COVID-19 Vaccination Program

Recommendations for Coordination of COVID-19 Vaccination of Individuals Eligible March 1, 2021

WISCONSIN DEPARTMENT *of* HEALTH SERVICES

Prepared by: Wisconsin COVID-19 Vaccination Taskforce

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Introduction

Purpose

The goal of the Wisconsin Department of Health Services (DHS) COVID-19 Vaccination Program is to:

- Administer COVID-19 vaccine safely, quickly, and equitably to populations across the state.
- Achieve 80% immunization among Wisconsin's adult population (est. 3.7 million people) by summer 2021 (pending supply).

As one of the most complex public health endeavors of our lifetime, this is truly an "all-hands-on-deck" initiative. The state relies on local and tribal health departments (LTHDs), including local public health emergency coordinating structures to work with their partners in developing the most appropriate community approach, to connect those needing to be vaccinated with entities approved to vaccinate, and to raise awareness throughout local jurisdictions and trusted communicators about the importance of getting vaccinated and the ways to do so. State and local public health relies on health care partners, pharmacies, and other eligible vaccinators to collaborate in vaccinating populations and raising awareness about the need for vaccination to minimize the impact of COVID-19 and reduce deaths associated with the virus. All vaccinating entities are expected to follow state guidance and adhere to practices informed by federal requirements.

DHS is working to ensure fair, safe, equitable, and efficient allocation of vaccine across the state. The allocation plan includes strategies to ensure vaccines reach and are accepted by communities and people that have faced historical and current barriers or lack easy access to health care. DHS encourages all vaccination partners to work in a coordinated way with their local health department to create and implement an equity strategy to help address the deep inequities that the COVID-19 pandemic has highlighted.

This document has been developed to provide guidance for COVID-19 vaccine providers, LTHDs, and all other stakeholders who are involved in the distribution and administration of COVID-19 vaccine in Wisconsin. It outlines information, clarifies the roles of vaccine providers, and offers guidance to be used in coordinating vaccination for groups eligible on March 1, 2021. Newly eligible groups include education and child care workers, individuals enrolled in Medicaid long-term care programs, some public-facing essential workers, non-frontline essential health care personnel, and staff and residents in congregate living facilities. This document includes further details about the newly eligible groups, information about potential vaccination partners for each group, and information about state resources available to support vaccine providers.

This guidance document outlines the next set of building blocks in a broader phased vaccination strategy and will be followed by guidance on vaccinating future eligible groups as more vaccine supply becomes available. It builds on the January 7, 2021, Unaffiliated Health Care Workers planning document, which supplements and supports local vaccination activities already in process or planned. This document provides a menu of recommendations and resources and is not intended to supplant or limit any local coordination already happening.

The Wisconsin COVID-19 Vaccination Taskforce, assigned to steer vaccination across the state, welcomes feedback to this plan in the interest of further collaboration during the historic vaccine program. Feedback can be provided through email at dhscovidvaccinator@wi.gov.

Vaccination Program Planning Assumptions

- Vaccination is an all-in, all-hands-on-deck effort.
- The federal government directs vaccine supply to each state.
- Wisconsin/DHS directs vaccine allocations.
- Achieving broad-based uptake hinges on activating qualified vaccine providers across sectors to provide many avenues for Wisconsin residents to access vaccine.
- Vaccine distribution needs to be quick, safe, and efficient while advancing equitable access.
  - Vaccine is allocated to providers who are ready to vaccinate eligible populations, in ways that promote equity across the state.
  - Policies and procedures are in place to manage the safety of those vaccinated.
  - Predictability and dependability in vaccine volume over time will increase vaccine provider efficiency.
- Vaccine and supplies are not to be wasted.
- Vaccination needs to be done safely at a pace sufficient to maximize available supply and ensure patient safety.
- Eligibility focuses on specific risks of disease, death, and hospitalization, as well as risk of exposure and spread of disease.
- Vaccine eligibility is implemented in phases as a state. Phases are overlapping to optimize access and continuous uptake of vaccine.
- LTHDs bring expertise and emergency response plans to inform mass (high-throughput community-based) vaccination efforts, alongside activities to reach those who may have barriers to vaccination.
- The vaccination efforts will continue to adapt and evolve day by day.

