HOW TO ESTABLISH A COMMUNITY-BASED VACCINATION SITE FOR THE COVID-19 VACCINE

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March 9, 2021
I. EXECUTIVE SUMMARY

For a year now, our country has been in the grip of a pandemic the likes of which we have not seen for a century. We are now in possession of several vaccines able to stop this infection, but the best vaccine in the world will not work unless it is injected into willing recipients. Fortunately, the vaccine injection process is not inordinately complex and may be accomplished by community organizations. We offer a brief outline of the process by which a vaccine administration event can be established by a church or civic organization within the local community. With dedication and diligence, the vaccination program may be launched within 7–10 days of inception—the rate limiting step may be the acquisition of vaccines.

The initial steps involve assembling a team in possession of the requisite skills as detailed in this document. Any large organization should be able to assemble talented volunteers from its membership. For vaccination sites in Alabama, providers must be enrolled in ImmPRINT, the state vaccine tracking program. Many primary care physicians are already enrolled. Virtually simultaneously, a publicity effort should be launched. This process may include written materials in church bulletins and newsletters, among others. Social media may be used to advertise time and location of the event, and to provide answers for frequently asked questions. Often, older persons are isolating at home and do not access social media. Because of this, there should be telephone, or door-to-door, efforts to inform this vulnerable group. It is likely that the time required to get these preparations underway will be about a week.

The next step involves the logistics of the vaccination site. No two vaccination sites will be identical, but they should contain the same components. Ideally, the site would be a large space, such as a gymnasium or activities room, that allows for social distancing at stations. Good signage and patient direction measures are important—these measures may include traffic cones, stanchions or barrier tape, and a team of crowd-management individuals. There must be an adequate number of tables and chairs for staff and patients. The vaccination team leader will play a key role by ensuring that all components on the site operate smoothly and efficiently. Ideally, the team leader would be an experienced nurse. Typical components of the vaccination site would include a demographics station, a data upload station, a vaccine preparation and administration station, and an observation area.

To begin, the vaccine itself must be obtained from a source such as the public health department or a local hospital. The Moderna vaccine comes in a kit with necessary syringes provided. Also, the vaccine preparation area must have a secure refrigerator capable of maintaining the environmental controls required to ensure vaccine viability.
Adjacent to the vaccine injection area, there must be a post-vaccination observation area, in addition to a separate area where assistance may be offered in the event a vaccine recipient begins to feel ill post-injection. Serious reactions to the COVID-19 vaccine are very rare. Significant reactions can be handled initially by onsite healthcare personnel—EMS may be contacted as needed.

The demographics station will capture the data required for ImmPRINT and the scheduling of a second dose—the station will also screen recipients for those individual’s ineligible for the vaccine. The data upload station will upload patient data into the state vaccine system. The data uploading process must be completed within 24 hours of vaccine administration. The vaccine preparation area, staffed ideally by a registered nurse or a pharmacist, will remove the vials of Moderna vaccine, and verify the lot numbers and valid expiration dates.

II. HOW TO PROCEED WITH VACCINATION EVENT PLANNING

A. ESTABLISHING A TEAM

The first step is to identify a team and a team leader to supervise development of a site and careful administration of the vaccine. Most churches and civic organizations have licensed medical professionals who can assist in leading the effort as well as being active participants. These include physicians, nurses, pharmacists, veterinarians, and dentists. For vaccination sites in Alabama, providers must be enrolled in ImmPRINT, the Alabama vaccine tracking program. Many primary care physicians are already enrolled.

B. THE IDEAL VACCINATION TEAM

In the end, your team may look a little different than what we have listed below, but we have found that the following are necessary components of a successful vaccination team and are a good place to start when building your own.

- **Team leader**—Supervises the smooth and coordinated operation of the team and assures that at least one individual with active basic life support (BLS) certification is present.
- **Receptionist**—Obtains vaccination consent and completes initial screening and provides each patient with an information sheet. (Station 1, Demographics Area)
- **Data entry person**—Knowledgeable concerning ImmPRINT. Performs on-site, same-day data entry; may be omitted if delayed entry is selected. (Station 1, Demographics Area)
- **Medication dispenser**—Removes Moderna vaccine from package: checks lot numbers, expiration dates, and enters this information on the COVID-19 Vaccination Record Card provided by the CDC. (Station 2, Vaccine Preparation Area)
- **Nurse 1**—Oversees vaccine administrators (e.g., nurses or student nurses). (Station 3, Vaccine Administration Area)
- **Nurse 2**—Oversees observation area or treatment area. *(Station 4, Post-Vaccine Observation Area)*

- **Vaccine providers (1 to 4)**—Nursing student(s) or any medical professional(s) with experience administering intramuscular injections may serve as the vaccine providers: explains vaccine administration process, checks again for history of allergy, uses approved methodology to administer vaccine. *(Station 4, Post-Vaccination Observation Area)*

- **Nurse 3**—Assists and relieves other medical personnel or vaccine administrators. *(Floats between Stations 1–4 as needed)*

In the end, your team may look a little different than what we have listed below, but we have found that the following are necessary components of a successful vaccination team, and are a good place to start when building your own.

