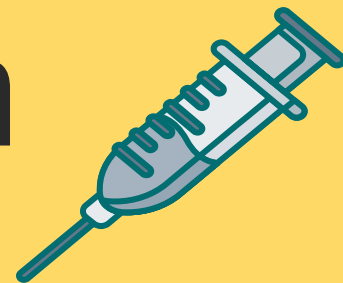


10 • 22 • 2020

Mass Immunization Training



For personnel responsible for managing PODS

1

Welcome



Machrina Leach, RN, BSN

Nurse Program Manager
Maricopa County Department
of Public Health
Immunization Expert

Rebecca Nevedale

The Arizona Partnership for
Immunization (TAPI)
Facilitator



2

Mission

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

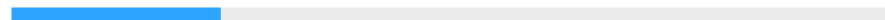
- Partners like you!
- Over 400 coalition members
- Working **together** can improve outcomes



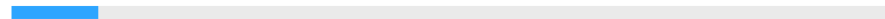
Who is Here?

1. Which best describes your next few months?

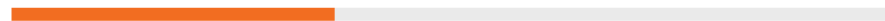
I am responsible for planning a flu clinic (12) 24%



I am responsible for staffing a flu clinic soon (provide vaccines) (5) 10%



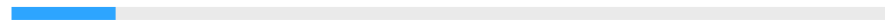
I am not doing anything for flu, but getting ready for COVID-19 (19) 37%



Unsure (9) 18%



Other (6) 12%



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

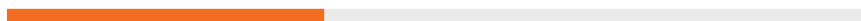
I have planned/ implemented in the past (15) 28%



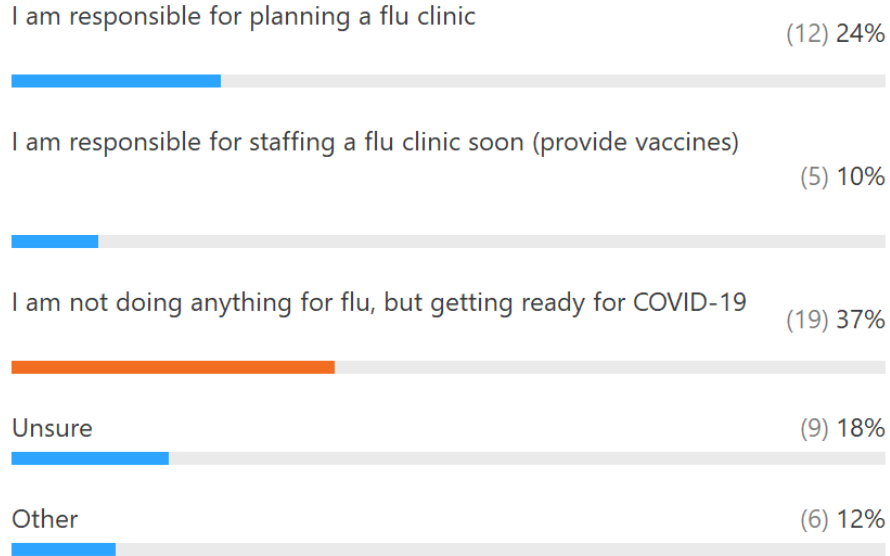
I have attended or staffed (not planned) in the past (19) 35%



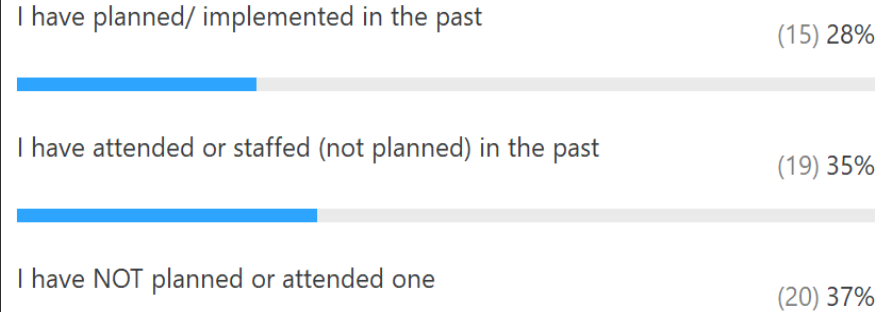
I have NOT planned or attended one (20) 37%



