

COVID-19 Vaccination Distribution Implementation Program

Recommendations for Coordination of COVID-19 Vaccination of 1A Unaffiliated Healthcare Workers



Prepared By: Wisconsin COVID-19 Vaccination Task Force

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INTRODUCTION

The goal for the COVID-19 response is to vaccinate at least 80% of the people in Wisconsin. It is a complex undertaking that requires collaboration across sectors and active participation from healthcare, pharmacies, public health, and other partners. All vaccinating entities are expected to follow state guidance and adhere to practices informed by federal requirements.

DHS is working to ensure fair, safe, and equitable allocation of vaccine across the state. This guidance will provide information, technical support, and guidance for effective vaccine planning and implementation. DHS will sustain and adapt the infrastructure needed to receive and distribute vaccine with maximum access and minimal dose loss or wastage. DHS will also educate and encourage people in Wisconsin to get vaccinated when the vaccine becomes available to them.

The state relies on local and tribal health departments to work with their partners in developing the most appropriate community approach, to connect those needing to be vaccinated with entities approved to vaccinate, and to raise awareness throughout local jurisdictions about the importance of getting vaccinated and the ways to do so. Public health relies on healthcare and pharmacies to collaborate in vaccinating populations and raising awareness about the need for vaccination to minimize the impact of COVID-19 and reduce death associated with the virus.



PURPOSE

This guidance document outlines information and clarifies the roles of local public health agencies and other approved vaccine providers in coordinating vaccination for Phase 1A Unaffiliated Healthcare Personnel (UHP), including EMS, dentists, and other healthcare workers who are not directly employed by a vaccine provider. This guidance document forms the first building block in a broader phased vaccination strategy that will be followed soon by guidance on vaccinating populations in Phase 1B and future phases as more vaccine supply becomes available.

This plan is meant to supplement and support local vaccination activities that are already in process or planned, and is not intended to supplant or limit any coordination already happening.

A recent survey conducted amongst Wisconsin's local public health agencies has shown that a clearer message is needed in regards to tools and assistance which can be provided by the state, and recommendations on actions that could be undertaken locally to first reach and then vaccinate the UHP populations across our state.

The purpose of this document is to offer guidance and information to assist the local and tribal health departments (LTHDs) and other registered vaccination providers to plan and execute the vaccination of UHPs in their jurisdictions and service areas. This document outlines recommendations and recourses, but is not intended to be a sole solution. The task force assigned to steer vaccination across the state welcomes feedback to this plan in the interest of further collaboration during the historic vaccine program.



VACCINATING ELIGIBLE 1A UNAFFILIATED HEALTHCARE PERSONNEL (UHP)

Concept of Operations Vaccination of phase 1A eligible unaffiliated healthcare personnel (UHP) will be supported, where feasible, by local and tribal health departments (LTHDs), pharmacy partners, hospitals and clinics, and other approaches such as mobile vaccination clinics, among others.

Consistent with the core mission of providing vaccines to the public, LTHDs will build upon existing plans, local relationships, and proximity to end customer base to coordinate vaccination efforts for phase 1A eligible unaffiliated health care personnel.

<https://www.dhs.wisconsin.gov/publications/p02858.pdf>

LTHDs that are unable to provide vaccination services may request assistance from the state to provide outreach, vaccination, and logistics support.

Roles and Responsibilities

The state handles vaccine allocation, provides primary distribution to approved vaccinators, offers technical assistance, and delivers public information.

LTHDs serve as the local coordinating entity for vaccination of unaffiliated healthcare workers by aggregating recipients for allocations, supporting assisting UHP by matching them with local enrolled vaccine providers, and providing information about the process to providers, UHP, and the public.

Pharmacies, healthcare systems, LTHDs, and other enrolled providers administer vaccine to UHP in coordination with LTHDs and may conduct closed Points of Dispensing (PODs) using various models.

