

BILH COVID-19 PATIENT VACCINATION TRAINING – CLINICAL STAFF

February 10, 2021

Updated as of: February 10, 2021

This training deck will be updated to reflect any new or changing information.

Beth Israel Lahey Health



BILH COVID Patient Vaccination Training

Agenda for Clinical Staff Training

1. Patient Vaccination Overview
2. Site Preparation
 - a. Infection Control
 - b. Supplies
 - c. PPE
 - d. Security
 - e. Overview of Roles
 - f. Start of Day
3. Patient Vaccination Site visit
4. IT Scheduling Tool
5. Vaccine Storage, Preparation, and Handling
6. Vaccination Process (Vaccinator Role)
7. Post-Vaccine Administration – End of Day
8. Documentation of Vaccinator and Observer Competencies

Patient Vaccination Overview

BILH COVID-19 Patient Vaccination Training

MA COVID-19 Vaccine Program – Phase 2 Updates and Definitions

Phase 2 Updates

- Each health system is developing plans to vaccinate its own patients
- Health systems must follow the state's direction on priority levels

Pre-Phase 2: BILH Pilot Program

- Solid organ transplant and bone marrow transplant patients under the care of our transplant and cancer programs began receiving the vaccine this week in Longwood and Burlington as part of a pilot program prior to Phase 2.

Phase 2 Priority Levels (subject to launch dates set by the state and vaccine availability)

- 1 Individuals ages 75+ not included in Phase 1
- 2 Individuals ages 65+ **OR** 16+ with 2 or more co-morbidities
- 3 Other workers deemed higher risk
- 4 Individuals with 1 co-morbidity

*The state has directed us to use a [list of comorbidities provided by the CDC](#) that are associated with an increased risk of severe illness from the virus that causes COVID-19.

CDC List of Co-Morbidities

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Down Syndrome
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 kg/m² or higher but < 40 kg/m²)
- Severe Obesity (BMI ≥ 40 kg/m²)
- Pregnancy
- Sickle cell disease
- Smoking
- Type 2 diabetes mellitus

Source: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

Site Preparation: Infection Control, Supplies, PPE Security, Overview of Roles, Start of Day

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Site Preparation: Infection Control

- ❑ All staff must be knowledgeable regarding infection control practices.
- ❑ Furniture should all be cleanable using approved agents.
- ❑ Vaccine administration stations and observation areas are approximately 6 feet apart and should be disinfected every hour (as per CDC recommendations), or if visibly soiled, using an approved germicidal wipe.
- ❑ Cleaning and disinfection is performed by the vaccinator or room assistant or other role designated on-site.
- ❑ High-touch surfaces (workstations, keyboards, telephones, and doorknobs at check in area and in observation areas are cleaned and disinfected using an approved germicidal wipe following the stated wet contact time at least every hour between shifts and at the end of the clinic day.
- ❑ Surgical masks should be available at entry/check-in to give to each vaccine recipient and essential escort. Individuals should wear the BILH-provided surgical mask in place of the mask (or face covering) they arrive with, over their own mask (or face covering), or if they arrive with no mask/face covering
- ❑ Hand hygiene stations are available at vaccination, observation and entry/check-in areas and should be checked at least twice a day to ensure they have sufficient product; refill as necessary.
- ❑ Eating or drinking is not allowed outside of the designated break/lunchroom.
- ❑ All clinics are cleaned at end of day by staff, or local cleaning contract and should include the following areas and actions:
 - Door handles, Bathrooms, Check in and check out tables, Vaccine station tables. Vaccine station chairs, Observation chairs, Clean and mop all hard surfaces, Vacuum rugs within observation area, Empty all trash

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Site Preparation: Supplies

- Chux/disposable pads
- Disinfectant wipes
- Paper towels
- 2-3 Emergency kits (see next slide)
 - Epinephrine, autoinjector
- Band-aids and gauze pads
- Blood pressure measuring device
- Vaccine station # signs
- One station for every vaccinator with 2 chairs (avoid fabric and ensure cleanable arms), wastebasket, sharps containers, alcohol-based hand sanitizer dispenser
- Enough chairs in observation space, set up 6 feet apart from each other
- Screens to allow for disrobing: 1 per clinic
- BILH-provided vaccination information/documents
- Laptops with chargers (one per vaccination station)
- Hand sanitizer locations
 - Entry and exit to clinic and observation space
 - Every vaccination station
 - Workstations
- BILH-approved signage
 - Physical distancing markings on floor to stand 6 ft apart
 - “Not feeling well signs:” procedures to follow if onsite and have symptoms
 - Any signs referencing the operator of the site should include the name of the sponsoring hospital
- Surgical masks
- Reusable eye protection and brown paper bags (for PPE storage during breaks, between shifts)

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Site Preparation: PPE for Staff

Staff must wear:

- Surgical Masks
- Eye protection

Eye Protection: per the BILH PPE Guidance, all vaccine clinic staff must wear approved eye protection (goggles, eye shield or face shield) for all patient contact or work in a patient care/vaccination area. Face shields are preferred

Gloves: not required per CDC and OSHA for high throughput vaccination clinics but will be available on-site

- Whether or not gloves are worn, staff should continue to practice proper hand hygiene and handwashing procedures

Gowns: gowns do not need to be worn by staff

**Patients should be masked at all times when at the vaccination site*

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Site Preparation: Security

- Badge access granted to all necessary staff, including Pharmacy, Vaccinators, Observers, Clinic Operations & Administration.
- Police & Security should be aware of security needs. Each site will need to include their local Security team in their operational staffing plans.
- Ensure site-based Security knows the clinic's location and hours of operation, including the time for setup and breakdown of the clinic.
- During check-in, employee/vaccinator provides proof of ID with employee badge.
- BILH Pharmacy will remove vaccine product nightly from each clinic and return to appropriate storage facility.
- All clinic doors will be locked after clinic closes so laptops and supplies are secured.
- Identify other security concerns that need to be addressed at identified clinic sites.