1. Which best describes your next few months?



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

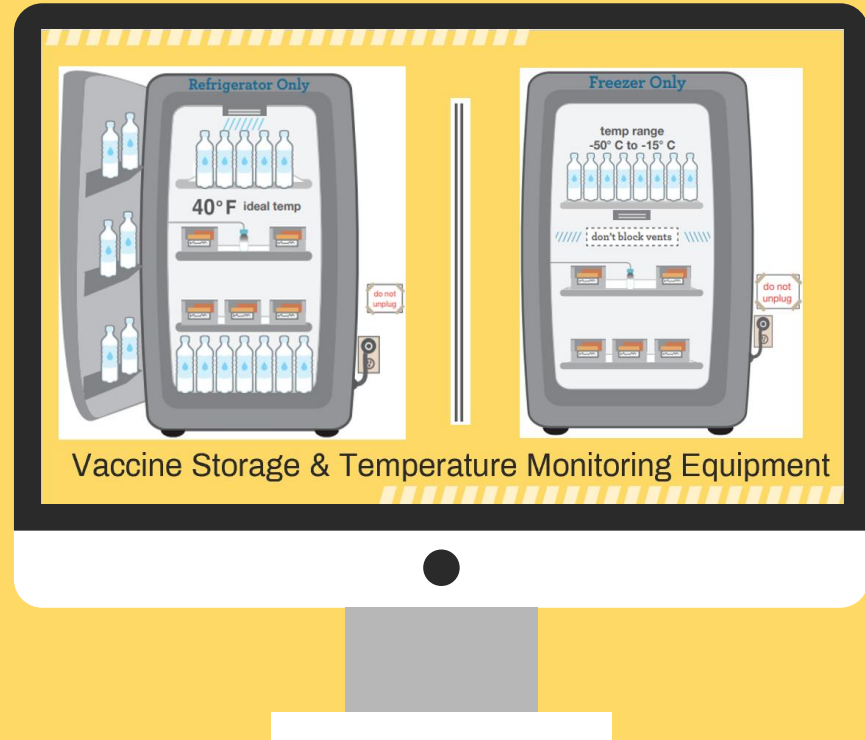


Who is Here?

- 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?



Line of Sight



Screening for contraindications
Vaccine administration
Inventory management
Drive-thru clinics



You are the experts – You need to talk.



Screening Basics



Result: Positive Negative

Immunization History

YY) of the basic immunization and recent boosters.