Where regional coordination is required, such as when a vaccine provider crosses several counties, the state may take a role assisting in facilitation if requested.



Populations and Associated Vaccinators

PHASE 1A

Population	Vaccine provided by:
Healthcare workers and staff with possible exposure who work within hospitals and clinics	Their employer
Unaffiliated healthcare workers	LTHDs encouraged to play a coordinating role. Vaccinations may be administered by LTHDs, healthcare providers, pharmacies, other.
Long-term care residents and staff (skilled nursing facilities, other long-term care facilities)	Pharmacies through federal program (may be some exceptions)
Tribes which have not opted into a partnership with the IHS	State will provide vaccine, Tribal clinics will vaccinate
Tribes which have opted into a partnership with the IHS	Federal Government/HIS provides vaccine, Tribal clinic vaccinates
Patients and staff in state hospitals, such as Winnebago and Mendota.	State
Federal Health Administration facilities	Federal Government
Military personnel	Federal Government

Eligible 1A Unaffiliated Healthcare Personnel (UHP) Definition of Unaffiliated Healthcare Personnel (UHP): Any phase IA eligible personnel not employed or directly affiliated with a registered vaccine provider

The SDMAC Subcommittee defines health care personnel (HCP) eligible for vaccination in Phase 1a as:

- “Individuals who provide direct patient service (compensated and uncompensated) or engage in healthcare services that place them into contact with patients who are able to transmit SARS-CoV-2, and/or infectious material containing SARS-CoV-2 virus.”

The CDC/ACIP guidance for prioritization within this group is:

- “Frontline HCPs in hospitals, nursing homes, home care who i) work where transmission is high or ii) at increased risk of transmitting to patients at high risk of severe morbidity and mortality. The HCP category includes clinicians; environmental services; nursing assistants; staff in assisted living, long term care and group care; and home caregivers if meet 1a risk criteria.”

** Wisconsin State Disaster Medical Advisory Committee Vaccine Distribution Subcommittee: Phase 1a Guidance for Vaccinating Entities to Prioritize COVID-19 Vaccine in Priority Populations. (source).*



A good faith effort must be employed to ensure that vaccine is being given to eligible 1A recipients only.

Strategies for Identifying Unaffiliated Healthcare Personnel

Sub-Prioritization Based upon limited initial vaccine supplies, LTHDs may choose to prioritize categories of phase 1A eligible unaffiliated healthcare personnel at the local jurisdictional level, WALHDAB region or HERC region. (See SDMAC process for scarce resource allocation decision making.)

Red Cap Surveys

- ✓ **Step 1:** At the state level, DHS will make available a Red Cap Survey tool developed by the Long-term Care (LTC) Pharmacy Team that can be used to identify current registered vaccinators that are or can vaccinate unaffiliated health care personnel eligible for vaccination in Phase 1a. (See attachment for proposed LTC Pharmacy Survey). Upon request, this will be shared with the LTHDs that do not have the capacity locally to identify vaccinators.

These vaccinators will use every means necessary to help ensure that only eligible unaffiliated health care personnel will be vaccinated.

- ✓ **Step 2:** *DHS will make a Red Cap Survey tool available that can be posted to LTHD websites or otherwise used by LTHDs upon request to register employing agencies of phase 1A eligible unaffiliated healthcare personnel. (See attached proposed survey questions). **This is an interim approach until a permanent solution for patient registration is established).*

While DHS will not verify the eligibility of survey respondents to receive vaccine, vaccinators will use every means necessary to help ensure that only eligible unaffiliated health care personnel will be vaccinated.

- ✓ **Step 3:** Results of both surveys will be shared with LTHDs that will serve in a coordinating capacity to link unaffiliated healthcare personnel with vaccination providers.



