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<td>Samara Heydon</td>
</tr>
<tr>
<td>November 2020</td>
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<td>Samara Heydon</td>
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Executive Summary

Immunization with a safe and effective COVID-19 vaccine is a critical component of Snohomish County strategy to reduce COVID-19-related illnesses, hospitalizations, and deaths and to help restore societal functioning. The goal is to have enough COVID-19 vaccine for all people within Snohomish County who wish to be vaccinated. Early in the COVID-19 Vaccination Program, there may be a limited supply of COVID-19 vaccine, and vaccination efforts may focus on those critical to the response, providing direct care, and maintaining societal function, as well as those at highest risk for developing severe illness from COVID-19.

This document serves as an interim plan for Snohomish County and our partners on how to plan and operationalize a vaccination response to COVID-19 within our jurisdiction. The document’s sections cover specific areas of COVID-19 vaccination program planning and implementation and provide key guidance documents and links to resources to assist those efforts. Many, but not all, of the COVID-19 Vaccination Program activities described may overlap with routine activities; routine immunization and pandemic influenza program activities can serve as a foundation for COVID-19 vaccination planning.

Other healthcare agencies may use this document to develop and update their own internal COVID-19 vaccination plans.

The COVID-19 Vaccination Plan for Snohomish County goes through many various topics related to vaccinating the residents of Snohomish County. Below are some topics that summarize the plan:

**Vaccine supply predictions:** The COVID-19 vaccine is likely to be in limited supply as the first doses are either under an EUA or as a licensed vaccine with an FDA approval, and range in a low, moderate, and high prediction of supply for Washington State. Within the plan, Table 1 describes what the possible allocations of COVID-19 vaccine will be from the total federal supply.

**Vaccine prioritization list:** The prioritization of who receives the COVID-19 vaccine in each phase is a process that continues to be refined. Within the plan, the most current update of the Washington State Department of Health prioritization of allocation describes the population groups who are, at this time, identified to be eligible for the COVID-19 vaccine.

**Estimated vaccine distribution capacity:** Snohomish County has large numbers of providers that have the capacity and resources to administer the COVID-19 vaccine. Within the plan, there are estimated calculations of the current systems, their agency type, the number of organizations within Snohomish County, and their estimated throughput per week. As more agencies and facilities enroll in the COVID-19 Vaccination Program, these numbers will change and be updated.

**Pharmacy and long-term care partnership program:** The Pharmacy Partnership for Long-Term Care Program provides end-to-end management of the COVID-19 vaccination process, including cold chain management, on-site vaccinations, and fulfillment of reporting requirements, to facilitate safe vaccination of this patient population, while reducing burden on LTC facilities and jurisdictional health departments.

**COVID-19 vaccine program recruitment and enrollment:** Reaching out to current providers as well as recruiting new partners will be critical to aiding in the vaccination of the Snohomish County population. Another important aspect of the recruitment and enrollment of existing and new providers is the ability...
to target appropriate settings that will facilitate access to COVID-19 vaccination services for the identified priority group(s) within each phase.

**Storage and handling requirements:** The Washington State Department of Health will implement the Centers for Disease Control and Prevention’s developed recommendations and requirements to ensure adherence to COVID-19 vaccine storage and handling expectations. There will be cold chain management involved with the various presentation of COVID-19 vaccine that will involve distinct requirements for site to be enrolled to administer the COVID-19 vaccine.

**Best, probable, and worst case scenarios:** In coordination with various partners, a best case, probable case, and worst case scenario were determined to help identify triggers and events that would warrant the discussion of a decision to activate mass vaccination clinics, HUB operations (distribution sites) and Points of Dispensing (POD) locations.

**HUB and POD overviews:** With the decision to activate a HUB or POD, there are many moving pieces associated with planning and executing the operations of a HUB or POD. This plan outlines the general overall process and positions related to each.
I. Overview

A. Purpose

This plan describes the phases of rapid, coordinated deployment of personnel and resources to distribute and dispense COVID-19 vaccine medical countermeasures (MCM) during a public health emergency within Snohomish County. Specifically, this plan outlines the systems developed for COVID-19 vaccine management and distribution, as well as the medical countermeasure dispensing operations, and describes a response that involves federal resources from the Centers for Disease Control and Prevention (CDC) and Washington State Department of Health (WA DOH). This plan addresses no other aspect of medical countermeasures for COVID-19 nor any other pandemic or other public health emergency.

There were a number of partners who assisted in the creations of this plan. Those groups include the Snohomish Health District’s (SHD) Public Health Emergency Preparedness and Response team (PHEPR), Vaccine Preventable Disease (VPD) program, Public Information Officer (PIO) and Snohomish County Joint Information Center (JIC), Snohomish County’s Department of Emergency Management (SnoCo DEM), Fire through Emergency Support Function (ESF) 4 representation, Sheriff’s Office through ESF-13 representation for Law Enforcement, Human and Health Services through ESF-6 representation, and SnoCo DEM Resourcing.

B. Planning assumptions

- SHD Emergency Response Plan has been activated and implemented.
- SHD has selected mass vaccination as the appropriate response for this public health emergency.
  - Immunization are available for this disease
- SHD, with assistance from DEM/ECC, may set up and operate public Points of Dispensing (PODs) at strategic, pre-planned locations to quickly distribute and administer the COVID-19 vaccine as needed.
- Alternative forms of mass vaccination may be established for residents who are not able to come to a public POD (e.g., voucher program, transportation subsidies, and targeted outreach for mobile POD services).
- A closed or open POD may be activated for first responders, organizations serving vulnerable populations, and pre-registered large-employers to receive and administer vaccinations for their populations using their own human resources, infrastructure, equipment, and supplies.
- Emergency Use Authorization (EUA) by the Federal Drug Administration (FDA) will expand the use of drugs, devices, and medical products during this emergency. The EUA may change to a licensed vaccine in the middle of the response.
- Incidents expected to deplete local vaccinations and medical supplies will require requests from the WA DOH and/or the CDC who have direct agreements with CDC.
- The Governor has made a declaration of emergency.
C. Situation

- Population subgroups will be identified to receive the COVID-19 vaccine based on the prevailing prioritization framework set forth by federal and state public health authorities. As the amount of vaccine that is available increases and higher priority groups have been covered, vaccine will be made available to subsequent tiers of lower priority groups will be suggested to receive vaccinations. The phases of allocation will be recommended by SHD Health Officer in coordination with WA DOH and CDC recommendations.

- Individuals will need to receive a second COVID-19 vaccine dose, of the same presentation or “brand,” 21 or 28 days after the initial dose.

- SHD Health Officer and/or superseding state authorities will continue to recommend, or in some cases require, non-medical prevention measures in parallel with these medical countermeasures. Such non-medical prevention measures may need to continue through and beyond the vaccination period.

- We do not anticipate that the state or federal government will mandate the COVID-19 vaccine. SHD has no plans for such a mandate. Like other immunizations, each individual will have the choice of whether or not they and/or the people under their legal guardianship will get vaccinated. Exceptions to this liberty of choice may arise in settings where the employer lawfully requires such vaccination, which SHD would not be a party to.

II. Concept of Operations

A. General

Federal, state, and SHD officials have identified the COVID-19 pandemic as an emergency. Local health jurisdictions inform the WA DOH, who then inform the WA State Emergency Management Division (EMD) and/or the Governor’s Office of an event that requires resources that state and/or local officials do not have readily available. If the Governor or delegate determines MCM resources available within the State are insufficient for the situation, an initial request for Strategic National Stockpile (SNS) assets is justified. A request for assistance may then be submitted directly to the Assistant Secretary for Preparedness and Response (ASPR) or Division of Strategic National Stockpile (DSNS) or as part of an overall request for federal assistance through the national emergency response system.

This plan reflects a specific event that is different than previous emergency situations. The infectious disease outbreak of COVID-19 calls for a two-dose vaccine as the MCM. These are processes and procedures that do not follow the usual MCM method (e.g., single-dose chemoprophylaxis with oral antibiotics). SHD will be reliant on a number of community partners to help administer the COVID-19 vaccine throughout Snohomish County using primary care physicians, occupational health clinics, community health clinics, hospital, pharmacies, and public health. One of SHD’s provision strategies for dispensing MCM is open PODs which are temporary facilities operated out of pre-identified, community-based facilities where services are provided to the general public from the jurisdiction. Private Medications Centers, also known as Closed PODs, are pre-identified sites that serve a specific subset of the population to reduce the strain on open PODs. For this MCM, mass vaccination clinics run by community-based healthcare systems (i.e., not operated by SHD) will be the primary, if not sole, method of administration of vaccinations to all of Snohomish County residents. As the effort progresses and the highest priority groups have been covered, vaccination through routine primary care and occupational health settings is likely to play an increasing role.
If or when vaccine supplies become available faster than the demand consumes them, then vaccine roll-out can continue with eligibility expanding to reach across multiple or even all remaining phases simultaneously.

Tribal Nations within Washington State may choose to either work through their local public health jurisdiction, the WA DOH, or the federal government. SHD will support Tribal Nations within the county on any pathway they choose to request and receive MCM.

B. Roles and Responsibilities

<table>
<thead>
<tr>
<th>Role</th>
<th>Agency</th>
<th>Responsibilities</th>
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</table>
| **Lead – Federal** | Centers for Disease Control and Prevention | • Manage all of the various vaccine candidates at the national level and provide for their transportation to the State of WA or through direct distribution routes to provider destinations.  
• Provide up-to-date guidance to the State of WA about vaccine candidates, ancillary supplies, medical materials available, and data base support.  
• Maintain the data information provided by direct shipment facilities regarding the COVID-19 vaccine administration. |
| **Lead – State** | Washington State Department of Health       | • Work with the CDC on maintaining the vaccine data system requirements for reporting.  
• Sign for the receipt of COVID-19 vaccines and oversee the transport of any vaccine to healthcare systems requesting the vaccine.  
• Provide security escort through the WA State Patrol during delivery to the designated facilities as needed.  
• Activate the Pharmacy MOU to provide retail pharmacy assistance with vaccinating populations through the allocation phases. |
| **Lead – Local** | Snohomish Health District                   | • Engage in planning with Pharmacies with the WA DOH and the WA State Pharmacy Association (WSPA) for COVID-19 vaccine provider enrollments.  
• Assess the public health threat and evaluate possible consequences throughout the COVID-19 vaccination process.  
• Work with EMS to support vaccinations of first responder population groups.  
• Request resources, including vaccine, ancillary supplies, and other supplies needed for distribution as a POD, if needed.  
• Coordinate with SnoCo DEM for support with resources, as needed |
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- Designate location of vaccine HUBs to be dropped by WA DOH.
- Designate, with appropriate agency partners, the locations of mass vaccination.
- Maintain early and consistent communications with hospitals, clinics, tribes, pharmacies, primary care physicians, and other partners.
- Coordinate and provide local security for the vaccine storage, supplies, and POD sites through the District Operations Center (DOC) with support through SnoCo DEM as needed.
- Maintain communication and coordination with WA DOH and community partners conducting mass vaccination clinics.

Health Officer

- SHD Health Officer is a U.S. Drug Enforcement Administration (DEA) registrant and has the authority to write standing orders and protocols for Snohomish Health District clinical staff. Agreements are signed with SHD and other Region 1 Health Officers to provide coverage in the Snohomish County Health Officer’s absence. There is no anticipation of the need to issue standing orders for the COVID-19 vaccine.
- SHD Health Officer and/or his designees will work closely with the WA DOH throughout the phasing of COVID-19 vaccinations.

Support

Snohomish County Department of Emergency Management

- Activate the Snohomish County Emergency Coordination Center (ECC) at an appropriate level per established guidelines and best practices to support SHD as required.
- Coordinate county government response at elevated levels of activation per established guidelines and within the framework of the Comprehensive Emergency Management Plan (CEMP).

Support

Snohomish County Medical Reserve Corps

- Maintain a database of credentialed volunteer providers
- Utilize Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) database for volunteer resources
- Recruit and train volunteers to staff HUB (HUB: central locations that store and distribute MCM) and POD sites, with training provided by SHD staff.
Support Law Enforcement
- Monitor SHD website and information as well as coordinate with ESF-8 to stay informed of the event
- Provide employees and families with information consistent with public education messages
- Provide or coordinate security to SHD employees and volunteers, and equipment/supplies being transported to PODs as available. If they are not available, SHD will explore private security options for SHD employees and volunteers.
- Provide or coordinate traffic control, crowd control, and security at the POD sites as available

Support Healthcare Facilities
- Monitor SHD website and information to stay informed of the event
- Provide employees, patients, and families with information consistent with SHD and DOH coordinated public education messages
- Assist with Distribution and/or administration of COVID-19 vaccines

Support Facilities acting as Point of Dispensing Locations
- Provide access to facilities and equipment
- Provide assistance as requested during POD activation
- Provide staffing, as possible, in the areas of security, janitorial services, and food service

C. Vaccine Allocation Phases
The COVID-19 Vaccine is likely to be in limited supply as the first doses are either under an EUA or as a licensed vaccine with an FDA approval, and will require the need to develop a means of identifying certain populations to receive the vaccine first.

Phase 1 vaccination will be at specific sites highly targeted at those recommended first to receive EUA or FDA approved vaccine that is safe and effective. Recommendations for who receives vaccine in phase 1 will be based on Advisory Committee on Immunization Practices (ACIP) recommendations, the National Academies’ Framework for Equitable Allocation, and state allocation framework developed with input from partners and communities collected through mixed methods during fall 2020. The goal is to use a staged approach and create points of access to reach those recommended to receive vaccine first.

WA DOH’s planning work to identify and recruit vaccination sites for phase 1, will include collaboration with local health jurisdictions, health care systems, health care coalitions, pharmacies, professional associations, and long-term care. WA DOH will seek input from internal and external groups about phase 1 vaccination implementation; this input will inform the state on prioritized allocation of at-risk health
care providers and other essential workers for potentially limited doses of vaccine. The state’s allocation framework also will be informed by cross-cutting equity considerations based on community and partner input. This could include considerations for areas of high COVID-19 disease or high social vulnerability indexes. Identifying and recruiting provider sites for phase 1 will also include assessing the capacity of health care systems, hospitals, and pharmacies to manage procedures as outlined in the COVID-19 Vaccine Provider Agreement Form, COVID-19 Vaccine Provider Profile, and the COVID-19 Vaccine Storage and Handling Requirements.

The process for placing vaccine orders in phase 1 may differ from later phases when vaccine supply is more readily available. Early in the vaccination response with limited vaccine, WA DOH in coordination with CDC has develop a process to push vaccine doses to specific locations instead of using a traditional vaccine ordering process through the Washington State Immunization Information System (WAIIS) for some of the initial early doses of COVID-19 vaccine. Currently, WA DOH has identified specific healthcare agencies who have ultra-cold vaccine storage units on site, throughout the state of Washington, to preposition ultra-cold vaccine once the vaccine data has been given to the FDA for review. The vaccine will be distributed to these locations to store until an EUA is granted. At this time, there are 14 healthcare facilities identified to receive the ultra-cold prepositioned vaccine throughout the state, 20 sites complete, and 523 sites in process of enrolling into the MCM COVID-19 Vaccination Program. This number is going to change as more agencies complete enrollment and continue to sign up for the program.

There is continued communication between WA DOH and the for targeted provider sites identified to receive vaccine first. This provider site identification and pre-booking process concept is similar to what was used during early phases of the 2009 H1N1 vaccine distribution. In later phases, as vaccine supply increases to meet demand, vaccine ordering will transition to more traditional methods using the WAIIS.

During phase 2 when there is sufficient supply to meet demand, Snohomish County will need many vaccine administration locations. The use of a broad network of provider settings, including community health centers, pharmacies, primary care providers, community or business PODs, long-term care facilities, congregate living facilities, and occupational health clinics will help with vaccinating our population. Both traditional and non-traditional vaccination sites will deliver vaccine to ensure that all people who are recommended to receive it have many access points. This is especially helpful to increase uptake among critical groups at highest risk for severe outcomes from COVID-19 disease.

While the partners previously mentioned will handle most vaccine distribution, mass vaccination clinics may supplement these efforts to provide access for specific communities or populations.

SHD, in coordination with WA DOH, will partner with health care coalitions, businesses, labor and industry representatives, long-term care, education, and community organizations throughout Snohomish County to inform programmatic work, ensure vaccine uptake, and provide consistent messaging to build vaccine confidence and trust within communities.

Phase 3 moves to a steady state where there is sufficient supply to meet demand and vaccination continues to grow using routine provider networks proven to reach critical populations. While the SHD and WA DOH will promote completion of vaccination series, phase 3 will be an opportunity to enhance efforts to remind or recall individuals to complete any missing doses.
SHD PIO and the JIC at SnoCo DEM, will continue their work to increase vaccine confidence and build trust with communities within Snohomish County. Using vaccine uptake data, the SHD will identify populations with inequitable access to the COVID-19 vaccine and address those gaps.

The residents within the county will likely be prioritized based on factors that include but are not necessarily limited to the following: (1) the number of vaccines that become available per unit time (see Table 1), (2) the health risk of certain population groups to contract and/or further spread COVID-19, (3) individual comorbidity or demographic characteristics affecting risk of severe disease, and (4) the impact upon society of disease occurring in certain sub-populations.

Table 1: Vaccine Supply Prediction

Limited vaccine supply is driving need to prioritize & risk stratify

<table>
<thead>
<tr>
<th>U.S. COVID Vaccine availability estimates (CDC)</th>
<th>WA State Supply Scenarios - # people vaccinated (assuming 2% of total supply, 2 doses/person and cumulative)</th>
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<tr>
<td>Vx</td>
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</tr>
<tr>
<td>-----</td>
<td>----------------</td>
</tr>
<tr>
<td>A (ultra-cold)</td>
<td>10-20M doses</td>
</tr>
<tr>
<td>B</td>
<td>~10M doses</td>
</tr>
<tr>
<td>TOTAL</td>
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First two months of projected supply can cover 150,000 to 450,000 people
Total size of Phase 1 without risk stratifying exceeded 4M people
Total size of Phase 1 with risk stratifying is approximately <2M people

Below is the updated provisional phased allocation plan for Snohomish County based on updated allocation framework from WA DOH, to be modified and executed in harmony with the overarching and likely superseding prioritization framework set forth by CDC and WA DOH.

**PHASE 1A:** Potentially limited supply of COVID-19 vaccine doses available

**Notes:** These may change when DOH establishes its harmonized statewide prioritization framework.

In the context of limited vaccine supply, only “COVID-facing” staff of the specific sub-groups designated below will be prioritized for vaccination in roughly descending order within each phase as listed below.