Hemophilus influenza

Hepatitis B

Varicella

(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



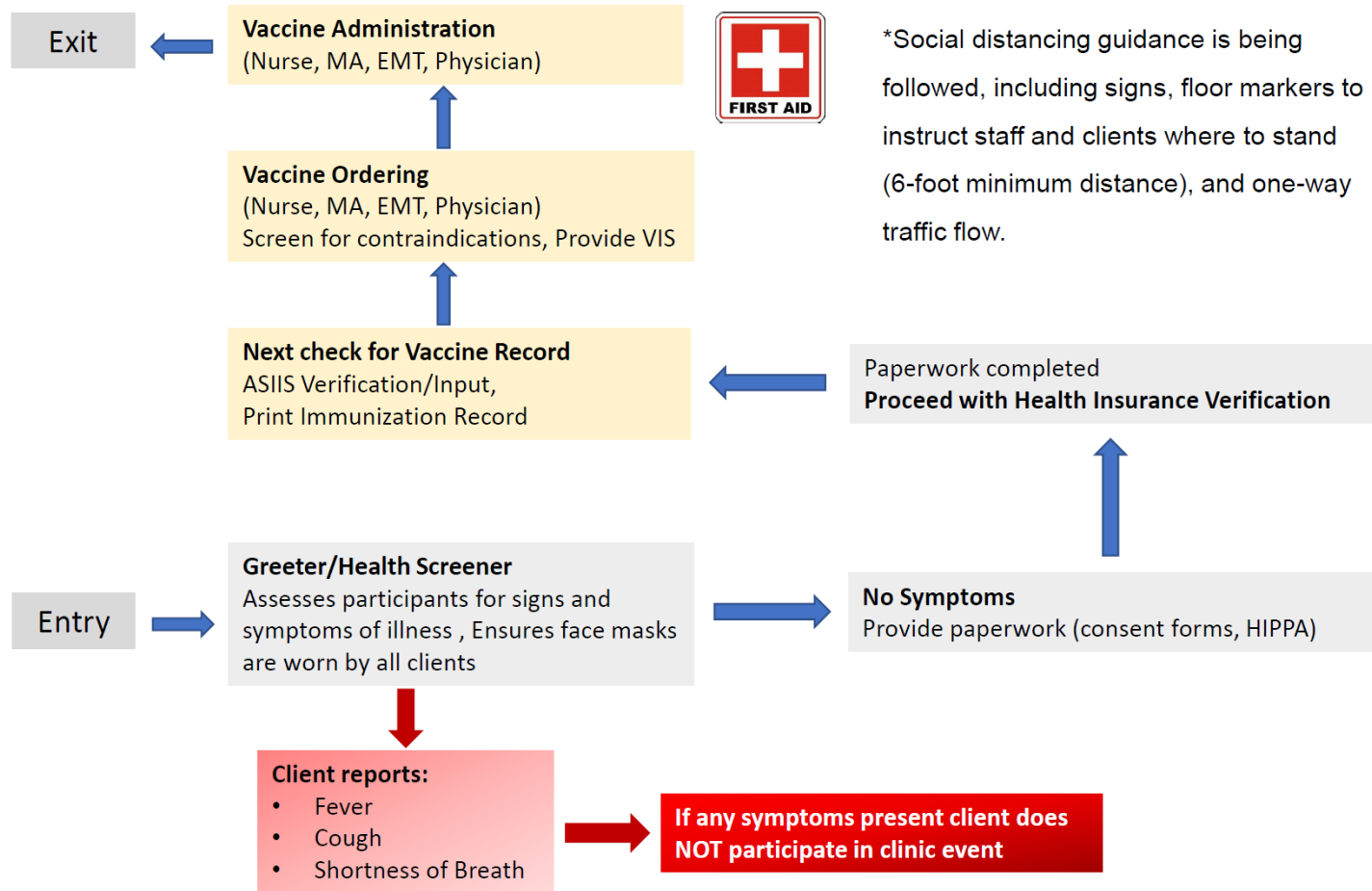
Considerations

- 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



Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination

PATIENT NAME _____

DATE OF BIRTH ____/____/____
month day year

For patients (both children and adults) to be vaccinated: 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.

	yes	no	don't know
1. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person to be vaccinated have an allergy to a component of the vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the person to be vaccinated ever had Guillain-Barré syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

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.

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

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



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Vaccine Information Statement (Interim)
**Inactivated Influenza
Vaccine**



8/15/2019 | 42 U.S.C. § 300aa-26



Condado de Maricopa Servicios de Salud Pública Consentimiento para Inmunizaciones

Letra de Molde

Nombre: _____ Apellido: _____ Número de Teléfono: _____

Domicilio: _____ Ciudad: _____ Código Postal: _____

Masculino ☐ Femenino ☐ Fecha De Nacimiento: Mes _____ Día _____ Año _____ Edad Actual: _____

○ 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 cuál no deberíamos aplicar hoy la vacuna inyectable o 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. Si hay que hacerle más preguntas. Si alguna pregunta no está clara, pida a su profesional de la salud que se la explique.

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

Yo doy permiso al proveedor de salud dando vacunas que revele información sobre todas las vacunas que he recibido, o a la persona menciono, al programa estatal de vacunas (ASIS), otros proveedores de salud para evitar recibir vacunas que no son necesarias y para proveer informaciones que he recibido. Yo he recibido y leído una copia, o se me ha explicado la información contenida en el documento que se llama "Información de enfermedades y vacunas indicadas abajo. He tenido la oportunidad de hacer preguntas, y han sido contestadas a mi satisfacción. Creo entender los riesgos y beneficios de las vacunas indicadas abajo.

☐ He recibido el aviso de prácticas de privacidad (HIPAA) ☐ No ponga mi información en el programa estatal de vacunas (ASIS)

FIRMA: X _____ 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: _____



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? No ☐ 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-Barré 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 which immunizations 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 a 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.

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

PATIENT/GUARDIAN SIGNATURE: X _____ PRINTED SIGNATURE: X _____ Date: _____

Staff only:

Screener Signature: _____ Date: _____

Vaccine Administration: Influenza VFC/VFA ☐ Influenza PPV ☐ Site: _____ Nurse Signature: _____