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Site Preparation: Overview of Roles

Role	Duties
Executive Operational Director	Oversight of all vaccine operations
Medical Director	Oversight of medical operations at vaccine site
Site Operations Lead	Supports Executive Director in overseeing all vaccine operations, including Pharmacy
Pharmacy Officer	Pharmacy Oversight
Facilities Lead	Facility Oversight
Support contact local hardware / network	IT Oversight
On-Site Vaccine Clinic Manager	Manages day to day operations of clinic site and elevates issue to leads and directors as necessary
Greeter/Check-In:	<ul style="list-style-type: none"> Responsible for greeting, checking-in and directing patients to vaccination station Answers questions and manages traffic flow. Notifies on-site Vaccine Clinic Manager if an individual has a question the Greeter cannot answer
Room Assistant / Table Wiper:	Cleans and disinfects each vaccination station table between individuals with a hospital-approved germicidal wipe or at the scheduled hourly cleaning time.
Vaccinator	Vaccinators can be MAs if certified in vaccine administration (see MA DPH Circular Letter DCP 17-8-102 from August 2017), LPNs, RNs, NPs and MDs, PAs, PA students, Medical students, Pharmacists, pharmacist interns, pharmacy students: sites should work with their Chief Pharmacy Officer to determine feasibility of leveraging Interns, Graduate nurse (completed course work- pending NCLEX) and CNI's (completed course work, graduated and passed NCLEX)
Observer	Required credentials/skillset: Certified MA, LPN, RN, or NP.
Staff Scheduler (may be combined with other roles depending on site)	<ul style="list-style-type: none"> Schedules appropriate clinic staff with appropriate staffing mix (Vaccinators & Observers). Works with Human Resources Talent Acquisition to identify staffing gaps Requests appropriate IT access for defined staff Communicates staff issues to Manager (e.g., no shows, substantially late for shift)
Appointment Scheduler/Check-Out Staff	Checks-out individuals and schedules patients for their 2 nd dose appointment through COVID-19 scheduling tool.

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Site Preparation: Start of Clinic Day

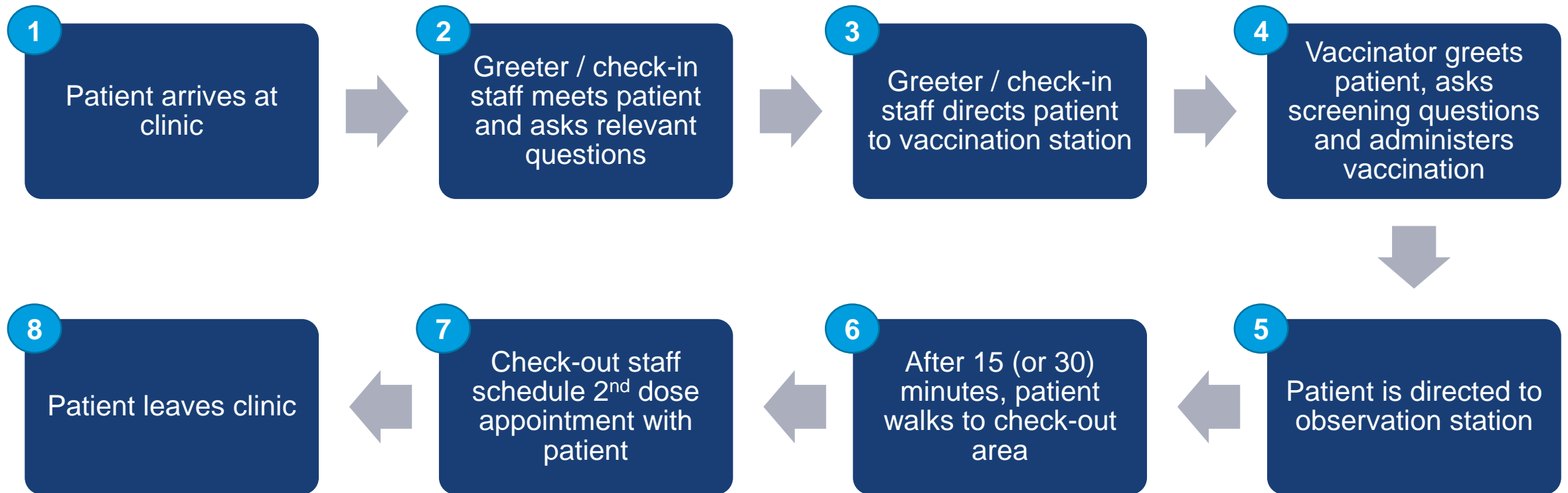
On-Site Vaccine Clinic Manager:

1. Call security if needed to open door to site
2. Write names and roles on the white board, including Administrator on Call (with their phone number)
3. Ensure laptops are powered on and charged.
4. Review clinic schedule. Ensure enough vaccine doses provided by Pharmacy.
5. Ensure vaccine preparations have been stored separately.
6. It is recommended once a clinic has mixed product (e.g., Pfizer & Moderna) vaccination stations be manufacturer-specific as a safety precaution and to decrease likelihood of error.
7. Set up Vaccination Station tables (with table #s) and training materials.
8. Welcome staff, introduce yourself, match staff to your list, assign to roles and vaccination stations.
9. Ok to re-assign staff based on when individuals arrive and your discretion
10. Remind any non-exempt staff that they need to clock in and out
11. Orient staff to restrooms, safe lunch/break space
12. All snacks or lunches to be eaten in a safe eating location.