### C. SITE SELECTION

Logistically speaking, no two vaccination sites will be identical, but they should contain the same components.

Ideally it is a large space such as a well-ventilated gymnasium or activities room that allows for social distancing at stations. Good signage and patient direction measures are important including cones, tape and crowd management people. There must be an adequate number of tables and chairs for staff and patients. The vaccination team leader will play a key role by ensuring that all components on the site work smoothly.

To assist in your site selection, we have included here a sample vaccination site floor plan. **Please note:** The sample plan is not to scale and required CDC distancing guidelines are not shown—it should be used for visualization purposes only. *(Appendix A)*

### D. STATION SETUP & TRAFFIC FLOW

For vaccination site setup, stations should be established using tables and chairs spaced 10 feet from each other, at the center of the space, to best adhere to social distancing guidelines.

**STATION 1: Demographics Area**

As the first point-of-contact between the team and vaccine recipients, the Demographics Area ensures that all individuals are masked, understand distancing and how they will flow through the vaccination event. Individuals will be screened to ensure, first, that they are eligible to receive the vaccine. Receptionist(s) will obtain vaccination consent from the vaccine recipient, gather initial screening data, and provide a vaccination information sheet.
The Demographics Area will capture all data required for ImmPRINT and the scheduling of a second dose, and the Data Entry Team Member will upload that data within 24 hours of the vaccine being administered to the patient.

**STATION 2: Vaccine Preparation Area**
Ideally, the Vaccine Preparation Area will be separate and apart from main patient flow and would be staffed by a registered nurse or a pharmacist who removes the vials containing the Moderna vaccine, verifies the lot numbers and valid expiration dates, and transcribes the information onto the COVID-19 Vaccination Record Card to be provided to the patient. The RN or pharmacist staffing this station will use the syringes provided to draw up the vaccine from the vial. This Vaccine Preparation Area will have appropriate materials to ensure that sterility is maintained until vaccines are transferred to the injectors.

*Please note:* The Moderna vaccine kit provides the necessary syringes and alcohol pads. Each Moderna vial has sufficient vaccine for 10 injections. The vaccine must be obtained from a source such as the public health department or a local hospital.

**STATION 3: Vaccination Administration Area**
To begin, all vaccinations will be administered while both the vaccine provider and the patient are seated. Adjacent to the Vaccination Administration Area, it is strongly advised that there be a Post-Vaccination Observation Area. Here assistance may be offered in the event a vaccine recipient begins to feel ill post-injection. Serious reactions to the COVID-19 vaccine are very rare.

**STATION 4: Post-Vaccination Observation Area**
Immediately adjacent to the Vaccination Administration Area, this area is reserved for vaccine recipients immediately following the injection so that team members may monitor for any possible reactions to the vaccine. Again, serious reactions to the COVID-19 vaccine are very rare. However, anaphylaxis—a systemic allergic reaction characterized by hives, wheezing, itching, and decreased blood pressure—has been reported. If an individual develops this reaction, the patient should immediately be laid down to receive an EpiPen Autoinjector into the lateral thigh. Significant reactions can be handled initially by onsite healthcare personnel, but EMS should be notified. In a case of anaphylaxis, the patient must be taken to an emergency room for follow-up and an evaluation of any other possible severe reactions.
E. COMMUNICATIONS & PUBLIC RELATIONS

A publicity plan should be developed early, to be launched immediately upon identification of a vaccination site. Types of marketing materials may include notices in church bulletins, e-newsletters, press releases, paid advertising through print and social media, and many more. In addition, older adults and individuals residing in underserved communities are often isolating at home and may not have reliable access to the internet or social media. Telephone or door-to-door efforts may be necessary to inform vulnerable groups.

It is possible that the time required for these preparations could take a week. For a properly advised event, though, that ensures high turnout, two weeks or more of consistent advertising is advisable. Having multiple events at the same location, and at the same time, does much for delivering a consistent message of accessibility that the public can count on. Each community is different, so it is best to remain adaptable when building a communications and public relations plan.