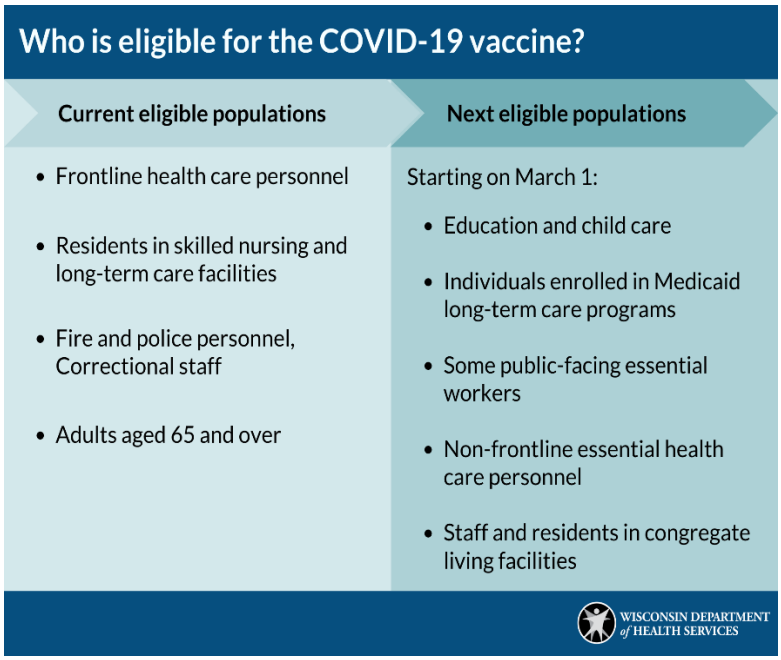
Concept of Operations

Vaccination of March 1 eligible populations will be supported, where feasible, by LTHDs, pharmacy partners, hospitals and clinics, community health centers, employers, home health agencies, mass/community vaccine providers, and through state and federal assistance in the form of community-based vaccination clinics and mobile vaccination teams.

Consistent with their historical core mission of providing vaccines to the public, LTHDs will build upon existing plans, local relationships, and proximity to entities within their jurisdictions to coordinate vaccination efforts for March 1 eligible populations, serving in a community coordination role. LTHDs unable to provide vaccination services may request assistance from DHS to provide outreach, vaccination, and logistics support. Guidance on how to request assistance is detailed in the latter section of this document.

Vaccinating March 1 Eligible Populations

Eligible Populations



Prioritization

Eligibility groups and timing are determined by DHS and are based on recommendations from the Advisory Committee on Immunization Practice (ACIP) and the State Medical Advisory Committee (SDMAC).

Although all of the above groups will become eligible on March 1, **vaccine providers should continue all efforts to reach the previously eligible groups**. With a continued limited supply of vaccine, it will take many weeks to finish vaccinating previously eligible groups, particularly people age 65 and older. Providers should make every effort to vaccinate people over 65 (and other previously eligible groups) before starting to vaccinate the new group.

When vaccinators are ready to begin vaccinating the newly eligible groups, vaccine providers are encouraged to prioritize within the newly eligible groups. **Educators and child care staff are the priority group within the March 1 population, and should be addressed before the other groups to the greatest extent possible.** Below is more information about the eligible groups as of March 1.

Educators and Child Care (estimated population 250,000-275,000 people)

- All staff in regulated child care, public and private K-12 school programs, out-of-school time programs, virtual learning support, and community learning center programs.
- All staff in Boys and Girls Clubs and YMCAs.
- All staff in preschool and Head Start through K-12 education settings.
- Faculty and staff in higher education settings who have direct student contact.

Individuals Enrolled in Medicaid Long-Term Care Programs (estimated population 50,000 people)

- Members of Family Care and Family Care Partnership and participants in IRIS. Family Care members and IRIS participants often have underlying conditions that make them more vulnerable to COVID-19.

- Participants in Wisconsin's Children's Long-Term Support Waiver and Katie Beckett programs are likewise eligible if they meet age requirements for the vaccine.

Public-Facing Essential Workers (estimated population 193,000 people)

- 911 operators. (estimated population 1,400 people)
- Utility and communications infrastructure (estimated population 21,000 people): Workers who cannot socially distance and are responsible for the fundamental processes and facilities that ensure electric, natural gas, steam, water, wastewater, internet, and telecommunications services are built, maintained, generated, distributed, and delivered to customers.
- Public transit (estimated population 18,000 people): Drivers who have frequent close contact with members of the public, limited to:
  - Public and commercial intercity bus transportation services.
  - Municipal public transit services.
  - Those employed by specialized transit services for seniors, disabled persons, and low-income persons.
- Food supply chain (estimated population 153,000+ people):
  - Agriculture production workers, such as farm owners and other farm employees.
  - Critical workers who provide on-site support to multiple agricultural operations, such as livestock breeding and insemination providers, farm labor contractors, crop support providers, and livestock veterinarians.
  - Food production workers, such as dairy plant employees, fruit and vegetable processing plant employees, and animal slaughtering and processing employees.
  - Retail food workers, such as employees at grocery stores, convenience stores, and gas stations that also sell groceries.
  - Hunger relief personnel, including people involved in charitable food distribution, community food and housing providers, social services employees who are involved in food distribution and emergency relief workers.

