

2020-2021 Influenza Vaccine Administration Partner Planning Guide

PURPOSE

The Department of Public Health's Vaccine Preventable Disease Control (VPDC) Program and Emergency Preparedness & Response (EPRD) Division are collaborating to work with our diverse partners. Due to the COVID-19 pandemic, planning for influenza vaccine administration requires additional considerations this flu season. With the potential co-morbidity of COVID-19 and influenza, increasing the access and availability of the influenza vaccine is more important this year. In addition, the challenges of COVID-19, with social distancing and other safety concerns, requires us to modify the normal vaccine administering operations.

The purpose of this planning guide is to assist in collaborating and coordinating with our partners to best support our collective efforts to provide access to the influenza vaccine. In addition, the information collected on the following worksheet will assist the Department of Public Health to better understand our partners' capabilities and capacities, while preparing the various strategies to distribute and administer a vaccine to help protect against novel coronavirus disease (COVID-19).

When identifying influenza vaccine needs, please be aware that initial supplies of vaccine are severely limited. We expect to have a more robust supply of vaccine in November and December, so any efforts that will rely on vaccine provided by the Department of Public Health should be scheduled to occur after October 2020.

PLANNING PROCESS

The following outline the steps of the planning process that we will proceed through:

1. Complete the Partner Worksheet
 - a. Work with your internal planning team to complete the information requested on the worksheet.
 - b. If you have any questions, contact the VPDC or EPRD representative you have been working with, or contact the VPDC Program at LACIPInfo@ph.lacounty.gov.
2. Submit Your Partner Worksheet
 - a. **Submit your completed form by clicking the "Submit" button on the Partner Worksheet** and you will receive an email confirmation receipt.
 - b. Depending on the resources requested and availability of these resources, the Department of Public Health will determine how best to move forward with our partnership.
 - c. Your assigned VPDC or EPRD representative will contact you with further details or request more information.
3. Submit Additional Information and Documents
 - a. If resources are available and approved, a request form specific to the resource will be requested.

INSTRUCTIONS

The Partner Worksheet has eight (8) sections. Please complete all sections of the worksheet and provide the requested information. If one of the questions or areas does not apply, then note that on the worksheet. If you are conducting influenza vaccination events at multiple locations, then list the first one chronologically in Section 3 then the rest in Section 8. If you are planning for more than 3 different locations, please note that in the final text box.

Partner Worksheet

Instructions: Complete and submit this form **by clicking the "Submit" button on the Partner Worksheet.**
After reviewing the completed worksheet, additional information and documents might be requested.

Section 1: Partner Information

Date of Request:	Open Calendar		
Organization Name:			
Street Address:	City:	Zip Code:	
Phone Number:	No Dashes, Numbers Only		
Type of Organization:			
Primary Point of Contact Name:		Title:	
Phone Number:	No Dashes, Numbers Only	Email:	
Secondary Point of Contact Name:		Title:	
Phone Number:	No Dashes, Numbers Only	Email:	
Tertiary Point of Contact Name:		Title:	
Phone Number:	No Dashes, Numbers Only	Email:	

Section 2: Influenza Vaccination Planning

Please provide us with information about the event(s) you will be holding and who you will be reaching:

Location Name:					
Street Address:	City:			Zip Code:	
Date and Hours of Event: (If multiple Dates please include all)	Date:	Open Calendar	Open From	To	
	Date:		Open From	To	
	Date:		Open From	To	
	Date:		Open From	To	
Estimated Number to be Served:					
Location/Type of Event: Please check all that apply	<input type="checkbox"/> In Clinic <input type="checkbox"/> Library <input type="checkbox"/> Church <input type="checkbox"/> Stadium <input type="checkbox"/> Shelter <input type="checkbox"/> Park <input type="checkbox"/> School <input type="checkbox"/> Community Center <input type="checkbox"/> Parking Lot <input type="checkbox"/> Drive-up/through Clinic <input type="checkbox"/> Other: Specify - _____				
Target Population: Please check all that apply	<input type="checkbox"/> Uninsured <input type="checkbox"/> School aged children <input type="checkbox"/> Underserved Adults <input type="checkbox"/> Seniors <input type="checkbox"/> Homeless <input type="checkbox"/> Employees <input type="checkbox"/> Essential Workers <input type="checkbox"/> General Public <input type="checkbox"/> Other: Specify - _____				
Vaccination will Occur: Check all that apply	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	Will you be holding events at multiple locations?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please complete supplemental section at end of form)	

Section 3: Personnel Resources

Tell us what staffing you have available to conduct the event.

Licensed Medical Personnel Check the box for personnel that you have available.	Estimated Number Provide estimates for each type of personnel
<input type="checkbox"/> MD	
<input type="checkbox"/> DO	
<input type="checkbox"/> RN	
<input type="checkbox"/> PA	
<input type="checkbox"/> LVN	
<input type="checkbox"/> RT _____	
<input type="checkbox"/> PharmD	
Non-Licensed Personnel	Estimated Number
<input type="checkbox"/> Type: _____	
<input type="checkbox"/> Type: _____	
<input type="checkbox"/> Type: _____	
<input type="checkbox"/> Type: _____	
Total Personnel Available:	

Section 4: Resources You Are Requesting

Please select each area of need you have.