The Alabama AHEC Network can offer guidance and support in this area. If you have any questions or need assistance in forming your plan, please contact Allison Abney at alabney@uab.edu.
III: SAMPLES: DIAGRAMS, HANDOUTS, & FORMS

APPENDIX A: SAMPLE VACCINATION SITE FLOOR PLAN

Vaccine holding area
Refrigerator
PPE storage

VACCINE ADMINISTRATION AREA
Desk, 2 chairs, sharps container,
trash bag, PPE (mask, face shield,
sanitizer, large wipes)

Post vaccination holding area

RECEPTION AREA

TREATMENT AREA
MEDICAL SUPPLIES

NOTES
Schematic, not to scale
Social distancing observed
TEAM LEADER X 1
STAFFING
RN X 3
SN X 4
RECEPTIONIST X 1
DATA ENTRY X 1
APPENDIX B: FREQUENTLY ASKED QUESTIONS
Prospective Hosts of COVID-19 Vaccination Events

Q: If we were to create medical teams from larger, or urban, churches/civic organizations—who then partner with smaller churches/civic organizations in a rural and underserved community—do we first need to determine what the larger organizer is responsible for providing vs what the team will bring with them?
A: Yes. It is an excellent idea.

Q: How much will this cost our organization?
A: The vaccine itself is free. There will be costs associated with acquiring tables, chairs, technology items, PPE, sharps containers, first aid kits and emergency equipment, etc.

Q: What sorts of people need to be recruited—does the Team Leader need to be medically-trained?
A: No, but there must be a physician who is registered in the federal vaccine database (ImmPRINT) to order vaccines.

Q: Does the receptionist need to be a nurse or medically trained?
A: No. However, a medically trained person should be available to answer specific questions.

Q: Can only a physician or a member of their staff input data in ImmPRINT?
A: The physician’s delegate can enter the data using a simple form that includes name, contact number, etc. It can be filled out on paper by the individual and then entered into the system later. But this task must be completed within 24 hours.

Q: Should the medication dispenser and vaccine administrators be medically trained.
A: Yes. These team members could be licensed practical nurses, trained student nurses, registered nurses, both active and retired physicians, and even veterinarians or pharmacists.

Q: Do we require assistants to serve as hosts, greeters, or directors to the location?
A: Hosts and greeters would be useful to direct traffic, aid with seating, etc. Having these team members will go far to ensure that the vaccine recipient feels confident and comfortable during this process.

Q: What personal protective equipment (PPE) is needed?
A: The PPE requirements are simple: 1. face mask (need not be N95), 2. eye protection (glasses or face shield), and 3. gloves (optional for the Moderna vaccine)
Q: Is other medical equipment (i.e., syringes, gauze, and bandages) provided?
A: Moderna provides syringes and needles in the vaccine kits—these items come with the vaccine. However, you must provide PPE, gauze, band-aids, sharps containers and trash cans, and keep emergency equipment on-hand in case of a severe reaction.

Q: Do we need to have a freezer available?
A: You do not need a freezer. You should have a refrigerator able to maintain a temperature of 36-46° F. These should be easy to find.

Q: Do we need to have WIFI or internet connection?
A: You will need some sort of internet connection to upload the ImmPRINT data, perhaps in a physician’s office. An internet connection is helpful on-site at time of vaccination, and it will be necessary to upload ImmPRINT data. Again, data upload must be completed within 24 hours.

Q: Do we need to provide computers/printers?
A: A computer, laptop, or tablet may be helpful on-site at the time of vaccination. A reliable computer will be necessary to upload ImmPRINT data within the 24-hour required time frame. An alternative to an on-site computer would be to enter data by hand on a registration/screening form and use the paper form to enter data immediately following the vaccination event.

Q: What size space is required?
A: The amount of space required depends on anticipated numbers of vaccine recipients. A large, indoor space will be useful and/or necessary to allow for proper social distancing and possible inclement weather. Otherwise, a large outdoor parking lot with adequate traffic control devices is suitable for a vaccination event.

Q: What type of first aid kit is needed and how is it obtained?
A: An ordinary first aid kit can certainly be useful. Organizations may choose to have portable oxygen tanks and oxygen masks available, or even an automatic defibrillator. You must have an EpiPen available, as well as diphenhydramine (Benadryl) capsules in the very unlikely event of a severe allergic reaction (see Equipment List, p.21). A local physician can help you obtain these, and Alabama AHEC suggests you notify, or partner with, a local EMS prior to holding a vaccination event, as they can be of great assistance in many ways.

Q: Should we have the fire department/EMS there in case anyone has a severe reaction (some counties have limited ambulance service)?
A: That would be useful but not essential. We do recommend you notify the local EMS of your planned event.

Q: Do we need to sign up people for appointments?
A: We have found that appointments do much to relieve stress and anxiety that vaccine recipients might feel related to the process—it is another way to, again, help them to feel comfortable and confident in their choice to receive the vaccine.

Q: If we do not schedule appointments for the recipients, then how can we ensure that all of the vaccines are used?
A: If it appears you have an excess of vaccines as the event progresses, rather than waste the vaccines, we encourage you to notify other friends, neighbors, and colleagues that vaccines are available at your event.