Non-Frontline Essential Health Care Personnel (estimated population 50,000+ people)

Personnel who are not involved in direct patient care but are essential for health system infrastructure. These staff are often affiliated with hospitals. Non-hospital employees and non-frontline employees employed by health systems are also included.

Categories of non-frontline essential health care personnel include:

- Public health
- Emergency management
- Cyber security
- Health care critical supply chain functions, including the production, manufacturing, and distribution of vaccine.
- Support roles, such as cleaning, HVAC, and refrigeration, critical to health system function.

Congregate Living Facility Staff and Residents (estimated population 66,000 people)

Staff and residents of congregate living facilities. Some settings in this group may be non-voluntary or provide services to marginalized populations – meaning residents do not have the resources or choice to mitigate exposure. According to SDMAC's guidance, congregate living facility staff and residents include those living or working in:

- Employer-based housing: Housing provided by an employer for three or more unrelated individuals who share bedrooms.

- Housing serving the elderly or people with disabilities: Adult family home, independent living apartment, community-based residential facility, residential care complex, state center for the disabled, mental health institute, and county-based center for the disabled.
- Shelters: Shelter provided to those who are homeless and/or in need of protection (for example, domestic violence shelters).
- Transitional housing: A project that is designed to provide housing and appropriate supportive services to homeless persons to facilitate movement to independent living when such facilities include shared bedrooms.
- Incarcerated individuals: Individuals in jails, prisons, and mental health institutes.

DHS asks that only those who are at significant risk due to public-facing positions with considerations for frequency, intensity, and duration of contact, and ability to mitigate, come forward to receive vaccine. Employees who are able to work from home, perform most tasks outdoors, or have limited engagement with the public are asked to delay vaccination until supply is robust.
For more information and answers to frequently asked questions about eligibility groups, please visit https://www.dhs.wisconsin.gov/covid-19/vaccine-about.htm.

Roles and Responsibilities

Wisconsin DHS

- Determine and detail framework for administration and allocation of resources.
- Provide direction on vaccination eligibility groups and advancement through groups.
- Make decisions that advance health equity in deployment of vaccination programs.
- Disseminate technical information and technical assistance to partners, stakeholders, and approved vaccine providers.
- Allocate and distribute vaccine, including management of second doses.
- Develop and deliver public information campaigns about vaccine, vaccination protocols and requirements, and the integration of messaging around good public health practices like masking, physical distancing, testing, etc.
- Monitor and report data on vaccination activity at the state and local levels.
- Supplement local vaccination resources to advance system capacity, including registration and platform systems.
- Supplement local vaccination resources through mobile vaccination teams and community-based vaccination clinics.

Local and Tribal Health Departments and/or Emergency Public Health Coordinating Entities

- Identify the local populations eligible for vaccine based upon state definitions and guidance.
- Connect regularly with providers in the community(ies) to identify shared strategies.
- Work with state and local partners to address gaps between populations in need and providers meeting that need.
- Provide information that is publicly accessible and consumable about where and when to get vaccinated, within the context of a broader public health response to the pandemic.
- Coordinate among approved providers to meet community vaccination needs, paying particular attention to the needs of vulnerable members of the community (such as those without transportation, individuals who are homebound or disabled, or non-English speaking).
- Educate community members on where and when to be vaccinated as part of a broader public health response.
- Serve as a credible resource for local community stakeholders.

- Solicit and leverage state resources, as needed, including registration and platform systems, mobile vaccination teams, and community-based vaccination clinics.
- Solicit and leverage local resources, as needed, including volunteers, funding, and IT support.
- Identify specific equity issues in jurisdiction(s) and develop partnerships to address.

Approved Vaccine Providers (including health care, pharmacies, home care agencies, employee health, vaccinating LTHDs)

- Collaborate with LTHD and regional public health coordinating entities to vaccinate population groups, identify gaps, and advance efficient and effective strategies.
- Provide information that is publicly accessible and consumable about where and when to get vaccinated, within the context of a broader public health response to the pandemic.
- Inform eligible populations of access to vaccine providers and vaccination clinics.
- Vaccinate individuals according to determined eligibility.
- Vaccinate in such a way that there is no cost to the recipient, and vaccinate regardless of insurance status.
- Promote equitable access to vaccine across populations and throughout the state.
- Follow state guidance and adhere to practices informed by federal requirements.
- Vaccinate all eligible individuals who live, work, and study in Wisconsin.

