

# Vaccination In Non-Traditional Places

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# Regional Public Health Networks(RPHN): Who Are We?

- The Regional Public Health Networks contract with the Department of Health and Human Services, Division of Public Health Services to provide a broad range of public health services.

## NEW HAMPSHIRE REGIONAL PUBLIC HEALTH NETWORKS



THESE REGIONS ARE USED FOR PUBLIC HEALTH PLANNING AND THE DELIVERY OF SELECT PUBLIC HEALTH SERVICES.

# Partnership for Public Health Winnepesaukee Public Health Network



OUR MISSION IS...

*To lead and partner in public health strategies across the Lakes Region and New Hampshire for safer and healthier communities.*



*The mission of Winnepesaukee Public Health Network (WPHN), Emergency Preparedness Council is to bring together youth, families, and schools along with community members, partners, and leaders to work collaboratively to prepare for, respond to, and recover from public health emergencies.*

# Four Pillars of Service



## Emergency Preparedness and Response

- MRC
- CERT
- School Base Vaccines
- Sheltering Plan
- Local Activation of Response
- Emergency Prevention Education

## Human Services Department

- ServiceLink Resource Center
- WellnessLink COVID| Information
- Veteran Directed Care
- Social Isolation and Mental Health Access
- CHW

## Prevention Strategies Department

- Substance Misuse Prevention
- Suicide Prevention
- Laconia Youth Alliance
- Mental and Behavioral Health Provider Supports

## Public Health Council

- Winnepesaukee Public Health Council
- Community Health Needs Assessment
- Community Health Improvement Plan
- Priority Area Work Groups

# Public Health Emergency Preparedness

- RPHN's provide leadership and coordination to improve regional public health emergency response plans and the capacity for partner organizations to mitigate, prepare for, respond to, and recover from public health incidents and emergencies.



# We Do This Through Collaboration

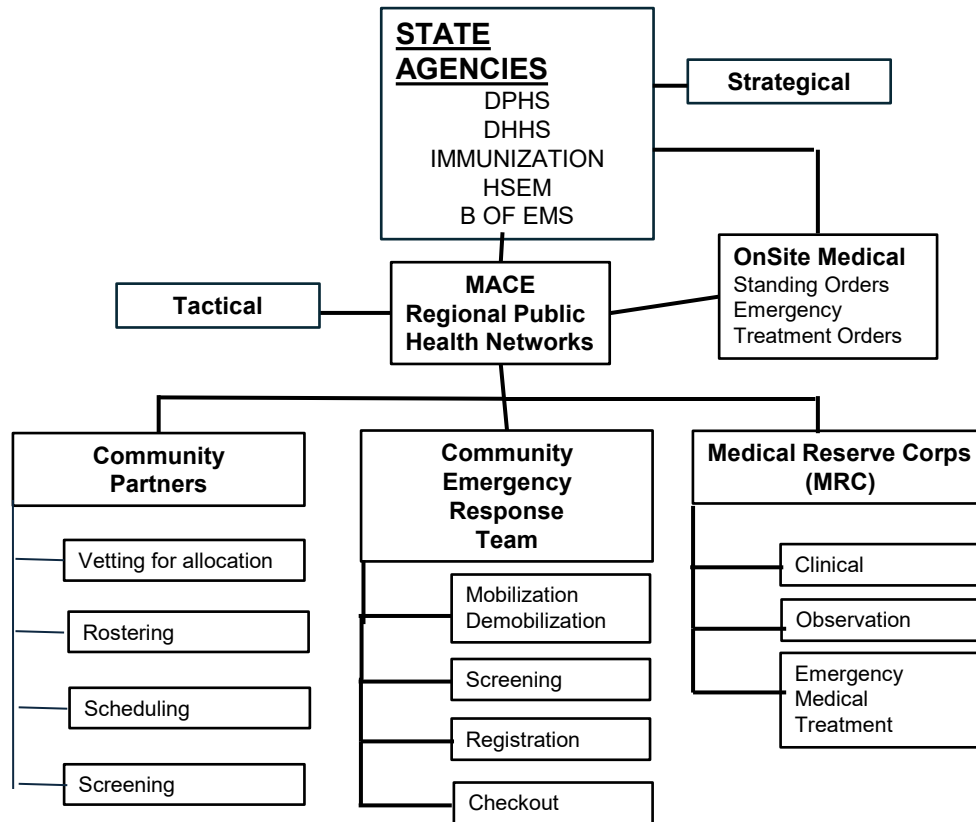
Department of Health Services \* Health & Human  
Services \*Immunization Department \*Granite State  
Health Care Coalition

\* Homeland Security & Emergency Management \*

Emergency Responders \*Hospitals \*Bureau of  
Emergency Medical Services \* School Districts \*

Long Term Care Agencies

\* Home Care Agencies \* Congregate Living  
Agencies \* Developmental Disabilities Service  
Agencies \* Business Community \*Private Health  
Care



# Winnepesaukee Public Health Network

## Regional Public Health Emergency Annex

- Called an annex as it is designed to annex communities Emergency Operation Plan as a public health incident response guide.
- Developed in collaboration with community partners and stakeholders.
- 3-Appendices:
  - Activation
  - Operations
  - Demobilization



## Regional Public Health Emergency Response Annex



# MULTI-AGENCY COORDINATION ENTITY

*In collaboration with local officials, the WPHN has designated facilities to support the following public health capabilities:*

During a public health emergency, the MACE may activate public health response facilities to support distribution of public health resources and to provide emergency public health services.

- Public Health Emergency Operations (MACE)
- Public Information Coordination (Joint Information Center (JIC))
- Medical Countermeasure Dispensing (Point of Dispensing (POD))
- Community-based triage, medical surge care, and mass-fatality management (Neighborhood Emergency Help Center (NHEHC), Alternate Care Site (ACS))
- Mass care and sheltering

# MACE POSITIONS

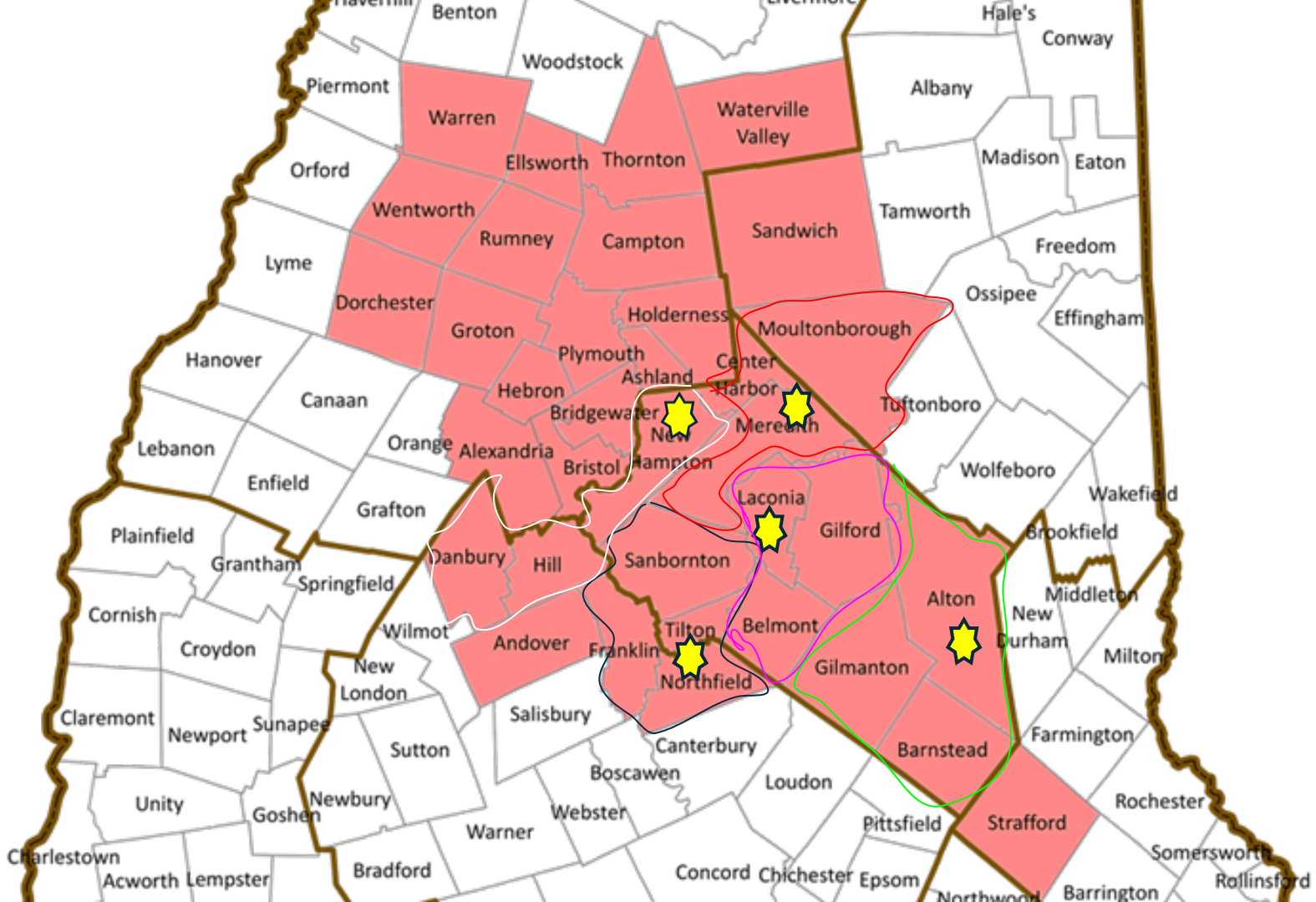
- MACE Manager
- MACE Law Enforcement Section
- MACE Health & Safety Section
- MACE Volunteer Management Section
- MACE Subject Matter Experts



# School Based Seasonal Influenza Clinics

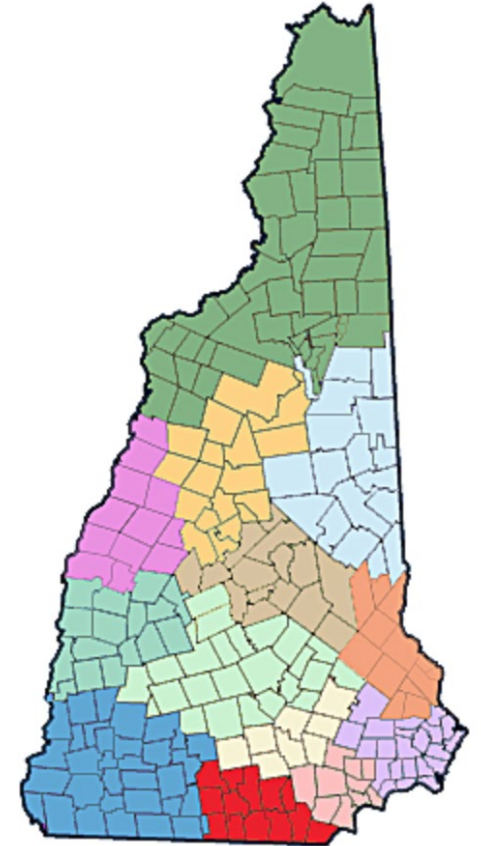
- Some Regional Public Health Networks provide Free School Based Seasonal Influenza Vaccination Clinics to participating schools in their networks.
- It is the position of the National Association of School Nurses (NASN) that reaching high vaccination coverage of school-age children, as outlined in Healthy People 2030 (U. S. Department of Health and Human Services [USDHHS], 2021a), is an essential public health objective.
- ***School-located vaccination (SLV) can enhance other emerging non-traditional vaccination sites (USDHHS, 2021b).***





# Create a Foundation

- Know your capabilities
- Contact your Public Health Network(s)- Know the Emergency Manager (ESF-8)
- Complete a Provider Agreement with NH DHHS
- Establish a contract with NH DHHS if providing vaccinators and asking for financial assistance
- Obtain Standing Order to vaccinate
- VAMS Logistics



<https://nhphn.org>

# Vaccinating Homebound Patients

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## Emergency Management-Pandemic COVID 19

With the assistance of the Winnepesaukee Public Health Network (WPHR) and the Carroll County Regional Public Health Network (C3PH); and in collaboration with the New Hampshire Department of Health and Human Services, Central New Hampshire VNA & Hospice (CNHVNAH) elected to assist our profoundly homebound patients in receiving COVID 19 vaccine.

**Community Partners:** Public Health Networks, NH DHHS, local EMS, other local community service providers.

**Internal Support Staff:** administrative staff member(s), agency phone operators, facilities, Emergency Manager/Administrator.

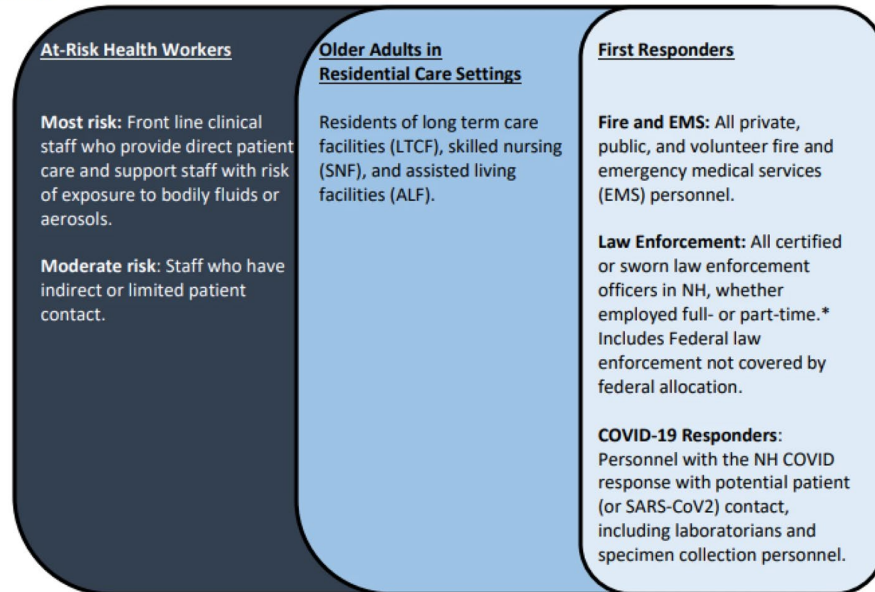


# NH Phased Vaccination Allocation Plan

NH's vaccination program is structured around the concept of a phased response, whereby vaccine may be initially be limited. A Vaccine Allocation Strategy Branch will inform strategies related to equitable dose distribution.

## Phase 1a: Limited Doses Available, "Jump Start Phase"

The New Hampshire Division of Public Health Services (DPHS) includes the following groups for vaccination under Phase 1a: 1) at-risk health workers in the most and moderate risk groups; 2) older adults in residential care settings; and, 3) first responders. The following graphic is an overview of NH Vaccine Allocation Phase 1a, with additional description of the groups below:



\*Does not include officers working in correctional facilities, which are included in a later phase.

# Standing Order Documents by Vaccine

## Standing Orders Set Your Boundaries

### Pfizer

<https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/standing-orders.pdf>

### Moderna


<https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/downloads/standing-orders.pdf>

### Janssen J&J

<https://www.cdc.gov/vaccines/covid-19/info-by-product/janssen/downloads/Janssen-Standing-Orders.pdf>

### Moderna COVID-19 Vaccine

Standing Orders for Administering Vaccine to Persons 18 Years of Age and Older



Note: For more information/guidance, please contact the immunization program at your state or local health department or the appropriate state body (e.g., state board of medical/nursing/pharmacy practice).

**Purpose**

- To reduce morbidity and mortality from coronavirus disease 2019 (COVID-19) by vaccinating persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

**Policy**

- Where authorized under state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess and vaccinate persons who meet the criteria in the "Procedure" section below without the need for clinician examination or direct order from the attending provider at the time of the interaction.

**Procedure**

Assess persons 18 years of age and older for vaccination with Moderna COVID-19 Vaccine based on the following criteria:

- No complete 2-dose COVID-19 vaccination history, regardless of brand. If 2 doses of a same-brand or mixed-brand series have been administered, no additional doses are recommended.
- If the recipient has received 1 previous dose of Moderna COVID-19 vaccine, a second dose of the same brand should be administered.
- This vaccine is administered in a 2-dose series. Separate doses by at least 28 days.\*
- Moderna COVID-19 vaccine should not be administered at the same time as other vaccines. Separate Moderna COVID-19 vaccine from other vaccines by 14 days before or after the administration of Moderna COVID-19 vaccine.
- Moderna COVID-19 vaccine should be deferred for at least 90 days for persons who received passive antibody therapy (monoclonal antibodies or convalescent plasma) as part of COVID-19 treatment.
- Screen for contraindications and precautions.