Q: How will people find out about our event?
A: We suggest that you post notices on sign boards prior to and near your event (and to utilize weather-resistant signs). We also suggest you ask your local partners to share the vaccine event information, and to include it in your church or civic organization’s bulletin, newsletter, email blasts, and especially through social media. It might also be helpful to make telephone calls or even conduct door-to-door visits. Every community is different—get the word out in any way that you can to reach as many people as you can.

Q: What materials and assistance will you provide to help us advertise?
A: The Alabama AHEC Network has created a slideshow presentation that offers an overview of the COVID-19 vaccination program, a “quick-fact” sheet that lists a series of questions and answers to common issues and will list your events on our website calendar. We can also help with print and digital advertising design.

**Contact:** Allison Abney at alabney@uab.edu for more information about any of these offerings and more.

Q: Can our organization’s members all get vaccinated?
A: Yes. The timing for vaccination of all persons will depend on vaccine availability and sites able to vaccinate. Alabama AHEC will continue to vaccinate as long as is necessary.

Q: How do we find out who else is providing vaccines in the area?
A: The state health department maintains a list: https://www.alabamapublichealth.gov/covid19/assets/adph-covid19-vaccination-providers.pdf
Q: Should we do any screening as people enter (e.g. temperature check?)
A: It is always smart to screen if you are able—a hand-held infrared thermometer would be ideal. But, we would strongly suggest that you inform all potential recipients that they should not come to the event if they are sick and/or have fever, even if they have an appointment. Safety first!
Revised: 12/2020 FACT SHEET FOR RECipients AND CAREGIVERS EMERGENCY USE AUTHORIZATION (EUA) OF THE MODERNA COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019 (COVID-19) IN INDIVIDUALS 18 YEARS OF AGE AND OLDER

You are being offered the Moderna COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2. This Fact Sheet contains information to help you understand the risks and benefits of the Moderna COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19. The Moderna COVID-19 Vaccine is a vaccine and may prevent you from getting COVID-19. There is no U.S. Food and Drug Administration (FDA) approved vaccine to prevent COVID-19. Read this Fact Sheet for information about the Moderna COVID-19 Vaccine. Talk to the vaccination provider if you have questions. It is your choice to receive the Moderna COVID-19 Vaccine.

The Moderna COVID-19 Vaccine is administered as a 2-dose series, 1 month apart, into the muscle. The Moderna COVID-19 Vaccine may not protect everyone. This Fact Sheet may have been updated. For the most recent Fact Sheet, please visit: www.modernatx.com/covid19vaccine-eua.

WHAT YOU NEED TO KNOW BEFORE YOU GET THIS VACCINE: WHAT IS COVID-19? COVID-19 is caused by a coronavirus called SARS-CoV-2. This type of coronavirus has not been seen before. You can get COVID-19 through contact with another person who has the virus. It is predominantly a respiratory illness that can affect other organs. People with COVID19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2 to 14 days after exposure to the virus. Symptoms may include: fever or chills; cough; shortness of breath; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

WHAT IS THE MODERNA COVID-19 VACCINE? The Moderna COVID-19 Vaccine is an unapproved vaccine that may prevent COVID-19. There is no FDA-approved vaccine to prevent COVID-19. The FDA has authorized the emergency use of the Moderna COVID-19 Vaccine to prevent COVID-19 in individuals 18 years of age and older under an Emergency Use Authorization (EUA). For more information on EUA, see the “What is an Emergency Use Authorization (EUA)?” section at the end of this Fact Sheet. Revised: 12/2020

WHAT SHOULD YOU MENTION TO YOUR VACCINATION PROVIDER BEFORE YOU GET THE MODERNA COVID-19 VACCINE? Tell your vaccination provider about all of your medical conditions, including if you: • have any allergies • have a fever • have a bleeding disorder or are on a blood thinner • are immunocompromised or are on a medicine that affects your
immune system • are pregnant or plan to become pregnant • are breastfeeding • have received another COVID-19 vaccine.

**WHO SHOULD GET THE MODERNA COVID-19 VACCINE?** FDA has authorized the emergency use of the Moderna COVID-19 Vaccine in individuals 18 years of age and older.

**WHO SHOULD NOT GET THE MODERNA COVID-19 VACCINE?** You should not get the Moderna COVID-19 Vaccine if you: • had a severe allergic reaction after a previous dose of this vaccine • had a severe allergic reaction to any ingredient of this vaccine.

**WHAT ARE THE INGREDIENTS IN THE MODERNA COVID-19 VACCINE?** The Moderna COVID-19 Vaccine contains the following ingredients: messenger ribonucleic acid (mRNA), lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate, and sucrose.

**HOW IS THE MODERNA COVID-19 VACCINE GIVEN?** The Moderna COVID-19 Vaccine will be given to you as an injection into the muscle. The Moderna COVID-19 Vaccine vaccination series is 2 doses given 1 month apart. If you receive one dose of the Moderna COVID-19 Vaccine, you should receive a second dose of the same vaccine 1 month later to complete the vaccination series. HAS THE MODERNA COVID-19 VACCINE BEEN USED BEFORE? The Moderna COVID-19 Vaccine is an unapproved vaccine. In clinical trials, approximately 15,400 individuals 18 years of age and older have received at least 1 dose of the Moderna COVID-19 Vaccine.