Vaccine Allocation Information

The demand for vaccine from providers is expected to continue to exceed the available supply for at least the next 1-2 months and depending on approval and availability of new vaccines, perhaps longer. This requires an allocation method that reflects the vaccination priorities outlined in guidance provided by SDMAC. In addition to implementing SDMAC guidance, the state vaccination allocation method supports the following objectives, given limited supply:

- Leverages existing vaccine provider capacity to efficiently and fairly distribute vaccine.
- Ensures equitable access to vaccine by underserved populations.
- Supports local event-based vaccination (short-duration vaccination events for specific groups, such as at a particular school or employer).
- Supports strategically placed high-throughput vaccination that can be scaled up as vaccine supply increases.
- Supports dedicated vaccine allocation to those vaccinating prioritized eligible populations.

DHS employs an allocation model to prioritize and allocate vaccine to providers based upon requests for vaccine submitted via a survey. The model includes the following parameters:

- Dedicate supply for Federally Qualified Health Centers (FQHCs), free clinics, tribes, and providers who primarily vaccinate underserved populations.
- Establish baseline minimums for LTHDs, vaccine providers serving long-term care populations, and strategically placed high-throughput clinics.
- Weight requests using the CDC's Social Vulnerability Index based upon the counties in which vaccine is distributed.
- Use county population as a guardrail to ensure that allocations are not significantly disproportional to population.
- Allow additional weighting for vaccine providers in counties with historical gaps in allocations due to limited provider enrollments and logistical constraints early on.

For allocations made after March 1, the allocation model will set aside a portion of the vaccine supply for certain prioritized populations, starting with education and child care staff.

To assist vaccine providers in planning, DHS will work to provide allocation amounts to providers as early as possible after the allocations are determined.

Considerations for Advancing Racial, Economic, and Geographic Equity

- Vaccination efforts must ensure access to vaccine for disproportionately affected groups, such as people of color and those with disabilities. Vaccination efforts should prioritize these groups and incorporate related considerations in planning efforts.
- LTHDs must assure direct connection to those disproportionately affected to engage them in speaking to the needs, challenges, opportunities, gaps, resources, etc.
- Vaccinators must work collaboratively with the local health department in their jurisdiction to identify and consider collective measures related to racial, economic, and geographic equity considerations.
- Vaccination benefits should be maximized for both individual recipients and the population overall. Vaccination has been shown to reduce severe outcomes from COVID-19 and reduce transmission of cases in the community. Achieving each of these benefits requires vaccinating different groups (for example, vaccinating in long-term care facilities helps reduce mortality, while vaccinating grocery workers attempts to reduce community transmission).
- Providers having to sub-prioritize should consider demographic and medical condition factors in a clear and transparent manner that seeks to reduce (rather than reinforce) inequities.
    - Discussion should reflect examination of disparities present in demographic and medical conditions as well as acknowledgement that using health care records to select individuals with certain medical conditions may inadvertently reinforce inequities by biasing selection toward people with access to health care through a medical home.
    - Materials supporting and communicating these decisions should follow health literacy, common language, and cultural competency standards and be accessible by individuals who may be vision or hearing-impaired.
- Operations should seek to identify and remove obstacles and barriers to registration, scheduling, accessibility and appointment attendance, including limited access to health care or those residing in rural, hard-to-reach areas. Providers must employ fair and consistent implementation processes with consideration for the following.
    - How an alternative registration processes might ensure equal access while first-come-first-serve models can favor populations with locational or technological advantages.
      For example, communities with limited access to high-speed internet may augment online registration with call-in scheduling or physically distanced in-person sign-up options.
    - Multiple sign-up methods for extra doses can ensure accessibility and reduce barriers for individuals who may not have access to a phone or computer.
    - Clearly communicating expectations about process and advance notice can mitigate challenges for those who need to arrange for transportation, child care, etc.
    - Operations should accommodate those who do not own cars or depend on public transportation.
    - Proof of eligibility requirements should factor in the inability to produce pay stubs, government IDs, or other restricting forms of identification or proof, and not be a barrier to receive vaccine.
    - Ensure ADA accessible facilities and services.
    - Have materials in a variety of languages and ensure translation services are readily available.
- All stakeholders must prevent racial disparities in uptake of vaccine and ensure understanding of free access.
    - Engage directly with communities of color to understand the basis for hesitancy.
    - Work with trusted messengers to convey information about the need, opportunity, process, and effects and to combat misinformation.

- Vaccine should be accessible in a range of settings to mitigate negative impacts of implicit bias or other barriers of racism and discrimination.
- Providers should encourage employees who are able to work from home, perform most tasks outdoors without close contact to others, or have limited engagement with the public to delay vaccination until supply is robust.
    - Materials should clearly describe how employees can expect to access vaccine if they do not qualify for a vaccination clinic hosted at their workplace.