OPTIONS FOR THE MANAGEMENT OF UNAFFILIATED HEALTHCARE PERSONNEL

Task Force Recommendations

- LTHDs coordinate with their local partners to identify and implement the most appropriate model (see figure 1) for local distribution.
- LTHD and local partners serve as information source for local UHP recipients.
- Vaccine is allocated by the state based upon data collected in the weekly allocation survey.
- LTHD and/or local partners will store on site or coordinate with local resources.
- Coordinate with eligible 1A in jurisdiction for Closed Points of Dispensing (PODs) scheduling and prioritization. (*Points of Dispensing in Wisconsin are considered Mass Clinics in terms of statutory language*).
- Conduct Closed POD organically, supported by local health resources, or supported by external assets.

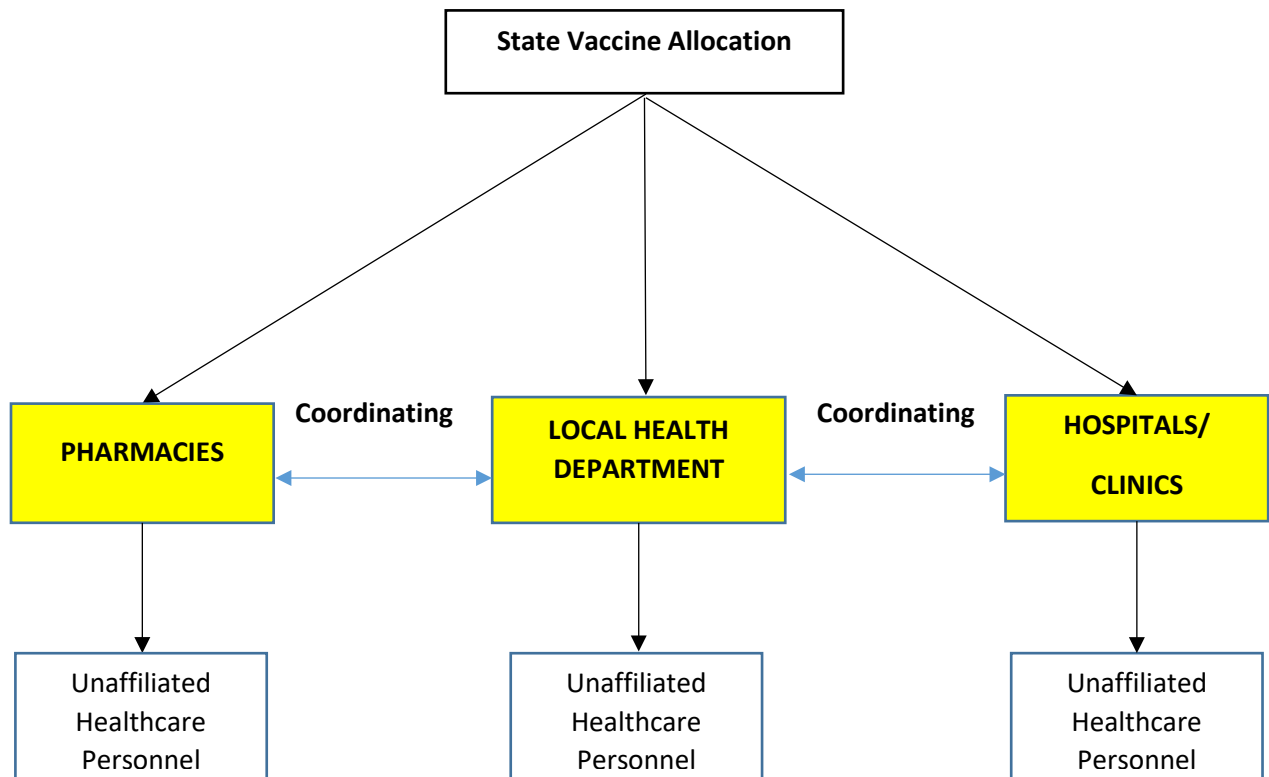


Figure 1 – Concept for Coordination of UHP



Verification of Unaffiliated Healthcare Personnel Local vaccinators should employ a method of verification including methods such as verification of employment or licensure showing eligibility to receive the vaccine. This can be through a questionnaire, verbal discussion, presentation of verification documentations such as license or pay stub, or via a signature attestation. Although this is not legally required, it is strongly suggested.