**WHAT ARE THE BENEFITS OF THE MODERNA COVID-19 VACCINE?** In an ongoing clinical trial, the Moderna COVID-19 Vaccine has been shown to prevent COVID-19 following 2 doses given 1 month apart. The duration of protection against COVID-19 is currently unknown.

**Revised: 12/2020**

**WHAT ARE THE RISKS OF THE MODERNA COVID-19 VACCINE?** Side effects that have been reported with the Moderna COVID-19 Vaccine include: • Injection site reactions: pain, tenderness and swelling of the lymph nodes in the same arm of the injection, swelling (hardness), and redness • General side effects: fatigue, headache, muscle pain, joint pain, chills, nausea and vomiting, and fever There is a remote chance that the Moderna COVID-19 Vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the Moderna COVID-19 Vaccine. For this reason, your vaccination provider may ask you to stay at the place where you received your vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include: • Difficulty breathing • Swelling of your face and throat • A fast heartbeat • A bad rash all over your body • Dizziness and weakness These may not be all the
possible side effects of the Moderna COVID-19 Vaccine. Serious and unexpected side effects may occur. The Moderna COVID-19 Vaccine is still being studied in clinical trials.

**WHAT SHOULD I DO ABOUT SIDE EFFECTS?** If you experience a severe allergic reaction, call 9-1-1, or go to the nearest hospital. Call the vaccination provider or your healthcare provider if you have any side effects that bother you or do not go away. Report vaccine side effects to FDA/CDC Vaccine Adverse Event Reporting System (VAERS). The VAERS toll-free number is 1-800-822-7967 or report online to [https://vaers.hhs.gov/reportevent.html](https://vaers.hhs.gov/reportevent.html).

Please include “Moderna COVID-19 Vaccine EUA” in the first line of box #18 of the report form. In addition, you can report side effects to Moderna TX, Inc. at 1-866-MODERNA (1-866-663-3762). You may also be given an option to enroll in v-safe. V-safe is a new voluntary smartphone-based tool that uses text messaging and web surveys to check in with people who have been vaccinated to identify potential side effects after COVID-19 vaccination. V-safe asks questions that help CDC monitor the safety of COVID-19 vaccines. V-safe also provides second-dose reminders if needed and live telephone follow-up by CDC if participants report a significant health impact following COVID-19 vaccination. For more information on how to sign up, visit: www.cdc.gov/vsafe. **Revised: 12/2020**

**WHAT IF I DECIDE NOT TO GET THE MODERNA COVID-19 VACCINE?** It is your choice to receive or not receive the Moderna COVID-19 Vaccine. Should you decide not to receive it, it will not change your standard medical care.

**ARE OTHER CHOICES AVAILABLE FOR PREVENTING COVID-19 BESIDES MODERNA COVID-19 VACCINE?** Currently, there is no FDA-approved alternative vaccine available for prevention of COVID-19. Other vaccines to prevent COVID-19 may be available under Emergency Use Authorization.

**CAN I RECEIVE THE MODERNA COVID-19 VACCINE WITH OTHER VACCINES?** There is no information on the use of the Moderna COVID-19 Vaccine with other vaccines.

**WHAT IF I AM PREGNANT OR BREASTFEEDING?** If you are pregnant or breastfeeding, discuss your options with your healthcare provider.


**KEEP YOUR VACCINATION CARD** When you receive your first dose, you will get a vaccination card to show you when to return for your second dose of the Moderna COVID-19 Vaccine. Remember to bring your card when you return.

**ADDITIONAL INFORMATION** If you have questions, visit the website or call the telephone number provided below. To access the most recent Fact Sheets, please scan the QR code.

WHERE WILL MY VACCINATION INFORMATION BE RECORDED? The vaccination provider may include your vaccination information in your state/local jurisdiction’s Immunization Information System (IIS) or other designated system. This will ensure that you receive the same vaccine when you return for the second dose. For more information about IISs, visit: https://www.cdc.gov/vaccines/programs/iis/about.html.

WHAT IS THE COUNTERMEASURES INJURY COMPENSATION PROGRAM? The Countermeasures Injury Compensation Program (CICP) is a federal program that may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must be submitted to the CICP within one (1) year from the date of receiving the vaccine. To learn more about this program, visit www.hrsa.gov/cicp/ or call 1-855-266-2427.