Eligible Populations and Potential Providers

Pre-March 1 Eligible Groups:	Primary Vaccinator(s)
Health care workers and staff with possible exposure who work within hospitals and clinics (for example, organizations that are able to vaccinate)	Their employer.
Unaffiliated health care workers	LTHDs encouraged to play a coordinating role. Vaccinations may be administered by LTHDs, health care providers, pharmacies, other.
Long-term care residents and staff (skilled nursing facilities, other long-term care facilities)	Pharmacies, predominantly through the Federal Pharmacy Partnership for Long-Term Care Program, some through local pharmacies, or mass vaccination providers.
Tribes which have not opted into a partnership with the Indian Health Service (IHS)	State will provide vaccine. Tribal clinics will vaccinate.
Tribes which have opted into a partnership with the IHS	Federal government/IHS will provide vaccine. Tribal clinic will vaccinate. Note: Some tribal entities wishing to vaccinate beyond tribal membership (as outlined by IHS) may receive vaccine from the state allocations for these efforts.
Patients and staff in state hospitals, such as Winnebago and Mendota	DHS
Federal health administration facilities	Federal government
Military personnel	Federal government
Federal corrections (Bureau of Corrections managed facilities, excluding private contracted facilities) staff and inmates	Federal government
Individuals aged 65+	Health care systems, LTHD, pharmacies, or LTC facilities.
Fire, police, and corrections personnel	Health care systems, or LTHD.

March 1 Eligible Groups	Primary Vaccinator(s)
Educators and child care personnel	LTHDs will play a coordinating role. Vaccinations may be administered by LTHDs through a community-based vaccination clinic, health care providers, pharmacies, other.
Individuals enrolled in Medicaid long-term care programs	Health care providers and pharmacies.
Some public-facing essential workers • 911 operators • Utility and communications infrastructure • Public transit • Food supply chain	LTHDs encouraged to play a coordinating role. Vaccinations may be administered by a combination of LTHD staff, EMS, health care providers, pharmacies, or others. This may be at a coordinated community location, a local pharmacy, a mobile vaccination site, or on-site at a given employer location (dependent upon resources).
Non-frontline essential health care personnel	Their employer, or LTHD.
Congregate living facility staff and residents	LTHDs encouraged to play a coordinating role. Vaccinations may be administered by LTHDs through on-site vaccination clinics, community-based vaccination clinics, health care providers, pharmacies, mobile vaccination teams, the state, or others.

Strategies for Identifying and Working with March 1 Eligible Individuals

Educators and Child Care

Planning and Identification:

- LTHDs will coordinate the vaccination of K-12 educators, working with school districts and private schools within their jurisdiction to identify eligible individuals, and match them with vaccine providers.
- LTHDs will inform DHS of plans to vaccinate K-12 educators, so that vaccine may be specifically allocated for these groups.
- LTHDs will identify organizations involved in community programs that are included, such as YMCAs.
- LTHDs will work with the University of Wisconsin System, the Wisconsin Technical College System, and private colleges to identify staff who have direct student contact.
- DHS will work with the Department of Children and Families (DCF) to create a list of licensed child care providers.
- Educational facilities who have already established agreements for vaccination with entities such as pharmacies, mass vaccination providers, or health care organizations should inform LTHD to ensure there is no duplication of efforts and outreach.

Vaccination Delivery:

- LTHDs should prioritize K-12 education and child care. As LTHDs are coordinating the vaccination of K-12 educators, LTHDs will request vaccine on behalf of providers who will be vaccinating K-12 educators through a separate allocation survey. Vaccine providers should not include vaccine for K-12 educators in their weekly allocation survey, as this will be handled through this separate allocation process.

- DPI has released a document called "Logistical Considerations for Hosting COVID-19 Vaccination Clinics" to aid with planning.
- Where feasible, the consolidation of smaller groups into one vaccination plan or effort should be considered. For example, one vaccination location might be considered for several small child care centers vaccinated by the same entity. Vaccination at this location may need to occur across several dates depending on vaccine supply.
- Communication to school and child care partners should reiterate that while vaccination for educators is a priority, updated guidance from CDC emphasizes the importance of five levels of mitigation, including universal and correct use of masks and physical distancing, as essential strategies to reduce transmission of COVID-19 in schools. Vaccination of staff is an added, but not required, layer of protection for safe school reopening.
- As gaps are identified, LTHDs may work with vaccine providers, such as local pharmacies, to provide vaccination capacity, or may request state resources, such as mobile vaccination teams (see section below).

