Mass Immunization Training

For personnel responsible for managing PODS
Welcome

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2 Mission

We foster community wellness and advocate for good public policy and best immunization practices.

- Partners like you!
- Over 400 coalition members
- Working together can improve outcomes
Who is Here?

1. Which best describes your next few months?

- I am responsible for planning a flu clinic (12) 24%
- I am responsible for staffing a flu clinic soon (provide vaccines) (5) 10%
- I am not doing anything for flu, but getting ready for COVID-19 (19) 37%
- Unsure (9) 18%
- Other (6) 12%

1. Which best describes your level of experience with mass immunization clinics?

- I have planned/implemented in the past (15) 28%
- I have attended or staffed (not planned) in the past (19) 35%
- I have NOT planned or attended one (20) 37%
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Who is Here?

1) Ask Questions of Peers
2) Ask for Feedback about Plans
3) Share Failures and Experiences
Re-Cap

- Reviewed Existing Resources
- Site Selection
- Storage & Handling
- Staffing
Closed POD

Context

Is there an algorithm to help us identify ratio of staff to vaccine recipients?

If we end up ordering vaccine, do we order 40% of the total number of eligible staff, or tell the county/ state our total eligible staff and they do the math?

How is closed POD different?
New Questions?

Site Selection
Storage & Handling
Staffing
Vaccine Product
Where do I get vaccine?

Twindemic
What does flu have to do with COVID?

Peer Support
Can I shadow someone?
You are the experts – You need to talk.
### Immunization History

YY) of the basic immunization and recent boosters

- Hemophilus influenza
- Hepatitis B
- Varcella
- (Chicken Pox)
- BCG
POLL: Do you plan on immunizing people with suspected COVID-19?
Symptom Check

- Fever (greater than or equal to 100.4 F or 38 C)
- Subjective chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
Considerations

- COVID-19 symptoms may present differently in children
- **Mild** illness is **NOT** a contraindication to administering vaccines
- **Moderate-to-severe** illness **IS** a contraindication

*Make it simple. Ask, “How are you feeling today?”*
Sample Clinic Flowchart

Exit

Vaccine Administration
(Nurse, MA, EMT, Physician)
Screen for contraindications, Provide VIS

Vaccine Ordering
(Nurse, MA, EMT, Physician)

Next check for Vaccine Record
ASIIS Verification/Input, Print Immunization Record

First Aid
*Social distancing guidance is being followed, including signs, floor markers to instruct staff and clients where to stand (6-foot minimum distance), and one-way traffic flow.

Paperwork completed
Proceed with Health Insurance Verification

Greeter/Health Screener
Assesses participants for signs and symptoms of illness, Ensures face masks are worn by all clients

Entry

No Symptoms
Provide paperwork (consent forms, HIPPA)

Client reports:
• Fever
• Cough
• Shortness of Breath

If any symptoms present client does NOT participate in clinic event
Contraindications
Increase the risk of serious adverse reactions

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

DO NOT ADMINISTER vaccine when a contraindication is present.
VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Inactivated or Recombinant): What you need to know

1 Why get vaccinated?

Influenza vaccine can prevent influenza (flu). Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults. Each year thousands of people in the United States die from flu, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2 Influenza vaccine

CDC recommends everyone 6 months of age and older get vaccinated every flu season. Children 6 months through 8 years of age may need 2 doses during a single flu season. Everyone else needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. Even when the vaccine doesn’t exactly match these viruses, it may still provide some protection.

Influenza vaccine does not cause flu.

Influenza vaccine may be given at the same time as other vaccines.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:
• Has had an allergic reaction after a previous dose of influenza vaccine, or has any severe, life-threatening allergies.
• Has ever had Guillain-Barré Syndrome (also called GBS).

In some cases, your health care provider may decide to postpone influenza vaccination to a future visit. People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.

4 Risks of a vaccine reaction

• Soreness, redness, and swelling where shot is given, fever, muscle aches, and headache can happen after influenza vaccine.
• There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13), and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears. As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. VAERS is only for reporting reactions, and VAERS staff do not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

• Ask your healthcare provider.
• Call your local or state health department.
• Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC’s www.cdc.gov/flu

Vaccine Information Statement (Interim) Inactivated Influenza Vaccine

8/15/2019  42 U.S.C. § 300a-26
Consentimiento para Inmunizaciones

Nombre: ___________________________________________ Número de Teléfono: ___________________________
Domicilio: _________________________________________ Ciudad: __________________________ Código Postal: _______
Masculino ☐ Femenino ☐ Fecha De Nacimiento: Mes _____ Día _____ Año _______ Edad Actual: ___________
O Marque lo que aplica: ☐ No tiene aseguranza de salud ☐ Aseguranza Nombre de Aseguranza: __________________________