WHAT IS AN EMERGENCY USE AUTHORIZATION (EUA)? The United States FDA has made the Moderna COVID-19 Vaccine available under an emergency access mechanism called an EUA. The EUA is supported by a Secretary of Health and Human Services (HHS) declaration that circumstances exist to justify the emergency use of drugs and biological products during the COVID-19 pandemic. The Moderna COVID-19 Vaccine has not undergone the same type of review as an FDA approved or cleared product. FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, and available alternatives. In addition, the FDA decision is based on the totality of the scientific evidence available showing that the product may be effective to prevent COVID-19 during the COVID-19 pandemic and that the known and potential benefits of the product outweigh the known and potential risks of the product. All of these criteria must be met to allow for the product to be used during the COVID-19 pandemic. The EUA for the Moderna COVID-19 Vaccine is in effect for the duration of the COVID-19 EUA declaration justifying emergency use of these products, unless terminated or revoked (after which the products may no longer be used). ©2020 ModernaTX, Inc. All rights reserved. Patent(s): www.modernatx.com/patents Revised: 12/2020
APPENDIX D: SAMPLE VACCINATION CONSENT FORM

COVID-19 Vaccination Consent Form 2020-2021

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
<th>Date of Birth</th>
<th>Male</th>
<th>Female</th>
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<tr>
<th>Phone Number</th>
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**SCREENING FOR VACCINATION ELIGIBILITY**

1. Are you pregnant? | Yes | No |
2. Are you currently breastfeeding? | Yes | No |
3. Have you had a severe allergic reaction (e.g., anaphylaxis, trouble breathing) to other vaccines or injectable medications/infusions? | Yes | No |
4. Have you had a severe allergic reaction (e.g., anaphylaxis, trouble breathing) to any component of the vaccine, including lipid nanoparticles or polyethylene glycol (PEG)? | Yes | No |
5. Have you received any other vaccine within the past 14 days or are scheduled to receive any vaccine in the next 14 days? | Yes | No |
6. Have you received convalescent plasma or monoclonal/polyclonal antibody infusions for COVID-19 within the past 90 days? | Yes | No |
7. Are you under age 16? | Yes | No |
8. Are you currently sick? For example, are you currently experiencing fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, etc.? | Yes | No |
9. Do you have a bleeding disorder or are you taking a blood thinner? | Yes | No |
10. Have you tested positive for COVID-19 in the last 10 days? | Yes | No |
11. Are you currently in quarantine for COVID-19 exposure? | Yes | No |
12. If this is your second dose, when was the date of your first dose? | / | / |
13. If this is your second dose, which vaccine did you receive (Pfizer, Moderna, etc.)? | | |

**CONSENT FOR VACCINATION**

I will have reviewed my answers to the questions above with the vaccinator. If I experience any adverse reactions after leaving, I will notify my primary care provider. I have viewed the Emergency Use Authorization Fact Sheet provided to me today. I understand the benefits and risks of the vaccine.

The vaccine checked above should be given to the person named above for whom I am authorized to make this request. I understand that I can review a Notice of Privacy Practice at the time of vaccination.

Signature of Parent/Guardian/Patient: __________________________ Date: ____________

<table>
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<th>Vaccine</th>
<th>Date Vaccination and EUA Given:</th>
<th>Route</th>
<th>Manufacturer</th>
<th>Lot No.</th>
<th>Printed Name and Signature of Vaccine Administrator</th>
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*ver. 12/21/20*
APPENDIX E: VACCINE ELIGIBILITY QUESTIONNAIRE

Information for health care professionals regarding COVID-19 Vaccination Eligibility

1. Are you pregnant?
   **IF YES:** Please ask the patient whether they discussed vaccination with a medical provider. Patients who are pregnant may choose to be vaccinated whether they discussed vaccination with a medical provider or not.

2. Are you currently breastfeeding?
   **IF YES:** Please ask the patient whether they discussed vaccination with a medical provider. Patients who are lactating may choose to be vaccinated whether they discussed vaccination with a medical provider or not.

3. Have you had a severe allergic reaction (e.g., anaphylaxis, trouble breathing) to other vaccines or injectable medications/infusions?
   **IF YES:** Please ask the patient whether they discussed vaccination with a medical provider. If they have, allow vaccination to proceed. Vaccine providers should observe patients after vaccination to monitor for the occurrence of immediate adverse reactions:
   - Persons with a history of anaphylaxis: 30 minutes
   - All other persons: 15 minutes

4. Have you had a severe allergic reaction (e.g., anaphylaxis, trouble breathing) to any component of the vaccine, including lipid nanoparticles or polyethylene glycol (PEG)?
   **IF YES:** Do Not Vaccinate

5. Have you received any other vaccine within the past 14 days or are scheduled to receive any vaccine in the next 14 days?
   **IF YES:** Do Not Vaccinate

6. Have you received convalescent plasma or monoclonal/polyclonal antibody infusions for COVID-19 within the past 90 days?
   **IF YES:** Do Not Vaccinate

7. Are you under age 16?
   **IF YES:** Do Not Vaccinate
8. Are you currently sick? For example, are you currently experiencing fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, etc.?