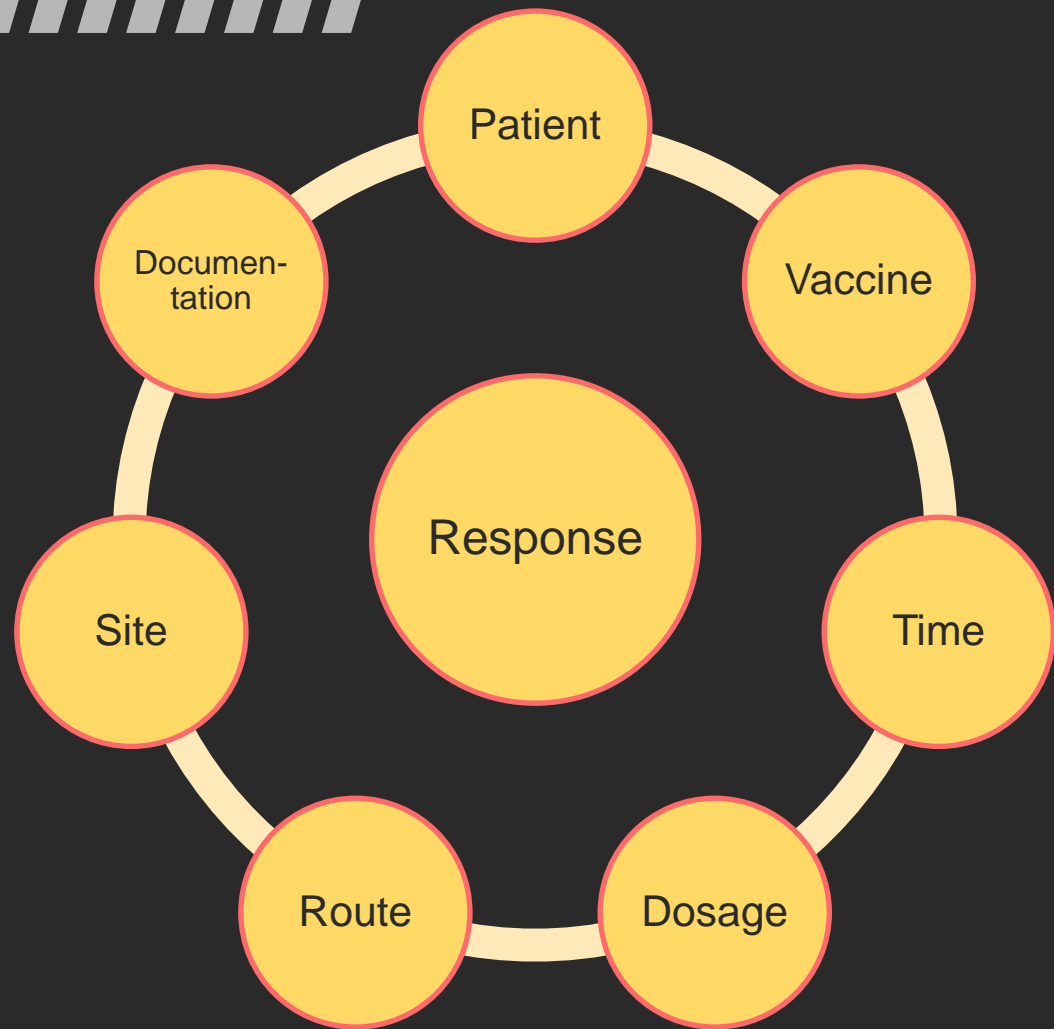
Vaccine Label: _____ or Lot # _____ Expiration date: _____ Manufacture: _____

Consent

Questions?