Para pacientes adultos y para los padres de niños a los que se van a vacunar:
Las siguientes preguntas nos ayudarán a determinar si hay algún motivo por el cual no deberíamos aplicar hoy la vacuna inyectable contra la gripe a usted o a su hijo. Si contesta “sí” a alguna de las preguntas, eso no siempre quiere decir que usted (o su hijo) no se debe vacunar. Sin embargo, hay que hacerle más preguntas. Si alguna pregunta no está clara, pida a su profesional de la salud que se lo explique.

1. ¿La persona que se vía a vacunar, está enferma hoy? ☐ Sí ☐ No ☐ No sabe
2. ¿La persona que se vía vacunar, ¿es alérgica a algún componente de la vacuna? ☐ Sí ☐ No ☐ No sabe
3. ¿La persona que se vía vacunar, tuvo alguna vez una reacción seria a la vacuna contra la influenza (gripe)? ☐ Sí ☐ No ☐ No sabe
4. ¿La persona que se vía vacunar, tuvo alguna vez el síndrome de Guillain-Barre? ☐ Sí ☐ No ☐ No sabe

Yo doy permiso al proveedor de salud dando vacunas que revela información sobre todas las vacunas que ha recibido, o a la persona mencionada en la imagen de arriba, el programal estatal de vacunas (ASIS), otros proveedores de salud para evitar recibir vacunas que no son necesarias y para proveer información que ha recibido. Yo he recibido y leído una copia, o me ha explicado la información contenida en el documento que se llama “Información para conocimiento del paciente y consentimiento”.

FIRMA: ____________________________________________________________ ESCRIBA EN LETRA DE MOLDE: X ___________ FECHA X ___________

Staff only:
Screener Signature: ___________________________ Date: ___________
Vaccine Administration: Influenza VFC/VFA ☐ Influenza PPV ☐ Site: _____ Nurse Signature: ___________________________
Vaccine Label: or Lot # Expiration date: ___________________________

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Maricopa County Department of Public Health Consent for Immunization

PLEASE PRINT

First Name: ___________________________ Last Name: ___________________________ Phone Number: ___________________________
Street Address: ___________________________ City: __________________________ Zip Code: ___________
Male ☐ Female ☐ Date of Birth: Month _____ Day _____ Year _____ Age: ___________

Insured for vaccines? ☐ Yes ☐ Name of Insurance: ___________________________

For patients to be vaccinated (both children and adults)

The following questions will help us determine if there is any reason, we should not give you or your child inactivated injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

1. Is the person to be vaccinated sick today? ☐ Yes ☐ No ☐
2. Does the person to be vaccinated have an allergy to a component of the vaccine? ☐ Yes ☐ No ☐
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past? ☐ Yes ☐ No ☐
4. Has the person to be vaccinated ever had Guillain-Barre syndrome? ☐ Yes ☐ No ☐

I agree to allow the health care provider giving vaccinations consent to release information about all vaccinations given to me to the Arizona State Immunization System (ASIS), other health care providers and schools in order to avoid receiving unnecessary vaccinations and to provide information about immunizations that have been received. I understand that I am not required to agree to the release of this information in order to receive the vaccinations I request.

I have been given a copy and have read, or have had explained to me, the Information in the "Important Information Statement(s)": For the disease(s) and vaccine(s) checked below. I have had the chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccines requested and ask that the vaccine(s) checked below be given to me.

☐ HAVE RECEIVED THE NOTICE OF PRIVACY PRACTICES (HIPAA) ☐ DO NOT ENTER THIS IMMUNIZATION DATA INTO ASIS

PATIENT/GUARDIAN SIGNATURE: X ___________________________________________ PRINTED SIGNATURE: X ___________________________

Staff only:
Screener Signature: ___________________________ Date: ___________
Vaccine Administration: Influenza VFC/VFA ☐ Influenza PPV ☐ Site: _____ Nurse Signature: ___________________________
Vaccine Label: or Lot # Expiration date: ___________________________ Manufacture: ___________________________
Questions?