Individuals Enrolled in Medicaid Long-Term Care Programs

- DHS' Division of Medicaid Services will conduct direct outreach to these individuals.
- Health care providers, Medicaid HMOs, and pharmacies can work with LTHDs to vaccinate those who participate in the designated programs.

Public-Facing Essential Workers

- LTHDs should work within their jurisdiction to identify 911 operators, and assure vaccinations.
- LTHDs should work with employers within their jurisdiction to assure that employees within this category are aware of their eligibility and the resources available locally to be vaccinated.
- DHS will work with relevant industry associations to create lists of employers with eligible individuals based on 1B criteria that can be used by LTHDs.
- DHS will work with appropriate state agencies to create lists of eligible individuals based on licenses, certifications, work categories, etc. that can be used by LTHDs.

Non-Frontline Essential Health Care Personnel

- Health care providers should work with human resources departments and vendors to identify eligible individuals.
- LTHDs should support broad range of entities in this category in understanding who is eligible.

Congregate Living Facility Staff and Residents

- LTHDs should work with community organizations within their jurisdiction to identify individuals in qualifying housing and shelter situations and develop plans for vaccination.
- LTHDs should work within their jurisdiction to identify jail facilities and incarcerated individuals and assure strategies for vaccination of these groups.
- DHS plans to coordinate vaccination of those individuals at DHS facilities.

Verification of Eligible Individuals

- DHS recommends that local vaccine providers should employ a method of verification for those seeking to receive vaccine – while being sensitive to those who might not have official documentation.
- Those 65 and older could provide an ID, driver's license, or birth certificate. Those eligible because of their employment could provide an employment badge or letter from an employer.

- In the event a vaccine recipient does not have eligibility documentation, providers are encouraged to ask them to complete a letter of attestation. With this form, the person being vaccinated attests to the fact that they meet the eligibility criteria. See Appendix 1 for a sample form. This form is available in English and Spanish.
- Proof of appointment can be confirmed by showing the registration email or confirming first and last name with proof of ID.
- DHS' agreement with CDC requires us to "distribute or administer vaccine without discriminating on non-public-health grounds within a prioritized group." DHS has determined that in order to protect the public health of the residents of Wisconsin, vaccine allocated to the state should be administered to those who live, work, or study in Wisconsin. Vaccinators may target their vaccination effort to residents of their particular jurisdiction or constituency, however, may not turn someone away who lives, works, or studies in Wisconsin.

COVID-19 Vaccine Costs and Billing

Per the agreement with DHS that vaccine providers have signed, organization must administer COVID-19 vaccine regardless of the vaccine recipient's ability to pay COVID-19 vaccine administration fees or coverage status. Organization may seek appropriate reimbursement from a program or plan that covers COVID-19 vaccine administration fees for the vaccine recipient. Organization may not seek any reimbursement, including through balance billing, from the vaccine recipient.

People without health insurance or whose insurance does not provide coverage of the vaccine can also get COVID-19 vaccine at no cost. Providers administering the vaccine to people without health insurance or whose insurance does not provide coverage of the vaccine can request reimbursement for the administration of the COVID-19 vaccine through the Provider Relief Fund. (Source: https://www.cms.gov/covidvax-provider)

State Support and Resources to Reach March 1 Eligible Individuals

This section highlights resources that may be useful to vaccine providers in identifying and vaccinating eligible individuals.

- Wisconsin COVID-19 Vaccine Registry
- Vaccine provider map
- Mobile vaccination teams
- Community-based vaccination clinics
- Communications tools
- Information for LTHDs

Wisconsin COVID-19 Vaccine Registry

The Wisconsin COVID-19 Vaccine Registry provides the public the ability to schedule an appointment online with vaccinators who participate in in the vaccine registry. The vaccine registry will only provide access to those clinics using this specific software platform. The general public will access the vaccine registry at www.vaccinate.wi.gov or through individual location points on the vaccinator map housed on the DHS website. The vaccine registry is set to launch on March 1 with a limited number of providers. More providers will be added week by week as the program expands.

The vaccine registry is designed to support vaccine providers with the electronic management of a vaccination clinic including registration and appointment scheduling, collection of key information to verify eligibility, quick response (QR) codes for touchless scanning, data collection upon vaccine administration, and data exchange to the Wisconsin Immunization Registry (WIR). The vaccine registry provides the flexibility to keep the public up to date on vaccination clinic details such as hours of operation and appointment availability that may fluctuate due to vaccine supply and clinic throughput.

For providers:

- The vaccine registry provides these services through the use of a software called Microsoft's Vaccination Registration and Administration Solution (MS VRAS). DHS is making licenses available to vaccine providers at no cost. Initially, the vaccine registry will be rolled out to LTHDs starting February 22. DHS anticipates the vaccine registry will be available to all vaccinators by April 1. Vaccinators interested in using the vaccine registry should contact wcvr@dhs.wisconsin.gov.
- The vaccine registry will provide three tools:
  1. Public portal
  2. Health care provider app
  3. Command center

Public Portal

The public portal is a website (will be available at www.vaccinate.wi.gov) that will allow Wisconsin residents to apply for and schedule COVID-19 vaccinations locally. The portal includes functionality that:

- Captures demographic data of applicants.
- Screens applicants for eligibility based on predetermined statewide vaccination eligibility group criteria.
- Provides the applicant with the ability to complete registration and scheduling of an appointment if the applicant is determined to be currently eligible. This determination is based on an applicant's responses during registration.
- Provides Wisconsin residents with the opportunity to complete registration to get a COVID-19 vaccine and be placed on a wait-list if they are determined not yet eligible.
- Provides the applicant with the ability to register for a first vaccination or second dose/booster vaccination.
- Provides the ability for applicants to respond to a health survey that tracks adverse reactions after vaccination.

Health Care Provider App

The health care provider app, which is available for iPhones or iPads, empowers workers at vaccination sites and clinic locations to distribute and administer COVID-19 vaccines safely and effectively. If needed, LTHD partners will be provided with iPhones and iPads for use at vaccination sites. The health care provider app includes functionality that:

- Enables touch-free scanning of registrations using QR codes to identify registrants at vaccination locations.
- Provides health care providers with the ability to validate and update key patient information.
- Provides health care providers with the ability to capture vaccination data such as the manufacturer, lot number, expiration date, vaccine route, and dose amount through barcode scanning.
- Provides health care providers with the ability to send a vaccine information sheet (VIS) to an applicant via email.
- Interfaces vaccination information electronically to the Wisconsin Immunization Registry.

Command Center

The command center (management app) is a tool for management and administrators at COVID-19 vaccination sites as well as state agency officials. The command center allows health care providers to:

- Enter and maintain vaccine master data such as the manufacturer name, lot number, number of doses required, days between doses, and inventory of doses.
- Keep track of available dose inventory and be automatically notified when inventory becomes low.
- Email notifications to patients for vaccination registration confirmation.
- Send bulk email notifications to applicants who registered and on the wait-list when they are determined eligible and may schedule an appointment via the public portal.
- Send email reminder notifications to patients who are eligible and due for booster/second dose. Second dose appointments are scheduled via the public portal.

The command center also provides management and administrators with a variety of standard reports such as:

- Applicants by postal code.
- Applicants by county.
- Applicants by age group.
- Applicants by race or other demographics.
- Applicants' eligibility in each phase, including currently eligible and wait list applicants.
- Applicants' health survey responses and reported complications for each vaccine by lot.
- The number of future vaccination appointments booked by applicants.
- The average age of applicants.
- The number of registrations versus the number of first doses administered versus number of second doses administered.
- The proportion of vaccination registrations broken down by applicant occupation.
- Vaccination doses administered by vaccine trade name/manufacturer.
- Reported complications by vaccine trade name/manufacturer (with color breakdown by complication type).
- Reported complications by vaccine lot/batch (with color breakdown by complication type).
- Percentage of applicants who have indicated they previously tested positive for COVID-19.
- Reported complications by vaccine lot/batch (with color breakdown by complication type).
- Percentage of applicants who have indicated they previously tested positive for COVID-19.

MS VRAS Technology

MS VRAS is built on multiple Microsoft Technologies, including Microsoft Azure, Dynamics 365, and Power BI.

Licenses and Support

- Licenses for all providers that use Wisconsin COVID-19 Vaccine Registry will be supplied and supported by DHS. If needed, LTHD partners will be provided with mobile devices (iPhones and/or iPads) for the health care provider app at vaccination clinics.
- DHS will provide training materials for citizens, LTHDs, and other users of the vaccine registry. Planned training materials include printed job aids, webinars, and videos.
- DHS will provide the technical support for the vaccine registry.
- Vaccinators interested in using the vaccine registry should contact wcvr@dhs.wisconsin.gov.

Call Center

A call center will be established to provide support to members of the public with questions about vaccination or how to get vaccinated. Call center staff will provide support for:

- Wisconsin residents who do not have internet, or who prefer to register for vaccinations over the phone
- Wisconsin residents experiencing technical difficulties with the vaccine registry

Wisconsin Provider Map

The Wisconsin provider map (due to launch on March 1) is designed to show all eligible vaccine provider locations and information on a user-friendly map so the public can more easily find vaccinator information in their area. The map will be hosted on the DHS website. All vaccinators, whether they are leveraging the Wisconsin COVID-19 Vaccine Registry or not, are included in the map with their associated website, registration link, and/or phone information. Phone support is also offered through the DHS call center for those who do not have access to internet or prefer to access information through non-digital communications.