Screening
Contraindications
VIS & Consent

Avoid Vaccine Administration Errors

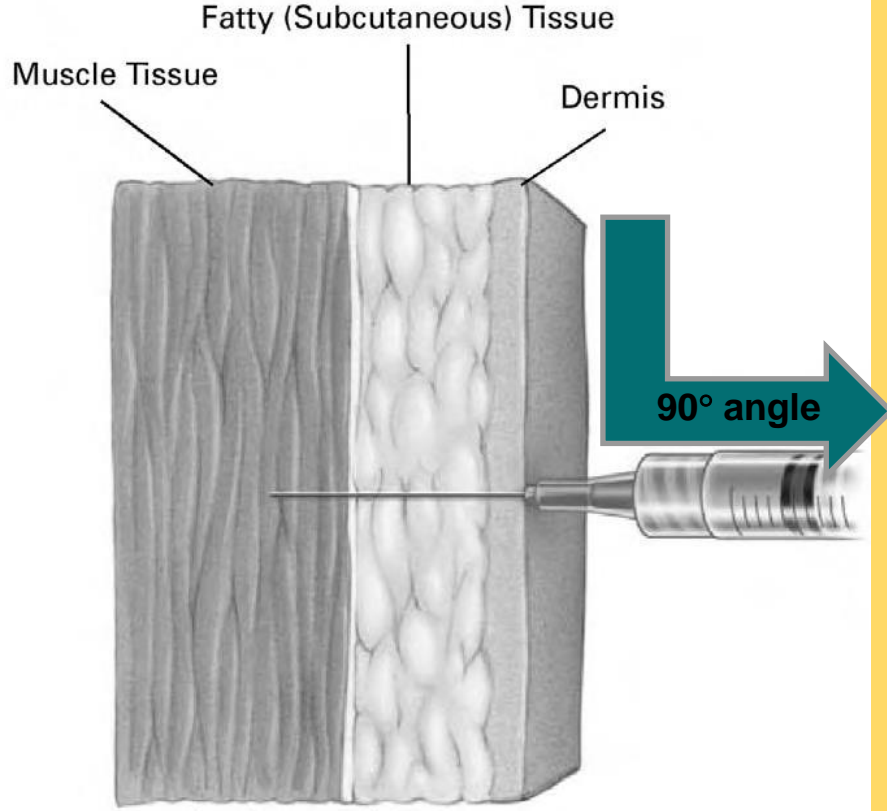




Vaccine Administration

Comfort Holds



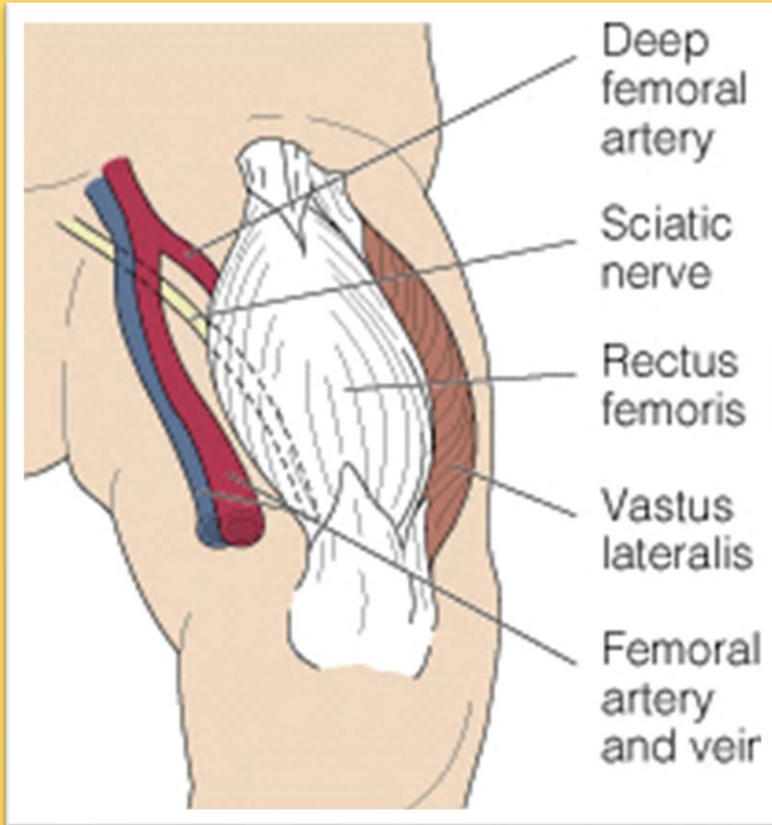


Lynne Larson, www.biovisuals.com

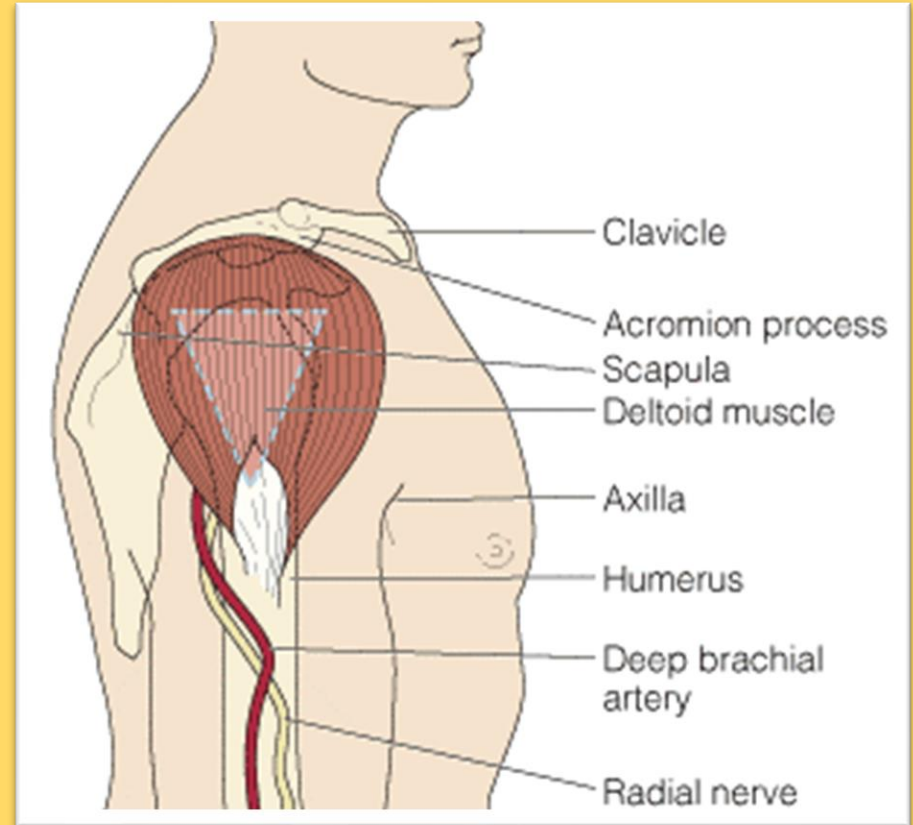
Intramuscular (IM)

- ❑ Administered into muscle just below the fatty tissue
- ❑ Do not aspirate
- ❑ Separate injection sites by 1-2 inches

Infants and Toddlers <36 months



Older Children ≥ 36 months and Adults



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



V
A
E
R
S

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



A close-up photograph of a healthcare worker, likely a nurse, wearing a white surgical mask and blue nitrile gloves. She is holding a syringe filled with an orange-colored liquid, possibly a vaccine or medication. The syringe has markings and the text 'SINGLE USE ONLY' visible. She is looking directly at the camera with a focused expression. The background is a plain, light-colored wall. The entire image is framed by a yellow border.

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.

Month/Year _____ VFC PIN or other ID # _____ Page 1 of 3

Facility Name _____

Take action if temp is out of range—too warm (above 5°F) or too cold (below -58°F).

1. Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do not discard vaccines unless directed to by your state/local health department and/or the manufacturer(s).
2. Record the out-of-range temps and the room temp in the "Action" area on the bottom of the log.
3. Notify your vaccine coordinator, or call the immunization program at your state or local health department for guidance.
4. Document the action taken on the "Vaccine Storage Troubleshooting Record" on page 3.

Day of Month	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Staff Initials																														
Exact Time	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Min/Max Temp in Unit (since previous reading)																														