<input type="checkbox"/> Vaccine:	October - Estimated Number needed	
	November - Estimated Number needed	
	December - Estimated Number needed	
	January- Estimated Number needed	
<input type="checkbox"/> Staffing:	Licensed personnel to vaccinate	
	Other: Specify	
	Other: Specify	
	Other: Specify	
<input type="checkbox"/> Logistics:	PPE	
	Vaccine Storage Equipment	
	Other: Specify	
<input type="checkbox"/> Communication:	Key messages	
	Educational material	
	Other: Specify	
<input type="checkbox"/> Guidance:	Describe the type of guidance.	
<input type="checkbox"/> Other:	Describe other assistance or resources needed.	

Section 5: Vaccine Storage Capacity

If approved, vaccine would be delivered a day before the event. Please describe your current capacity to store vaccine. Vaccine storage must meet requirements of the Centers for Disease Control and Prevention and the California Department of Public Health.

What is your current capacity to store and monitor vaccine?		<input type="checkbox"/> We do not have capacity to store vaccine. <input type="checkbox"/> We have vaccine capacity as follows:
If you have capacity what type of storage do you have?	Storage Units:	<input type="checkbox"/> Stand Alone (refrigerator only unit) <input type="checkbox"/> Pharmacy grade unit <input type="checkbox"/> Household Combination unit <input type="checkbox"/> Other: _____
	Temperature Monitoring:	<input type="checkbox"/> Digital Data Logger <input type="checkbox"/> Continuous Temperature Monitoring System <input type="checkbox"/> MIN/MAX Digital Thermometer <input type="checkbox"/> Other: _____
If you do not have the capacity to store vaccines have you secured a location where the vaccine can be stored safely?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you reached out to community partners such as a local hospital, pharmacy, or community clinic to see if they can store the vaccine for you?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If your request is approved you will need to submit photos of your vaccine storage unit, temperature monitoring device, and a temperature log for 5 days. Will this be a problem?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 6: Accountability Plan for the Vaccine

Accountability for influenza doses is critical for ensuring that information is available about who is reached through vaccination efforts and to help with identify communities that may be under-vaccinated and may require additional efforts to reach. Doses administered must be shared with the California Immunization Registry (CAIR) if supplied by DPH, and it is a best practice to share information about all doses administered with CAIR. Please describe your system for vaccine accountability.

Do you have access to CAIR?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How is data entered into CAIR?	<input type="checkbox"/> Direct Data Entry in CAIR <input type="checkbox"/> Data Exchange with CAIR
If not a current CAIR user, do you have staff available to enter data into the CAIR Mass Vaccination Module?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to enter data into CAIR within 14 days of vaccine administration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an appointment system that will be utilized?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 7: Vaccination Planning

Please provide details on your vaccination plans.

Will you be doing the vaccinating or are you planning to share the vaccine with other community partners? <small>Please check all that apply</small>	<input type="checkbox"/> We will be doing the vaccinating <input type="checkbox"/> Share with partners
Can we include your planned outreach/clinic information on a public calendar?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 8: Supplemental - Additional Locations

Location 2 Name:					
Street Address:	City:			Zip Code:	
Date and Hours of Event: (If multiple Dates please include all)	Date:		Open From		To
	Date:		Open From		To
	Date:		Open From		To
	Date:		Open From		To
Estimated Number to be Served:					
Location/Type of Event: Please check all that apply	<input type="checkbox"/> In Clinic <input type="checkbox"/> Library <input type="checkbox"/> Church <input type="checkbox"/> Stadium <input type="checkbox"/> Shelter <input type="checkbox"/> Park <input type="checkbox"/> School <input type="checkbox"/> Community Center <input type="checkbox"/> Parking Lot <input type="checkbox"/> Drive-up/through Clinic <input type="checkbox"/> Other: Specify - _____				
Target Population: Please check all that apply	<input type="checkbox"/> Uninsured <input type="checkbox"/> School aged children <input type="checkbox"/> Underserved Adults <input type="checkbox"/> Seniors <input type="checkbox"/> Homeless <input type="checkbox"/> Employees <input type="checkbox"/> Essential Workers <input type="checkbox"/> General Public <input type="checkbox"/> Other: Specify - _____				
Vaccination will Occur: Check all that apply	<input type="checkbox"/> Indoors				
	<input type="checkbox"/> Outdoors				

Location 3 Name:					
Street Address:	City:			Zip Code:	
Date and Hours of Event: (If multiple Dates please include all)	Date:		Open From		To
	Date:		Open From		To
	Date:		Open From		To
	Date:		Open From		To
Estimated Number to be Served:					
Location/Type of Event: Please check all that apply	<input type="checkbox"/> In Clinic <input type="checkbox"/> Library <input type="checkbox"/> Church <input type="checkbox"/> Stadium <input type="checkbox"/> Shelter <input type="checkbox"/> Park <input type="checkbox"/> School <input type="checkbox"/> Community Center <input type="checkbox"/> Parking Lot <input type="checkbox"/> Drive-up/through Clinic <input type="checkbox"/> Other: Specify - _____				
Target Population: Please check all that apply	<input type="checkbox"/> Uninsured <input type="checkbox"/> School aged children <input type="checkbox"/> Underserved Adults <input type="checkbox"/> Seniors <input type="checkbox"/> Homeless <input type="checkbox"/> Employees <input type="checkbox"/> Essential Workers <input type="checkbox"/> General Public <input type="checkbox"/> Other: Specify - _____				
Vaccination will Occur: Check all that apply	<input type="checkbox"/> Indoors				
	<input type="checkbox"/> Outdoors				

Notes on additional sites:
