromise the ability of vaccine to produce immunity

**DO NOT ADMINISTER** when contraindication is present

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Contraindications & Precautions

Three permanent contraindications to vaccines:

- Severe allergic reaction to a vaccine component or following a prior dose
- Encephalopathy (brain swelling) without known cause within seven days of administration of a previous dose of DTP, DTaP or Tdap vaccine
- Severe combined immunodeficiency (rotavirus vaccine)

Two temporary contraindications to live vaccines

- Pregnancy
- Immunosuppression
Vaccine Preparation
Hand Hygiene

Wash hands or use alcohol-based hand sanitizer

- Before vaccine preparation
- Between clients

Gloves are not required per OSHA guidelines
Safety Devices

Familiarize yourself with immunization devices prior to use with clients

Never recap used needles
AVOID VACCINE ADMINISTRATION ERRORS

Patient

Vaccine

Response

Time

Dosage

Route

Site

Documentation
Thank You

We will stay on the line for 15 minutes of Q&A

Next session: July 22nd at 12:00 “Empowering Patients & Administration”