Patient Vaccination Site Visit

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Patient Vaccination Workflow: Overview



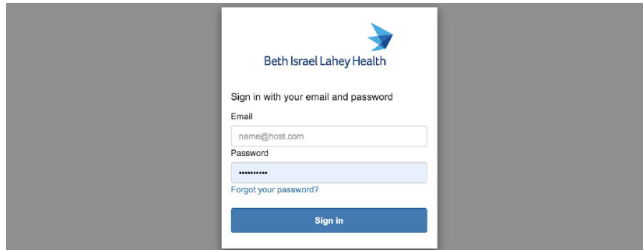
IT Scheduling Tool

BILH COVID-19 Patient Vaccination Training

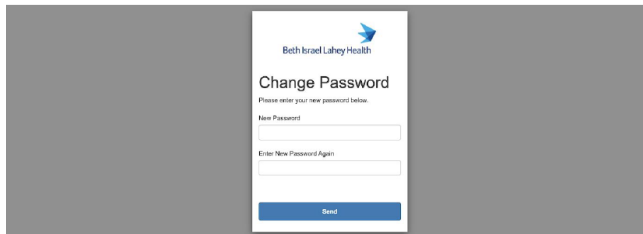
Logging into the COVAX Tool for the First Time

Logging In for the First Time

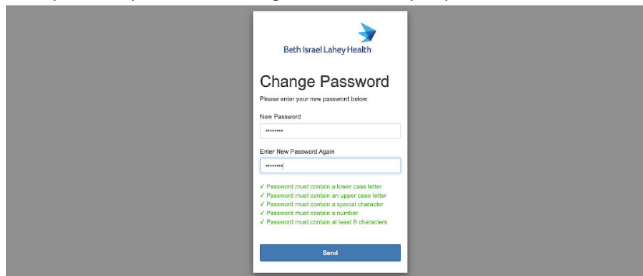
1. Staff will receive an email from C19VaccinePatientITSupport@bilh.org with a link to the Patient Vaccine Administration Tool, and a temporary password. Your primary email is your username. When you click the link you will see the login page as below.



2. When you log in for the first time, enter your email address and the temporary password. Upon successful login, you will be prompted to set a new password.



3. Enter your new password ensuring it meets security requirements and click "Save".

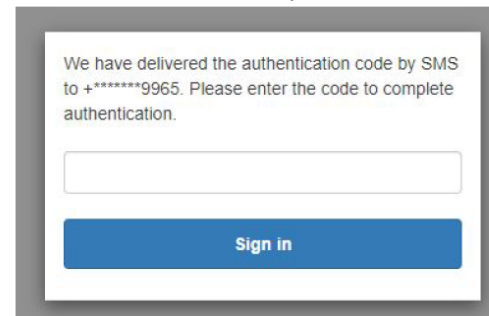


4. For all future logins, use your email address and your new password.

Two-Factor Authentication

As an important added layer of security, each time you log into the tool, as described above, you will also be prompted to enter an **authentication code**, which will be sent via **text** to your cell phone. **Note:** It is important that you have your cell phone with you at all times while using this tool, as this two-factor authentication process will occur every time you sign in.

1. Enter the code that you receive via text message into the field and click "Sign In."



Text Message
Today 1:06 PM

**BILH COVAX Vaccination
Dashboard: Your
authentication code is 474168**

BILH COVID-19 Patient Vaccination Training

Navigating the Dashboard

Navigating the Dashboard

Log into the dashboard via this link: [COVID-19 Patient Vaccination Administration Tool](#)

Detailed information will display in the Dashboard related to the patient's 1st and 2nd vaccinations.

A. Filter Options:

- Filter by **Vaccination Site** and **Date**.
- Other filter options include **Vaccine Status** and **Check-In Status**.
- You can search for the patient by **name, phone number or email address**.

B. Patient Information:

- Review/confirm information related to the patient receiving the vaccination (**Name, DOB, Sex**)
- Click on the column headers to sort on the fly.

C. Dose 1 and Dose 2 Information:

- Two separate sections will display for **Dose 1** and **Dose 2**.
- **Site** will indicate the site where the employee was scheduled.
- You will see the date and time of their **scheduled** appointment
- **Brand** will display the vaccine brand recorded at the time of vaccination.
- **Clock icon** indicates the days since the 1st dose was administered.
- **Vaccinated** will display the date of check-in for each dose.
- Click on the column headers to sort on the fly (ie. click on the **Scheduled** column to sort across 1st and 2nd doses to provide a comprehensive view of the day's schedule. If you want to filter down to just 1st or 2nd doses, use the **Status** filter as well.

The screenshot shows the 'COVID-19 Vaccine Check-In Dashboard'. At the top, there are filter options for Vaccination Site (All), Date (1/22/2021), Phase (All), Status (All), and Checked In? (All). A search bar for the patient is also present. Below the filters, there are two main sections: Patient Information (B) and Dose Information (C). The Patient Information section displays a table with columns for Patient Name, DOB, Age, Sex, and Phase. The Dose Information section displays a table with columns for Dose 1 Site, Scheduled, Checked In, Vaccinated, Brand, Dose 2 Site, Scheduled, Checked In, and Vaccinated. A clock icon is visible in the Dose 1 Scheduled column.