STATE SUPPORT AND RESOURCES TO REACH UNAFFILIATED HEALTHCARE PERSONNEL

Support to Stakeholders This approach will address these areas identified by stakeholders as areas of potentially useful support when other means of assistance are not available to meet the local needs.

- A list of approved vaccinators by county (completed)
- Table of affiliated HCP (see attachment)
- Instructions and survey for employing agencies of unaffiliated healthcare personnel (UHP) (See above for Red Cap.) (This survey is optional.)
- Instructions and survey for currently registered vaccine providers (See above for Red Cap.)
- Sub-prioritization (See proposed strategy above.)
- Mobile Vaccination Teams – Concept and Request Procedures (See below as an example.)
- Other

Mobile Vaccination Teams (MVTs) The Mobile Vaccination Teams are being developed by the state to provide a resource to assist LTHDs when local capacity to vaccinate is exceeded. MVTs may be requested by LTHDs when other local resources and partnerships have been exhausted. MVTs will only be deployed when requested by and in coordination with LTHDs.

An MVT provides the capability to conduct Points of Dispensing through modular sections of 5 x Personnel each, designed for a vaccination throughput of ~20 per hour, per section.

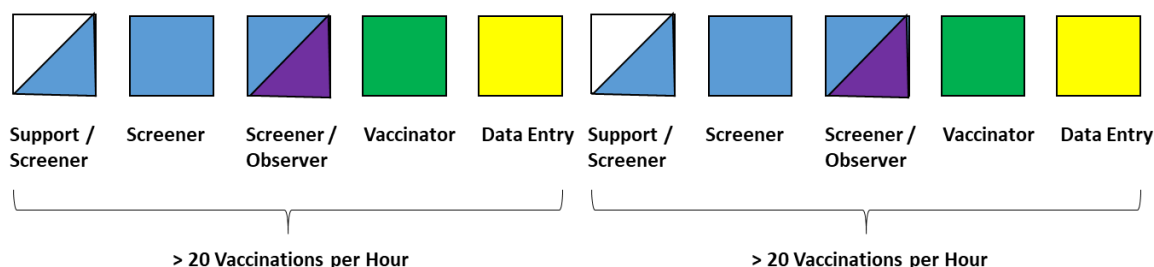


Figure 2 - MVT Organizational Concept (2 Sections)

MVT Concept of Employment LTHD submits a request for MVT support at a point of dispensing (POD). (The Request for Assistance Process for MVTs (RFA) is further defined herein on page 8.) LTHD is responsible for coordinating vaccine storage location, vaccine administration location, POD scheduling, and all vaccine storage and handling, to include ancillary kits. *The LTHD may request assistance in this process*, but assistance prior to POD activities is provided independent of MVTs.

The MVT is organized for the requested support mission based upon expected throughput. If the POD anticipates 50 recipients an hour, the MVT should consist of 2-3x Sections, depending on historical section throughput.

MVT tasks personnel based on the presence of LHD support at the POD. If the LTHD is unable to provide POD Support, Screener #1 is re-tasked to fill the gap. If the LTHD is unable to provide observers for post-administration, Screener #3 is re-tasked. This likely reduces throughput and is a consideration during task organization.

MVT may be a contracted team or a state agency supported team.

MVT Capabilities

- **Transport (OPTIONAL).** If necessary, MVT resources suitable refrigerated transport to move vaccine from LHD storage facility to LTHD POD.
- **POD Traffic Management (OPTIONAL).** If necessary, MVT re-tasks screeners to conduct traffic flow and process management. Likely reduces section throughput.
- **Initial Screening and Consent (REQUIRED).** Screeners prepare recipients, complete screening and consent forms, and direct recipients to Advanced Screening as required.
- **Advanced Screening (OPTIONAL).** If the LTHD is unable to provide a licensed medical professional at or above a registered Nurse (RN) to manage advanced screening, the MVT coordinates with Task Force for temporary assignment of a suitable medical professional.
- **Vaccination (REQUIRED).** A licensed/credentialed vaccinator administers the vaccine.
- **Observation (OPTIONAL).** If necessary, MVT may re-task screeners to conduct observation and adverse event reporting.