- High-risk healthcare workers
  - In direct contact with patients who have direct exposure to patients or infectious material and are not able to work from home (e.g., emergency and urgent care staff, clinical and ancillary staff on inpatient wards serving COVID-19 patients, primary care and other clinical outpatient staff providing direct care to populations at high risk for
COVID-19, other ancillary and administrative staff having direct contact with COVID-19 patients).
  - Custodial staff who clean rooms/ take out bio-waste/ etc. of COVID-19 patients or patients with COVID/ Flu like symptoms
- High-risk first responders reasonably anticipated to have direct contact with suspected or confirmed COVID-19 cases as part of their work duties. For example:
  - Emergency medical technicians responding to 911 Protocol 36 calls.
  - Other first responders involved in assessments and/or transport of individuals reasonably anticipated to have COVID-19.
- High-risk law enforcement and corrections officers reasonably anticipated to have direct contact with suspected or confirmed COVID-19 cases as part of their work duties. This may include portions of staff from, but not limited to, the following law enforcement and corrections agencies:
  - County Sheriffs
  - City Police Officers
  - Jail/ Corrections staff only
  - Dispatch Staff
- Anyone medical personnel will be vaccinating patients in Phase 1, 2, 3, and 4

PHASE 1B:
- All long-term care staff and residents
- Age >65 with any one of the following listed below
  - Hypertension
  - Diabetes
  - Coronary artery disease
  - Congestive heart failure
  - Other chronic heart disease
  - Current cancer (i.e., untreated or in treatment)
  - Chronic Kidney Disease
  - COPD
  - Immunosuppression
  - Obesity
- Any age with 2 or more comorbidity conditions listed below:
  - Hypertension
  - Diabetes
  - Coronary artery disease
  - Congestive heart failure
  - Other chronic heart disease
  - Current cancer (i.e., untreated or in treatment)
  - Chronic Kidney Disease
  - COPD
  - Immunosuppression
  - Obesity
  - Hemoglobinopathies (e.g., thalassemia, sickle cell)
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Phase 1C

- Critical workers at highest risk of exposure working in congregate settings
  - Agricultural workers
  - Food processing workers

Phase 2: Large number of vaccine doses available

- Critical workers in high-risk settings
  - Workers who are in industries essential to the functioning of society and at substantially higher risk of exposure
- Any remaining health care, first responder, law enforcement not previously vaccinated
- Emergency management
- Public health staff
- K-12 School Teachers/ Childcare
  - Childcare teachers/ providers
  - School Teachers
  - School workers (from desk, Human Resources, accounting, etc.)
- Age >65 who were not vaccinated in phase 1
- Any age with >1 high risk comorbidity condition. See list here
- Critical workers in high-risk settings
  - Workers who are in industries essential to the functioning of society and at substantially higher risk of exposure
    - Food supply workers
    - food factory workers (i.e. Tyson Chicken Factory)
  - Pharmacy staff
  - Public transportation in direct contact with the public
    - Everett Transit
    - Community Transit
      - Sound Transit
      - Dart
    - Cabulances
  - Elected city, county and special purpose district officials not previously vaccinated under other indications
  - Water utility industry
  - Sanitation industry
  - Wastewater
  - Garbage
  - Utility workers
- Plumbers
- Electrical
- Postal/ mail service staff
- TSA/ Boarder control in direct contact with the public
- Rural Communities

- People in homeless shelters or group homes for individuals with disabilities, including serious mental illness, developmental and intellectual disabilities, and physical disabilities or in recovery not already covered in phase 1
  - Homeless population in shelters
- People with disabilities that prevent them from adopting protective measures
- People and staff in the below congregate settings
  - Prisons
  - Jails
  - Detention centers
  - Other similar facilities

**Phase 3:** Sufficient supply of vaccine doses for entire population (surplus of doses)

- Other essential industrial workers not mentioned in Phase 1 or 2
  - Construction workers
  - Restaurants
  - Hotels
  - Bars
  - Libraries
  - Hair/ nail salons
- Factories and goods (not related to food)
- Young adults (18-64) not previously vaccinated under other indications
- Children

**Phase 4:**

- Everyone who was not eligible in phase 1, 2, or 3

**To-be-determined:**

- Previously confirmed cases of COVID-19 <90 days since last positive test
- Recent (<14 days) contacts of COVID-19
- Children (<18 years)
- Pregnant women

**D. Throughput Numbers per Expected Agency Type**

Snohomish County has large numbers of providers that have the capacity and resources to administer the COVID-19 vaccine. Below are the current systems, their agency type, the number of organizations within Snohomish County, and their estimated throughput per week. As more agencies and facilities enroll in the MCM COVID-19 Vaccination Program, these numbers will change and be updated. *(See appendix 2 for the full calculations)*
## COVID-19 Vaccination Plan for Snohomish County

**Version 2.0**

**Last update: November 2020**

<table>
<thead>
<tr>
<th>Agency Type</th>
<th>Specific Agency</th>
<th>Number of Specific Agency in County*</th>
<th>Vaccinations Administered Per week</th>
</tr>
</thead>
<tbody>
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<td>Primary Care Physician</td>
<td>Providence Medical Group</td>
<td>8</td>
<td>1,200</td>
</tr>
<tr>
<td></td>
<td>Others*</td>
<td>60</td>
<td>9,000</td>
</tr>
<tr>
<td>Large Hospitals</td>
<td>Providence Regional MC</td>
<td>1</td>
<td>1,050</td>
</tr>
<tr>
<td></td>
<td>Swedish Medical Center</td>
<td>1</td>
<td>1,050</td>
</tr>
<tr>
<td></td>
<td>Kaiser Permanente</td>
<td>1</td>
<td>1050</td>
</tr>
<tr>
<td></td>
<td>Cascade Regional Hospital</td>
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<td>1050</td>
</tr>
<tr>
<td>Community Clinics</td>
<td>The Everett Clinic</td>
<td>4</td>
<td>40,000</td>
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<tr>
<td></td>
<td>Sea Mar Community Health Center</td>
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<td>20,000</td>
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<td>Community Health Center</td>
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<td>20,000</td>
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<td>Tulalip Tribes</td>
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<td>Stillaguamish Tribes</td>
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<td>75</td>
</tr>
<tr>
<td>Occupational Clinics</td>
<td>Concentra</td>
<td>3</td>
<td>2,250</td>
</tr>
<tr>
<td></td>
<td>US Health Works</td>
<td>1</td>
<td>750</td>
</tr>
<tr>
<td>Pharmacies</td>
<td>Walgreens</td>
<td>11</td>
<td>2,750</td>
</tr>
<tr>
<td></td>
<td>Rite Aid</td>
<td>15</td>
<td>11,250</td>
</tr>
<tr>
<td></td>
<td>Bartell Drugs</td>
<td>17</td>
<td>12,750</td>
</tr>
<tr>
<td></td>
<td>Safeway/ Albertsons</td>
<td>15/4</td>
<td>11,250/3,000</td>
</tr>
<tr>
<td></td>
<td>Fred Meyer</td>
<td>4</td>
<td>3,000</td>
</tr>
<tr>
<td></td>
<td>Walmart</td>
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<td>Target</td>
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<td>Haggen</td>
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<td>2,250</td>
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<tr>
<td></td>
<td>Arlington</td>
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<td>750</td>
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<tr>
<td></td>
<td>Pharm-A-Save</td>
<td>2</td>
<td>1,500</td>
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<td>Matrx</td>
<td>1</td>
<td>750</td>
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<tr>
<td></td>
<td>Kuslers</td>
<td>1</td>
<td>750</td>
</tr>
<tr>
<td>Emergency Medical Service (EMS)</td>
<td>South County Fire</td>
<td>1</td>
<td>280</td>
</tr>
<tr>
<td></td>
<td>North County/ Arlington Fire</td>
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<td>280</td>
</tr>
<tr>
<td></td>
<td>Marysville Fire</td>
<td>1</td>
<td>280</td>
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<tr>
<td></td>
<td>Snohomish Regional Fire &amp; Rescue</td>
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<td>Darrington Fire</td>
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<td></td>
<td>Camano Island Fire</td>
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<tr>
<td>Public Health</td>
<td>Broadway</td>
<td>1</td>
<td>960</td>
</tr>
<tr>
<td></td>
<td>Lynnwood</td>
<td>1</td>
<td>280</td>
</tr>
</tbody>
</table>

*Guesstimated number of how many will participate

**Total: 159,470**

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**E. Local Health Jurisdiction Pharmacy Agreement**

In 2012, SHD signed the WA State Local Health Jurisdiction-Pharmacy Memorandum of Understanding (MOU). The purpose of the MOU is to utilize existing pharmacy infrastructure to assist in addressing health and medical needs of an affected population during a public health incident, emergency or disaster, using coordinated and standardized protocols. In the COVID-19 public health emergency, this
MOU allows pharmacies to help with both the distribution and the administration of the COVID-19 vaccine. WA State is in the process of developing a packet that contains enrollment instructions, requirement information, and other pertinent material currently known about what the pharmacy’s role and responsibilities as a provider for the COVID-19 vaccine will entail. As pharmacy partners sign the MOU, it is SHD’s intention to include the pharmacy partners in planning and exercises around mass distribution-and-administration scenarios of the vaccine to our community, as well as being a source of support. *A copy of the MOU is in Appendix 3*

As a part of the Statewide Pharmacy MOU and with the help of the federal government, the CDC has partnered with CVS and Walgreens to offer on-site COVID-19 vaccination services for residents of nursing homes and assisted living facilities once vaccination is recommended for them.

The Pharmacy Partnership for Long-term Care (LTC) Program provides end-to-end management of the COVID-19 vaccination process, including cold chain management, on-site vaccinations, and fulfillment of reporting requirements, to facilitate safe vaccination of this patient population, while reducing burden on LTC facilities and jurisdictional health departments. The services will be available in rural areas that may not have easily accessible pharmacies. LTCF staff who have not received COVID-19 vaccine can also be vaccinated as part of the program.

As part of this program, which is free of charge to facilities, the pharmacy will:

- Schedule and coordinate on-site clinic date(s) directly with each facility. Three visits over approximately two months will likely be needed to administer both doses of vaccine and vaccinate any new residents and staff.
- Order vaccines and associated supplies (e.g., syringes, needles, personal protective equipment).
- Ensure cold chain management for vaccine.
- Provide on-site administration of vaccine.
- Report required vaccination data (approximately 20 data fields) to the local, state/territorial, and federal jurisdictions within 72 hours of administering each dose.
- Adhere to all applicable Centers for Medicare & Medicaid (CMS) COVID-19 testing requirements for LTCF staff.

SHD MCM and VPD team are supporting WA DOH in identifying LTCF within Snohomish County that would greatly benefit from enrolling in the Pharmacy Partnership for Long-Term Care Program.

**III. Response**

**A. Decision to Request MCM of COVID-19 Vaccine**

Once a public health emergency is recognized as having the possibility of overwhelming local, regional, and/or state pharmaceutical and medical material response assets, the following representatives may initiate a request for resources and submit it to the Snohomish County ECC:

- SHD Administrator and/or Health Officer
- SHD Logistics Section Chief
- Snohomish County Emergency Management
- Snohomish County Executive
Concurrently, the Health Officer or his/her designee, or other authorized representatives who initiates a MCM request will notify local elected officials of the need for resources and the MCM request submission. The following represent all geographic areas in Snohomish County:

- Snohomish County Executive
- Snohomish Health District Board of Health members (15-member board)

Communication will be in-person, phone, conference calls, e-mail, or fax.

SHD will ensure communication and coordination of MCM activities with the elected officials during the emergency through the Snohomish County ECC.

SHD will work closely with the SnoCo DEM and the WA DOH during the COVID-19 response, with anticipation that it may overwhelm local resources that would prompt a request for state and federal resources. Once the determination has been made that local resources and mutual aid have been exhausted, SHD will make a request through the SnoCo DEM. The request will be push up to WA EMD if unable to be filled by SnoCo DEM.

Some circumstances may prompt the CDC to distribute MCM vaccine without a request at the state and/or local level. In these instances, SHD with consult from its VPD Program, will work closely with the WA DOH and SnoCo DEM for receipt of MCM vaccine.

- Situations requiring the deployment of MCM COVID-19 vaccine as well as other external resources, will all be managed by the Logistic Section Chief with consult of the VPD program and MCM Coordinator within SHD internal Incident Command System (ICS) structure first. SHD simultaneously rely upon the support of SnoCo ECC for assistance with implementation.
- Decision-making and request for vaccine deployment and POD operations may include input from but not necessarily limited to elected officials, the Health Officer, the Board of Health, health care system leadership, emergency management.
- Information to have available when calling to request MCM assets includes:
  - A clear, concise description of the situation requiring SHD to receive COVID-19 vaccines
  - Information on the decisions already made regarding the response to this event (target population for vaccine, storage and handling, and dispensing to be used during the response)
  - Information on the availability of state and/or local resources
  - A description of the SNS assets needed to support a response to a situation
  - Any information regarding evidence of terrorism, suspected terrorism, or other mission-threatening security threats

- City and county Local officials will brief Snohomish County Department of Emergency Management, which will notify the WA State EOC, in writing, if the situation might require resources that are not readily available locally.

- The initial request and resupply requests for resources will be directed from the SnoCo ECC to the Washington State Emergency Operation Center (EOC), which will make appropriate contacts through state government. Only the Governor, Lieutenant Governor, the Secretary of Health, or the State Health Officer may formally request the SNS from the ASPR. If the
President has already activated the Federal Response Plan, the State EOC can call the ASPR directly.

- Hospitals or clinics will order resources in the same manner, by requesting them through local emergency management. Anyone authorized on the hospital DEA registration may request emergency medical material.

- Tribal Nations may request resources through the Snohomish County ECC, the WA State EOC or directly to federal resource. Anyone authorized on the clinic or pharmacy DEA registration may request emergency medical material. The Tribal medical clinic or pharmacy authorities will coordinate with the clinic supply manager to arrange for medication pick-up at SHD or have materials delivered to the clinic or pharmacy site. The tribes may provide prophylaxis to their members in closed POD settings.

- Naval Station Everett may request resources through the SnoCo ECC in the event they are unable to secure vaccine through the Department of Defense. The Navy clinic authorities will coordinate with the clinic supply manager to arrange for medication pick-up at SHD. The Naval Station personnel will receive prophylaxis at a closed POD on base.

- In most cases, resources will be received only after having been requested by the jurisdiction. When SNS materials are deployed without a request having been filed, the local jurisdiction will be given notice and time to prepare for receipt of the material.

SHD recognizes the Tribal Nations sovereignty and their ability to work with local, state or Federal agencies. SHD will support the Tribal Nations within the county in the manner they feel is most appropriate. SHD will reach out to Tribal Nation contacts prior to making a request for COVID-19 vaccines during a community-wide incident to determine how they will be requesting any needed resources.

B. COVID-19 Provider Recruitment and Enrollment

1. Recruitment

Reaching out to current providers as well as recruiting new partners will be critical to aiding in the vaccination of the Snohomish County population. Another important aspect of the recruitment and enrollment of existing and new providers is the ability to target appropriate settings that will facilitate access to COVID-19 vaccination services for the identified priority group(s) within each phase. Providers who can maximize the number of people vaccinated are ideal in the prioritization of enrollment. For the earliest phase, SHD will attempt to identify the health care systems and health care partners who can support high-throughput vaccination services, as SHD will suggest that those agencies be prioritized for enrollment. All provider sites able to meet the conditions of the COVID-19 vaccination program and are interested in enrolling (for any phase of the vaccination effort), SHD will send out information regarding where to go to begin enrolling in the program (estimated to begin sometime in November).

SHD has been working in coordination with WA DOH and WSPA to engage pharmacies on several different fronts. These efforts have been to educate them about the process of enrollment and the expectation of how reporting and distribution will work, as well as the reporting requirements, and storage and handling expectations. There are a large number of pharmacies within Snohomish County that are interested in enrolling to provide COVID-19 vaccine.

Suggested early COVID-19 vaccination providers for Snohomish County include:
• Primary Care Physicians
• Hospitals
• Large Clinics
• Occupational/Employee Health Clinics
• Pharmacies
• Tribal Health Services
• EMS

Other partners that may be enrolled as COVID-19 vaccination providers, as the population phases begin to expand, include:

• Other outpatient clinics not enrolled above
• Medical Specialty Providers
• Dialysis Centers
• Public Health

There are a number of things to consider when recruiting and enrolling both existing and new providers for the COVID-19 vaccine. A consideration to take into account, for example, is infection control measures that are currently necessary when selecting COVID-19 vaccination clinic settings. This can include:

• Providing specific appointment times or other strategies to manage patient flow and avoid crowding and long lines.
• Ensuring sufficient staff and resources to help move patients through the clinic flow as quickly as possible
• Limiting the overall number of clinic attendees at any given time, particularly for people at higher risk for severe illness from COVID-19
• Setting up a unidirectional site flow with signs, ropes, or other measures to direct site traffic and ensure physical distancing between patients.
• When feasible, arranging a dedicated vaccination area or separate hours for people at increased risk for severe illness from COVID-19, such as older adults and people with underlying medical conditions
• Making available a point of contact for any reasonable accommodation needs for people with disabilities
• Ensuring vaccination locations are accessible to individuals with disabilities consistent with disability rights statutes such as the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973
• Selecting a space large enough to ensure a minimum distance of 6 feet between patients in line or in waiting areas for vaccination, between vaccination stations, and in post vaccination monitoring areas.
• ACIP strongly recommends that providers observe patients for 15 minutes after vaccination to decrease the risk for injury should they faint or suffer other immediate adverse reactions. If mobile or drive-through vaccination clinics, it is important to provide a setting where vaccine recipients can wait after vaccination.
2. Enrollment

To receive and administer COVID-19 vaccine, constituent products, and ancillary supplies, the vaccination provider within Snohomish County must enroll in the federal COVID-19 Vaccination Program. This is a program routinely run and overseen by SHD VPD Program. Providers must also sign and agree to the conditions in the CDC COVID-19 Vaccination Program Provider Agreement. SHD VPD program will be responsible for reaching out to existing and new vaccine providers and assisting with the process of completing the required documentation to enroll in the COVID-19 Vaccination Program. WA DOH will collect the provider enrollment data in an electronic system called REDCap, beginning in November. They will extract provider enrollment data following CDC guidance and templates for reporting twice weekly. If the system were to crash, they will temporarily implement a manual review process of collecting new provider enrollment applications by fax or email and transposing it into the CDC required template. The below conditions, which are also detailed in the agreement itself, are also listed below.

SHD VPD program will ensure the following are understood and acknowledged when enrolling existing and new providers:

- Administer COVID-19 vaccine in accordance with ACIP recommendations.
- Within 24 hours of administering a dose of COVID-19 vaccine and adjuvant (if applicable), record in the vaccine recipient’s record and report required information to the relevant state, local, or territorial public health authority. The provider must maintain the vaccine administration records for at least 3 years following vaccination, or longer if required by state, local, or territorial law. These records must be made available to any federal, state, local, or territorial public health department to the extent authorized by law.
- Not sell or seek reimbursement for COVID-19 Vaccine and any adjuvant, syringes, needles, or other constituent products and ancillary supplies provided by the federal government.
- Administer COVID-19 vaccine regardless of the vaccine recipient’s ability to pay.
- Provide an EUA fact sheet and Vaccine Information Statement (VIS), as applicable, to each vaccine recipient, parent, and/or legal representative prior to vaccination.
- Comply with CDC requirements for vaccine management, including storage and handling, temperature monitoring at all times, complying with WA DOH and SHD VPD program instructions for dealing with temperature excursions, and monitoring expiration dates. Providers must keep all records related to COVID-19 vaccine management for a minimum of 3 years, or longer if required by law.
- Report COVID-19 vaccines and adjuvants that were unused, spoiled, expired, or wasted as required by WA DOH.
- Comply with federal instructions regarding disposal of unused COVID-19 vaccine and adjuvant.
- Report adverse events to the Vaccine Adverse Event Reporting System (VAERS) and submit copies to SHD VPD program.
- Provide a completed COVID-19 vaccination record card to every vaccine recipient, parent, and/or legal representative.
- Comply with the U.S. DFA’s requirements, including EUA-related requirements, if applicable. Providers must also administer COVID-19 vaccine in compliance with all applicable state and territorial vaccine laws.
Failure of any enrolled COVID-19 vaccination provider organization or vaccination location under its authority to meet the conditions of the agreement may impact whether COVID-19 vaccine product orders are fulfilled and may result in legal action by the federal government.

Enrolled COVID-19 vaccination providers must also fully complete the CDC COVID-19 Vaccination Provider Profile form for each location where COVID-19 vaccine will be administered. SHD VPD program will offer any assistance needed by onboarding COVID-19 vaccine providers regarding the following, as requested:

- Address and contact information
- Days and hours of operation
- Vaccination provider type (e.g., medical practice, pharmacy, Long Term Care Facility)
- Settings where vaccine will be administered (e.g., hospital, university, temporary or off-site clinic)
- Number of patients/clients served
- Influenza vaccination capacity during the peak week of the prior (2019–2020) influenza season
- Populations served (e.g., pediatric, adult, military, pregnant women)
- Current WAIS reporting status
- Vaccine storage unit capacity in volume and ability to maintain required temperatures

The profile form includes a field where the brand/model/type of storage unit is to be listed, requiring an attestation from the medical and/or pharmacy director or vaccine coordinator (e.g. the point of contact for receiving vaccine shipments, monitoring storage unit temperatures, managing vaccine inventory, etc.), stating that each unit will maintain the relevant required temperatures (i.e., refrigerated [2°C to 8°C], frozen [-15° to -25°C], ultra-cold [-60° to -80°C]). SHD VPD program, acting as an agent of the WA DOH, may request photos of vaccine storage units for confirmation. SHD VPD program will assist in communicating WA DOH requirements for any onboarding COVID-19 vaccine provider. Onboarding will also include designation of a trained vaccine coordinator and back up vaccine coordinator at each location.

Both forms (agreement and profile) may be submitted to the WA DOH in multiple formats. An online provider enrollment form and profile form will be available through WA DOH. If any technical issues arise, there will be alternate ways to submit the enrollment forms. SHD VPD program will assist WA DOH, as requested, to ensure the forms are completed to accuracy and are sent in a timely manner for processing, if needed. WA DOH will inform SHD which sites have completed the provider enrollment forms.

SHD VPD program will assist WA DOH and provide guidance to ensure that each provider is able to attest that all COVID-19 vaccination providers have been trained appropriately and have the appropriate equipment at their location to manage any serious adverse events. For new vaccination providers and nontraditional provider settings, SHD VPD program will work in coordination with SHD PHEPR in furnishing vaccination clinic and mass vaccination POD planning guidance to ensure optimal staffing, layout, supplies, and infection control procedures are in place per WA DOH protocols. Provider trainings will include all storage, handling, and redistribution requirements and vaccine manufacture instructions. SHD will help distribute WA DOH quick view guide’s for vaccine presentation and equipment able to be used for transfers, similar to this:
SHD will assist WA DOH as requested, in verifying all redistribution requests prior to orders being fulfilled. WA DOH will review the CDC Storage and Handling Toolkit sections that outline specific COVID-19 vaccine redistribution requirements at pre-enrollment, training, enrollment, and ordering. They will assure COVID-19 Vaccination Program Provider Agreements are in place for any sites who request redistribution. This will include verifying that enrollees have validated cold-chain procedures in place (initially reviewed with survey) and that they provide a completed COVID-19 Vaccine Redistribution Agreement and have a completed COVID-19 Vaccination Provider Profile. SHD will also assist WA DOH, as requested, to ensure that secondary locations receiving redistributed COVID-19 vaccine, constituent products, or ancillary supplies also sign and comply with all conditions in the COVID-19 Vaccination Program Provider Agreement prior to ordering vaccine. See Appendix 4 for the provider enrollment forms

C. Vaccination Capacity

1. Population Characteristics for Capacity Determination and Planning

“Vaccine administration capacity” is defined as the maximum achievable vaccination throughput regardless of public demand for vaccinations. Primary care physicians, hospitals, large clinics, pharmacies, occupational/employee health settings and others may be particularly useful for the vaccination of critical infrastructure workers and other select critical populations within Snohomish County. This will be especially important early on in the COVID-19 vaccination response, when vaccine supply may be limited. However, once vaccine supply increases, engaging a wider community of COVID-19 vaccination providers and settings will facilitate equitable access to the vaccination for all Snohomish County residents. SHD has worked with its epidemiology staff and external partners to establish initial population numbers for the identified priority groups that would fall into the first phase of the COVID-19 vaccine, as well as those who may fall into phases 2, 3, and 4. This give us the ability to generate rough estimates of COVID-19 vaccine administration capacity within Snohomish County and our ability to reach various COVID-19 vaccination coverage goals. *See Appendix 1 for Language Information*

Below are the factors we took into consideration, based on communication with community partners and county population data:

- Snohomish County currently has:
  - 84 Vaccine for Children provider sites
    - 23 are large sites, 28 are medium sites, and the remainder are small volume immunization providers.
    - Of those 84 sites, 5 are pediatric only, 3 are members of Planned Parenthood and 10 are naturopathic providers.
  - 68 Medical provider sites that provide one or more immunizations to adults
    - Either solely or in conjunction with Vaccine for Children
    - 18 are large sites, 27 are medium sites, and 22 are small sites.

Table 2 depicts the 2019 population characteristics by age of Snohomish County. This table helps to identify important information to determine the best approach at vaccinating Snohomish County residents through the various phases. Figures 1 – 4 show the heat maps of People of Color, Snohomish County age 18-64 with no insurance, residents under 65 with a disability, and persons living in poverty.
The purpose of these heat maps are to get an overview of where our underserved communities are within Snohomish County.

Table 2: Snohomish County 2019 Population Characteristics:

<table>
<thead>
<tr>
<th>Total</th>
<th>822,083</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 5 and under</td>
<td>51,792</td>
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<tr>
<td>Age 18 and under</td>
<td>184,147</td>
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<td>Age 19-64</td>
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</tr>
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<td>Age 65+</td>
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<td>BIPOC</td>
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<tr>
<td>Uninsured under age 65</td>
<td>59,190</td>
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<tr>
<td>Disability under age 65</td>
<td>67,411</td>
</tr>
<tr>
<td>Persons in poverty</td>
<td>61,657</td>
</tr>
</tbody>
</table>

Figure 1: Heat Map of Snohomish County People of Color:
Figure 2: Heat Map of Snohomish County Age 18-65 without Health Insurance:

Figure 3: Heat map of Disability under age 65 (91,434 total disables population/ 11.99%)

Figure 4: Heat map of persons in poverty
Table 3 briefly describes the storage capacity of the healthcare entities that would most likely serve the first phase of the COVID-19 vaccination effort. Also listed are staff levels and plans for influenza and COVID-19 vaccination among staff. When obtaining this information, the following were factors that were considered during the planning of estimated capacity:

- Routine immunization programs being conducted simultaneously that may affect throughput for COVID-19 vaccination,
- Infection control measures (i.e. scheduling, distancing, donning, doffing, clean, and sanitizing procedures) that may slow the vaccination process
- Closures due to environmental or other factors

Table 3: Healthcare Entities Vaccination Capacity

<table>
<thead>
<tr>
<th>Healthcare Entity</th>
<th>Storage Capacity</th>
<th>Number of Critical Staff</th>
<th>Staffing Levels</th>
<th>Current Vax** Data System</th>
<th>Flu Vax** Plan for Staff</th>
<th>COVID Vax** Plan for Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>Adequate/Enough for Frozen and Refrigerated</td>
<td>~6,785</td>
<td>Adequate</td>
<td>EPIC/ WAIIS</td>
<td>- In house</td>
<td>- In house</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Contract through pharmacy or other agency</td>
<td>- Contract through pharmacy or other agency</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Vax** clinics</td>
<td>- Vax** clinics</td>
</tr>
<tr>
<td>Clinics</td>
<td>Adequate/Enough for Frozen and Refrigerated</td>
<td>~1,810</td>
<td>Adequate</td>
<td>WAIIS/ Vac Tracker</td>
<td>- In house</td>
<td>- In house</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Contract through pharmacy or other agency*</td>
<td>- Contract through pharmacy or other agency</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Vax** clinics</td>
<td>- Vax** clinics</td>
</tr>
</tbody>
</table>
### D. COVID-19 Vaccine Allocation, Ordering, Distribution, and Inventory Management

Based on CDC and WA DOH early information and guidance, it is understood that early dose distribution will be limited; therefore, phased allocation of early vaccine doses will likely be necessary. The populations of focus for initial COVID-19 vaccine doses are set forth above in <name and page # of section>. SHD is anticipating allocations to shift during the response based on supply, demand, vaccine characteristics, and disease epidemiology.

#### 1. Allocation

Overall allocation will be guided by maximizing health and societal benefit while taking an equity lens into consideration. As noted above, the department has identified different populations and sub-populations and is estimating size and location for these groups. In parallel, providers and facilities are being enrolled into the program. SHD is working with the community to ensure there are adequate facilities to cover key population groups. SHD will help to recruit additional providers to ensure optimal and equitable coverage in areas needing additional support. In situations given by the CDC where early vaccine supply is limited, WA DOH estimates that Washington State will receive approximately 2% of total supply. This suggests vaccination coverage of between 150,000 and 450,000 people in the first two months of vaccine distribution. For the phase 1 populations, the expectation is that most of the immunization provision will occur through hospital systems and health care facilities. Based on that information, WA DOH is estimating how many of the phase 1 priority populations could be covered and how they might be prioritized into smaller groups.

Variables to be considered will include:

- Vaccine availability
- Vaccine safety/efficacy with different populations
- Ultra-cold vaccine capacity management
- Provider enrollment and capacity to administer

<table>
<thead>
<tr>
<th>EMS</th>
<th>Adequate for Refrigerated/Limited for Frozen</th>
<th>~3,618</th>
<th>Adequate</th>
<th>Ability to obtain and use EPIC/WAIIS</th>
<th>- Through Vax** Clinics in house</th>
<th>- Through Vax** Clinics in house</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNF</td>
<td>None to limited</td>
<td>1,492</td>
<td>None to limited</td>
<td>WAIIS at select location</td>
<td>-Primary care physician -Pharmacy on own time -Contract through pharmacy or other agency - Vax** in house with RN in partnership with pharmacies</td>
<td>-Primary care physician -Pharmacy on own time -Contract through pharmacy or other agency - Vax** in house with RN in partnership with pharmacies</td>
</tr>
<tr>
<td>BH</td>
<td>None</td>
<td>940</td>
<td>None</td>
<td>None</td>
<td>-Primary care physician -Pharmacy on own time</td>
<td>-Primary care physician -Pharmacy on own time</td>
</tr>
</tbody>
</table>

*Other agencies such as Caregiver Health **Vax = Vaccine*
• Geographic burden/epidemic context
• Social vulnerability indices
• Efficacy related to transmission blocking
• Emerging evidence regarding differential transmissibility of populations, etc.

The federal government will determine the amount of COVID-19 vaccine designated for each state. The WA DOH immunization program will then be responsible for managing and approving orders from enrolled providers within Snohomish County. The amount allotted will change over time, which may be based on critical populations recommended for vaccination, COVID-19 vaccine production and availability, overall population of the Snohomish County, and other factors to be determined later.

Federal agencies and additional commercial partners will also receive allocations directly from CDC once larger volumes of vaccine are available. CDC is currently developing procedures to ensure that WA DOH and tribes have full visibility of COVID-19 vaccine supply and vaccination activities as some of these commercial partners may be located within Snohomish County. SHD VPD program and any other internal or external partner will coordinate for informational purposes with WA DOH if any entities within Snohomish County receive COVID-19 vaccine directly.

Allotments of doses to vaccination providers within Snohomish County will likely be based on:

- ACIP and WA DOH recommendations
- Estimated number of doses allocated to Snohomish County and timing of availability
- Populations served by vaccination providers and geographic location to ensure distribution throughout Snohomish County
- Vaccination provider site vaccine storage and handling capacity
- Minimizing the potential for wastage of vaccine, constituent products, and ancillary supplies

2. Ordering

COVID-19 vaccination providers enrolled by WA DOH, will order COVID-19 vaccine through the WA DOH Immunization Program with assistance from SHD VPD program as needed. Existing providers within Snohomish County currently place orders using WAIIS or direct email to DOH, although some Healthcare entities may have augmented systems.

CDC will provide WA DOH with regular updates on the available vaccine supply and vaccine product-specific allocations for enrolled COVID-19 vaccination providers in Vaccine Tracking System (VTrckS). During Phase 1 of COVID-19 vaccination, when there is limited vaccine supply for critical populations, SHD will anticipate that the WA DOH immunization programs will approve orders based on the likely populations served by a vaccination provider, the provider’s capability to store and handle various COVID-19 vaccine products, and existing inventory. The minimum order size and increment for centrally distributed vaccines will be 100 doses per order; though early in the response, some ultra-cold (-60°C to -80°C) vaccine (if authorized for use or approved) will be shipped directly from the manufacturer in larger quantities of 1000 doses per order.

Ancillary supplies will be packaged in kits and will be automatically ordered in amounts to match vaccine orders in VTrckS.

For centrally distributed vaccines, each kit will contain supplies to administer 100 doses of vaccine, including:
- Needles, 105 per kit (various sizes for the population served by the ordering vaccination provider)
25-gauge, 1” (if vaccination indicated for pediatric population)
22–25-gauge, 1-1.5” (adult)
- Syringes, 105 per kit (ranging from 1–3 mL)
- Alcohol prep pads, 210 per kit
- 4 surgical masks and 2 face shields for vaccinators per kit
- COVID-19 vaccination record cards for vaccine recipients, 100 per kit
- Vaccine needle guide detailing the appropriate length/gauge for injections based on route, age (for children), gender, and weight (for adults)

If a COVID-19 vaccine that requires mixing with diluent is ordered and shipped from CDC’s centralized distributor, a mixing kit that includes the necessary needles, syringes, and alcohol prep pads will also be automatically added to the order. For centrally distributed vaccines, providers will have the option to submit the order in a way that opts out of receiving the administration and mixing kits.

For vaccines that are shipped directly from the manufacturer, a combined kit will be included. This combined kit will include administration supplies (as noted above), mixing supplies, and vials of diluent to prepare the vaccine for use. Because it contains diluent, providers will not have the option to opt out of requesting this combined ancillary kit.

Ancillary supply kits will not include sharps containers, gloves, and bandages. Additional personal protective equipment (PPE) may be needed depending on vaccination provider site needs.

Facilities such as the tribes may order outside of WA DOH allocation and can order directly from CDC. CDC will be responsible for approval of those orders.

3. Distribution
COVID-19 vaccines and ancillary supplies will be procured and distributed by the federal government at no cost to enrolled COVID-19 vaccination providers. CDC will use its centralized distribution contract to fulfill orders for most vaccine products and associated ancillary supplies. Some vaccine products, such as those with ultra-cold temperature requirements, will be shipped directly from the manufacturer to the vaccination provider site.

WA DOH will ensure COVID-19 vaccination providers supply accurate and complete shipping information (e.g., shipment address, provider contact information, and shipping hours) and will make certain this information is available in WAlIS and VTrckS for all vaccine shipments.

COVID-19 vaccine (and diluent or adjuvant, if required) will be shipped within 48 hours of order approval to vaccination provider sites that have enrolled through the WA DOH Immunization Program. Because of cold chain requirements, ancillary supply kits (and diluent, if applicable) will ship separately from vaccine and should arrive before or on the same day as the vaccine to the best of the procurement system’s ability.

The federally contracted vaccine distributor uses validated FEDEX and/or UPS shipping procedures to maintain COVID-19 vaccine cold chain and minimize the likelihood of vaccine loss or damage during shipment. These are the same shippers used for routine vaccine transport from WA DOH. Once a vaccine product has been shipped to a COVID-19 vaccination provider site in Snohomish County, the federal government will neither redistribute the product nor take financial responsibility for its redistribution.
Whenever possible, vaccine should be shipped to the location where it will be administered to minimize potential breaks in the cold chain. However, there may be circumstances where COVID-19 vaccine needs to be redistributed beyond the identified primary ship-to sites (i.e., for orders smaller than the minimum order size or for large organizations whose vaccine is shipped to a central depot and requires redistribution to additional clinic locations). In these instances, vaccination provider organizations and facilities, third-party vendors, and other vaccination providers may be allowed, with prior approval from the WA DOH’s immunization program, to redistribute COVID-19 vaccine if validated cold-chain procedures are in place in accordance with the manufacturer’s instructions and CDC/WA DOH guidance on COVID-19 vaccine storage. These entities must sign and agree to conditions in the CDC COVID-19 Vaccine Redistribution Agreement for the sending facility or organization. They must also have a fully completed and signed CDC COVID-19 Vaccination Provider Profile form for each receiving location. SHD will be judicious in anticipating situations that would require the need to redistribute and work with WA DOH on providing guidance die any redistribution based on the situation. Redistribution will also be limited to refrigerated vaccines only.

WA DOH’s Immunization program may occasionally allow local transport of vaccines from one location to another within Snohomish County if adherence to cold chain and tracking requirements are maintained. *CDC does not pay for or reimburse jurisdictions, COVID-19 vaccination provider organizations, facilities, or other entities for any redistribution beyond the initial designated primary CDC ship-to location, or for any vaccine-specific portable refrigerators and/or qualified containers and pack-outs.*

4. Inventory Management

COVID-19 vaccination providers will be required to report inventory of COVID-19 vaccines, and SHD VPD program may contact provider sites if requested by DOH to facilitate the submittal of reports.

It is anticipated COVID-19 vaccines will initially be authorized under an EUA. Vaccines authorized under an EUA will contain slight variations from approved FDA products, including:

- **Expiration Date:** The vaccine vials and cartons will not contain a printed expiration date. Expiration dates may be updated based on vaccine stability studies occurring simultaneously with COVID-19 vaccine distribution and administration. Current expiration dates by vaccine lots for all authorized COVID-19 vaccines will be posted on a US Department of Health and Human Services (HHS) website, once available, accessible to all COVID-19 vaccination providers. SHD VPD program will ensure they have the ability to assist any Snohomish County COVID-19 vaccine provider with this information. To ensure that information systems continue to work as expected, CDC has worked with FDA and the manufacturers to include a two-dimensional (2D) barcode on the vaccine vial (if possible) and carton (required) labels that includes a National Drug Code (NDC), lot number, and a placeholder expiration date of 12/31/9999 to be read by a scanner. The placeholder 12/31/9999 expiration date is not visible on the vaccine packaging nor found anywhere else; it is only to facilitate information system compatibility. CDC is developing “beyond use date” (BUD) tracker labels to assist clinicians with tracking expiration dates at the point of vaccine administration. The label templates will be available on the CDC website.

- **Manufactured Date:** A manufactured date will be on the packaging and should not be used as the expiration date when documenting vaccine administration. This date is provided to help with managing stock rotations; however, expiration dates must be considered (see above) as using manufactured date alone could have some limitations and cannot indicate expiration. There will be a site that providers can go to once they receive the vaccine lot to find the expiration date.
• 2D Barcode: The 2D barcode available on the vaccine carton (also on the vials for some vaccines) will include National Drug Code (NDC), lot number, and a placeholder expiration date of 12/31/9999. *A barcoding systems for tracking vaccines may not be available for all programs and states*

• QR Code: Each vaccine manufacturer will include a Quick Response (QR) code on the vaccine carton for accessing FDA-authorized, vaccine product-specific EUA fact sheets for COVID-19 vaccination providers and COVID-19 vaccine recipients.

A list of authorized COVID-19 vaccine products with corresponding EUA fact sheets for healthcare providers and vaccine recipients and up-to-date expiration information by vaccine lot will be available on an HHS website at an unspecified future date.

E. COVID-19 Vaccine Storage and Handling

The WA DOH will implement CDC’s developed recommendations and requirements to ensure adherence to COVID-19 vaccine storage and handling expectations. WA DOH will also review current documents used for their publicly supplied vaccine programs and modify as needed for COVID-19 vaccine distribution and tracking, including but not limited to the following:

• Vaccine Transfer Guidelines and Request Form: Ensures the program can verify the provider is requesting to transfer viable vaccines to another provider who is actively enrolled in the program, has the correct material to conduct a vaccine transfer, and can ensure accountability of the doses.

• Offsite Vaccination Guidelines and Request Form: Ensures the program has adequate equipment to maintain the vaccine cold chain.

• Vaccine Loss Policy: Outlines program expectations and requirements about vaccine loss.

• Vaccine Loss Log: Allows providers to record vaccine loss. Providers can reference this log when completing their inventory reconciliation report or to analyze and prevent future vaccine loss.

• Vaccine Temperature Excursion Guide: Outlines what providers should do when they experience a vaccine temperature excursion.

• Adult Vaccine Program Manual and User Guide: Provides an overview of all adult vaccine program requirements for health care providers to receive 317-program funded vaccines.

• Provider Map: Identifies providers who can accept transfers of short-dated vaccines, finds geographical gaps in access to COVID-19 vaccines, and helps patients find a health care provider.

The WA DOH will develop a COVID-19 vaccination email distribution list to share information to providers actively enrolled in the program. To ensure adherence to COVID-19 vaccine storage and handling requirements for facilities and redistribution depots, providers must meet certain criteria to enroll in the program. Providers will need:

• A proper storage unit.

• A calibrated digital data logger (DDL).

• To submit digital data logger data showing their storage units can maintain stable temperatures.

The WA DOH will develop an enrollment survey tool for providers to make sure they meet the above requirements. If providers do not meet the requirements, they will be given information on proper storage units and temperature monitoring equipment. Providers can re-apply when they meet the requirements.
After enrollment, providers will need to follow certain guidelines to remain in the program. Providers must:

- Submit their digital data logger data or paper temperature log to verify they are following cold chain requirements.
- Update their data logger certificates when they expire or purchase new DDL.

COVID-19 vaccine products are temperature-sensitive and must be stored and handled correctly to ensure efficacy and maximize shelf life. Proper storage and handling practices are critical to minimize vaccine loss and limit risk of administering COVID-19 vaccine with reduced effectiveness. SHD VPD program will provide guidance and support to staff at each COVID-19 vaccination provider site to ensure appropriate vaccine storage and handling procedures are established and followed. *Additional guidance from CDC will be provided when available*

It is expected that cold chain storage and handling requirements for COVID-19 vaccine products will vary in temperature from refrigerated (2°C to 8°C) to frozen (-15 to -25°C) to ultra-cold (-60°C to -80°C in ultra-cold storage units or within the dry ice shipping container in which the product would be received).

For a reliable cold chain, three elements must be in place:

- Well-trained staff
- Reliable and appropriate storage and temperature monitoring equipment *a continuous and downloadable temperature monitoring equipment is strongly recommended*
- Accurate vaccine inventory management

The cold chain begins at the COVID-19 vaccine manufacturing plant, includes delivery to and storage at a COVID-19 vaccination provider site, and ends with administration of COVID-19 vaccine to a person. The vaccine coordinator and back up vaccine coordinator are responsible for maintaining vaccine quality from the time a shipment arrives at a vaccination provider site until the dose is administered. To minimize opportunities for breaks in the cold chain, most COVID-19 vaccine will be delivered from CDC’s centralized distributor directly to the location where the vaccine will be stored and administered, although some vaccine may be delivered to secondary depots for redistribution with prior approval from WA DOH. Certain COVID-19 vaccine products, such as those with ultra-cold temperature requirements, will be shipped directly from the manufacturer to the vaccination provider site. If redistributing vaccine, SHD must adhere to all cold chain requirements and should limit transport of frozen or ultra-cold vaccine products. Again, each redistribution event will need to be approved by WA DOH immunization Program using a one-time agreement form.

**F. Satellite, Temporary, and Off-Site Clinic Storage and Handling Considerations**

Satellite, temporary, or off-site clinics operating under or in collaboration with community, mobile, and/or mass vaccinators may assist healthcare entities within Snohomish County in providing equitable access for COVID-19 vaccination. However, these situations require additional oversight and enhanced storage and handling practices, including:

- The quantity of COVID-19 vaccine transported to a satellite, temporary, or off-site COVID-19 vaccination clinic should be based on the anticipated number of COVID-19 vaccine recipients and the ability of the vaccination provider to store, handle, and transport the vaccine appropriately. This is essential to minimizing the potential for vaccine wastage and spoilage.
COVID-19 vaccines may be transported—not shipped—to a satellite, temporary, or off-site COVID-19 vaccination clinic setting using vaccine transportation procedures. The procedures will include transporting vaccines to and from the provider site at appropriate temperatures, using appropriate equipment, as well as monitoring and documenting temperatures.

Upon arrival at the COVID-19 vaccination clinic site, vaccines must be stored correctly to maintain appropriate temperature throughout the clinic day. There are strict guidelines for how often and for how long vaccine can be outside of the storage temperature when being administered. *Please refer to storage and handling for specifics*

- Temperature data must be reviewed and documented according to guidance in the COVID-19 addendum to CDC’s Vaccine Storage and Handling Toolkit.
- At the end of the clinic day, temperature data must be assessed prior to returning vaccine to fixed storage units to prevent administration of vaccines that may have been compromised.
- As with all vaccines, if COVID-19 vaccines are exposed to temperature excursions at any time, the temperature excursion should be documented and reported according to CDC required immunization program procedures. The vaccines that were exposed to out-of-range temperatures must be labeled “do not use” and stored at the required temperature until further information on usability can be gathered from the manufacturers or further instruction on disposition or recovery is received from WA DOH.

G. Vaccine Second Dose Reminder

Providers will collect as much information before a vaccination is administered to be able to contact the recipients in multiple ways afterward: address, email, phone, and cell phone. The WA DOH intends to use the quickest and most cost-effective electronic methods first but will mail reminders as a last resort. Some of the intended methods of outreach include:

- Using PrepMod to send out emails and text message reminders.
- Working with mass vaccination clinics to ensure they too are sending out appropriate second-dose reminders.
- Communicating that best practice for mass vaccination clinics is to set up an additional clinic at the appropriately spaced interval and offer a second dose to those who were vaccinated at the first clinic. That way a second appointment can be scheduled immediately following administration of the first dose. The department would also encourage use of cards/stickers with second-dose reminders that contains date due, vaccine type, and location.
- Promoting the use of My Immunization Registry (MyIR), so recipients can see the date of the vaccination and the type of vaccine administered.
- Providers using reminder/recall in WA IIS. The clinic facility is able to use the WA IIS to generate a reminder list, postcards, mailing labels, or auto dialer files specifically for the second dose of COVID-19 vaccine. Instructions on how to use this function will be provided through training videos and quick reference guides.
- Running a WA IIS report on individuals who have not completed their second dose. That report would then be used to send out paper mailings to those who are past due for their second dose of vaccine and calling them to action to complete. The recall mailing would contain the vaccine type and the date the second dose should have been completed.
For most COVID-19 vaccine products, two doses of vaccine, separated by 21 or 28 days, will be needed. Because different COVID-19 vaccine products will not be interchangeable, a vaccine recipient’s second dose must be from the same manufacturer as their first dose. Second-dose reminders for vaccine recipients will be critical to ensure compliance with vaccine dosing intervals and to achieve optimal vaccine effectiveness. COVID-19 vaccination providers should make every attempt to schedule a patient’s second-dose appointment when they get their first dose.

COVID-19 vaccination record cards will be provided as part of vaccine ancillary kits. Vaccination providers should be highly encouraged to complete these cards with accurate vaccine information (i.e., vaccine manufacturer, lot number, date of first dose administration, and second dose due date), and give them to each patient who receives vaccine to ensure a basic vaccination record is provided. Vaccination providers should encourage vaccine recipients to keep the card in case the IIS or other system is not available when they return for their second dose. SHD will also recommend making a copy (e.g., a physical copy or a digital image) to create a physical document for emergency purposes and for not having access to IIS to obtain the patients’ information later in the event doing so is not feasible. The card provides room for a written reminder for a second-dose appointment. If vaccine recipients have a smartphone, they may consider documenting their vaccine administration with a photo of their vaccination record and entering the date the next vaccine dose is due on their electronic calendar.

Recall methods and systems should be used to remind vaccine recipients about their need for second doses. WA DOH will have PrepMod as a resource available for COVID-19 providers at no additional cost to assist with digital second dose reminders and scheduling of COVID-19 vaccine appointments, which will be available in December 2020. Healthcare entities with WAIIS access can utilize the recall functionality for centralized reminders/recalls. Many pharmacies and healthcare systems have their own systems for patient notifications and reminders, some using functionality within their electronic health record (EHR) systems. Healthcare entities within Snohomish County may consider exploring the use of automated patient phone calls (“robocalls”), emails, and SMS text message-based systems. Health plans may also help to notify their enrollees about second doses based on claims information or through patient portals.

H. COVID-19 Requirements for WAIIS and Other External Systems

WAIIS, also known as a “vaccine registry,” is a confidential, population-based, computerized databases for recording information on vaccine doses. SHD access to WAIIS is maintained by the VPD program.

IISs have a range of capabilities. Many IISs can exchange data with EHR, so that documentation of vaccine administration is automatically uploaded through a data exchange between EHRs and the IIS. Most healthcare entities within Snohomish County have EHRs that interface with WAIIS, which improves the pace and accuracy of vaccine administration data capture. For the COVID-19 vaccine, 2D barcoding technology can be used on vaccine vials and VISs to allow for rapid, accurate, and automatic capture of vaccine administration data, such as vaccine lot number, vaccine manufacturer, and expiration date, where available. SHD VPD program works with routine vaccination providers and helps them enroll in public vaccine programs which allow the provider to order vaccines, report inventory, document vaccine spoilage/wastage, and remind patients when vaccine doses are due using the IIS.

When patients present for vaccination, their records in WAIIS should be reviewed to evaluate correct dose spacing and prior vaccination history. This will be important, specifically, for people who may
receive their first and second vaccine doses at different locations. The IIS will also help to ensure that first and second doses are administered using the same vaccine product and appropriately spaced according to ACIP-recommended intervals. Providers within Snohomish County who are enrolled as a COVID-19 vaccine provider and have access to IISs functionality may use IISs to:

- Preregister or enroll in the COVID-19 vaccination program
- Place orders for COVID-19 vaccine
- Document vaccine administration
- Manage and report vaccine inventory
- Report vaccine spoilage/wastage
- Manage doses administered by reporting by age
- Provide reminders to COVID-19 vaccine recipients indicating when the next dose of a multidose vaccine is due

PrepMod is an application that includes Clinic Wizard and ReadIConsent, which are Health Insurance Portability and Accountability Act (HIPAA) compliant companion technologies that automate registration, planning, implementation, evaluation, recording, and reporting for mass vaccination and preparedness efforts.

If there were to be a network outage or other inability to access either PrepMod or the WA IIS, the user would be able to use an Excel spreadsheet or paper form. If the clinic can get the information into their EHR, but not into the WA IIS, the possibility to send batch messages once the outage has been resolved is also an option.

WAIIS and other external systems that support COVID-19 response efforts must have solid infrastructure, engaged partners, high-quality data, and efficient processes for managing vaccination. The objectives for these areas are described below.

I. System Infrastructure

SHD VPD program will provide guidance to ensure all of Snohomish County’s existing and new COVID-19 vaccine providers have or are able to obtain the system infrastructure needed to administer the vaccine. Below are guidelines that SHD VPD program can follow when working with providers to support the DOH functions below:

- Ensure the WAIIS or other external system’s infrastructure is ready to support the COVID-19 Vaccination Program.
- Each provider should ensure their WAIIS infrastructure meets COVID-19 response data exchange, storage, and reporting requirements. The hardware and software on which the IIS depends should be up to date.
- For WAIISs that use a vendor platform, the WAIIS should be on the latest version of the platform.
- WAIIS must operate as expected to appropriately support COVID-19 vaccination tracking efforts.
- Prioritize testing and implement fixes for defects and enhancements that impact the WAIIS’s ability to support COVID-19 response efforts.
private system.

● Must use a system that supports dose-level accountability—from the time vaccine leaves the distributor until the vaccine is administered or unused vaccine is returned—and provides data to WA DOH and CDC that meet defined standards.
● Have a plan and/or solution (either leveraging existing or new) for extracting required data from their WAIIS as a contingency for network outages.
● Work with WA DOH to ensure data submissions align with the format required for submission to the COVID-19 clearing house (a secure data lake).
● Develop and test backup solutions for offline use if the internet is unavailable.
● Explore and implement available WAIIS functionality for sending second-dose reminders

J. Vaccination Provider Preparation
As SHD VPD program assists WA DOH to enroll providers in the COVID-19 Vaccination Program it is critical that they promote the onboarding of providers to the WAIIS if they do not already have this data system. Healthcare entities may conduct nontraditional COVID-19 vaccination clinics following WA DOH guidance. Examples include temporary, off-site, or mobile vaccination clinics to reach critical populations, particularly during early vaccination efforts. This may require assistance from the SHD VPD program as requested by WA DOH to identify and train additional partners to report doses administered in the system designated to support those efforts.

K. Data Management
Each COVID-19 vaccine provider will be required to maintain the data management for administering the vaccine. The SHD VPD program will assist in helping providers who have IIS with collecting and reporting data to satisfy CDC and WA DOH reporting requirements, as needed.

The SHD VPD program will help with planning activities for existing and new providers which include:

● Promote onboarding of COVID-19 providers to the WAIIS
● Establish processes to ensure provider reporting within 24 hours of administration.
● Consider leveraging the IZ Gateway Connect and Share (if feasible) components for exchanging data with and/or querying other COVID-19 vaccine providers, to obtain a consolidated vaccination record through WA DOH support
● Use systems designed to support satellite, temporary, or off-site vaccination clinics
● Generate coverage reports for use within Snohomish County
● Be prepared to update the Clinical Decision Support (CDS) systems when WA DOH and CDC Clinical Decision Support for Immunizations (CDSi) resources are updated.

The SHD VPD program will support the WA DOH Immunization Program to encourage providers’ onboarding to the required data systems, to understand and sign the Data Use Agreement (DUA) with Association of Public Health Laboratories (APHL), and to participate in both IZ Gateway Connect and IZ Gateway Share. Below goes over the APHL and DUA in more detail:

● APHL – Jurisdiction DUA IZ Gateway (3August2020revision): When executed, the APHL and COVID-19 vaccine provider DUA allows for the provider to participate in the Connect component and to identify which (if any) other components to enable (Share, Provider-initiated Multi-jurisdictional Data Exchange, Access and/or Access: Consumer-initiated Multi-jurisdictional Data Exchange).
• Memorandum of Understanding between WA DOH and provider sites to exchange data: The Share component enables the exchange of immunization information across WA-IIS jurisdictions. To enable the Share component, a jurisdiction must execute an interjurisdictional MOU with jurisdictions with which it will exchange data. The MOU allows data exchange to occur through the IZ Gateway or an alternative mechanism with any state or jurisdiction that signed the MOU.

L. Ordering and Inventory Regarding Data Structure
SHD VPD program has processes in place to help COVID-19 vaccine providers with managing and tracking COVID-19 vaccine ordering and inventory. This is especially helpful for new vaccine providers. Planning activities that the VPD program can do with new and existing providers should include:

• Reviewing business processes and IIS functionality to identify and implement improvements
• Assist providers in developing a plan to order, monitor, and manage COVID-19 vaccine inventory in the IIS using CDC standards
• With support from WA DOH, assist providers in exploring opportunities to adopt 2D barcoding technology where available to improve data quality

M. Vaccine Administration Documentation and Reporting
CDC requires that vaccination providers enrolled in the COVID-19 Vaccination Program report certain data elements for each dose administered within 24 hours of administration. The SHD VPD program will provide guidance to new and existing providers to assess their capability to meet federal and WA DOH-specific reporting requirements before or upon enrollment, as requested. With the coordination of WA DOH, the SHD VPD program will be prepared to provide additional support or technical assistance for smaller vaccination providers or rural clinic settings.

SHD VPD will provide guidance to providers to facilitate and monitor WA-IIS reporting required of enrolled vaccination providers by the CDC. Each vaccination location should be ready (including trained staff, necessary equipment, and internet access) to report vaccine administration data to the IIS or other external system at the time of vaccination. If data will be entered off site, vaccination providers must ensure the required data are reported to the IIS or other designated system within 24 hours.

In addition to reporting vaccine administration, COVID-19 vaccine providers must put processes in place to match first and second doses including addressing the need to exchange data with or query other healthcare entity systems and/or the Immunization Data Lake to obtain immunization history, if applicable.

COVID-19 vaccine providers should ensure contingency measures and procedures are in place for recording vaccine administration data in instances of connectivity problems or failures in the IIS or other system. The IIS should collect, report, and submit data to WA DOH and to CDC’s Immunization Data Lake and jurisdictional reporting requirements. Planning activities should include:

• Onboarding to IZ Gateway Connect and Share6 (if feasible) components
• Exchanging data with other jurisdictions through the IZ Gateway
• Generating coverage reports for use within the jurisdiction
• Providing data to CDC that meet defined standards.
Information regarding the Immunization Gateway (IZ Gateway), Immunization Data Lake, and Connect and Share:

- The Immunization Gateway (IZ Gateway) facilitates electronic messaging of vaccination records in a secure infrastructure allowing IIS systems across the nation to share vaccine administration data not only between jurisdictions, but also with provider organizations (e.g., Department of Defense, Federal Bureau of Prisons, Indian Health Service, Department of Veterans Affairs) that do not exchange data with the WA IIS today.
- The Immunization Data Lake is a cloud-hosted data repository to receive, store, and manage COVID-19 vaccination data for doses administered, vaccination coverage, ordering, inventory, and distribution. The Data Lake will provide a catalogue of different COVID-19 vaccine-related data sources that can be used to aid in monitoring COVID-19 vaccine ordering, distribution, coverage, and uptake. Data streams currently being on-boarded to the Data Lake include provider enrollment data, VTrckS, and VaccineFinder.
- Connect enables large national and non-traditional vaccination systems for satellite/temporary/off-site clinic settings to report and query immunization data with WA IISs, using the gateway’s centralized data exchange, avoiding multiple individual, and point-to-point connections.
- Share allows exchange of immunization data between WA IIS jurisdictions by automating message triggers through the IIS for patients immunized outside of their jurisdiction, routing messages to the patient’s state of residence through the IZ Gateway.

The Health District recognizes the Tribal Nations sovereignty and their ability to work with local, state or Federal agencies. The Health District will support the Tribal Nations within the county in the manner they feel is most appropriate. The Health District will reach out to Tribal Nation contacts prior to making a request for countermeasures during a community-wide incident to determine how they will be requesting any needed resources.

N. Vaccine Safety Monitoring and Adverse Events
An “adverse event following immunization” is an adverse health problem or condition that happens after vaccination (i.e., a temporally associated event). It might be caused by the vaccine or it might be purely coincidental and not related to vaccination. CDC continuously monitors the safety of vaccines given to children and adults in the United States. VAERS, co-administered by CDC and FDA, is the national frontline monitoring system for vaccine safety. Information on submitting a VAERS report electronically can be found at [https://vaers.hhs.gov/reportevent.html](https://vaers.hhs.gov/reportevent.html)

O. Vaccine Adverse Event Reporting System
Healthcare providers are required to report clinically important adverse events following COVID-19 vaccination to VAERS. VAERS is a national early warning system to detect possible safety problems with vaccines. Anyone—a doctor, nurse, pharmacist, or any member of the general public—can submit a report to VAERS. VAERS is not designed to detect whether a vaccine caused an adverse event, but it can identify “signals” that might indicate possible safety problems requiring additional investigation. The main goals of VAERS are to:

- Detect new, unusual, or rare adverse events that happen after vaccination
- Monitor for increases in known side effects
• Identify potential patient risk factors for particular types of health problems related to vaccines
• Assess the safety of newly licensed vaccines
• Detect unexpected or unusual patterns in adverse event reports

Per the CDC COVID-19 Vaccination Program Provider Agreement, COVID-19 vaccination providers are required to report adverse events following COVID-19 vaccination and should report clinically important adverse events even if they are not sure if the vaccination caused the event. Vaccine manufacturers are required to report to VAERS all adverse events that come to their attention. SHD VPD program will ensure that the COVID-19 vaccination providers they enroll understand the procedures for reporting adverse events to VAERS. COVID-19 vaccination providers must also submit a copy of any VAERS reports made to SHD VPD program via fax or encrypted email.

SHD PIO team will help with the development of fact sheets for providers and to post on the SHD website the specific brand of COVID-19 vaccine they have been distributed. In addition SHD will ensure that adverse events are tracked through the appropriate governing agency. SHD will also provide copies of the Emergency Use Instructions when they become available.

SHD will encourage administering clinicians to report to the Centers for Disease Control and Prevention (CDC) any clinically significant adverse event due to any COVID-19 vaccination. This can be done through the CDC Vaccine Adverse Event Reporting System (VAERS) found here: https://vaers.hhs.gov/. If the individual is unable to submit a report, the Health Officer or designee will complete the report on their behalf. Administering clinicians will be given a fact sheet on how to report an adverse event and will be directed to send a copy of the submitted report to the SHD VPD program.

For the purposes of this plan and until or unless directed otherwise by WA DOH or CDC, SHD will promote the following framework for defining an adverse effect as clinically significant:

<table>
<thead>
<tr>
<th>Grade of adverse effect</th>
<th>Characterization</th>
<th>Typical examples</th>
<th>Report to VAERS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mild</td>
<td>Local pain and swelling</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low grade fever</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fatigue</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Headache</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Moderate</td>
<td>More severe version of above but generally not leading to pursuit of health care</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Severe</td>
<td>Sought medical care</td>
<td>Yes</td>
</tr>
<tr>
<td>4</td>
<td>Life-threatening</td>
<td>Hospitalized</td>
<td>Yes</td>
</tr>
<tr>
<td>5</td>
<td>Death</td>
<td>Fatal anaphylactic shock</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1. Health Alert

Once the Health District has knowledge of COVID-19 vaccine allocation within the county, the Health Officer can send out a Health Alert to healthcare providers in the county, asking them to report any adverse events in patients who may seek care from their primary care physician or preferred clinic after receiving the COVID-19 vaccine in any setting. The Health Officer may make a grade 3, 4, or 5 adverse event a provisionally notifiable condition in Snohomish County.

P. Decision to Activate HUBs and PODs

SHD has agreements with school districts and private partners to provide space to dispense medical countermeasures to the community, in this case, specifically the COVID-19 vaccine. The location and
number of sites activated will be based on the incident and the time frame needed to provide the COVID-19 vaccine to the Snohomish County community. Selection, location, and activation of HUB and POD sites will be based on the targeted population along with the storage and handling capabilities, traffic flow, size, and availability of loading docks, staging areas, ability for crowd control, evacuation, and the security and vulnerability assessment of the facility selected. Under all scenarios set forth below, it is assumed that safety and efficacy of the products are deemed acceptable for widespread use and a sufficient proportion of the eligible population is so informed and generally accepting of this assessment.

Based on the amount of information currently available, there are three scenarios that would warrant the discussion of a decision to activate HUBs, PODs, or other mass vaccination operations.

1. **Best Case Scenario: Existing System Capacity Sufficient**
   In the first or best case scenario, the Snohomish County healthcare system is assumed to have capacity through existing resources to vaccinate the eligible population throughout the various phases with no additional support from Public Health, Emergency Management, or other healthcare entities. In normal vaccine routes the following are assumed:
   - Hospitals, clinics, primary care physicians, and pharmacies (both existing and new enrollees) will have the storage capacity, staffing capacity, supply adequacy, data system compliance, and physical infrastructure to provide COVID-19 vaccine to all eligible populations within the phases in a staggered approach. This approach is based on the vaccine allocation of early limited supply with gradually increasing amounts over time as supply is available.
   - Healthcare entities have the cold chain management, vaccine storage and handling capacity, data systems and training to provide COVID-19 vaccine to the resident of Snohomish County and be able to abide by reporting and other regulatory requirements
   - Healthcare entities with routine vaccination programs have the ability to vaccinate within a reasonable timeframe a substantial proportion of rural, impoverished, BIPOC, and other underserved populations at risk for poor vaccine uptake.
   - Messaging to public about phases and allocation is well understood and the prioritization framework is generally accepted, in other words, there is not a public displeasure around who is vaccinated in what phase. *See Appendix 5 of routine vaccination flow from provider sign up to vaccine administration by the provider*

2. **Probable Case Scenario: Normal-plus-Contingency Route**--
   In the second or probable case scenario, the assumption is that some of Snohomish County healthcare entities will have the capacity to vaccinate the eligible population through the various phases with some additional support from Public Health, Emergency Management, or other entities. As the size of the eligible population expands through the phases, however, this scenario assumes that vaccine supply and demand will exceed the healthcare system’s capacity to administer. More specifically, the following are assumed:
   - Some hospitals, clinics, pharmacies, and/or other healthcare entities have all necessary capacity to store and administer COVID-19 vaccine within their existing system structure and operations (mainly existing providers of other publicly-funded vaccines).
Some hospitals, clinics, pharmacies and other healthcare entities have some ability to vaccinate but will need assistance on storage, staffing, or other resources (e.g., PPE and other materials not included in ancillary kits).

An insufficient number of potential vaccination venues are willing to sign on as a COVID-19 vaccination provider, limiting total vaccination capacity below an acceptable level of coverage for the entire eligible population.

Additional channels for vaccination fomented or directly operated by local government or its designees would amplify throughput in a cost-effective manner. These may include but not necessarily be limited to mobile or drive through vaccination sites, fixed brick-and-mortar mass immunization sites, long term care, and alternate care facilities.

Resource needs through Logistics section at SHD and SnoCo DEM resourcing team may be needed and can be fulfilled.

After the first phase, such system-augmenting vaccination venues will expand and operate in parallel with existing COVID-19 vaccination providers.

The need to procure, store and distribute COVID-19 vaccine exceeds existing capacity for such and public health-operated HUBs and/or PODs become a vehicle for filling the gap.

In an effort to help supplement existing vaccination capacity, other healthcare entities may aid in the COVID-19 vaccination process as HUBs or PODs. There are a number of ways such other healthcare entities can help vaccinate the general population as more vaccine is available.