IF YES: Have the patient discuss existing symptoms with a medical provider.

9. Do you have a bleeding disorder or are you taking a blood thinner?

IF YES: Have patient discuss with a medical provider. ACIP recommends the following technique for intramuscular vaccination in patients with bleeding disorders or taking blood thinners: a fine-gauge needle (23-gauge or smaller caliber) should be used for the vaccination, followed by firm pressure on the site, without rubbing, for at least 2 minutes.

10. Have you tested positive for COVID-19 in the last 10 days?

IF YES: Do Not Vaccinate

11. Are you currently in quarantine for COVID-19 exposure?

IF YES: Do Not Vaccinate

12. If this is your second dose, when was the date of your first dose?

Do Not Vaccinate if less than 17 days ago for Pfizer, or less than 24 days ago for Moderna.

13. If this is your second dose, which vaccine did you receive (Pfizer, Moderna, etc.)?

Ensure that the second dose is from the same manufacturer as the first dose.

If different: Do Not Vaccinate.
APPENDIX F: EQUIPMENT CHECKLIST FOR VACCINATION SITE

1. Hand-held radios ______
   ● X4 for three sets (12)
   ● 4 radios for each vaccination team; start with one team

2. Refrigerator (1) ______
   ● Used to maintain the thawed Moderna vaccine at 36°–46° F
   ● To transport/store Moderna vaccine

3. Portable table(s) ______
   ● Up to 7 tables
   ● For vaccine prep and administration points
   ● For reception point and computer

4. Chairs ______
   ● For staff and post vaccination holding areas
   ● Must have enough chairs for each staff member and for max capacity of each station

5. Office supplies ______
   ● Clipboards (10 or so) for patients to fill out intake forms
   ● Ink pens (plenty, in case they run out of ink)
   ● Lysol or Clorox wipes to clean clipboards and pens between patients

6. Rolls of paper to cover each table above ______

7. Portable bright lights to illuminate lab table ______
   ● Vaccine must be drawn up accurately
   ● Up to 3 lights

8. Laptop computers or tablets ______
   ● GPS enabled with access to cell service provider (e.g. Verizon)
   ● 1 per team (minimum)
   ● Suggested: Toughbook for durability in diverse conditions
   ● Necessary for data entry, ImmPRINT, etc.
   ● Allow rapid access to higher agencies for data updates and information searches

9. Portable Printer(s) ______

10. Small desk/table and chair for STATION 1 data entry ______
11. **Personal protective equipment (PPE)**
   - Amount depends on vaccination events
   - Protective gloves, many, in small, medium, large sizes
   - Face masks and shields
   - Sharps containers at each vaccination station
   - Band-aids and gauze

12. **Glass markers**
   - Erasable
   - To mark auto windshields as needed

13. **Directions & Crowd Flow Aids**
   - Enter Here, Exit Ahead, Maintain Social Distance, Vaccine Preparation Area, etc.
   - Consider vaccination site exposure to elements and create outdoor signage on weather-durable materials (e.g., plastic)
   - Crowd flow will be greatly aided by the use of traffic cones, stanchions, and barrier tape to indicate how to follow next steps

14. **Vaccine information sheets**
   - Mostly English, some Spanish—if possible, it would help to have a team member fluent in Spanish on-site
   - Sufficient quantity to provide one per patient

15. **Emergency first aid kit (1 per vaccination site)**

16. **The following items may be obtained from a durable medical equipment supplier, or perhaps a larger pharmacy**
   - An appropriate container (canvas bag) in which to carry the following items:
     - Blood pressure cuff
     - Stethoscope
     - Pulse oximeter
     - Oxygen cylinder (size D)
     - Pressure reduction valve for oxygen cylinder
     - Tubing as needed
     - Oxygen masks
     - Bag-valve-mask device
     - Oral airway selection
     - Roll medical tape
     - IV placement set
     - IV fluid (liter bag saline)
     - Epinephrine for anaphylaxis kit with 2 doses
     - H-1 blocker, e.g., Benadryl oral
     - H-2 blocker, e.g., famotidine (Pepcid oral)
Recommended PPE (CDC)

The CDC recommends a mask, eye protection and gloves (optional) for those administering vaccines at vaccination sites where social distancing is enforced.


For any questions related to possible test site equipment needs, please contact us. The Alabama AHEC Network is here to ensure that your vaccination event is seamless and efficient, and that all potentialities are considered.
APPENDIX G: ImmPRINT COVID-19 VACCINE PROVIDER ENROLLMENT OVERVIEW

To receive and administer COVID-19 vaccines, vaccination providers must enroll in the Alabama Department of Public Health’s ImmPRINT COVID-19 Vaccination Program.