Patient Name	DOB	Age	Sex	Phase
		37Y	F	
		36Y	M	
		79Y	M	

Dose 1 Site	Scheduled	Checked In	Vaccinated	Brand	Dose 2 Site	Scheduled	Checked In	Vaccinated
Beverly VRP - Beth Israel Lahey Health Primary Care ...	Yes							
	Yes	1/23/2021	Moderna	3		Yes	2/17/2021	
	Yes	1/5/2021	Pfizer	20		Yes		Yes

Vaccine Storage, Preparation, and Handling

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Receiving Vaccine

1. Vaccine will be delivered to site by courier from the BILH Westwood Pharmacy at least half hour prior to the first scheduled patient. Amount of vaccine delivered daily will be limited to the amount needed to immunize anticipated/scheduled patient volume.
2. Vaccines will be delivered in a thermal shipper that will maintain temperatures between 2°C and 8°C for up to 96 hours. Any remaining unopen vials will need to be placed back in thermal shipper at the end of the day and returned to BILH Westwood Pharmacy by pre-arranged courier service.
3. Thermal shipper will have continuous temperature monitoring device attached to the outside of the shipper. It is important that shipper is always securely closed and temperature inside cooler is maintained between 2°C and 8°C at all times. Upon morning delivery:
 - a. Confirm that current temperature monitor reading is within range (2°C and 8°C) and that the “MIN” and “MAX” readings are also within range. Notify site administrator or corresponding hospital pharmacy contact for any out of range temperature readings.
 - b. Sign attached “Vaccine Chain of Custody Received” form acknowledging receipt and chain of custody.
 - c. Inspect onsite refrigerator ensuring temperature ranges are within 2°C and 8°C. Notify site administrator if refrigerator out of range.
 - d. Immediately transfer all vaccines from thermal shipper to refrigerator. Thermal shipper must only be opened once in the morning to remove all vaccine and once a night to repack any leftover vaccine (as needed).
 - e. Close and secure thermal shipper to ensure cold chain integrity and store in a safe place away from any heat source.
4. Vaccines are transported under refrigerated conditions but may arrive on site still frozen or partially thawed (see next slides).
5. Vaccines will be delivered bagged and labeled according to:
 - a. Manufacturer
 - b. “Use by” date
6. Pay particular attention to the use by date and always rotate stock so that product with the shortest expiration date is always administered first in order to minimize wastage. ****Note**** Do not use any product after the “use by date”, notify clinic manager of any expired/wasted/unusable product.
7. Place vaccine thermal shipper aside and away from any heat source for repackaging and shipment back to pharmacy at the end of day.
8. If there are no vaccines left to send back to the pharmacy via the courier, please still send back the empty box.
9. Only un-punctured vials should be returned to the pharmacy at the end of the day.

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Receiving Vaccine: Refrigeration Log

Instructions:

1. When vaccine clinic opens: Upon morning delivery of vaccine, record refrigeration temperature under “AM Temp”. Place your initials in the box next to the reading. If reading is out of range document under “OOR” and contact clinic manager
2. When Vaccine clinic closes: Remove any remaining vaccines and place in vaccine transport container and return as directed. Record evening temp under “PM Temp” and initial.
3. During the day: Should the temp alarm activate contact the clinic manager immediately and wait for instructions. Check off “OOR” and document.

Temperature must remain between 2oC and 8oC for REFRIGERATOR					
If Out of Range Temp – check off OOR, and follow instructions below - document on page 2					
Day	AM Temp.	Initials	PM Temp.	Initials	OOR
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

BILH COVID-19 Patient Vaccination Training

Receiving Vaccine: Pfizer (Storage and Preparation)

Pfizer Storage

- Pfizer vaccine will arrive under refrigeration but may still be frozen*, see thawing instructions below prior to dilution and use
- Undiluted vials stored in refrigerator at 2 to 8 °C must be used within 5 days, always label/verify with expiration sticker accordingly and rotate stock to prevent waste.
- **Diluted product must be used within 6 hours from the time of dilution, store at room temperature between 2°C to 25°C (35.6° to 77°F).**
- Undiluted vials may be held at room temperature for no more than 2 hours.
- Vials must be transported un-diluted. Do not transport vials after dilution.

Pfizer Preparation

- Once vials are thawed, gently invert the vial 10 times prior to dilution. Do not shake.
- Dilute 6 dose vial with 1.8ml PF NaCl 0.9% solution for injection using a 21 gauge or narrower needle and aseptic technique.
- Equalize the pressure before removing needle from the vial by withdrawing 1.8ml of air.
- Gently invert the vial 10 times again. Do not shake.
- Diluted vaccines should be off-white with no visible particles.
- Mark vial with new discard date and time. Vials must be used within 6 hours after dilution.
- Vials and syringes should be protected from the light

Preparation (Thawing)	How Supplied	Route & Dose	Stability	Misc.
Thaw before dilution -for immediate use leave at room temperature [up to 25°C (77°F)] for 30 minutes or will require 2-3 hours to thaw under refrigeration	Solution in 6 dose vial; dilute with 1.8ml NS	0.3mL IM to deltoid muscle of the non-dominant arm; 2 doses given 21 days apart	Use within ≤ 6 hours at room temperature (20-25°C) after dilution	Once vial is at room temperature, it cannot be returned to storage.

BILH COVID-19 Patient Vaccination Training

Receiving Vaccine: Moderna (Storage and Preparation)

Moderna Storage

- Moderna vaccine will arrive under refrigeration but may still be frozen*, see thawing instructions below prior to use
- Vials stored in refrigerator at 2 to 8 °C must be used within 30 days, always label/verify with expiration sticker accordingly and rotate stock to prevent waste.
- **Vials must be used within 6 hours after withdrawal of the first dose. Store punctured vials at temperatures between 2°C to 25°C (35.6° to 77°F).**

Moderna Preparation

- Dilution is not required for the Moderna vaccine
- Swirl vial gently after thawing and between each withdrawal; do NOT shake
- Vaccines should be off-white with no visible particles.
- Mark vial with new discard date and time. Vials must be used within 6 hours of first draw.

Preparation (Thawing)	How Supplied	Route & Dose	Stability	Misc.
Thaw - for immediate use leave at room temperature [up to 25°C (77°F)] for 1 hour, or 2.5 hours to thaw under refrigeration.	Solution in 10 dose vial; no dilution is required	0.5mL IM to deltoid muscle of the non-dominant arm; 2 doses given 28 days apart	Use within ≤ 6 hours at temperatures 2 - 25°C	Once vial is at room temperature, it cannot be returned to storage.