EMS: WA DOH policy allows EMS providers employed by a variety of Snohomish County first response agencies and enterprises can be authorized and employed to administer vaccine under the training and direction of the EMS Medical Program Director. To-date, six such agencies have agreed to begin the process to so employ their EMS providers for the purpose of COVID-19 vaccination. While the primary expressed intent of this effort is to vaccinate eligible EMS and other first responders when vaccine becomes available, it is reasonably anticipated that authorization and use of EMS providers for COVID-19 vaccination may be extended beyond occupational health interests to address other eligible populations for the purpose of community disease control. Detailed plans for implementation are yet to be determined. In addition to the fire departments who will enroll as provider sites, other agencies on the Snohomish County Fire Task Force will assist the registered agencies in this task. These identified agencies currently include:

- South County Fire
- North County Fire/Arlington Fire
- Darrington Fire
- Marysville Fire
- Snohomish Regional Fire & Rescue
- Camano Island Fire

The Office of Community Health Systems within EMS is working on a draft policy that would allow for EMS providers to give vaccination under specific circumstances. This policy is in the last step of the review process at the time of this writing.

In addition, planning is also underway to assist in the vaccination of other eligible populations, if needed. This planning is being based on the 2009 H1N1 mass vaccinations that were operated
in October 2009. These sites still need to be identified, but North County Fire/Arlington Fire have done some preliminary planning for a mass vaccination site at the Arlington Airport.

- Clinic Run Mass Vaccinations: There are many community clinics throughout Snohomish County that have the capacity to help vaccinate the public. These clinics are particularly helpful in that they work with many underserved and underrepresented communities within the county. By creating a mass vaccination clinic, it allows more residents in Snohomish County with access to obtain the COVID-19 vaccine, when normal channels are a challenge to reach or are not an option.
- Public Health: SHD is the public health entity in Snohomish County and can reasonably adjust to the needs of the community when necessary. Through normal channels, SHD provides messaging and program support through the VPD program. The SHD VPD also is the designated regulatory authority for local oversight of publicly funded vaccines. The VPD program ensures that vaccine providers throughout Snohomish County have the necessary resources, equipment, capacity, training, policies and practices to procure, store, handle, and administer publicly funded vaccines correctly.

SHD also has the capability to become a HUB (a procurement, storage and distribution site) for other healthcare entities that need assistance with these tasks. Healthcare entities can ask SHD to assist in procurement and/or storage of vaccine when needed (e.g., inadequate storage capacity) if they are unable to do so within their existing system capacity.

3. Least Probable Scenario: Multiple Mass Vaccination Clinics

In the third or least probable scenario, the assumption is that many of the existing system capacity for COVID-19 vaccination are overrun or have had considerable challenges with being able to administer COVID-19 vaccine to the residents of Snohomish County to a degree that disease control objectives are unlikely to be met without further intervention by SHD. With this scenario, the need for SHD, EMS, and other partners not previously engaged in the effort will be crucial to achieving disease control objectives. In this case, the assumption is that there are an insufficient number of primary care physicians, clinics, hospitals, pharmacies, newly enrolled vaccine providers, and others that are able to meet the demand for and administer the supply of vaccine. More specifically, the following are assumed:

- Existing provider system is strained
- Provider registry timelines are limited, meaning they may miss deadlines for enrollment or the time between phases opening and provider enrollment approval is not aligned.
- Staff phasing priorities and staffing capacity have been challenged, meaning staff able to administer COVID-19 vaccine are not available or the demand for more staff is not there.
- Short vaccine administration timelines and vaccine storage requirements create ordering and fulfillment issues such as:
  - PPE supplies provided or on-hand are insufficient and assistance is needed through ECC Resourcing
  - Large lot ordering and administration tracking is not well synchronized
  - HUB System triggered where procurement pace exceeds existing storage capacity
  - Natural events or infrastructure failures endanger integrity of community based storage (e.g., power outage during adverse weather conditions)
- Data tracking systems are threatened or not functioning as intended (e.g., hardware, software and/or power supply problems)
- Need arises for paper back-up system or similar contingency
- Tracking mass patients for 2nd dose compliance if information systems are down
- Unsustainable traffic or patient load at clinic, private practice, pharmacy sites
- Unsustainable transit demand
- Throughputs will be strained for storage of pace of procurement exceeds pace of vaccine administration. Key items include:
  - Site and equipment for storage of excess doses
  - Supply, procurement and distribution of dry ice
  - Avoiding vaccination waste
  - Managing public perceptions about encumbered or wasted vaccine
- Managing arrival of direct shipments prior to system readiness to receive, distribute, and administer
- Phase 2 could begin earlier than expected

Q. Vaccine Communications

During the COVID-19 vaccination of Snohomish County residents, SHD will provide the proper and most up to date information about the vaccine candidates, what to do if there is an adverse reaction, guidance around when to return for a second dose, and related education. SHD will harmonize its messages with WA DOH and CDC clinical guidance and communications strategies. Topics SHD will share with the community prior to, during and after the COVID-19 vaccination effort may include but not be limited to the following:

- SHD will adhere to any EUA or Investigational New Drug (IND) issued during a public health emergency. An EUA and IND are issued by the U.S. FDA to allow either the use of an unapproved medical product or to endorse an off-label use of an approved medical product in certain types of emergencies.
- All COVID-19 vaccinations will be labeled and tracked by lot number and expiration date in accordance with federal labeling requirements, state pharmacy laws and any applicable EUA. The Health Officer will be the prescriber (via standing orders) for recipients being vaccinated through SHD-operated PODs. The Health Officer at his discretion may establish standing orders for administration of vaccine in other settings when no licensed prescriber more proximate to the designated vaccinators is available.
- Transfer of pharmaceuticals and medical supplies between PODs may occur if one site has a greater need for the stock. If a transfer is requested, the POD supervisor will make a request, through POD Logistics to the District Operations Center Logistics.
- A call center agreement with the Poison Control Center may be activated for patients vaccinated through SHD PODs, using the SnoCo DEM as a backup call center. The back up call center will be staffed with volunteers who will be trained to advise the public regarding: how and when to report adverse events, general questions and concerns, COVID-19 Vaccine fact sheets and related materials will be developed to:
  - help people locate vaccination venues
  - navigating through the vaccination process
- Information on the EUA, ACIP and WA DOH recommendations will be made available to the public distribution

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Version 2.0

Last update: November 2020
• A 24-hour emergency contact phone number will be established for when the call center is closed for the day
• Patient education will be integrated into each basic step of the POD process. Educational materials will include:
  o Frequently Asked Question sheets
  o COVID-19 Vaccine Information Sheets
  o ACIP and DOH recommendations
  o Follow-up information for adverse reactions, second dose reminders, and the call center information
• The public will be advised of the following through routine communications channels:
  o SHD will review all reports of clinically significant (i.e., grade 3-5) adverse events following COVID-19 vaccination brought to its attention. Note: administering providers—not SHD—are responsible for submitting such reports to CDC’s VAERS and the FDA VAERS. If the clinically significant adverse event is reported by a vaccine recipient from an SHD-operated POD, then SHD will be the entity submitting the report.
  o The vaccine effort will ensure vaccine recipients’ privacy as set forth in state and federal health care privacy law.
  o The public health COVID-19 vaccination effort is disinterested and neutral with respect to immigration and documentation status (i.e., such information will not be collected nor would it be involved in de-prioritizing an individual’s eligibility for vaccination).
• Publicly-owned facilities are the primary choice of dispensing site because of their familiarity in the community, they are easy to find, they have large parking facilities, and they are accessible via public or private transportation.
• SHD and the Snohomish County ECC will follow established procurement policies and procedures when securing private property for mass dispensing operations.
• In concert with the federal Department of Health and Human Services Secretary standing declaration of an emergency, liability protection for all incident paid workers, vaccinating partner agencies and volunteers will be covered by the federal Public Readiness and Emergency Preparedness (PREP) Act for instances that require the use of medical countermeasures to prevent disease (i.e., COVID-19 vaccination in this event). WA State laws, including RCW 38.52, 43.20, and 70.05, also provide liability protections for affected participants in the vaccination effort.
• Workers and staff compensation: Volunteers who are pre-registered as emergency workers receive workers compensation liability protection under the Emergency Worker laws (WAC 118-04-20). Government and private employees receive workers and staff compensation in accordance with their respective employers’ policies.
• Messaging concerns include:
  o Highlight importance of Critical Staff and High Risk populations to be vaccinated
  o Keep all Non-pharmaceutical Interventions (NPI) in place even though there is a vaccine
  o Prepare storage/redistribution/waste messaging as that become an issue

Key Messaging Topics include:
• Influenza and COVID-19
  o Provide clear information regarding the intersection of COVID-19 and flu season, and the importance of reducing the spread of illness to preserve healthcare capacity and protect our frontline workers and most vulnerable in Snohomish County.
• Encourage everyone 6 months and older who does not have a contraindication to get vaccinated against flu.

• **Vaccine Safety**
  - Provide information on how vaccines are vetted. (Please refer to the working Definitions document for notes on FDA approval and Emergency Use Authorizations, as appropriate).
  - Share safety information specific to final vaccine candidates, once those are determined and the information is available.
  - Define adverse events following immunization and explain how vaccine safety is monitored and how adverse events are reported (I.e. VAERS).

• **Who should get vaccinated and when**
  - Provide clear messaging on the phased approach and the priority/tiered order.
  - Direct public to the appropriate channels (for most people, this should be their health care provider or clinic) when phasing moves to the general population.
  - Provide clear information on who should be vaccinated once details of final vaccine candidates are available. (Example using flu vaccine: Flu vaccine is for anyone six months of age or older who does not have a contraindication.)

**Vaccine roll out**
  - Define partners involved in the rollout and administration of the vaccines, including hospitals, clinics, and pharmacies, and coordinate messaging for consistency.
  - Provide public-facing explanation of county and health district’s role in COVID-19 vaccination.

**Importance of ongoing non-pharmaceutical interventions**
  - Set public expectation that the vaccine will not bring about instant resolution to the pandemic.
  - Encourage continued adherence to health measures including but not limited to facial coverings, physical distancing, limiting gatherings, staying home when ill, washing hands, sanitizing surfaces, taking extra precautions for high-risk individuals, and getting tested if you develop symptoms or are a close contact of someone with COVID-19.

De-escalation messaging will be important to help maintain clear information during the vaccination phases. Below are messaging to help with the de-escalation:

- Clearly message not only the tiered approach to vaccination, but reasoning behind it, to help limit public frustration that vaccines are not available to everyone at the same time.
- Encourage people to distance themselves from confrontations. Just like distance is a valuable tool for limiting the spread of illness, it is valuable for staying safe in tense situations.
- Encourage people to set positive examples rather than confronting negative or aggressive behaviors.
- Provide materials to help the general public talk with others, particularly loved ones, about the COVID-19 vaccines.
- Re-emphasize kindness and compassion.

It is very important to coordinate our messaging with WA DOH and CDC guidelines. The lead PIOs for the vaccine effort will work to have consistent, coordinated messaging with

- The Washington State Department of Health
- Local health jurisdictions in other counties
• Communications staff (or other appropriate staff) at hospitals, clinics, healthcare systems and other key partners (I.e. pharmacies) serving Snohomish County.

Communication tools/venues include the below list includes communication tools that may be used as avenues for COVID-19 vaccination messaging. The JIC may employ some or all of these options to reach Snohomish County residents.
• Key webpages
  o www.snohd.org
  o https://www.snohomishcountywa.gov/5589/COVID-19-Response
• Twice weekly COVID-19 brief (newsletter on Tuesdays and Fridays)
• Weekday Joint Information System emails (specific to communications professionals or other designated staff in Snohomish County who are part of the JIS)
• Social media platforms
  o Facebook (SHD and DEM)
  o Twitter (SHD and DEM)
  o Instagram (SHD)
  o YouTube (SHD)
  o TikTok (SHD)
• Weekly COVID-19 virtual media briefings (Tuesdays)
• Print materials
  o Information sheets/Infographics
  o Mail reminders (possibly via utility bills)
• Weekly COVID-19 phone update (English and Spanish)
• Internal communications to County and Health District employees
• Partner newsletters
• Public Service Announcements (radio)

SHD and JIC will work to ensure translations of key vaccine materials, including info sheets. SHD and JIC may refer to or adapt translated materials provided by partners such as CDC, DOH or other local health jurisdictions, as well as translate local materials or request additional languages of translated materials. Languages that have been identified for translation of COVID-19 materials to this point and have existing webpages available through the Health District’s COVID-19 information site include:
• Arabic
• Chinese
• Korean
• Marshallese
• Russian
• Spanish
• Vietnamese

Additional consideration for languages to translate (these are currently in the works in terms of webpages) are:
• Amharic
• Hindi
• Japanese
• Khmer
• Tagalog
R. General Guidelines for HUBs and PODs
There are general guidelines for staff and volunteers who are participating in a HUB or POD operations in order to facilitate a smooth and efficient operation. Below are the overall guidelines:

- Volunteers may be registered and credentialed through the local Department of Emergency Management.
- The Washington Health Volunteers in Emergencies (WAHVE) program will be utilized to credential medical personnel.
- In the event POD staffing overwhelms the capability of the Health District or County, additional volunteers may be requested from neighboring jurisdictions.
- Volunteers will be given POD assignments, identification badges, and Just-In-Time Training at the POD site. If a volunteer staging and training area has been established, badging and credentialing will occur at that area.
- In the event of spontaneous volunteers, their information will be collected and they will be recalled in the event a background check or other verification process can be completed.
- Public Health professionals deployed to Snohomish County from other local health jurisdictions will have their credentials verified by the assisting agency, as outlined in the Inter-jurisdictional Mutual Aid Agreement.
- All staff and volunteers will wear appropriate agency identification at all times; ID will include name, role, venue, and access allowed.
- Interpreters will be made available as needed by SHD or its designee. SHD maintains contracts for language interpretation services through Refugee Forum and Universal Language Services. Additional language translation handheld devices will be made available for all POD sites.
- A licensed healthcare provider with sufficient level of authority (i.e., physician, mid-level practitioner, registered nurse, or pharmacist) will be accessible in real time to each SHD-operated POD—either via telecommunications device or in person. Among other possible duties, they will provide consultation for administration of the COVID-19 vaccine and to triage allergy, vaccination, or treatment concerns.
- POD management teams will be identified and trained to manage POD sites. Mobilization of volunteers will assist in POD staffing.
- POD work shifts will typically be staffed using 2 twelve-hour shifts for all roles. This may be altered as necessary to 2 ten-hour shifts (with 4 hours for closure and restocking), or 3 eight-hour shifts, as appropriate for the incident. The shifts will be defined by the Incident Commander in concert with guidance from SHD and DEM leadership. Supervisors will ensure that staff and volunteers take work breaks and have access to meals/snacks.
- Staff care, including food, lodging, and family care, will be coordinated through SHD DOC Logistics Section.

S. Security Considerations for HUB and POD Operations
SHD will have to take into account security concerns and potential challenges with vaccinating Snohomish County residents through a mass vaccination site. There are different challenges based on the best, probable, and less probable scenarios.

Under the “Best Case Scenario: Normal Route” that is described in this document, it is assumed that the vaccine can be distributed effectively through normal healthcare channels. In this case, each traditional
provider (e.g., hospital, clinic, or other healthcare provider) is responsible for their own facility’s or site’s security. Many of these providers have security personnel and existing security plans for a variety of circumstances already in place. Those plans should be reviewed and adapted to this vaccination effort as needed. It is recommended that these facilities communicate with local law enforcement prior to activating their site to share their site specific security plans and concerns as appropriate.

In general, each of these sites will provide their own staff to address traffic flow, crowd control, and general security concerns. If an incident occurs at the site, the provider shall follow their normal security protocols, to include notifying law enforcement through 911 if appropriate.

Under the “Probable Case Scenario: Normal-plus-Contingency Route” that is described in this document, it is assumed that additional POD sites may be established to help administer vaccine in a timely manner. These PODs could be in the form of mobile, drive-through or mass vaccination sites that are set up at various locations throughout the county. These sites may be run by traditional health care providers (Clinic Run Mass Vaccinations) or by participating government partner agencies (EMS).

Each of these POD sites will have unique security, traffic, and crowd control concerns that will need to be addressed to ensure the security of the vaccine inventory and safety of everyone involved. The POD Manager for each site is responsible for ensuring that a site-specific security plan is developed for each POD that addresses these issues. It is recommended that the POD manager and their security staff work closely with the law enforcement agency that has primary jurisdiction for that location when developing these plans. Consideration should be given to traffic impacts around the POD site.

In this planning scenario, it is also possible that the Snohomish Health District becomes a HUB (storage and distribution site) for other healthcare agencies. If SHD does become a HUB, it will work with the appropriate law enforcement agency to create a site-specific plan that addresses the security of their staff, vaccine, and other supplies at their facility. Security during transport of vaccine to POD sites will also be addressed.

Under the “Least Probable Scenario: Multiple Mass Vaccination Clinics” that is described in this document, it is assumed that the normal distribution routes for vaccinations have not been effective and multiple mass vaccination sites will be stood up by SHD or its designees to distribute and administer vaccine. Due to public perception, there may be high demand at these POD sites that could result in traffic problems or other disturbances.

As outlined above, each of these POD sites will have unique security, traffic, and crowd control concerns that will need to be addressed to ensure security of the inventory and the safety of everyone involved. The POD Manager for each site is responsible for ensuring that a site-specific security plan is developed for each POD that addresses these issues. SHD-operated or -designated POD site managers and their security staff will work closely with the law enforcement agency that has primary jurisdiction for that location when developing these plans. Under these conditions, it is also recommended that each POD has commissioned law enforcement on site or available nearby to respond without delay when needed.

T. HUB Operations

SHD has plans in place to operate as a HUB: a receiving, storing, and distribution site for healthcare entities operating within Snohomish County. The purpose of the HUB is to be a centralized location for healthcare entities to pick up vaccine for their vaccine-eligible staff and/or patients.
General features, staffing and operation of a HUB site include but may not be limited to the following:

1. HUB Functional Setup

HUBs have a number of sections that allow it to run smoothly and efficiently during an emergency. There is a lot of stock movement and information exchange that happen during this operation. Below are the main sections found in a HUB operation:

- **Receiving:**
  - To receive and log COVID-19 vaccine from WA DOH and bring it to the preparation area.
  - To receive other clinic equipment, supplies, forms, and other materials and bring them to the Supplies Area.

- **Storage:**
  - To oversee and coordinate facilities-related activities in the Staff Staging Area, such as maintenance, waste disposal, and the provision of food and drink for employees.
  - To oversee and coordinate all supplies-related activities in the Staff Staging Area, including the receipt and unloading of supplies and the inventory of supplies.

- **Staging:** To oversee and coordinate all supplies-related activities in the Staff Staging Area, including the receipt and unloading of supplies and the inventory of supplies.

- **Quality Control:**
  - To keep track of expiration dates of vaccines, ensure the vaccines are stored at the correct temperature.
  - To ensuring those who are picking up vaccines have the correct transport with the correct temperature, etc.

- **Shipping:**
  - To prepare items for shipment to another location.
  - To coordinate activities with the storage staff and vaccine coordinators to ensure situational awareness of what healthcare system is coming to receive their supplies and to ensure that the proper vaccine product is made ready.

2. HUB Staffing

There are a number of staffing positions within the HUB operations that can be filled by SHD staff, ECC staff, and/or MRC volunteers. There are however, specific positions that are dedicated solely to SHD staff for the liability and accountability purposes of handling vaccine under the three different potential storage states (i.e., ultra-cold, frozen, and refrigerated). There are also some positions that can be filled by solely MRC volunteers as they have the training, skills, and/or credentials to assist in those areas. The specific positions and responsibilities found within a HUB operations include but are not necessarily limited to the following:

- **Quality Control (Vaccine coordinators and MCM coordinators):**
  - checking vaccines when received and when leaving the HUB
  - ensuring there are no issues with the vaccine or its storage

- **Receiving of vaccines:**
  - obtaining the vaccine from DOH when it arrive at the HUB
  - checking the vaccine transport container, reviewing the documentation, signing for the vaccine, and other related tasks

- **Handling of Vaccines:**
• moving vaccine from refrigerators and freezers to transport containers
• knowing proper cold chain management, understanding the vaccine process, and other related tasks

- **Utilizing vaccine data systems:**
  • accessing and maintaining appropriate permissions in the WAIIS
  • entering required COVID-19 vaccine information in the WAIIS per CDC and DOH guidelines for receiving the vaccine into the WAIIS

- **Operational manager/ site manager:**
  • maintaining administrative oversight of the HUB operations
  • supervising staff

- **Check-in of healthcare systems:**
  • checking in all healthcare entities arriving for the receipt of any stored vaccine
  • reviewing initial paperwork and identification of receiving person and agency

- **Temperature control documentation:**
  • checking and documenting the temperatures on vaccine storage units and transport system as required per CDC and DOH storage and handling guidelines

- **General documentation:**
  • assisting and managing all documentation within the HUB

- **Floaters:**
  • assisting HUB staff during operations in whatever area/position is needed

- **Inventory assistance with SHD staff:**
  • assisting the vaccine coordinator with inventory of vaccines

- **Volunteer manager:**
  • managing the MRC volunteers working in the HUB (i.e. sign in, sign out, last minute absences, and other related duties)

U. **POD Operations**

PODs are community locations in which state and local agencies dispense MCMs to the public during a public health emergency. To aid in the contingency plan for rapidly dispensing MCMs, SHD will plan on using two types of PODs: open and closed. Open PODs are located at large public locations such as libraries or schools. These dispensing locations are typically operated by SHD to administer COVID-19 vaccine to the public. Closed PODs are sites staffed and managed by partner organizations to administer vaccine only to their own populations while continuing normal operations during an emergency. SHD’s role for closed PODs would be to provide the vaccine to the closed POD and help support them and their staff to execute operations in a self-reliant fashion. For COVID-19, closed PODs also will have the ability to function as HUBs. SHD may help with procurement and storage while advising their organization about other details (e.g., staffing, site layout). Open and closed PODs can and should be used simultaneously and use the following common tactics for achieving disease control objectives:

• Screening candidates for eligibility and contraindications to COVID-19 vaccination
• Providing candidates with education regarding benefits, risks, alternatives, and adverse reactions to vaccination
• Administering COVID-19 vaccine to eligible, consenting candidates
• Tracking and reporting COVID-19 vaccine administered
1. Internal Data and Inventory Tracking

In the event SHD activates PODs to vaccinate for COVID-19, the POD operations manager will work with SHD Epidemiology, PHEPR, and VPD staff to verify the specific data elements that need to be captured and reported for internal purposes as well as for DOH and CDC requirements. Each POD operations manager will submit data periodically (e.g., once or twice daily—details to-be-determined) to the Operations Section Chief within the DOC. This periodic data reporting will address necessary internal documentation, inventory tracking, and reporting requirements of WA DOH. The Operations Section Chief will share that information with the Incident Commander, and Section Chiefs on a periodic basis (specific frequency to-be-determined). Data will be transmitted to the WA DOH using SECURES as needed or requested. Use of SECURES will allow SHD to track the receipt of information from the DOC to WA DOH.

- All resource requests require written communications and will be documented during an incident.
- Inventory management will be done using Excel spreadsheet, electronic inventory system or a paper system.
- Information systems to track resources will have a back-up system with redundant and diverse power supplies. If possible, resource management systems will be backed up every 24 hours and the back-up will not be co-located with the command center. It will be the responsibility of the IT Technician to ensure information back up and off-site storage.
- Snohomish County ECC maintains the option of procuring resources from assisting and cooperating agencies as well as from mutual aid partners.
- If resources are not available among these sources, the County ECC may go to the Washington State EOC for additional support.
- SHD Logistics will provide resource inventory and tracking systems in electronic or paper form for PODs and COVID-19 vaccine materials that document chain of custody and cold chain management if needed. Chain of custody and cold chain management for vaccines is documented by signature, date and time when vaccines are received and moved from one location to another. The SHD Logistics inventory system will be used by POD Logistics Leader to order and re-order medications and supplies. This includes re-supply orders from WA DOH and inter/intra POD transfers as needed.

- PODs will not receive controlled substances.
- Logistics is responsible for supplying:
  - Medical supplies for vaccine administration and related equipment
  - Office equipment and supplies
  - Communications equipment
  - Crowd and traffic control equipment
  - Interior and exterior signs – interior signs are part of WA DOH Go-Kits
  - Command and Control vests – part of SHD Go-kits
  - NAPH (name, address, patient history) forms. Note: SHD has the capability to print signs up to 42” wide and many feet long, as well as posters up to 11”x17” utilizing another printer. SHD also maintains good working relations with various printer companies within Snohomish County and, as a last resort, will utilize those relationships in order to fulfill this need.
• Logistics is responsible for feeding POD staff; services will be coordinated with the POD logistics lead at each POD site.
• Logistics will be responsible for language translation, duplication and distribution to the PODs of key written materials as determined that are needed for the incident with assistance from PIO and the ICS equity lead. These materials will use information harmonized with content from CDC and WA DOH. Note: the WA DOH website has toolkits available that include translated materials. See www.doh.wa.gov.

2. POD Staffing

SHD-operated POD sites will be staffed mostly with community health care system staff, Medical Reserve Corps (MRC) volunteers and SHD staff. There are a limited number of SHD staff and MRC volunteers within the county. Based on the time of operations for PODs, not all volunteers or staff may be available. At the start of POD operations the available staff and volunteers will be split among the PODs. After the first four hours of operations, the POD Managers will report to the DOC their perceived staffing need. Staffing then will be adjusted based upon those requests and actual demand witnessed at each POD location. The various staffing positions and responsibilities found within a POD include but are not necessarily limited to the following:

• **POD Manager**: administrative oversight of the POD.
• **Operations lead**: POD operations and staff supervision at the POD
• **Logistics lead**:
  - logistics needs for all the POD functions
  - personnel needs of POD staff and volunteers
• **Safety**:
  - ensure safety of all POD workers and clients
  - assess the operation for safety issues, instruct staff on safety procedures, and implement safety measures as needed
  - exercise authority to suspend operations in the event of a significant hazard
• **Security**:
  - maintain safety of POD staff and patients at POD sites
  - ensure any challenges posed by patients to POD operations are resolved
• **Traffic Control**: oversee POD outside ingress and egress to include parking area
• **Supply/Inventory**: oversee inventory management and reordering of clinical and non-clinical supplies for the clinic—note: this should be an administrative professional with applicable experience and excellent organizational skills
• **Runner/floater**: assist POD staff during operations
• **Check-in**: check-in patients as they arrive to the POD and ensure they have the documentation and identification needed
• **Screeners**: review and screen forms to triage patients to either express, family/assisted lines, or medical evaluation stations
• **Documentation/Forms/Data Entry**:
  - collect patient forms before leaving the POD
  - enter data into appropriate database or electronic medical record—note: not necessarily in real time
• **Clinical Consult**:
• **Vaccination Administrator:**
  - review vaccine candidates clinical forms/documentation
  - implement standing orders for vaccination
  - administer the vaccine
  - complete the required and appropriate documentation
  - ensure proper vaccine handling and inventory at vaccination station

• **Vaccination Assistant:**
  - perform documentation and other duties as assigned to expedite the vaccination process
  - provide vaccine recipient with vaccination record containing the date, dose, vaccine type and brand, and any other relevant information for the administered dose
  - provide vaccine recipient with date and location to present for second dose, if applicable

• **Vaccine Coordinator:**
  - monitor vaccine inventory
  - monitor movement of vaccine within the POD
  - monitor temperatures of vaccine

3. **POD Setup**

Each POD will have the same stations and similar structure. Each POD will have:

• **Command area:** The POD Operations Manager and command staff will be established in a command center within the POD. This will allow for coordination and ensuring POD operations are running smoothly.

• **Supply area:** Each POD will establish a secure location where supplies and COVID vaccine can be stored during the operation. At demobilization all supplies and countermeasures will be reclaimed by the SHD. No long term storage will occur at any POD site.

• **First Aid:** Each POD will have a first aid area to deal with minor injuries, triage moderate or severe injuries, and triage vaccine recipients experiencing immediate adverse events. Such triage will incorporate a low threshold for notification of 911 for emergency response when appropriate.

• **Public Entrance:** Each POD will be designed, to the extent possible, with separate entrances for the public and POD staff, respectively.

• **Check-in area:** The first section in the POD will be where individuals are greeted and asked a quick series of questions to ensure that they have correct appointment time and date and have other important information or documentation needed. They will then be directed to the next station.

• **Screening/documentation:** Each POD will have screening stations. These stations will be staffed with clinical personal to the extent possible. This is where the screening form will be reviewed and the determination of eligibility and/or contraindications to vaccination for COVID-19 will be
assessed and documented. Vaccine candidates will then be directed to either the vaccination station or to the clinical consultation area for further triage and/or questions.

- **Vaccine administration area:** Each POD will have multiple vaccination stations depending on staffing and demand. These stations will be staffed with non-medical and medical Health District staff and/or MRC volunteers.
- **Clinical Consultation:** Each POD will have 1-2 stations for further clinical assessment. Vaccine candidates reporting symptoms suggestive of COVID, having a suspected or confirmed contraindication to vaccination, having a past medical history that needs further review, or protesting rejection for vaccine eligibility will be sent to these stations for further assessment. Triage outcomes at this station may include but not necessarily be limited to providing COVID-19 vaccine (if indicated per standing orders), collecting a specimen for SARS-CoV-2 testing, discharging from the POD without further service, or referring to their principal health care provider, an urgent care clinic or emergency department for further evaluation. A physician will be available for complex consultations via telephone as needed when standing orders and professional judgment of delegated staff are insufficient to meet the clinical decision making needs of the situation.
- **Exit:** All individuals who enter the POD will leave out of a designated exit.

*SHS recognizes the Tribal Nations’ sovereignty and their ability to work with local, state or Federal agencies. The Health District will support the Tribal Nations within the county in the manner they feel is most appropriate. SHD will reach out to Tribal Nation contacts prior to determine how they will be requesting any needed resources.*

**IV. Demobilization**

An incident-specific demobilization plan will be developed at the time of the incident. COVID-19 vaccine demobilization planning will begin in the very early stages of Phase 4. The decision to terminate operations will be made by SHD Incident Commander in collaboration with the Health Officer. Indicators that may lead to the decision to start MCM and COVID-19 vaccine demobilization planning will aid in the demobilization operations. The planning section will develop a demobilization plan that should be instituted at the earliest time appropriate. This enables a continuous effort to demobilize assets as they become no longer needed. The HUB/POD Operations Manager at each site will inform the staff when the operations are demobilizing and will communicate and/or distribute plans for how demobilization shall be accomplished.

**A. HUB/POD Demobilization**

SHD will ensure that any SHD-operated HUB/POD sites that have been activated are returned to the pre-use condition. This could include:

- Cleaning, maintenance, break-down and removal of equipment, repairs as necessary
- Completion of an internal and external facility walk-through with key facility staff, noting and reporting any major issues with the facility (taking pictures if necessary)
- Notifying facility points of contact of the intent to vacate the premises
B. Unused Vaccine and Medical Material

After an event or incident, the SHD Incident Commander, in collaboration with the Health Officer, will launch demobilization of medical support personnel and/or volunteers. Designated staff will ensure medical supplies, equipment and medical countermeasures are properly accounted for, recovered, and handled and stored appropriately for either (1) return to WA DOH or another supplier or (2) in preparation for any subsequent event or incident. For the COVID-19 vaccine, vaccine disposal guidelines include:

- Expired or compromised vaccine, unused vaccine, unused diluent, unopened vials, expired vials, and potentially compromised vaccine all may be returned to WA DOH, the CDC, or another distributor for credit (details to-be-determined). The SHD VPD program and/or the vaccine manufacturer will have more vaccine-specific information to guide disposition of such assets when the time arrives to do so. The POD-or-HUB vaccine coordinator will be the designated party for assessing the viability of vaccine that has been compromised.
- Open and broken vials and syringes, manufacturer-filled syringes that have been activated, and vaccine pre-drawn by providers cannot be returned and should be discarded according WA DOH requirements. Any open vials will need to be disposed of in specific biohazard containers and not in a sharps container.
- Empty vaccine vials are mostly not considered hazardous or pharmaceutical waste and do not require disposal in a biomedical waste container. However, it is recommended to double check with WA DOH and comply with its requirements regarding disposal. Empty vials should be disposed of in sharps containers.

Medical waste disposal requirements are set by Washington State authorities. The SHD VPD program or applicable state agency will provide specific guidance to ensure the vaccine disposal procedures comply with state and federal regulations.

During a HUB or POD operation, the Operations Manager, along with the Logistics Lead, will ensure that all supplies and inventories are completed and properly packaged for shipment or pick up. Notification and arrangements should be coordinated through SHD for pick up/delivery of COVID-19 vaccine once the HUB/POD is closed. Any local vaccine transport prior to formal launch of shipping must be completed by a properly trained SHD staff member.

The following will be considered when (1) determining the disposition of recovered assets and (2) executing logistics recovery procedures in accordance with the demobilization plan:

- Return unused or excess supplies to SHD or reallocate as appropriate.
- Recover unused stockpiles of COVID-19 vaccine and return to inventory or disposal as appropriate.
- Recover functional and/or repairable equipment and return for reconstitution.
- Dispose of materials that are no longer usable
  - Additional guidance will be provided at the time of event by SHD VPD program regarding disposal of medical material and vaccines provided in association with medical material contracts.
- Recover and return borrowed assets to owner/partners.
• Coordinate with the Snohomish County EOC and WA DOH for demobilization/return of remaining vaccine and/or state purchased medical materials in accordance with medical material agreements.
• Cease and demobilize vaccination activities.

SHD will follow the cold chain management and chain of custody protocols when transferring medical material and vaccine assets as they are transferred from one party to another. In the case that there are exceptions and/or additional reporting requirements, guidance will be provided by the WA DOH.

V. Plan Maintenance and Testing
   A. Plan Maintenance
This Medical Countermeasures Distribution and Administration Plan (MCMDA) COVID-19 Vaccine plan will be reviewed and updated periodically as indicated to reflect adjustments and changes throughout the MCM Vaccination COVID-19 operations during the duration of the COVID-19 pandemic. The PHEPR MCM Coordinator is responsible for maintaining the MCMDA COVID-19 Vaccine plan and keeping it current. A hard copy of the plan will be kept in the PHEPR Supervisor’s office and at the SnoCo DEM for use by ESF 8 designated staff if necessary. The MCMDA COVID-19 Vaccine plan is enacted under the authority of the agency Administrator, the Health Officer or the Incident Commander.

B. Training and Exercises
The Health District will include MCM drills, exercises, and trainings as a part of its Multi-Year Training and Exercise Plan (MYTEP). Trainings and exercise will be used to validate plans, and determine updates/corrections that may be needed.

VI. Plan Authorities
• Revised Code of Washington, Title 70 – Public Health and Safety
• Revised Code of Washington, title 38.52 – Emergency Management
• Public Readiness and Preparedness Act (PREP Act), Section 319F-3(b) of the Public Health Services Act (PHS Act) (42 U.S.C. 247d-6d)
• Emergency Use Authorizations
Appendix 1: Interpretation, Translations, and Languages

Snohomish County has a diverse population with numerous languages spoken. Below is an estimate of languages spoken within the county based on 2016 data from the WA State Office of Financial Management.

<table>
<thead>
<tr>
<th>Language</th>
<th>Estimate of the population</th>
<th>Percent of the county population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amharic</td>
<td>694</td>
<td>.09</td>
</tr>
<tr>
<td>Arabic</td>
<td>2035</td>
<td>.26</td>
</tr>
<tr>
<td>Cambodian</td>
<td>1060</td>
<td>.14</td>
</tr>
<tr>
<td>Chinese-Mandarin</td>
<td>1284</td>
<td>.17</td>
</tr>
<tr>
<td>Korean</td>
<td>2492</td>
<td>.32</td>
</tr>
<tr>
<td>Punjabi</td>
<td>1063</td>
<td>.14</td>
</tr>
<tr>
<td>Russian</td>
<td>3330</td>
<td>.43</td>
</tr>
<tr>
<td>Spanish</td>
<td>38941</td>
<td>5.04</td>
</tr>
<tr>
<td>Tagalog</td>
<td>1306</td>
<td>.17</td>
</tr>
<tr>
<td>Ukrainian</td>
<td>2607</td>
<td>.34</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>5377</td>
<td>.70</td>
</tr>
</tbody>
</table>

To the extent possible the Health District will communicate in the languages spoken within the county. This includes medication information sheets, vaccine information sheets, FAQs, and other messages.
Appendix 2: Throughput calculations *(Numbers are estimated based on information provided by partners using flu vaccinations as a baseline)*

A. Primary Care Physicians

1 provider can see approximately 25 patients a day (on average) working 5 days a week.

- Per provider: \(25 \text{ vax/day} \times 5 \text{ days/week} = 125 \text{ vax/week}\)

B. Hospitals

Hospitals, on average can admit and see numerous patients. For his planning, we are assuming they will be able to (as a whole) see 100 patients a day, who will want to COVID vaccine, working 7 days a week, assuming various providers throughout the week can vaccinate 150 people per day.

- Per hospital: \(100 \text{ vax/day} \times 7 \text{ days/week} = 700 \text{ vax/week}\)

C. Community Clinics

During a vaccination clinic, 1 provider can administer approximately 12 vaccine per hour in an 8 hour day. This is assuming staff can freely rotate for lunch/breaks and the number vaccinated does not change.

- Per administrator: \(12 \text{ vax/hr} \times 8 \text{ hrs/day} = 100 \text{ vax/day}. \quad 100 \text{ vax/day} \times 7 \text{ day/week} = 700 \text{ vax/week}\)

D. Occupational Clinics

Most occupational clinics have about 6 providers who can administer vaccines and work 8 hours a day, 5 days a week.

- Per administrator: \(25 \text{ vax/day} \times 5 \text{ days/week} = 125 \text{ vax/week}\)

E. Pharmacies

1 pharmacist can see approximately 25 patients a day (on average) working 5 days a week.

- Per Pharmacist: \(25 \text{ vax/day} \times 5 \text{ days/week} = 125 \text{ vax/week}\)

F. Emergency Medical Services

1 EMS personnel can vaccinate approximately 4 patients per hour for 7 hours a day, 5 days a week.

- Per EMS administrator: \(4 \text{ vax/hr} \times 7 \text{ hrs/day} = 28 \text{ vax/day}. \quad 28 \text{ vax/day} \times 5 \text{ days/week} = 140 \text{ vax/week}\)

G. Public Health

1 administrator can vaccinate approximately 6 patient per hour for 8 hours a day, 5 days a week.

- Per administrator: \(6 \text{ vax/hr} \times 8 \text{ hrs/day} = 48 \text{ vax/day}. \quad 48 \text{ vax/day} \times 5 \text{ days/week} = 240 \text{ vax/week}\)
Appendix 3: Statewide Pharmacy MOU (Add documents at end)
I. INTRODUCTION

A. Purpose
The purpose of the Activation Plan is to describe Standard Operating Guidelines (SOG) for using the Washington Statewide Pharmacy – Local Health Jurisdiction (LHJ) Memorandum of Understanding (MOU) during emergencies.

The purpose of the Washington Statewide Pharmacy – LHJ MOU is to use existing pharmacy infrastructure to address the health and medical needs of an affected population during a public health incident, emergency, or disaster. Additionally it establishes coordinated and standardized statewide guidelines. A copy of the MOU is located in Appendix A.

B. Scope
This plan creates a mechanism for signatories of the MOU throughout Washington State to use the agreement and provides:

1. Communications framework for activation of the MOU.
2. Tiered response guidelines to effectively and without delay mitigate public health emergencies spanning from disease outbreaks to catastrophic incidents.
3. Activation of the Pharmacy MOU is not contingent on activation of the Strategic National Stockpile.

C. Policies
1. The MOU provides authority for this activation plan.

II. SITUATION AND ASSUMPTIONS

A. Situation
Any situation involving a disease agent that could cause wide-spread illness or death throughout Washington State justifies activation of the MOU as long as:

1. Situation overwhelms the LHJ’s response capabilities or,
2. Disease agent can be countered with medical countermeasures (MCM) or,
3. Disease can be prevented through use of MCM.

B. Planning Assumptions
1. More than one LHJ could request activation.
2. Circumstances are expected to exceed the capabilities of the LHJ’s response.
3. Responding LHJ has notified the Washington State Department of Health (DOH) Duty Officer at 360-888-0838.
4. Local emergency management agency has requested and received a mission number from the Emergency Management Division (EMD) on behalf of the responding LHJ. If there is no mission number, DOH could request it from the SEOC.
5. Mission numbers are required per SOG for resource tracking and fiscal monitoring.
6. This plan is for use only by signatories agreeing to use the MOU.

* http://apps.leg.wa.gov/RCW/default.aspx?cite=70.02

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III. CONCEPT OF OPERATIONS

A. General
Activation of the MOU will use the following SOG:
1. The affected LHJ will contact the DOH Duty Officer at 360-888-0838 to request pharmacy assistance.
2. When the DOH Duty Officer receives a request for pharmacy assistance they will contact WSPA at 206-948-1531 and inform them of the request.
3. The DOH Duty Officer, in coordination with WSPA, will send a SECURES message to affected LHJs and cooperating agencies statewide to announce MOU activation. The SECURES template for this message is as follows:
   “This is an urgent alert from the Washington State Pharmacy Association. An incident requiring assistance from pharmacies has occurred and (insert affected LHJ(s)) is activating its public health emergency operation plan. We anticipate an event requiring enhanced coordination between local health and pharmacies requiring the need for (pick from the following – mass dispensing, mass vaccination, access to pharmacy workers and/or communication with the public via pharmacies). You are requested to join a coordination call at (insert time, phone number and conference ID passcode). If you are unable to join this coordination call, please contact (name and phone number).”
4. WSPA will convene a coordination call between DOH, the affected LHJ(s) and potential pharmacy(s) to discuss the situation and determine an appropriate course of action.
5. WSPA will provide the time, contact number and facilitate the coordination call following the draft agenda located in Appendix B.
6. Immediately following, or parallel to the coordination call, the affected LHJ will work through their local emergency management agency to request a mission number from EMD in support of the public health response.
7. Following the coordination call, WSPA will document all requests for assistance using the Assistance Request form located in Appendix C. WSPA will send a copy to DOH for situational awareness.
8. WSPA will forward all Assistance Request forms to the appropriate pharmacies for review and approval. If the nature of assistance requested is identical among multiple LHJs, WSPA may consolidate all identical requests onto one form for transmission to pharmacies. The form is complete when pharmacies sign the form agreeing to provide assistance, and transmit the form back to WSPA. WSPA will forward a copy of the approved Assistance Request form to all affected LHJs and DOH to inform them that the request for assistance is approved and can be implemented.
   The Assistance Request form may be emailed or faxed between LHJs, WSPA, DOH and pharmacies.
   In accordance with the MOU, amendments to the Assistance Request form shall be in writing and must be agreed upon between all participating parties.

B. MOU Activation
The MOU can be activated by any signatory LHJ or by DOH, with support from the Washington State Pharmacy Association.
C. Communications
1. All communication between coordinating local, state, and federal agencies during the response will occur through phone, text, email, fax, conference calls and/or WA SECURES.
2. Affected LHJs are expected to provide regular situational awareness updates on the status of the event to WSPA, DOH, and participating pharmacies. This will be done using situation report(s).

D. Cost and Payment
1. DOH and/or the LHJ shall provide the MCMs that are to be dispensed or administered by a pharmacy at no cost to the pharmacy.
2. Pharmacies will not charge the patient or customer for the county, state, or federally supplied MCM. However, a dispensing or administration fee may be charged to the patient/customer or their insurance company in accordance with current emergency federal or state guidance at the time.
3. Pharmacies agree to waive this fee if required by current federal or state guidance. Pharmacies may also, at their discretion, waive this fee for patients or customers who demonstrate an inability to pay.
4. All other costs incurred by WSPA, DOH, LHJs, or pharmacies through implementation of the MOU shall be borne by each respective agency.

E. Demobilization
1. Use of the Incident Command System (ICS) is required; therefore, demobilization will follow established ICS procedures.
2. The local health officer or designee must make the decision to return to normal operations and discontinue pharmacy activities under the MOU. Triggers for demobilization will be based on the following:
   a. Targeted populations have received needed MCM,
   b. Sufficient distribution can be achieved through other mechanisms,
   c. Mechanisms exist for those without the ability to pay for needed MCM.
3. The affected LHJs will contact the DOH Duty Officer at 360-888-0838 who will coordinate with WSPA to convene a coordination call to deactivate the MOU.
4. DOH will provide incident-specific guidance for handling of unused MCM.
5. When multiple LHJs are activated, the decision to demobilize will be done independently and not affect other LHJs operations.

IV. PLAN DEVELOPMENT AND MAINTENANCE

A. Training
Pharmacies will be invited, as appropriate, to LHJ- and DOH-sponsored mass dispensing training.

B. Exercises
1. The content and timing of the exercise will be based on improvement plans from previous exercises and real incidents.
2. All public health related exercises conducted at DOH will follow the Homeland Security Exercise Evaluation Program (HSEEP) guidelines.
C. Periodic Reviews and Updates
   1. This activation plan will be reviewed by an advisory group made up of signatories, WSPA, and DOH. DOH has the responsibility of convening this meeting:
      a. Every five years, or
      b. Based on After Action Reports from use of this plan

D. Plan Approval
   1. The Washington Statewide Pharmacy – Local Health Jurisdiction MOU Activation Plan must be approved by the following:
      a. LHJ signatories of the MOU
      b. Washington State Pharmacy Association on behalf of pharmacies.
      c. DOH Chief of Emergency Preparedness and Response
APPENDIX A: WASHINGTON STATEWIDE PHARMACY-LOCAL HEALTH JURISDICTION

MEMORANDUM OF UNDERSTANDING

This Washington Statewide Pharmacy-Local Health Jurisdiction Memorandum of Understanding ("MOU") is made and entered into by the signatory Health Department or signatory Health District, or signatory County within the State of Washington that operates a public health department or division within its county government, ("Local Health Jurisdiction" or "LHJ") and each signatory pharmacy entity licensed in the State of Washington ("Pharmacy"), individually, and with all other signatory LHJs and signatory pharmacies.

ARTICLE I

PURPOSE

The purpose of this MOU is to utilize existing pharmacy infrastructure to assist in addressing health and medical needs of an affected population during a public health incident, emergency or disaster ("Incident"), using coordinated and standardized protocols statewide. The Washington State Department of Health ("DOH") supports the development of this MOU.

ARTICLE II

DEFINITIONS

Local health jurisdiction: A signatory health department, health district, or county within the State of Washington that operates a public health department or division within its county government, pursuant to authority granted under Chapters 70.05, 70.08, 70.46 RCW or other applicable law. Each signatory party shall designate a representative for purposes of accepting requests for assistance and notice.

Pharmacy: A signatory to this MOU who meets the definition of a pharmacy as that term is defined in RCW 18.64.011.

Plan: a written operation plan or procedure developed pursuant to this MOU.

Public Health Incident, Emergency, or Disaster ("Incident"): Any occurrence, or threat thereof, whether natural or caused by man, in war or in peace, to which an LHJ may respond pursuant to its authority under chapter 70.05, 70.08 or 70.46 RCW, or other applicable law, and that, in the judgment of the LHJ, results or may result in circumstances sufficient to exceed the day to day operational capabilities of immediate local or regional public health response.

ARTICLE III

PARTICIPATION

Pharmacies have a desire to assist LHJs in addressing health and medical needs of an affected population during an incident. LHJs and pharmacies agree that this MOU, however, does not create a legal duty to do
so. LHJs and pharmacies agree that any and all actions taken pursuant to this MOU shall be voluntary and in each LHJ’s and Pharmacy’s sole discretion.

ARTICLE IV

HOW TO Invoke ASSISTANCE

An LHJ may request assistance of a pharmacy by contacting the designated representative of that pharmacy. The provisions of this MOU shall only apply to requests for assistance made by and to such designees. Requests may be verbal or in writing. If verbal, the request shall be confirmed in writing as soon as possible to the extent practical. LHJs intend to activate community-wide mass vaccination and dispensing plans, to include delivery of medications by pharmacy with pharmacy’s agreement, only (a) after a declaration of “Public Health Emergency” made by the Secretary of the Department of Health and Human Services under the Public Readiness and Emergency Preparedness Act (PREP Act), 42 U.S.C.A. §247d-6d, or (b) a locally or state declared emergency, under chapter 38.52 RCW, requiring a public health and medical response, or (c) the issuance of an event mission number by the Emergency Management Division of the State Military Department for a public health and medical response.

ARTICLE V

EFFECT OF DECLARATION OF EMERGENCY

The LHJs and pharmacies recognize that state or federal declarations of emergency, or orders related thereto, may supersede the arrangements made or actions taken pursuant to this MOU. Nothing in this MOU should be construed as independent of or by bypassing established emergency management procedures, the provisions of county or state declarations of emergencies, or any conditions for the distribution and dispensing of the Strategic National Stockpile (SNS) or administration of vaccines established by the federal or state governments.

ARTICLE VI

RESPONSIBILITIES OF LOCAL HEALTH JURISDICTIONS

Local Health Jurisdictions responsibilities include:
- Coordinate with DOH and/or signatory pharmacies to ensure statewide consistency with screening forms, tracking, training and other pharmacy requirements if applicable.
- Provide planning and technical assistance to pharmacy, including but not limited to, supply lists, fact sheets, dispensing algorithms, and applicable requirements
- Provide statewide consistent medical screening forms to pharmacy as a guidance for implementing dispensing operations
- Provide technical assistance and training, as mutually agreed upon by LHJ and pharmacy
- Activate community-wide mass vaccination and dispensing plans as necessary
- Notify pharmacy that community dispensing plans should be implemented
- Request appropriate amounts and type of medication or vaccine, and available supplies, from local, state or federal sources, including use of SNS resources
- Facilitate a discussion with pharmacy regarding the most appropriate locations for distribution
- Request DOH to deliver, or have delivered medications to distribution centers as determined by the local health jurisdiction in consultation with the DOH and pharmacy
- Provide pharmacy with statewide consistent medical protocols regarding the pharmacy’s response including, but not limited to, dosing and follow-up procedures

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6
Washington State Department of Health
Emergency Response Plan

Statewide Pharmacy MOU Activation Plan

- Provide pharmacy with releasable information regarding the public health emergency situation
- Manage public information activities with regard to the overall health and medical response across the LHJ’s jurisdiction
- Provide educational materials, if appropriate, to pharmacy for the purposes of distributing to all persons in emergencies impacting the public’s health
- Make arrangements to retrieve or dispose of any unused medications from pharmacy facilities and collect documentation forms in coordination with DOH
- Provide guidance and criteria to pharmacy for tracking levels of activity, supplies and inventory, as applicable to the response and consistent across signatory LHJ jurisdictions

If no statewide mission number has been issued by the State Emergency Management Division, pharmacy and local health jurisdiction agrees that prior to invoking this agreement during emergencies, local health jurisdiction, through the local department of emergency management, will request the issuance of a mission number from the Washington Military Department, Emergency Management Division.

ARTICLE VII

RESPONSIBILITIES OF PHARMACIES

Pharmacies’ responsibilities include:
- Coordinate with DOH and/or signatory LHJs to insure statewide consistency with screening forms, tracking, training, and other pharmacy requirements
- Comply with pharmacy standards in effect during the incident
- Identify the approximate number of medication doses that could be administered by pharmacy in a specified time period and communicate that information to the LHJ
- Identify pharmacy sites to receive medication deliveries and communicate site locations to the LHJ
- Communicate to LHJ’s each site location’s scope of pharmacy practice regarding affected populations, e.g., convey age or prescriptive authority limitations
- Receive and store medication deliveries, consistent with federal, state or local government requirements, at pharmacy-identified facilities during Incidents
- Ensure that pharmacy site locations serve the general public
- At pharmacy’s discretion, ensure that its own employees, including those employed by its parent company, and their families, are cared for consistent with public health recommendations
- Conduct medical screening of individuals receiving medications, based on guidance provided by LHJ, to identify potential contraindications and complications, and assure dispensing and administration consistent with federal, state and local government requirements
- In the absence of the issuance of an emergency use authorization, or a declared emergency triggering RCW 38.52.180 (6) waiving license requirements for registered emergency workers, prescribe and dispense medications under a collaborative agreement with a licensed health care prescriber or lawful health order issued by a local health officer
- Maintain accurate records of medications dispensed, administered, and remaining inventory
- Maintain and inventory the local, state or federal stock of medications, vaccines and supplies and physically separate them from the regular inventory. The local, state and federal stock cannot be used in place of commercial pharmacy stock at any time. Pharmacy stock may be used as a substitute for the local, state or federal stock and pharmacy may seek reimbursement for this action, if available, in accordance with the then current state or federal guidance
- Track contact information of individuals receiving medications
- Communicate information regarding medications dispensed, administered, and contact information to local health jurisdiction as required by local health jurisdiction

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ARTICLE VIII
COST AND PAYMENT

Local health jurisdiction shall provide the medications that are to be dispensed or administered by pharmacy as specified in this agreement at no cost to pharmacy. Pharmacy shall dispense or administer these medications to patients or customers at no charge to the patient or customer except for an administrative fee not to exceed the lesser of that reimbursed by the Medicare Part B schedule, or emergency federal or state current guidance at the time. Pharmacy agrees to waive this fee if required by then current federal or state guidance. Pharmacy may also, in its discretion, waive this fee for patients or customers who demonstrate an inability to pay.

All other costs incurred by either local health jurisdiction or pharmacy through implementation of this agreement shall be borne by each respective agency.

ARTICLE IX
IMMUNITY, INDEMNIFICATIONS AND LIMITATIONS

The parties acknowledge that if this agreement has been triggered after a federal public health emergency declaration by the Secretary of the Department of Health and Human Services under the PREP Act, immunity under state and federal law will extend to covered persons involved in dispensing, distributing, and administering countermeasures/prophylaxis under 42 U.S.C.A. §247d-6d. Immunity under the PREP Act does not apply to willful misconduct or acts conducted outside the scope of the declaration.

The parties further acknowledge that if this agreement has been triggered after a locally or state declared emergency under chapter 38.52 RCW or after the issuance of an event mission number by the Emergency Management Division of the Military Department, immunity and indemnification are provided under RCW 38.52.180 for activities within the scope of assigned responsibilities and under the direction of the local emergency management organization. Immunity and indemnification does not apply to gross negligence, willful or wanton misconduct, or acts outside the scope of the assigned responsibilities or not under the direction of the local emergency management organization.

The parties agree to assert immunity as applicable to any action against one or more of them. The Parties acknowledge that the indemnification and defense provisions herein do not abrogate any statutory immunity.
If this agreement has been triggered in circumstances when there is not a federal public health emergency declaration or issuance of a state event mission number, or to the extent immunity and indemnification under 42 U.S.C.A. §247d-6d or RCW 38.52.180 are determined by a court of general jurisdiction in the State of Washington to be inapplicable, each party agrees to be responsible and assume tort liability for its own wrongful acts or omissions, or those of its officers, agents or employees to the fullest extent required by law, and agrees to save, indemnify, defend and hold other parties harmless from any such tort liability. In the case of a determination of negligence or wrongful acts by the local health jurisdiction and one or more pharmacy, any damages allowed shall be levied in proportion to the percentage of fault attributable to each party, and each party shall have the right to seek contribution from the other parties.

Notwithstanding anything to the contrary in this agreement, once the local health jurisdiction has delivered the inventory to the pharmacy, the LHJ will retain the risk of loss with respect to the inventory unless the loss is the result of the pharmacy’s negligence, gross negligence or intentional act or failure to act.

ARTICLE X
INFORMATION SHARING

Pharmacy will provide LHJ with information LHJ deems necessary for documentation of the actions taken and services provided under this agreement, all of which is available under the public health exemption of HIPAA, 45 CFR §164.512(b), and the Health Care Information Act, RCW 70.02.050 (2)(a).

LHJ will advise pharmacy of the information needed to protect the public health and to prevent or control disease, injury or disability and will only request the information necessary to protect the public health and to prevent or control disease, injury or disability.

ARTICLE XI
TERM AND TERMINATION

This agreement shall become effective immediately upon its execution by any one pharmacy and one LHJ. After the first two such executions, this agreement shall become effective as to any other pharmacy or LHJ upon its execution by such pharmacy or LHJ. The agreement shall remain in effect as between each and every pharmacy and LHJ until participation in this agreement is terminated by a withdrawing pharmacy or LHJ by written notice to all of the other signatories to the agreement. Termination of participation in this agreement by a withdrawing pharmacy or LHJ shall not affect the continued operation of this agreement as between the remaining pharmacies and LHJ so long as at least one pharmacy and one LHJ remain.

Either LHJ or pharmacy may terminate this agreement for convenience with written notification to all of the other signatories to the agreement no less than thirty (30) calendar days in advance of the termination date.

ARTICLE XII
AMENDMENTS

No provision of this agreement may be modified, altered or rescinded by any individual pharmacy or LHJ without the unanimous concurrence of the other pharmacies and LHJ. Modifications to this agreement must be in writing and will become effective upon the approval of the modification by all pharmacies and LHJ. Modifications must be signed by each pharmacy and LHJ.
ARTICLE XIII
INDEPENDENT CAPACITY

The employees or agents of pharmacy or local health jurisdiction who are engaged in whole or in part in
the performance of this agreement shall continue to be employees or agents of that party and shall not be
considered for any purpose to be employees or agents of any other party to this agreement.

ARTICLE XIV
SEVERABILITY

If any provision of this agreement or any document incorporated by reference shall be held invalid, such
invalidity shall not affect the other provisions of this agreement which can be given effect without the
invalid provision, if such remainder conforms to the requirements of applicable law and the fundamental
purpose of this agreement, and to this end the provisions of this agreement are declared to be severable.

ARTICLE XV
NO THIRD PARTY BENEFICIARIES

This agreement is entered into solely for the mutual benefit of the parties to this agreement. This
agreement is not entered into with the intent that it shall benefit any other person and no other such person
shall be entitled to be treated as a third-party beneficiary of this agreement.

ARTICLE XVI
DISPUTE RESOLUTION

If a dispute between any parties to this agreement arises out of or related to this agreement, or the breach
thereof, the parties agree to endeavor to settle the dispute in an amicable manner by direct communication
between or among each other before terminating the agreement.

ARTICLE XVII
NOTICES

Whenever this agreement provides for notice to be provided by one party to another, such notice shall be
in writing and directed to the designated representative of the party.

ARTICLE XVIII
SURVIVORSHIP

The following clauses survive the termination of this agreement:

IX. Immunity, Indemnification, and Limitations
XIV. Severability
XV. No Third Party Beneficiaries
ARTICLE XIX

OTHER OR PRIOR AGREEMENTS

If a pharmacy and LHJ have a prior written agreement that relates to the subject matter of this agreement, namely, using existing pharmacy infrastructure to assist in addressing health and medical needs of an affected population during an incident, including but not limited to mass dispensing of antibiotics, antiviral medications or vaccines to the general public during times of health and medical disasters, then, at such time that said pharmacy and said LHJ both execute this agreement, such prior written agreement between them shall become null and void and of no further force and effect.

Notwithstanding the above provision in this Article XIX, any pharmacy and/or LHJ may enter into other agreements with other pharmacies and/or LHJs provided such other agreements govern subject matter not governed by this agreement.

ARTICLE XX

GOVERNING LAW

This agreement shall be interpreted, construed and enforced in accordance with the laws of the State of Washington.

ARTICLE XXI

EXECUTION IN COUNTERPARTS

This agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. For purposes hereof, a facsimile copy of this agreement, including the signature pages hereto, shall be deemed to be an original.

IN WITNESS WHEREOF, this agreement has been executed and approved and is effective and operative as to each pharmacy and each LHJ as herein provided.

Company/ Organization

__________________________
Signature

Print Name and Title

__________________________
Date:

Revised: 11/2017
### APPENDIX B: Template Agenda for Coordination Calls

#### PHARMACY MOU ACTIVATION AGENDA

<table>
<thead>
<tr>
<th>Date of call</th>
<th>Time of call</th>
<th>Conference call #</th>
<th>Passcode</th>
</tr>
</thead>
</table>

**Note:** This agenda covers the information needed to fill out the “Resource Request” form.

**Purpose:**
The purpose of this call is to convene the stakeholders necessary to activate the Local Health Jurisdiction Pharmacy MOU, review key aspects of the mission, and to complete the initial documentation necessary to quickly activate.

Operational details will be discussed in subsequent calls.

**Item 1:** General description of the public health hazard (i.e. type of disease outbreak, environmental health threat, infrastructure impacts, etc.)

**Item 2:** Type of assistance needed:
- Type of medications to be dispensed or vaccines administered
- Specific populations or priority groups that have been defined
- Types of information to be communicated to the public
- Responsibilities for public information

**Item 3:** When and where is the assistance needed?

**Item 4:** What pharmacy resources are available for response?

**Item 5:** Does the pharmacy need any additional information or logistical support from LHJ?

**Item 6:** Fill out the Assistance Request form ([Appendix C](#))

**Item 7:** Are there any other issues or concerns?

**Item 8:** Next steps and follow up.

Revised: 11/2017
## APPENDIX C: Assistance Request Form

### ASSISTANCE REQUEST FORM

#### Part 1: Completed by Requesting LHJ

<table>
<thead>
<tr>
<th>Agency requesting assistance</th>
<th>Date of request</th>
<th>Time of request</th>
<th>State mission #</th>
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</thead>
<tbody>
<tr>
<td>Primary POC</td>
<td>Work phone</td>
<td>Cell phone</td>
<td>Email</td>
</tr>
<tr>
<td>Secondary POC</td>
<td>Work phone</td>
<td>Cell phone</td>
<td>Email</td>
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</tbody>
</table>

General description of the public health hazard (i.e. type of disease outbreak, environmental health threat, infrastructure impacts, etc.)

**Type of Assistance Needed**

- What type(s) of meds requested to dispense or vaccines to be administered?
- Are there specific populations or priority groups that have been defined?
- What type(s) of information need to be communicated to the public?
- When will assistance be needed? How long will assistance be needed (approximately)?
- What geographic area is assistance needed in (if known)? (i.e. neighborhood, town, county, region-wide)

LHJ authorized representative (electronic signature)  
Date  
Time

#### Part 2: Completed by Assisting Pharmacy

<table>
<thead>
<tr>
<th>Pharmacy name</th>
<th>Date received from LHJ</th>
<th>Time received from LHJ</th>
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<tbody>
<tr>
<td>Primary POC</td>
<td>Work phone</td>
<td>Cell phone</td>
</tr>
<tr>
<td>Secondary POC</td>
<td>Work phone</td>
<td>Cell phone</td>
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</tbody>
</table>

Revised: 11/2017
## Part 2: Completed by Assisting Pharmacy (continued)

- Pharmacy agrees to provide assistance as requested above
- Pharmacy agrees to provide only the following forms of assistance (complete this part only if type of assistance available differs from the request above)

- Pharmacy cannot provide assistance

  When will assistance be available?  How long will assistance be available (approximately)?

  Does the pharmacy need any additional information or logistical support from LHJ?

<table>
<thead>
<tr>
<th>Pharmacy authorized representative (electronic signature)</th>
<th>Date</th>
<th>Time</th>
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## Part 3: Additional Information and/or Special Considerations

### Form Instructions

The requesting LHJ is one that has been impacted by a public health emergency and is requesting assistance. The assisting pharmacy is asked to respond by providing assistance and this form serves as a means to document assistance requests and authorizations.