- **Data Entry (REQUIRED).** Each section updates vaccine recipients in WIR within 24 hours of administration; each MVT assists LTHD in updating its WIR stockpile at end of POD.

MVT External Support MVTs can be supplemented with additional support, depending on the needs of the requesting entity.

- **Portable Refrigeration** if LTHD has local storage but is unable to transport vaccine from storage to POD. Few requests anticipated; recommend central management of resources.
- **Licensed Medical Professional** if LTHD is unable to provide licensed medical provider for vaccination authority and advanced screening of recipients. Few requests anticipated; recommend central management of resources.
- **Transportation Team** for just-in-time vaccine delivery if LTHD unable to resource suitable vaccine storage. Few requests anticipated; task organized within operational regions.
- **Additional Equipment.** The MVT primarily is supported by ancillary materials already on site. MVT will coordinate supply the LTHD to include:
 - Gloves
 - Sharps Containers
 - Additional PPE
 - Packaging Materials if transporting vaccine

Request for Assistance Process (RFA)/State Resources to Support When an LTHD has exhausted local resources, it may submit a Request for Assistance (RFA) to the State Emergency Operations Center (SEOC). The State is posturing to support LTHD-led coordination in the following ways:

- Pre-POD Coordination
 - Assistance resourcing storage and vaccine administration facilities within the jurisdiction or nearby (Coordination Team)
 - Assistance contacting and scheduling PODs with unaffiliated healthcare workers (Coordination Team)
 - Assistance registering the POD
- Conducting a POD
 - Assistance transporting the vaccine from storage to POD (Transportation Team/Mobile Vaccination Team)
 - Assistance setting up POD (Mobile Vaccination Team)
 - POD Screening, Inoculation, and Data Entry (Mobile Vaccination Team)
 - POD Advanced Screening (Medical Provider Pool)
 - Observation and adverse event reporting (Mobile Vaccination Team)
 - Second dose scheduling (Coordination Team)



Example – Request for Assistance The following templates can be used by LTHDs to submit for state resources. These templates apply to MVT support for the purpose of mobile vaccinating:

Pre-POD Coordination

Title: COVID-19 Vaccine Pre-POD Coordination

Requestor: (Your organization's name)

Date: (Date request is submitted)

Capabilities Required:

We **do / do not** require assistance resourcing vaccine storage for **Pfizer**.

We **do / do not** require assistance resourcing vaccine storage for / **Moderna**.

We **do / do not** require assistance resourcing a suitable location for a Closed POD.

We **do / do not** require assistance transporting **Moderna** vaccine from storage to the Closed POD location.

We **do / do not** require assistance transporting **Pfizer** vaccine from storage to the Closed POD location.

We **do / do not** require assistance conducting outreach to identify and inform our unaffiliated healthcare workers.

We **do / do not** require assistance scheduling eligible recipients into our Closed PODs.

We **do / do not** require assistance registering the Closed POD with DHS and completing all necessary training and documentation.

Support Timeline:

We intend to conduct POD(s) on the following dates:

****Provide dates of all planned PODs where your entity requires this level of support.****

Requestors may submit new RFAs for each newly-scheduled POD, or single RFAs requesting support for multiple PODs.

Justification:



We have exhausted local resources and require external assistance to meet operational requirements.

Conducting a POD

Title: COVID-19 Vaccine POD Support

Requestor: (Your organization's name)

Request Date: (Date request is submitted)

Initial Support Date: (Submit RFA at least 3 days before support is first required)

Our POD is allocated **Pfizer / Moderna** vaccine.