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!

ACCEPTABLE TEMPERATURES	5°F																													
	4°F																													
	3°F																													
	2°F																													
	1°F																													
	0°F																													
	-1°F																													
	-2°F																													
	-3°F																													
	-4°F																													
ACTION	-58°F to -5°F																													
	Write any out-of-range temps (above 5°F or below -58°F) here.																													
ACTION	Room Temperature																													

If you have a vaccine storage issue, also complete "Vaccine Storage Troubleshooting Record" found on page 3.



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.

Day of Month	1	2	3	4	5
Staff Initials					
Exact Time	AM PM	AM PM	AM PM	AM PM	AM PM
Min/Max Temp in Unit (since previous reading)					

Danger! Temperatures above 5°F are too warm! Write any out-of-range

ACCEPTABLE TEMPERATURES	5°F								
	4°F								
	3°F								
	2°F								
	1°F								
	0°F								
	-1°F								
	-2°F								
	-3°F								
	-4°F								
	-58°F to -5°F								
ACTION	Write any out-of-range temps (above 5°F or below -58°F) here.								
	Room Temperature								

Month/Year _____ VFC PIN or other ID # _____ Page 1 of 3

Facility Name _____

Take action if temp is out of range—too warm (above 5°F) or too cold (below -58°F).

1. Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do not discard vaccines unless directed to by your state/local health department and/or the manufacturer(s).

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?

Drive-Thru Clinics



POLL: Would you
sign onto another
call in 3 weeks?



POLL: Which would be most helpful during future calls?



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



Don't Forget!

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



Thank you.