**Contraindication**

- Severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine for both Pfizer-BioNTech and Moderna COVID-19 vaccines. For a list of vaccine components, see the Emergency Use Authorization (EUA).

**Precautions**

- Severe allergic reaction (e.g., anaphylaxis) to any other vaccine or injectable therapy (e.g., intramuscular, intravenous, or subcutaneous).
- Moderate to severe illness.

**Provide all recipients with a copy of the current federal Emergency Use Authorization (EUA) Fact Sheet for Recipients and Caregivers.**

- Prepare to administer the vaccine.
  - Choose the correct needle gauge, needle length, and injection site for persons:
    - 18 years of age: 1-inch needle is recommended.
    - 19 years of age and older: See table below.
- Follow the manufacturer's guidance for storing/handling punctured vaccine vials.

Sex and Weight of Patient	Needle Gauge	Needle Length	Injection Site†
Female or male fewer than 130 lbs	22–25	½"–1"	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
Female 152–200 lbs	22–25	1–1½"	Deltoid muscle of arm
Male 152–260 lbs	22–25	1–1½"	Deltoid muscle of arm
Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
Male 260+ lbs	22–25	1½"	Deltoid muscle of arm

\* If the second dose of Moderna COVID-19 vaccine was given as early as 21 days after the first dose, then do not repeat a second dose.  
† Alternatively, the axillary/axillary high site may be used.  
‡ Some experts recommend a 5/8-inch needle for men and women who weigh less than 130 pounds. If used, this must be attached tightly to at least subcutaneous tissue.

12/21/2020 CDC/ST-19





# Identify Recipients

## Profoundly Homebound

Patients unable to leave their home, and/or do not have necessary transportation to travel to a fixed site in order to receive their vaccine.

### Initial Identification

- **Use Electronic Medical Record** to identify patients that match criteria in current Phase - set by State.
- **Contact patients and ask screening questions**
  - Have you been vaccinated?
  - Do you have an appointment to receive vaccine?
  - Do you have the ability and means to get to the vaccination location?
  - Are you interested in receiving the vaccine?
  - Have you had COVID 19 in the past 30 days or are you currently ill with COVID 19?

# VAMS

## Connect With PHN Partners For Setup and Training Resources

Central was set up as a 3<sup>rd</sup> Party Clinic via our PHN(s)

Each PHN was set up as a different “Portal” that we could select on the homepage.

Users added could:

- Enter Vaccine Received (Inventory Management)
- Enter our vaccine recipients
  - Central uses the consent form for data entry of recipient information.
  - Central did not document insurance information in VAMS
- Assign dose from vaccine inventory to recipient



# Methods for Vaccine Equity Allocations

Vaccinate those who either:

- Are 65 years or older before those who are younger
- Have more medical comorbidities before those with fewer
- Live in multi-generational households before those who do not
- Have reduced opportunities for accessing healthcare, transportation or other key supportive services necessary to access vaccination
- Have more public contact than those with less contact
- Without confirmed COVID-19 within the previous 90 days before those with confirmed COVID-19 in the previous 90 days
- Have no opportunity to receive vaccine through other locations or providers before those who do

# You Vaccinate Them – You Own Them Approach

- To help ease any confusion for the recipient and other vaccinating entities, Central took a "You Vaccinate Them- You Own Them" Approach
- This means when we scheduled the first dose, we also booked those same recipients for their second dose.
- Their second dose date was written on back-side of their Vaccination Record Card.



# Prepare for Vaccine Day

## Prepare Recipient List

Central chose to organize recipients by town and permitted a caregiver in home to also receive vaccine. This helped in distribution of 11 doses in 6 hrs. (Moderna Vaccine)

Consider Timing and Vaccine Doses per Vial

Central discovered each in home visit took roughly 45 minutes for:

- Paperwork Completion
- Vaccine Review with Patient
- Provide Vaccine
- Monitor Patient for appropriate time frame (15 minutes or 30 minutes based on Pre-Vaccine Checklist responses).



# Follow-Up

## Vaccinators

- Will call patients next day to follow-up on condition and any adverse reactions to the vaccine.
- Encourage patient to register in the V-Safe system

## Notification of PCP

Central asked PCPs how they wanted proof of vaccination for mutual patient. They asked us to fax a copy of the consent form for their records. These were batched and faxed in bulk to physician at end of week.