Location of POD: **Address**

Number of Recipients Scheduled: **Total number of recipients scheduled over the duration of the POD**

Expected Throughput: **How many vaccinations should be administered each hour to maintain the schedule?**

Duration: **Number of days the POD will be operational**

This POD is currently registered with DHS, and we have coordinated for allocation of all necessary vaccine and ancillary materials and scheduled all recipients prior to submitting this request.

Capabilities Required:

We **do / do not** require assistance transporting vaccine from storage to the Closed POD location.

We **do / do not** require assistance storing vaccine overnight if the POD lasts multiple days.

We **do / do not** require assistance with additional staff to manage traffic and POD setup.

We **do / do not** require assistance with additional staff for initial screening.

We **do / do not** require assistance with additional licensed/credentialed vaccinators.

We **do / do not** require assistance with data entry and WIR updates.

We **do / do not** require assistance with observation and adverse event response.



We **do /do not** have an Ambulance with at least Emergency Medical Technician - Basic with capabilities (equipment and medicine) to administer epinephrin and manage anaphylaxis within 10 minutes; and follow-up transport to a medical facility.

Support Timeline:

We intend to conduct POD(s) on the following dates:

****Provide dates of all planned PODs where your entity requires this level of support.****

Requestors may submit new RFAs for each newly-scheduled POD, or single RFAs requesting support for multiple PODs.

Justification:

We have exhausted local resources and require external assistance to meet operational requirements.

Funding Related to COVID19 Vaccine Efforts

Funding for local partners is not the purpose of this document.

COVID-19 vaccine is eligible for health insurance reimbursement at no cost to the insured. LTHDs are encouraged to bill health insurance to support the cost of vaccine administration clinics.

People without health insurance or whose insurance does not provide coverage of the vaccine can also get COVID-19 vaccine at no cost. Providers administering the vaccine to people without health insurance or whose insurance does not provide coverage of the vaccine can request reimbursement for the administration of the COVID-19 vaccine through the [Provider Relief Fund](#).

Above excerpt from <https://www.cms.gov/covidvax-provider>

Support & Help Requests For additional help or questions related to this guidance document, please reach out to the Wisconsin COVID-19 Vaccine Task Force. You can reach the task force via the following:

- Vaccine Task Force LHD Coordinator – Kim Cox – Kimberlee.Cox@dhs.wisconsin.gov

Appendices

1. Registered Vaccine Provider Survey (Provider Survey Example)
2. SDMAC Guidance – Vaccinating Phase 1a Populations
3. Definitions and Acronym Guide



Appendix One: Registered Vaccine Provider Survey (Provider Survey Example)

1. Are you willing to play a role in vaccinating [phase 1a recipients](#)?

Yes

No

2. Have you made arrangements to vaccinate [phase 1a recipients](#)? If so, please select all groups below with which you have coordinated.

At this time, I have not made arrangements to vaccinate phase 1a recipients.

- Anesthesia related team members
- Behavior health providers, including psychologists, therapists, counselors
- Certified nursing assistant, nursing assistant, nurse aide, medical assistant
- Chiropractors, chiropractic technicians, other chiropractic staff
- Clinical ethicist
- Dental services, including dentist, dental hygienist, dental assistants
- Direct care personnel, for example, people who provide direct care to patients, including in their homes
- (for example, personal care assistant, home health worker)
- Emergency medical responders (EMR), including emergency medical technician/paramedic including all
 - levels of EMRs
- Environmental services, food & nutrition, buildings & grounds in patient care setting
- Health care trainees
- Hospice workers
- Nurse, including community settings
- Long-term care facilities staff
- Pharmacist/pharmacist assistant
- Phlebotomist and laboratory personnel
- Physician assistant/nurse practitioners
- Physicians (MD/DO – all settings)
- Public health workers providing vaccines and testing for COVID-19
- Radiation therapy technologists (RTTs)/radiologic technologists (RTs)
- Respiratory therapists
- Security personnel
- Spiritual care provider
- Social work, case management, Child Life Staff
- Therapy services, for example, physical therapy, occupational therapy, speech therapy
- Transportation services to and from health care settings, for example, testing sites, dialysis centers, ambulatory care
- Other (please specify): (text box)



3. Please provide specifics about the entities with which you have made arrangements (name of EMT program, name of dental office, etc.).

