

# PLANNING FOR COVID-19 VACCINE DELIVERY IN OFFICES

April 2021

## BEFORE THE VACCINE GETS TO YOUR OFFICE...

NIH research in collaboration with world research centers

CDC endorsement and budgeting for US coverage using public funds

Coordinate with State, local health departments and Association of Immunization Managers

FDA approval and risk/efficacy profile of individual vaccine types

Contracts with distributors

## GET READY...



### BRING THE ENTIRE TEAM INTO THE PLANNING PROCESS - ROLE IN RESPONSE

#### YOU MUST OPT IN!

- Enroll as vaccine provider with department of health - [ADHS provider onboarding tool](#)
- Designate staff and sites for implementation
- Secure storage equipment and supplies for any vaccine possibility
- Detail hours and locations of immunization services
- Credential and train staff; pharmacy, dental, medical, behavioral as possibilities
- Secure refrigerator/freezers, storage space, supplies, PPE, electronic records, [data logger](#)
- Budget costs

#### BE DETAILED

#### ANTICIPATE EXPANSION

## PARTNERS IN VACCINE DISTRIBUTION

CDC

Allocates Vaccine to state/groups. Report # doses [Vaccine Finder](#)

STATE HEALTH

Patient records/inventory [ASIIS](#)

DIRECT ALLOCATION:  
SOME PHARMACY, FQHC, IHS

Federal doses reported to [VTrcKS](#)

COUNTY

County process reporting dose #

HOSPITALS

CLINICS

PHARMACIES

#### REPORTING DOSES

- Total # of Doses to [Vaccine Finder](#) & County Health
- Patient Record and Inventory Doses to [ASIIS](#)
- FQHCs, IHS, PHARMACY [VTrcKS](#)

Join TAPI COVID-19 [Trainings](#)

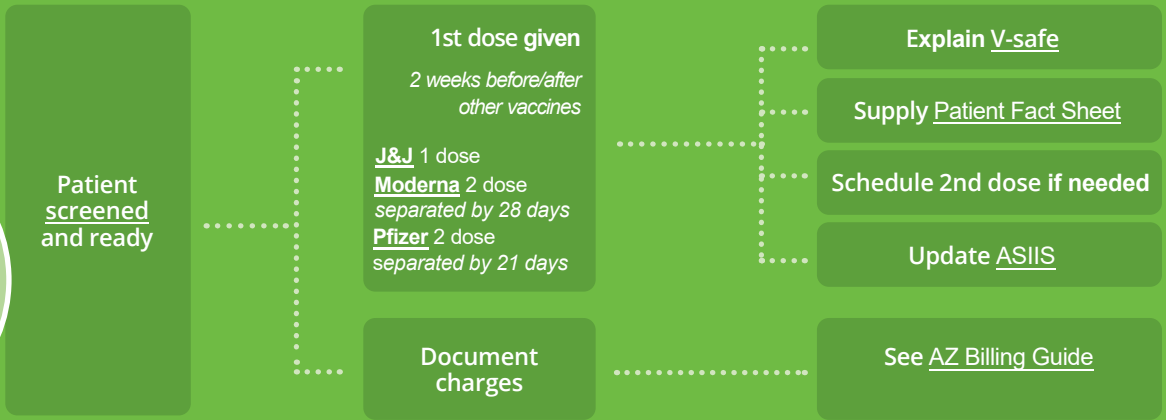
# GET SET...



## CORE LEADERSHIP TEAM OVERSEES FOUR MAJOR PLANNING AREAS

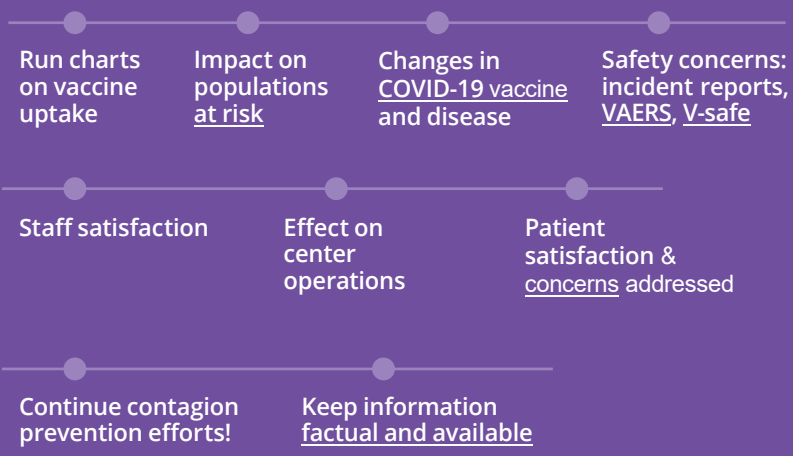
DESIGN WORKFLOW	DATA USE	EDUCATE & INFORM	ENGAGEMENT
<ul style="list-style-type: none"> <li>• Patient intake process</li> <li>• Registration &amp; screening</li> <li>• Delivery</li> <li>• Post-vaccine waiting time</li> <li>• Do a dress rehearsal</li> <li>• Implement <u>Standing Orders</u></li> <li>• Order free patient <u>posters/postcards</u> &amp; <u>buttons</u> for staff</li> </ul>	<ul style="list-style-type: none"> <li>• Plan for staff dosing being mindful of side effects and stagger delivery</li> <li>• Prepare a list of staff, elderly and high risk as first tier recipients</li> <li>• Allow for <u>two dose schedule</u> unless J&amp;J</li> <li>• Plan daily vaccine delivery goals based on supply and population</li> <li>• Have IT &amp; clinical leads collaborate with <u>ASIS</u></li> </ul>	<ul style="list-style-type: none"> <li>• Designate lead in <u>staff training</u></li> <li>• Separate training and delivery objectives by vaccine types</li> <li>• Plan for separate <u>storage and safety tracking</u></li> <li>• Plan for weekly staff communication</li> <li>• Include <u>Team</u> in decision-making</li> </ul>	<ul style="list-style-type: none"> <li>• Constantly update educational tools to population served: consider a hotline method or dedicated media site</li> <li>• <u>Address vaccine hesitancy</u></li> <li>• Counter false claims</li> <li>• Identify cultural and social barriers to vaccination</li> <li>• Outreach to high risk groups - Develop call list of high risk for end of day doses</li> </ul>

# GO!



## IT'S A MARATHON— STAY FLEXIBLE AND SAFE!

- TRACK YOUR EFFORTS** with strong IT leadership
- MONITOR CHANGES** in quality, clinical outcomes, finances, staffing and overall services
- REVISE AS NEEDED** and incorporate into long term operations



## STAY IN THE RACE!



**KEEP YOUR EYE ON THE FINISH LINE— DON'T FORGET ROUTINE VACCINES!**