# Create a Standby List

## What does your standing order allow?

- Staff
- Volunteers
- Family Members
- Community Members

## Prioritize your list

- Homebound?
- Can they get to a fixed location?
- Do they meet the requirements to receive the vaccine?

# Test your Equipment

- Soft sided Vaccine Cooler
- Data Logger for Refrigerator Temperatures
- Ice Packs vs Frozen Water Bottle Method found in the Vaccine Storage and Handling Toolkit
- Prep time to bring cooler to temp without vaccine (we found 1 hr. prep time necessary)
- Test time cooler able to keep temp without vaccine (we found 3 ½ hours)
- Protecting vaccine in small vials in padded cooler (we wrapped vaccine in a CHUX to provide cushion and protection)





# Prepare COVID Vaccine Go Kit

- CHUX
- Syringes 1cc
- Tuberculin syringes (when used, managed to get 12 doses per vial)
- Needles
- Alcohol Wipes
- 2X2 Gauze
- Band-Aids
- Stickers
- Gloves
- Extra masks
- Epi-Kit
- Benadryl
- SHARPS container
- Extra container to carry spare ice packs
- Pens
- Paperwork and Vaccine Cards

# Patient Handouts

## Minimum Handout Documents

- Pre-Screening Questionnaire
- Fact Sheets for Recipients-Caregivers (different for each vaccine)
- NH-DHHS Privacy Practices Notice
- After Visit Summary and Recommendations for Vaccine Recipients
- V-Safe Info Sheet

## Central Also Included

Consent Form – revised from Flu Vaccine Consent  
Modified to include questions from VAMS such as “Waste during this vaccine?”



# Order Vaccine

## Public Health Network

Work with your Public Health Network to acquire vaccine:

- Orders need to be placed roughly a week in advance as this will not happen in the spur of the moment.

Work out the logistics:

- How far in advance to order?
- Provide them with your clinic date(s)?
- How will you get the vaccine – Pickup at their location or will PHN deliver vaccine?
- When will you get vaccine same day, or will you need to store it?



# Non- Traditional Vaccination Sites

- Schools – Community College
  - Homebound
  - Developmental Disability Service Providers/Residential Group Homes
  - Firehouses-Emergency Responders
  - Private practice offices
  - Laundromat/Unhoused Population
  - Libraries/Unhoused Population
  - Community Centers
- 
- Local Businesses
  - Farms
  - Long Term Care Agencies
  - Booster Blitz (2)
  - Drive Up Clinics
  - MRC Assisted at National Guard Site (LRCC)
  - County House of Corrections
  - Churches

# Collaborative Opportunities for Healthcare and Regional Public Health Networks

- Regional Public Health Councils
- Emergency Preparedness Council & Regional Coordination Councils
- Community Emergency Response Teams
- Medical Reserve Corps



# Regional Public Health Councils

Each Regional Public Health Network convenes a Public Health Council. Regional Public Health Council includes a host agency that convenes, coordinates, and facilitates a broad partnership of organizations and individuals who contribute to or have a stake in the health of their region. Each host agency provides leadership through a regional Public Health Advisory Council and provides a variety of services including Public Health Emergency Preparedness and Substance Misuse Prevention.



# Community Emergency Response Teams



# Medical Reserve Corps





# Canine Comforters



# Vaccination Clinics In Unconventional Locations



# Connecting to Your RPHN

Regional Public Health Network - Public Health Councils

<http://nhphn.org/who-we-are/public-health-networks/>

Community Emergency Response Team

<https://www.fema.gov/emergency-managers/individuals-communities/preparedness-activities-webinars/community-emergency-response-team>

Medical Reserve Corps

<https://aspr.hhs.gov/MRC/Pages/About-the-MRC.aspx>

Partnership for Public Health & Winnepesaukee Public Health Network Volunteer Opportunities

<https://www.pphnh.org/about/volunteer-opportunities/>



The background is a dark blue space scene filled with numerous small white and blue stars. A larger, faintly visible planet with a blue and white surface is partially obscured by the text in the lower right quadrant.

**THANK YOU**

**for attending this  
year's conference!**