At this time, I have not made arrangements to vaccinate phase 1a recipients.
(text box)

4. How many vaccinators does your organization have?
(text box)

5. How many individuals do you anticipate being able to vaccinate in a given day or clinic?
(text box)

6. Have you had any discussions with your local or tribal health department about your plans?
Yes
No

7. How do you plan to facilitate vaccination services?
- By Appointment
 - Set Clinic Days
 - Drive-Thru Vaccinations
 - Other (please specify): (text box)

8. Are you willing to vaccinate out in the community, or only onsite at your facility?
- Willing to vaccinate offsite in the community
 - Only willing to vaccinate onsite at our facility

9. Would you be willing to loan staff to local and tribal health departments or mass vaccination clinics?
Yes
No

10. Are you willing to vaccinate onsite at long term care facilities who were not included in the Federal Pharmacy Partnership Program?
Yes
No

11. Are you willing to vaccinate other providers that may be in phase 1a or in subsequent phases such as substance abuse recovery centers, psychiatric care facilities for younger adults, children's/pediatric care facilities, independent living, adult day care programs, respite facilities, etc.?
Yes
No

12. If you have made arrangements to vaccinate any of the provider types described in question 11, please provide specifics about those entities (i.e., name of independent living facility).



At this time, I have not made arrangements to vaccinate phase 1a recipients.

(text box)

Appendix Two: SDMAC Guidance – Vaccinating Phase 1a Populations

[Phase 1a Guidance for Vaccinating Entities to Prioritize COVID-19 Vaccine in Priority Populations](#)

Appendix Three: Definitions and Acronym Guide

Term or Acronym	Definition
Allocation	Amount of stockpile vaccine inventory designated for distribution to each spoke
Civil Air Patrol	CAP-Role of transporting vaccine from hub to hub or hub to spoke
Distribution	The act of preparing for and transporting vaccine from a hub to a spoke
Encumbered	Amount allocated to a spoke that they are unprepared to receive and is therefore set aside for future distribution
Hub	Regional vaccine stockpile storage location with ultra cold storage capability
Closed Hub	Regional vaccine stockpile location with all vaccine intended for use in host health system
Open Hub	Regional vaccine stockpile location that distributes vaccine to spokes
Hub to Hub	Transfer of vaccine form one hub to another hub
Hub to Spoke	Distribution of vaccine from hub to spoke
Internal Allocation	Vaccine reserved for use by hub host (closed hub)
Mobile Vaccination Teams (MVTs)	A team of support staff and vaccinators that conducts vaccination in support of Local & Tribal Health Depts.
Point of Dispensing (POD)	Points of dispensing (POD) are community locations at which state and / or local agencies dispense and administer medical countermeasures (MCMs) to the public or identified groups. Points of Dispensing in Wisconsin are considered Mass Clinics in terms of statutory language.
Regional Manager	RM-Role of coordination of vaccine transfers and distribution
Spoke	Vaccine point of dispensing responsible for vaccinating
Stockpile Management Team	SMT-Role of receiving vaccine at hubs and preparing vaccine for transfer or distribution;



	staffed by WI National Guard (WING) and Department of Natural Resources (DNR)
Unaffiliated Healthcare Personnel (UHP)	Any Phase IA eligible personnel not employed or directly affiliated with a registered vaccine provider
Wisconsin Immunization Registry	WIR
Wisconsin State Patrol	WSP-Role of escorting vaccine from hub to hub, or hub to spoke