Vaccination Process (Vaccinator Role)

BILH COVID-19 Patient Vaccination Training

Vaccination Process – Pre-Receipt Assessment of Contraindications / Precautions

1. The vaccinator **MUST** review allergy history and determine if a strict contraindication is present that precludes vaccination onsite. All other patients will be observed for a 15 min duration.

Screening Questions:		Action if Patient Response = Yes:	
A) Contraindications	<ol style="list-style-type: none"> 1) Have you had a history of a severe allergic reaction (e.g. anaphylaxis) after a previous dose of mRNA COVID-19 vaccine? 2) Have you had an immediate allergic reaction¹ of any severity to a previous dose of an mRNA COVID-19 vaccine or any of its components (including polyethylene glycol or polysorbate)? 3) Have you received a monoclonal antibody for COVID-19 treatment or prevention in the past 90 days? 	Do Not Vaccinate	<ul style="list-style-type: none"> • If history of severe allergic reaction: Consider referral to Allergist-immunologist or Primary Care provider to discuss alternate vaccination options or whether they can safely receive the vaccine in a setting with advanced medical care available • If history of monoclonal antibody therapy, reschedule for 90 days after receipt of therapy
B) Precautions	<ol style="list-style-type: none"> 1) Do you have a history of immediate allergic reaction¹ to any vaccine? 2) Do you have a history of immediate allergic reaction¹ to any injectable (intravenous, intramuscular, or subcutaneous) medication? 3) Do you have a history of anaphylaxis for any reason? 	Offer deferral of vaccination and referral to PCP or allergist-immunologist for discussion 30 min mandatory observation period, if vaccinated	<ul style="list-style-type: none"> • 30 min observation period will be required for 2nd dose even if no reactions
C) Considerations	<ol style="list-style-type: none"> 1) Are you pregnant or lactating (breast-feeding) or planning to become pregnant? 	Proceed with Vaccination 15 min mandatory observation period	<ul style="list-style-type: none"> • Instruct patient to contact primary provider if any questions prior to receipt of vaccine

Continue if Patient Response = No

Immediate Allergic Reaction – defined as any hypersensitivity-related signs or symptoms consistent with urticarial, angioedema, respiratory distress (e.g. wheezing, stridor) or anaphylaxis that occur within 4 hours following administration.

References:

[CDC Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines](#)
[Medications that contain PEG and/or polysorbate Review](#)

BILH COVID-19 Patient Vaccination Training

Vaccination Process - Vaccinator

1. Confirm name, DOB, and whether this is 1st or 2nd dose (if 2nd dose, confirm manufacturer of 1st dose by checking CDC card, COVAX tool, asking patient)
2. The vaccinator MUST review allergy history and determine if a strict contraindication is present that precludes vaccination onsite. All other patients will be observed for a 15 min duration.
3. Review the defined Emergency Use Authorization (EUA) information sheet and determine if the individual has any concerns or questions
4. Vaccination will be performed per standard vaccination procedure (see right hand box)
5. After administration, vaccine recipients will be provided a CDC COVID-19 Vaccination Record Card with the vaccination product name/manufacturer, vaccine lot#, date and vaccinator name/site completed. In addition, the time of vaccination should be documented below the date (completed by Vaccinator).
6. Vaccinator enters information into COVAX tool (see next slide)
7. On "What to Expect After Getting COVID-19 Vaccine" sheet, write vaccination site location name

CDC video on IM injection technique:
<https://www.youtube.com/watch?v=PqSuCPnPeYE>

Vaccination Procedure

1. Determine which arm will receive the vaccine based on individual's dominant hand, contraindications to injection in an arm (e.g. mastectomy with lymphedema), and individual's preference
2. Have the individual roll up their sleeve to the top of their arm. If unable to do so, can unbutton the top of the shirt and pull it down from the collar. If unable to get to the upper arm, have the individual partially disrobe.
3. Choose correct needle size based on patient size. Needle size chart is included as part of the vaccine standing order
4. Use a separate needle and syringe for each injection.
5. Check the expiration dates on the vaccine, syringe, needle. Note: the expiration date may not be visible to the vaccinator
6. Only administer vaccines clinical provider has prepared. This is a medication administration best practice standard.
7. Perform hand hygiene (hand washing with soap & water for at least 20 minutes or use approved hand sanitizer), disinfect injection site with alcohol wipe and allow to air dry. Then, inject vaccine intramuscularly into the individual's arm
8. Document the vaccination in COVID-19 online tool.
9. Document the vaccination on the CDC card provided by manufacturer and give to the individual. If the patient does not already have them, provide the following: handout on post-vaccination reactions, FDA EUA required handout, v-safe handout.
 - a. What to Expect After Getting COVID-19 Vaccine
 - b. Pfizer—BioNtech Emergency Use Authorization Fact Sheet for Recipients and Caregivers
 - c. Moderna Emergency Use Authorization Fact Sheet for Recipients and Caregivers
 - d. Patient Information Sheet
10. Direct individual to observation area.