### Part 1

The requesting LHJ completes part 1 and emails the form to WSPA.

### Part 2

The assisting pharmacy completes part 2 and emails the form back to WSPA. The assisting pharmacy may contact the requesting LHJ for clarification and coordination, or make such contact through WSPA, while completing part 2.

### Part 3

This section serves as space for additional information and/or special consideration.

Revised: 11/2017
Appendix 4: Provider Enrollment Forms

CDC COVID-19 Vaccination Program Provider Agreement

Please complete Sections A and B of this form as follows:
The Centers for Disease Control and Prevention (CDC) greatly appreciates your organization’s [Organization] participation in the CDC COVID-19 Vaccination Program. Your Organization’s chief medical officer (or equivalent) and chief executive officer (or chief fiduciary) — collectively, Responsible Officers — must complete and sign the CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A). CDC COVID-19 Vaccination Program Provider Profile Information (Section B) must be completed for each Vaccination Location covered under the Organization listed in Section A.

Section A. COVID-19 Vaccination Program Provider Requirements and Legal Agreement

**ORGANIZATION IDENTIFICATION**

Organization’s legal name:

Number of affiliated vaccination locations covered by this agreement: _____

Organization telephone number: Email (must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program):

Organization address:

**RESPONSIBLE OFFICERS**

For the purposes of this agreement, in addition to Organization, Responsible Officers named below will also be accountable for compliance with the conditions specified in this agreement. The individuals listed below must provide their signature after reviewing the agreement requirements.

**Chief Medical Officer (or Equivalent) Information**

Last name  First name  Middle initial

Title  Licensure (state and number)

Telephone number:  Email:

Address:

**Chief Executive Officer (or Chief Fiduciary) Information**

Last name  First name  Middle initial

Telephone number:  Email:

Address:

9/14/2020
### CDC COVID-19 Vaccination Program Provider Agreement

#### AGREEMENT REQUIREMENTS

I understand this is an agreement between Organization and CDC. This program is a part of collaboration under the relevant state, local, or territorial immunization’s cooperative agreement with CDC.

To receive one or more of the publicly funded COVID-19 vaccines (COVID-19 Vaccine), constituent products, and auxiliary supplies at no cost, Organization agrees that it will adhere to the following requirements:

1. **Organization must administer COVID-19 Vaccine** in accordance with all requirements and recommendations of CDC and CDC’s Advisory Committee on Immunization Practices (ACIP)\(^1\). Within 24 hours of administering a dose of COVID-19 Vaccine and adjuvant (if applicable), Organization must record in the vaccine recipient’s record and report required information to the relevant state, local, or territorial public health authority. Details of required information (collectively, Vaccine-Administration Data) for reporting can be found on CDC’s website\(^2\).

2. **Organization must submit Vaccine-Administration Data** through either (1) the immunization information system (IIS) of the state and local or territorial jurisdiction or (2) another system designated by CDC according to CDC documentation and data requirements\(^2\).

   Organization must preserve the record for at least 3 years following vaccination, or longer if required by state, local, or territorial law. Such records must be made available to any federal, state, local, or territorial public health department to the extent authorized by law.

3. **Organization must not sell or seek reimbursement** for COVID-19 Vaccine and any adjuvant, syringes, needles, or other constituent products and auxiliary supplies that the federal government provides without cost to Organization.

4. **Organization must administer COVID-19 Vaccine** regardless of the vaccine recipient’s ability to pay COVID-19 Vaccine administration fees.

5. **Before administering COVID-19 Vaccine**, Organization must provide an approved Emergency Use Authorization (EUA) fact sheet or vaccine information statement (VIS), as required, to each vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative.

6. **Organization’s COVID-19 vaccination services must be conducted in compliance** with CDC’s Guidance for Immunization Services During the COVID-19 Pandemic for safe delivery of vaccines\(^3\).

7. **Organization must comply with CDC requirements** for COVID-19 Vaccine management. Those requirements include the following:
   a. Organization must store and handle COVID-19 Vaccine under proper conditions, including maintaining cold chain conditions and chain of custody at all times in accordance with the manufacturer’s package insert and CDC guidance in CDC’s Vaccine Storage and Handling Toolkit\(^4\), which will be updated to include specific information related to COVID-19 Vaccine.
   b. Organization must monitor vaccine-storage-unit temperatures at all times using equipment and practices that comply with guidance located in CDC’s Vaccine Storage and Handling Toolkit\(^5\);
   c. Organization must comply with each relevant jurisdiction’s immunization program guidance for dealing with temperature excursions;

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This agreement expressly incorporates all recommendations, requirements, and other guidance that this agreement specifically identifies through footnoted web links. Organization must monitor such identified guidance for updates. Organization must comply with such updates.

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1. [https://www.cdc.gov/vaccines/hcp/acc-recs/index.html](https://www.cdc.gov/vaccines/hcp/acc-recs/index.html)
2. [https://www.cdc.gov/vaccines/programs/iis/index.html](https://www.cdc.gov/vaccines/programs/iis/index.html)
4. [https://www.cdc.gov/vaccines/hcp/admin/storage-handling.html](https://www.cdc.gov/vaccines/hcp/admin/storage-handling.html)

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9/14/2020
CDC COVID-19 Vaccination Program Provider Agreement

- Organization must monitor and comply with COVID-19 Vaccine expiration dates; and
- Organization must preserve all records related to COVID-19 Vaccine management for a minimum of 15 years, or longer if required by state, local, or territorial law.

Organization must report the number of doses of COVID-19 Vaccine and adjuvants that were unused, spoiled, expired, or wasted as required by the relevant jurisdiction.

Organization must comply with all federal instructions and timelines for disposing COVID-19 vaccine and adjuvant, including unused doses.

Organization must report moderate and severe adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS).

Organization must provide a completed COVID-19 vaccination record card to every COVID-19 Vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative. Each COVID-19 Vaccine shipment will include COVID-19 vaccination record cards.

Organization must comply with all applicable requirements as set forth by the U.S. Food and Drug Administration, including, but not limited to requirements in any EUA that covers COVID-19 Vaccine.

Organization must administer COVID-19 Vaccine in compliance with all applicable state and territorial vaccination laws.

By signing this form, I certify that all relevant officers, directors, employees, and agents of Organization involved in handling COVID-19 Vaccine understand and will comply with the agreement requirements listed above and that the information provided in sections A and B is true.

The above requirements are material conditions of payment for COVID-19 Vaccine-administration claims submitted by Organization to any federal healthcare benefit program, including but not limited to Medicare and Medicaid, or submitted to any HHS-sponsored COVID-19 relief program, including the Health Resources & Services Administration COVID-19 Uninsured Program. Reimbursement for administering COVID-19 Vaccine is not available under any federal healthcare program if Organization fails to comply with these requirements with respect to the administered COVID-19 Vaccine doses. Each time Organization submits a reimbursement claim for COVID-19 Vaccine administration to any federal healthcare program, Organization expressly certifies that it has complied with these requirements with respect to that administered dose.

Non-compliance with the terms of Agreement may result in suspension or termination from the CDC COVID-19 Vaccination Program and criminal and civil penalties under federal law, including but not limited to the False Claims Act, 31 U.S.C. § 3729 at seq., and other related federal laws, 18 U.S.C. §§ 1521, 1531, 1347, 1349.

By entering Agreement, Organization does not become a government contractor under the Federal Acquisition Regulation.

Coverage under the Public Readiness and Emergency Preparedness (PREP) Act extends to Organization if it complies with the PREP Act and the PREP Act Declaration of the Secretary of Health and Human Services.

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5 The disposal process for remaining unused COVID-19 Vaccine and adjuvant may be different from the process for other vaccines; unused vaccines must remain under storage and handling conditions noted in Item 7 until CDC provides disposal instructions; website URL will be made available.

6 https://vaers.hhs.gov/reportevent.html


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<th>Chief Medical Officer (or Equivalent)</th>
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<td>First name</td>
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<td>Middle initial</td>
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<td>Signature</td>
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<td>Date</td>
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<th>Chief Executive Officer (or Chief Fiduciary)</th>
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<tbody>
<tr>
<td>Last name</td>
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<tr>
<td>Signature</td>
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For official use only:

- VIFcrs ID for this Organization, if applicable:
- Vaccines for Children (VFC) PIN, if applicable: Other PIN (e.g., state, 317): 
- NIS ID, if applicable: 
- Unique COVID-19 Organization ID (Section A)*: 

*The jurisdiction’s immunization program is required to create a unique COVID-19 ID for the organization named in Section A that includes the awardee jurisdiction abbreviation (e.g., an organization located in Georgia could be assigned “GA123456A”). This ID is needed for CDC to match Organizations (Section A) with one or more Locations (Section B). These unique identifiers are required even if there is only one location associated with an organization.
Section B. CDC COVID-19 Vaccination Program Provider Profile Information

Please complete and sign this form for your Organization location. If you are enrolling on behalf of one or more other affiliated Organization vaccination locations, complete and sign this form for each location. Each individual Organization vaccination location must adhere to the requirements listed in Section A.

**ORGANIZATION IDENTIFICATION FOR INDIVIDUAL LOCATIONS**

Organization location name: □ Will another Organization location order COVID-19 vaccine for this site?
□ Yes; provide Organization name: □ No

**CONTACT INFORMATION FOR LOCATION’S PRIMARY COVID-19 VACCINE COORDINATOR**

Last name: First name: Middle initial:
Telephone: Email:

**CONTACT INFORMATION FOR LOCATION’S BACK-UP COVID-19 VACCINE COORDINATOR**

Last name: First name: Middle initial:
Telephone: Email:

**ORGANIZATION LOCATION ADDRESS FOR RECEIPT OF COVID-19 VACCINE SHIPMENTS**

Street address 1: Street address 2:
City: County: State: ZIP:
Telephone:
Fax:

**ORGANIZATION ADDRESS OF LOCATION WHERE COVID-19 VACCINE WILL BE ADMINISTERED (IF DIFFERENT FROM RECEIVING LOCATION)**

Street address 1: Street address 2:
City: County: State: ZIP:
Telephone:
Fax:

**DAYS AND TIMES VACCINE COORDINATORS ARE AVAILABLE FOR RECEIPT OF COVID-19 VACCINE SHIPMENTS**

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For official use only: Vaccines for Children (VFC) PIN, if applicable: 

VFC ID, if applicable: Unique COVID-19 Organization ID (from Section A): Unique Location ID**: 

**The jurisdiction’s immunization program is required to create an additional unique Location ID for each location completing Section B. The number will include the awardee jurisdiction abbreviation. For example, if an organization (Section A) in Georgia (e.g., GA1234564), has three locations (main location plus two additional) completing section B, they could be numbered as GA12345681, GA12345682, and GA12345683.**
**CDC COVID-19 Vaccination Program Provider Profile Information**

**COVID-19 VACCINATION PROVIDER TYPE FOR THIS LOCATION (SELECT ONE)**

- Commercial vaccination service provider
- Correctional/detention health services
- Health center – community (non-Federally Qualified Health Center (private)/non-Rural Health Clinic)
- Health center – migrant or refugee
- Health center – occupational
- Health center – STD/HIV clinic
- Health center – student
- Home health care providers
- Hospital
- Indian Health Service
- Tribal health
- Medical practice – family medicine
- Medical practice – pediatrics
- Medical practice – internal medicine
- Medical practice – OB/GYN
- Medical practice – other specialty
- Pharmacy – chain
- Pharmacy – independent
- Public health provider – public health clinic
- Public health provider – Federally Qualified Health Center
- Public health provider – Rural Health Clinic
- Long-term care – nursing home, skilled nursing facility, federally certified
- Long-term care – nursing home, skilled nursing facility, non-federally certified
- Long-term care – assisted living
- Long-term care – intellectual or developmental disability
- Long-term care – combination (e.g., assisted living and nursing home in same facility)
- Urgent care
- Other (Specify: _________)

**SETTING(S) WHERE THIS LOCATION WILL ADMINISTER COVID-19 VACCINE (SELECT ALL THAT APPLY)**

- Daycare facility
- College, technical school, or university
- Community center
- Correctional/detention facility
- Health care provider office, health center, medical practice, or outpatient clinic
- Hospital (i.e., inpatient facility)
- In-home
- Long-term care facility (e.g., nursing home, assisted living, independent living, skilled nursing)
- Pharmacy
- Public health clinic (e.g., local health department)
- School (K – grade 12)
- Shelter
- Temporary or off-site vaccination clinic – point of dispersion (POD)
- Temporary location – mobile clinic
- Urgent care facility
- Workplace
- Other (Specify: _________)

**APPROXIMATE NUMBER OF PATIENTS/CLIENTS ROUTINELY SERVED BY THIS LOCATION**

- Number of children 0 years of age and younger: _________ (Enter “0” if the location does not serve this age group.)
- Unknown
- Number of adults 19 – 64 years of age: _________ (Enter “0” if the location does not serve this age group.)
- Unknown
- Number of adults 65 years of age and older: _________ (Enter “0” if the location does not serve this age group.)
- Unknown
- Number of unique patients/clients seen per week, on average: _________
- Unknown
- Not applicable (e.g., for commercial vaccination service providers)

**INFLUENZA VACCINATION CAPACITY FOR THIS LOCATION**

- Number of influenza vaccine doses administered during the peak week of the 2019–20 influenza season: _________ (Enter “0” if no influenza vaccine doses were administered by this location in 2019–20)
- Unknown
# CDC COVID-19 Vaccination Program Provider Profile Information

**Population(s) Served by This Location (Select All That Apply):**

- General pediatric population
- General adult population
- Adults 65 years of age and older
- Long term care facility residents (nursing home, assisted living, or independent living facility)
- Health care workers
- Critical infrastructure/essential workers (e.g., education, law enforcement, food/agricultural workers, fire services)
- Military—active duty/reserves
- Military—veteran
- People experiencing homelessness
- Pregnant women
- Racial and ethnic minority groups
- Tribal communities
- People who are incarcerated/detained
- People living in rural communities
- People who are under-insured or uninsured
- People with disabilities
- People with underlying medical conditions* that are risk factors for severe COVID-19 illness
- Other people at higher-risk for COVID-19 (Specify: ____________)

**Does Your Organization Currently Report Vaccine Administration Data to the State, Local, or Territorial Immunization Information System (IIS)?**

- Yes [List IIS identifier: ____________]
- No
- Not applicable

If “No,” please explain planned method for reporting vaccine administration data to the jurisdiction’s IIS or other designated system as required.

If “Not applicable,” please explain:

**Estimated Number of 10-Dose Multidose Vials (MDVs) Your Location is Able to Store During Peak Vaccination Periods (e.g., during back-to-school or influenza vaccine season) at the Following Temperatures:**

- Refrigerated (2°C to 8°C): □ No capacity □ Approximately additional 10-dose MDVs
- Frozen (-15°C to -25°C): □ No capacity □ Approximately additional 10-dose MDVs
- Ultra-frozen (-60°C to -80°C): □ No capacity □ Approximately additional 10-dose MDVs

**Storage Unit Details for This Location:**

List brand/model/type of storage units to be used for storing COVID-19 vaccine at this location:

1. Example: CDC & Co/Red series two-door/refrigerator
2. ____________
3. ____________
4. ____________
5. ____________

---


9/14/2020
### CDC COVID-19 Vaccination Program Provider Profile Information

**Providers Practicing at This Facility** (additional spaces for providers at end of form)

Instructions: List below all licensed healthcare providers at this location who have prescribing authority (i.e., MD, DO, NP, PA, RPh).

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Title</th>
<th>License No.</th>
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Appendix 5: Normal Vaccination Route: How to Become a Provider

**Childhood Vaccine Program (CVP)**

- Provider site reaches out to DOH or Regional Childhood Vaccine Program Coordinator (RCVPC)
  - If DOH then DOH refers to RCVPC
- New Provider Enrollment Guide sent to provider by RCVPC with instructions and pertinent links i.e., storage and handling information, thermometer information
  - If new provider organization-send Data sharing agreement
- Provider site must monitor vaccine storage units and record temperatures on temp log twice per day x 5 days
- Once provider site completes all required paperwork and completed required monitoring RCVPC can conduct pre-enrollment site visit. Picks up all required signed paperwork at that time
- Data user agreement for IIS sent to WAIIS/DOH data quality team (up to 2 weeks to process) must send original signed document through USPS
- Provider agreement is sent to DOH Childhood Vaccine Program site reviewer coordinator or supervisor. Must send original signed document through USPS
- Data quality then notifies Childhood Vaccine program who completes enrollment approval process, adds provider site to WAIIS, builds order sets etc. (can take up to 2 weeks)
- Provider site and RCVPC notified that approval process is complete and that they can complete their first order
- Provider site works with DOH WAIIS training and or LHJ to learn all required ordering, administration, documentation, inventory management, reporting processes
- Provider places first order
- Provider site receives vaccine order into WAIIS via on-line packing slip
- Provider site must comply with all CDC/DOH required components of the agreement or risk removal from the CVP.

**Adult Vaccine Program (AVP)**

- Provider site reaches out to DOH to become Adult Vaccine Program Provider (if they reach out to LHJ they are referred to DOH)
- DOH sends the provider site the Adult Vaccine Program Manual
- Provider site sends original signed copy of completed agreement to DOH Adult Vaccine Program may or may not include data sharing agreement
- DOH AVP staff approve paperwork and notify provider site
- Provider site places initial order during the order period (typically July)
- Order quantities can be reduced by DOH per allocation amounts available to WA state
- Provider site receives order (September-October)
- Provider site must comply with all CDC/DOH required components of the agreement or risk removal from the AVP.
## Appendix 6: Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCM</td>
<td>Medical Countermeasure</td>
<td></td>
</tr>
<tr>
<td>SHD</td>
<td>Snohomish Health District</td>
<td></td>
</tr>
<tr>
<td>WA DOH</td>
<td>Washington Department of Health</td>
<td></td>
</tr>
<tr>
<td>CDC</td>
<td>Center of Disease Control</td>
<td></td>
</tr>
<tr>
<td>PHEPR</td>
<td>Public Health Emergency Preparedness and Response</td>
<td></td>
</tr>
<tr>
<td>VPD</td>
<td>Vaccine Preventable Disease</td>
<td></td>
</tr>
<tr>
<td>SnoCo DEM</td>
<td>Snohomish County Department of Emergency Management</td>
<td></td>
</tr>
<tr>
<td>ESF</td>
<td>Emergency Support Function</td>
<td></td>
</tr>
<tr>
<td>JIC</td>
<td>Joint Information Center</td>
<td></td>
</tr>
<tr>
<td>PIO</td>
<td>Public Information Officer</td>
<td></td>
</tr>
<tr>
<td>POD</td>
<td>Point of Distribution</td>
<td></td>
</tr>
<tr>
<td>HUB</td>
<td>Central Location for MCM Distribution</td>
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</tr>
<tr>
<td>EUA</td>
<td>Emergency Use Authorization</td>
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</tr>
<tr>
<td>FDA</td>
<td>Food and Drug Administration</td>
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</tr>
<tr>
<td>EMD</td>
<td>Emergency Management Division</td>
<td></td>
</tr>
<tr>
<td>SNS</td>
<td>Strategic National Stockpile</td>
<td></td>
</tr>
<tr>
<td>ASPR</td>
<td>Assistant Secretary of Preparedness and Response</td>
<td></td>
</tr>
<tr>
<td>WA</td>
<td>Washington</td>
<td></td>
</tr>
<tr>
<td>WSPA</td>
<td>Washington State Pharmacy Association</td>
<td></td>
</tr>
<tr>
<td>DOC</td>
<td>District Operations Center</td>
<td></td>
</tr>
<tr>
<td>DEA</td>
<td>Drug Enforcement Administration</td>
<td></td>
</tr>
<tr>
<td>ECC</td>
<td>Emergency Coordination Center</td>
<td></td>
</tr>
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<td>SNS</td>
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<tr>
<td>ECC</td>
<td>Emergency Coordination Center</td>
<td></td>
</tr>
<tr>
<td>CEMP</td>
<td>Comprehensive Emergency Management Plan</td>
<td></td>
</tr>
<tr>
<td>MYTEP</td>
<td>Multi-Year Training and Exercise Plan</td>
<td></td>
</tr>
<tr>
<td>ESAR-VHP</td>
<td>Emergency System for Advance Registration of Volunteer Health Professionals</td>
<td></td>
</tr>
</tbody>
</table>

- **CDS**: Clinical Decision Support
- **CDSi**: Clinical Decision Support for Immunizations
- **DUA**: Data Use Agreement
- **APHL**: Association of Public Health Laboratories
- **IND**: Investigational New Drug
- **WA IIS**: Washington State Immunization Information System
- **MOU**: Memorandum of Understanding
- **ICS**: Incident Command System
- **EOC**: Emergency Operations Center
- **VIS**: Vaccine Information Statement
- **VAERS**: Vaccine Adverse Event Reporting System
- **NDC**: Digital Data Logger
- **PrepMOD**: Application that automate registration, planning, implementation, evaluation, recording, and reporting for mass vaccination and preparedness efforts.
- **MyIR**: My Immunization Registry
- **EHR**: Electronic Health Record
- **HIPAA**: Health Insurance Portability and Accountability Act
- **PREP**: Public Readiness and Emergency Preparedness
- **ACIP**: Advisory Committee on Immunization Practices