Screening
Contraindications
VIS & Consent
Avoid Vaccine Administration Errors
Vaccine Administration
Intramuscular (IM)

- Administered into muscle just below the fatty tissue
- **Do not aspirate**
- Separate injection sites by 1-2 inches
Infants and Toddlers <36 months

- Deep femoral artery
- Sciatic nerve
- Rectus femoris
- Vastus lateralis
- Femoral artery and vein

Older Children $\geq$ 36 months and Adults

- Clavicle
- Acromion process
- Scapula
- Deltoid muscle
- Axilla
- Humerus
- Deep brachial artery
- Radial nerve
How can we prevent needlesticks?
Managing Reactions

Localized
- Soreness, redness, itching or swelling at the injection site
- Slight/ continuous bleeding

Psychological Fright & Syncope
- Extreme paleness, sweating, nausea, dizziness
- Fall without loss of consciousness
- Loss of consciousness

Systemic
- Fever, malaise, muscle pain, headache, loss of appetite
POLL: Have you ever seen an adverse reaction from a disease?
Vaccine Adverse Event Reporting System

- Monitors vaccine safety
- Analyzes adverse events
- Identifies possible risks associated with vaccine

Anyone can submit a report
- Parents
- Patients
- Healthcare professionals
Questions?
Administration
Reducing errors
Reactions
ASIIS

What is it?

What can it do?

- Look up vaccine records
- Enter vaccine records *(required for kids)*
- Inventory management
What is “inventory management?”
# Temperature Log for Freezer – Fahrenheit

**DAYS 1-15**

Monitor temperatures closely:

1. Write your initials below in “Staff Initials,” and note the time in “Exact Time.”
2. If using temperature monitoring device (TMD; digital data logger recommended) that records min/max temps, document min/max once each workday, preferably in the morning. If using TMD that does not record min/max temps, document current temps twice, at beginning and end of each workday.
3. Put an “X” in the row that corresponds to the freezer’s temperature.
4. If any out-of-range temp, see instructions to the right.
5. After each month has ended, save each month’s log for 3 years, unless state/local jurisdictions require a longer period.

<table>
<thead>
<tr>
<th>Day of Month</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Initials</td>
<td>AM</td>
<td>PM</td>
<td>AM</td>
<td>PM</td>
<td>AM</td>
<td>PM</td>
<td>AM</td>
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</tr>
<tr>
<td>Exact Time</td>
<td>AM</td>
<td>PM</td>
<td>AM</td>
<td>PM</td>
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<td>PM</td>
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<td>AM</td>
<td>PM</td>
<td>AM</td>
<td>PM</td>
<td>AM</td>
</tr>
<tr>
<td>Min/Max Temp in Unit</td>
<td>(circle previous reading)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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Danger! Temperatures above 5°F are too warm! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!

- 5°F
- 4°F
- 3°F
- 2°F
- 1°F
- 0°F
- -1°F
- -2°F
- -3°F
- -4°F
- -5°F to -5°F

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<table>
<thead>
<tr>
<th>ACCEPTABLE TEMPERATURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>5°F</td>
</tr>
<tr>
<td>4°F</td>
</tr>
<tr>
<td>3°F</td>
</tr>
<tr>
<td>2°F</td>
</tr>
<tr>
<td>1°F</td>
</tr>
<tr>
<td>0°F</td>
</tr>
<tr>
<td>-1°F</td>
</tr>
<tr>
<td>-2°F</td>
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<tr>
<td>-3°F</td>
</tr>
<tr>
<td>-4°F</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>ACCEPTABLE TEMPERATURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>-5°F to -5°F</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Write any out of range temps (above 5°F or below -5°F) here.</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Room Temperature</th>
</tr>
</thead>
</table>

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If you have a vaccine storage issue, also complete “Vaccine Storage Troubleshooting Record” found on page 3.
### Accountability Log:
- **Name**
- **DOB**
- **Vaccine Given w/ appropriate info**
Training
General onboarding & COVID-19 vaccine onboarding
(See chat for link now!)

Practice!
Load non-VFC inventory into ASIIS to practice

Planning
Plan for Internet to go down
Questions?

ASIIS

Inventory Management

Other?
POLL: Would you sign onto another call in 3 weeks?
POLL: Which would be most helpful during future calls?
Don’t Forget!

1. Billing Support
   Contact Jennifert@tapi.org

2. Evaluation
   Help us improve!

3. Resource Page
   Continually Updated
   Send resources!

4. Stay Tuned!
   More when COVID available
Overcoming Objections

• “It gives me the flu.”
• “But I’ve never had the flu.”
• “But I’ve never gotten the shot before and have always been fine!”
Call to Action

**Push it!**
- Recommend
- Remind
- Remind again

**Patients**
- Get them in the door
- Target
- Market

**Population Health**
- Check other records
- No missed opportunities

Population Health
Thank you.