Preventing Needle-Stick Injuries

Sharps Safety: Be Prepared, Be Aware, and Dispose with Care

Injuries occur because of the following:

- Passing or transferring equipment
- Recapping contaminated needles
- Colliding with coworkers
- Decontaminating/processing used equipment

Contact Employee Health if needle-stick injury occurs

Preventing Needle-Stick Injuries

Be Prepared

- Organize equipment at the point of use
- Make sure work space has adequate lighting
- Keep sharps pointed away from the user
- Locate a sharps disposal container, or have one nearby
- Assess the patient's ability to cooperate
- Get help if necessary
- Ask the patient to avoid sudden movement

Preventing Needle-Stick Injuries

Be Aware

- Do not hand pass exposed sharps from one person to another
- Use predetermined neutral zone for placing/retrieving sharps
- Alert others when sharps are being passed
- Activate safety feature of devices with engineered sharps injury prevention features as soon as procedure is completed
- Observe audible or visual cues that confirm the feature is locked in place

Preventing Needle-Stick Injuries

Dispose with Care

- Check procedure trays, waste materials, and bedding for exposed sharps before handling
- Look for sharps/equipment left behind inadvertently
- Transport reusable sharps in a closed container
- Secure the container to prevent spillage and Inspect container
- Keep hands behind sharps, Never put hands or fingers into sharps container
- Visually inspect sharps container for overfilling
- Replace containers before they become overfilled
- Keep filled containers for disposal in a secure area

BILH COVID-19 Patient Vaccination Training

Documenting the Patient's Vaccination in the COVAX Tool

Staff completing the documentation for patients' vaccination will also be using this tool. Follow the same steps outlined above for signing into the tool, navigating the dashboard, and sorting/searching for patients.

1. Click on the patient to open the check-in window.
2. Enter the appropriate information for **vaccine name, date, route, body site, lot # and expiration date, vaccinator name and title.**
NOTE: You must complete all of these fields in order to save.
3. Click **Save Dose 1**.

Dose 1 [Update Schedule](#)

Checked in
 Walk-in

Vaccine Information

Vaccine Name:

Date: 1 /26/2021

Route: IM

Body Site:

Lot#:

Exp. Date: MM/DD/YY

Vaccinator Name:

Vaccinator Title:

Save Dose 1

Dose 2 [Update Schedule](#)

Checked in
 Walk-in

Save Dose 2

Last Updated by Rachel Oxholm (1/26/2021 10:35:14 AM)

4. The dashboard will now show the patient's vaccination information.

Dose 1: Site	Scheduled	Checked In	Vaccinated	Brand	
Beverly VRP - Beth Israel Lahey Health Primary Care ...	1/27/2021 9:30 AM	Yes	1/26/2021	Moderna	0

<< < 1 > >>

BILH COVID-19 Patient Vaccination Training

Vaccination Process - Observer

1. When the patient exits the vaccination area, the designated observer should verify the time of vaccine administration has been documented, the duration of required observation period, and direct the vaccine recipient to sit in a socially distant chair in designated vaccine observation area.
2. Observe individual for 15 minutes following their vaccine administration, if no history of allergy. Observe individual for 30 minutes if history of immediate allergic reaction to another vaccine or to intramuscular, intravenous, or subcutaneous medication, or a history of anaphylaxis for any reason.
3. Patients may be allowed to leave upon completing 15 or 30 minutes of observation (as directed) if they do not have any symptoms or signs of hypersensitivity reaction (flushing, fever, generalized rash, urticaria, lightheadedness, shortness of breath, etc.)

BILH COVID-19 Patient Vaccination Training

Site Preparation: Supplies – Vaccine Clinic Emergency Response Bag Contents

Medication Box (from Pharmacy)		
Medication	Strength	Number present
EpiPen Auto-injector	0.3 mg/0.3 mL	4
Glucose gel (pending confirmation)	15 gm/30 mL	2
Albuterol (Pro-Air) Metered-Dose Inhaler (MDI) 8.5 gm	200 inhalations/ canister	2
Diphenhydramine 50 mg vial (pending confirmation)	50 mg/mL	2
Diphenhydramine oral	25 mg capsule	10
Loratadine oral (pending confirmation)	10 mg tablets	2
Hydroxyzine (pending confirmation)	pending	pending

Other Supplies in Med Box (from Distribution services)	
Item	# Present
Retracting 3 mL syringe (IM) (pending confirmation)	3
Blunt fill needle (pending confirmation)	2
Alcohol wipes	10
Medication Labels	6
Other Supplies in Bag – (from Distribution services)	
Item	# Present
Roll of tape	2
4x4 gauze	10
Band-aids	10
Kerlex	1
Ice Pak	2
Gloves	2 boxes (1 L, 1M)
Reusable Stethoscope (pending confirmation)	1
Flashlight (pending confirmation)	1

BILH COVID-19 Patient Vaccination Training

Vaccination Process – Emergency Procedures (Part 1)

If patients report feeling unwell during their observation period:

1. Check vital signs (BP, HR, Temp, SpO2) and notify APP
2. Document the vital signs on a provided Vaccine Clinic Response form (see upcoming slide)

If patients are not recovering after treatment, call 911 for transfer to the ED:

1. Call 911
2. Stay with the patient, checking VS, noting if there is any reported change in how they are feeling
3. If patient becomes unresponsive or becomes acutely unwell; proceed with emergency response
4. Clear area of others in vaccination area (towards reception desk)

If patients become unresponsive, labored breathing, appear anaphylactic (i.e. sudden or gradual onset of generalized itching, erythema (redness), urticaria (hives), angioedema (swelling of the lips, face, or throat), severe bronchospasm (wheezing), shortness of breath, shock, abdominal cramping, or cardiovascular collapse):

1. Administer an EpiPen
2. Call 911
3. Stay with the patient

BILH COVID-19 Patient Vaccination Training

Vaccination Process – Emergency Procedures (Part 2)

If Patient is unresponsive:

1. Activate an emergency response – Call 911
2. Check the carotid for no longer than 10 seconds
3. Simultaneously look for chest rise/listen for breaths
4. *If no pulse:*
 - a. Call for help, and start compressions (on the lower half of the breastbone)
 - b. Ensure manual compressions are at a rate of 100-120/minute
5. Ask someone to bring the Emergency Equipment to the patient
6. Defibrillate (if indicated) as soon as the AED is available
 - i. Turn on AED
 - ii. Apply combi-pads immediately
 - iii. Follow the AED prompts
 - Shock (as indicated) followed by IMMEDIATE CPR
 - Remember to reassess the patient, pulse and rhythm every 2 minutes/5 cycles and rotate compressors (following prompts)
7. Document/Record findings
 - i. Document the event on a Vaccine Clinic Reaction Response Form
 - Forms should be delivered to the medical director of the vaccine clinic

BILH COVID-19 Patient Vaccination Training

Vaccination Process – Vaccine Clinic: Reaction Response Form

VACCINE CLINIC – REACTION RESPONSE

Complete for each medical emergency response except cardiac arrest

Date: ___/___/___		Time (24 hour): _____		Clinic Location: _____	
Patient Type: <input type="checkbox"/> Employee <input type="checkbox"/> Out Patient			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Transgender: <input type="checkbox"/> M-T-F <input type="checkbox"/> F-T-M		
Allergies: <input type="checkbox"/> NKA					
Medical Emergency: <input type="checkbox"/> Allergic Reaction <input type="checkbox"/> Syncopal <input type="checkbox"/> Cardiac Symptoms <input type="checkbox"/> GI <input type="checkbox"/> Seizure <input type="checkbox"/> SOB <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Intoxication <input type="checkbox"/> Stroke like / Weakness <input type="checkbox"/> Other: _____					
LIP: _____			Observer: _____		
Witness: _____					
Physical Exam / Present Illness: _____					
PMHx: _____					
Vital Signs:		Time (24 hour): _____	HR: _____	BP: _____	RR: _____
		Time (24 hour): _____	HR: _____	BP: _____	RR: _____
		Time (24 hour): _____	HR: _____	BP: _____	RR: _____
		Time (24 hour): _____	HR: _____	BP: _____	RR: _____
Other Findings: _____					
Communications: <input type="checkbox"/> ED <input type="checkbox"/> Other: _____					
Treatment / Medications:				Comments:	
<input type="checkbox"/> Diphenhydramine hydrochloride 25 mg PO <input type="checkbox"/> Epinephrine 0.3 mg IM via EpiPen® <input type="checkbox"/> Diphenhydramine hydrochloride 50 mg IM <input type="checkbox"/> Oral Glucose gel 15 grams <input type="checkbox"/> Bandage <input type="checkbox"/> Albuterol 17 grams (2 puffs meter dosed inhaler) <input type="checkbox"/> Other: _____					
Disposition: <input type="checkbox"/> ED <input type="checkbox"/> Other: _____					Time (24 hour): _____
Mode of Transport: _____					
X _____ / _____ / _____					
Recorder Signature & Credentials		Print Name		Date	
X _____ / _____ / _____					
Provider Signature & Credentials		Print Name		Date	
Patient Refusal of Care or Transport (Provide complete demographic information in patient ID box): [HOSPITAL NAME] has offered me further evaluation and care including transportation to the Emergency Department. They have explained the possible risks if I refuse such treatment. I understand that my refusal may result in making my condition worse. I understand the risks as explained to me, and I refuse any further evaluation, care, or transportation.					
X _____				OR	
Patient's Signature		Print Name			
X _____				and _____	
Signature of Person authorized to sign for patient		Print Name		Relationship to patient	
Date: ___/___/___ Time: _____ : _____ o a.m. o p.m.					
X _____					
Witness Signature		Print Name		Date	
Time (24 hou					

Distribution: White = Medical Records ■ Canary = EOHS (employee) or PCP (outpatient) ■ Pink = Patient / EMT

Allergens that can set off anaphylaxis

FOOD



- Peanuts
- Tree nuts: almonds, pecans, cashews, walnuts
- Shellfish
- Cow's milk products
- Hen's eggs
- Fish
- Soy
- Wheat

VENOM



- Yellow jackets
- Wasps and hornets
- Honeybees
- Fire ants
- Spiders

LATEX



- Balloons
- Rubber gloves
- Condoms
- Elastic bands (i.e., physical therapy bands/rubber bands)
- Dental dams

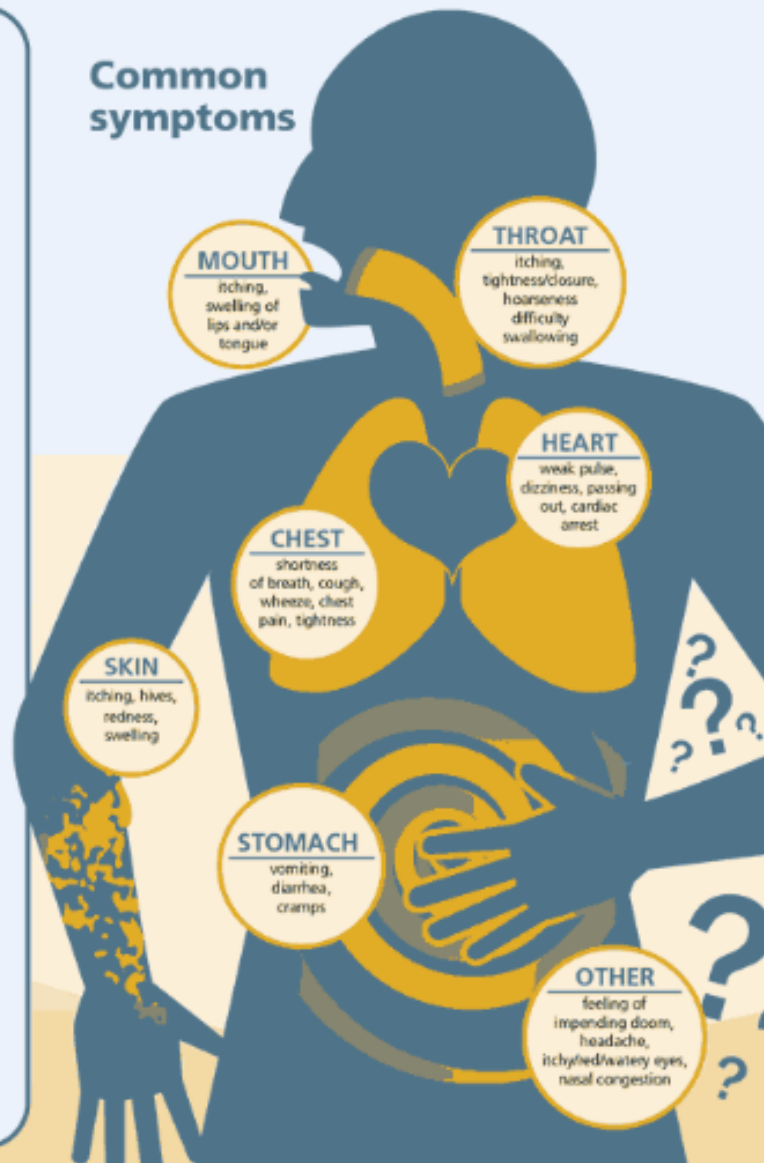
Foods with cross-reactive proteins to natural rubber: banana, avocado, chestnut and kiwi