1. **ENROLLMENT**
   - Online Form Submissions

2. **APPROVAL**
   - Provider Registration Validations

3. **TRAINING**
   - Completion of All Relevant Training

4. **VACCINE ORDERING**
   - Access ImmPRINT Vaccine Ordering Management System

Each vaccination site within an organization, must enroll in ImmPRINT to participate in COVID-19 vaccine program. If your site is already enrolled in ImmPRINT, you do not need to re-enroll. Go to Complete the COVID-19 Provider Agreement and Profile.

**ENROLL IN ImmPRINT**

To enroll in ImmPRINT, please go online: https://siis.state.al.us/ImmPRINT/login/login.aspx

1. Complete Initial Site Enrollment Agreement
2. Immunization staff will review, verify, and approve your agreement.
3. Your site will be contacted by Immunization Division (IMM) Field Compliance Staff to conduct ImmPRINT training for the site administrator, either via WebEx, FaceTime, or by phone and pictures.
4. Site Administrator activates site users.

**COMPLETE COVID-19 PROVIDER AGREEMENT & PROFILE**

To complete the COVID-19 Provider Agreement and Profile:

1. Login to ImmPRINT, https://siis.state.al.us/ImmPrint/login/login.aspx, after ImmPRINT enrollment process is complete.
2. Click on ImmPRINT Registry widget
3. Click Special Projects
4. Select COVID-19 Enrollment Form
5. Complete the Provider Agreement and Profile, which includes:
   a. Provider address and contact information
   b. Chief Medical Officer and Chief Executive Officer contact information
   c. Primary COVID-19 Vaccine Coordinator & Vaccine Back-Up Coordinator: Each role is required to complete vaccine storage & handling training consisting of:
      i. "You Call the Shots"-Module Ten-Storage and Handling-2020
         https://www2a.cdc.gov/nip/isd/ycts/mod1/courses/sh/ce.asp
ii. Continuing education and download certificate instructions: https://tceols.cdc.gov/Home/Steps

iii. Upload of certificate of completion into this profile agreement is required BEFORE being contacted by Immunization field compliance staff to complete training.

d. Contact Information for the Sites Back-Up COVID-19 Vaccine Coordinator
e. Site Shipment Address
f. Days and Times to deliver the vaccine

g. Choose the vaccinating location setting
h. Estimate number of staff and patient your site may serve

6. Immunization staff will review responses, verify licenses, OIG list, and authorize your COVID-19 agreement.

7. Your site will be contacted by Immunization Division (IMM) Field Compliance Staff to conduct ImmPRINT, agreement, profile, and vaccine storage and handling training for the site administrator, either via WebEx, FaceTime, or by phone with pictures of storage units and thermometers.

8. Once activated, your site will be notified to order COVID-19 vaccine in ImmPRINT through the Vaccine Ordering Management System.

Please note: Due to the phased approach for vaccine distribution, providers may be prioritized for COVID-19 vaccine ordering based on the volume of critical population served. ImmPRINT will send you an email when your vaccination location may order COVID-19 vaccine. Phased Approach to COVID-19 Vaccination:

- Phase 1: Potentially limited doses available
- Phase 2: Large number of doses available
- Phase 3: Sufficient supply of doses available

COVID-19 PROVIDER AGREEMENTS SUMMARY

1. Administer COVID-19 vaccine in accordance with all CDC requirements and CDC’s Advisory Committee on Immunization Practices (ACIP).

2. Enter all COVID-19 vaccine administered doses required data elements within 24 hours into ImmPRINT. Please include the patient’s email for reminder of the second dose.

3. Preserve administered records for at least 3 years

4. Do 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 COVID-19 vaccine administration fees.

7. Conduct COVID-19 vaccination services in compliance with CDC’s Guidance, including [https://vaccinefinder.org](https://vaccinefinder.org) daily inventory, for ‘Immunization Services during the COVID-19 Pandemic’ for safe delivery of vaccines.

8. Comply with CDC requirements for COVID-19 vaccine management.
   a. Store and handle COVID-19 vaccines properly, maintain cold chain conditions, and chain of custody at all times.
   b. Monitor vaccine-storage-unit temperatures at all times. ADPH will provide, when available, for ultra-cold vaccine requirements.
   c. Comply with AL’s Immunization Division guidance for temperature excursions supplied by IMM field staff.
   d. Monitor and comply with COVID-19 vaccine expiration dates.

9. Report the number of doses of COVID-19 vaccine and adjuvants that were unused, spoiled, expired, or wasted in ImmPRINT when available.

10. Comply with all federal instructions and timelines for disposing COVID-19 vaccine and adjuvant when available.

11. Report moderate and severe adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS): [https://vaers.hhs.gov/esub/indes.jsp](https://vaers.hhs.gov/esub/indes.jsp)

12. Provide a completed COVID-19 vaccination record card to every COVID-19 vaccine recipient as a reminder for second dose if applicable.
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