MEDICATION



- Penicillin
- Aspirin, ibuprofen and other NSAID pain relievers

Common symptoms



Epi Everywhere! Every Day! Right Away!

RECOGNIZE THE SEVERITY



Anaphylaxis is life-threatening, unpredictable, presents in multiple ways and can progress quickly. If symptoms appear refer to your Emergency Care/Action Plan.

USE EPINEPHRINE IMMEDIATELY



Epinephrine is the **first line** of treatment to stop the progression of anaphylaxis. Use your epinephrine auto-injector at the **first sign of symptoms** – don't wait to see what happens!

CALL 911



Always call for emergency medical assistance and go to the emergency room for follow-up observation and treatment.

CARRY TWO AUTO-INJECTORS



Keep two epinephrine auto-injectors on hand, in case symptoms recur before emergency medical assistance is available. Up to 35% of people will require more than one dose.

FOLLOW UP



Consult a board-certified allergist for accurate diagnosis and prevention/treatment plan.

BILH COVID-19 Patient Vaccination Training

Vaccination Process – Adverse Reactions: Administration of EpiPen

1. In adults, administer a 0.3 mg intramuscular dose using a premeasured or prefilled syringe, or an autoinjector in the mid-outer thigh.
2. The maximum adult dose is 0.5 mg per dose.
3. Epinephrine dose may be repeated every 5-15 minutes (or more often) as needed to control symptoms while waiting for emergency medical services.
4. Because of the acute, life-threatening nature of anaphylaxis, there are no contraindications to epinephrine administration.

BILH COVID-19 Patient Vaccination Training

Vaccination Process – Adverse Reactions: Reporting and Documentation

Vaccine Reaction:

1. Document any/all patient vaccine related events/reactions on a **BILH Vaccine Clinic Emergency Response Form**
 - a. On-Site Manager is responsible for ensuring completion of the form and collecting forms at end of day
2. Event must also be entered into the staff's applicable Incident/Safety Event Reporting System by the On-Site Manager
3. These vaccine adverse reactions are **required by law** to be reported online to Vaccine Adverse Event (AE) Reporting System (VAERS) here: <https://vaers.hhs.gov/esub/index.jsp>
 - a. Vaccine administration errors, whether or not associated with an adverse event (AE)
 - b. Serious AEs: anaphylaxis; death / life-threatening; requires intervention / hospital / "911" response (causality does not need to be established)

Any non-vaccine related event (worker, patient, visitor): e.g., worker injury, fall, security, fire, equip failure, registration error, non-vaccine related medical event, premises safety hazard etc.

1. **Must be entered into the applicable employee injury and Incident/Safety Event Reporting System** by the On-Site Manager

Note: Vaccination providers administering a COVID-19 vaccine that is under Emergency Use Authorization are required by the Food and Drug Administration to report:

- a. Vaccine administration errors
- b. Serious adverse events
- c. Cases of Multisystem Inflammatory Syndrome, and
- d. Cases of COVID-19 that result in hospitalization or death

Post-Vaccine Administration and Check- Out

BILH COVID-19 Patient Vaccination Training

End-of-Day

Pharmacy Lead:

1. Pharmacy ensures all remaining vials are couriered back to home pharmacy, report waste to site managers
2. Return all supplies to pharmacy
3. Pharmacy and check-in staff inform site managers of supplies that need to be replenished (a few days' notice), including both clinical and paperwork
4. Wipe down all high touch areas

On-Site Vaccine Clinic Manager:

1. Collect any BILH Vaccine Clinic Emergency Response forms at end of day and ensure adverse reaction reporting and documentation is complete
2. Straighten up vaccination stations and reception station
3. Ensure all areas are cleaned and disinfected through local protocol or a contracted service
4. Take inventory and replenish supplies
5. Order/coordinate supply needs for replenishment
6. Ensure workstations are wiped down, shutdown and plug in to charge
7. Send end-of-shift summary email to site Ops Leader with requested information (e.g. # of staff vaccinated, call out info, etc.)

Documentation of Vaccinator and Observer Competencies

BILH COVID-19 Patient Vaccination Training

Documentation of Vaccinator and Observer Competencies

- Clinical staff (vaccine handler, vaccinator and observer roles) will need to demonstrate and document clinical competencies
- A competency checklist has been adapted for use at the primary care vaccination sites

Return to the Training Page and Advance to Step 3

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