The map also allows for greater transparency and a clear visual of where vaccine is going across the state. Providers are expected to notify DHS of any changes to their vaccination locations and clinics contact information so that the map can be updated. All update should be emailed to dhscovidvaccinator@wisconsin.gov.

Mobile Vaccination Teams

Mobile vaccination teams (MVTs) were developed by DHS as a resource to assist LTHDs with staffing, or resources to vaccinate in areas to which the need exceeds local capacity. The goal is to provide the community with the additional surge capacity it needs to administer more vaccines, particularly in underserved regions that do not otherwise have access to a vaccine provider.

MVTs can assist LTHDs that want to host a vaccination clinic but otherwise lack enough providers or logistics staff. The teams can also augment an existing clinic, helping to increase throughput. By the end of February, there will be nearly 20 MVTs available. The state will scale up this resource as needed.

MVTs assist at points of distribution (PODs) and are made up of four members of the Wisconsin National Guard and two providers, many from the University of Wisconsin system. The basic team size is designed for a vaccination throughput of approximately 20 doses per hour. Multiple teams can be combined into a scalable resource, depending on the throughput needs of the LTHD. MVTs can support clinics as small as 120 vaccinations per day and as large as 1,000 vaccinations per day.

Typically, LTHDs are responsible for coordinating all elements of a vaccination site including vaccine storage location, vaccine administration location, POD scheduling, and all vaccine storage and handling, to include ancillary kits. When needed, MVTs offer a range of assistance and support to help LTHDs open clinics.

These services include:

- **Transport:** MVTs can provide resources suitable for refrigerated transport to move vaccine from LTHD storage facility to LTHD clinic.
- **POD Set Up Assistance**
- **POD Traffic Management.** MVT can conduct traffic flow and process management.
- **Clinic Traffic Management:** MVTs can conduct traffic flow and process management.

- **Initial Screening and Consent:** Screeners prepare recipients, complete screening and consent forms, and direct recipients to advanced screening as required.
- **Advanced Screening:** If LTHD is unable to provide an appropriate licensed medical professional to manage advanced screening, the MVTs coordinates with the task force for temporary assignment of a suitable medical professional.
- **Vaccination:** A licensed/credentialed provider administers the vaccine.
- **Observation:** MVTs may re-task screeners to conduct observation and adverse event reporting.
- **Data Entry**: MVTs update vaccine recipients in WIR within 24 hours of administration; each MVT assists LTHD in updating its WIR stockpile at end of the clinic.
- **Portable Refrigeration:** If LTHD has local storage but is unable to transport vaccine from storage to mass clinic.
- **Licensed Medical Professional**: If LTHD is unable to provide licensed medical provider for vaccination authority and screening of recipients.
- **Additional Equipment:** MVTs is primarily supported by ancillary materials already on site. MVTs will coordinate supply for the LTHD, including:
  - Gloves
  - Sharps containers
  - Additional PPE
  - Packaging materials if transporting vaccine
  - Appropriate medications and equipment such as epinephrine, antihistamines, stethoscopes, blood pressure cuffs, and timing devises to check pulses
- **Additional Support:** MVTs can also aid in coordinating additional support, depending on the needs of the requesting entity.

LTHDs may request assistance from MVTs when other local resources and partnerships have been exhausted. Requests should be made by submitting a request for assistance (RFA) to the State Emergency Operations Center (SEOC). See Appendix 2 for details.

Community-Based Vaccination Clinics

Community-based vaccination clinics (CBVCs) are large, high throughput sites that are intended to serve a community for several weeks or months. CBVCs may include:

- State-sponsored sites (in partnership with DHS contractor AMI)
- Federally-sponsored sites (for example, FEMA, DOD)
- Locally-sponsored sites

DHS intends to implement 6-10 CBVCs with the support of its vendor, AMI Expeditionary Healthcare, LLC. DHS will work closely with local stakeholders, including LTHDs and health care partners, to evaluate sites which are ideal for the community. An evaluation includes:

- Existing partner capability
- Population reach
- Social Vulnerability Index (SVI)
- Facility availability
- LTHD capacity to partner to provide outreach and support.

State-sponsored CBVCs may be appropriate when the LTHD has limited capability to partner with local resources, such as pharmacy or health care providers, to reach their local populations for vaccination. In these cases, DHS can assist the LTHD with evaluating if a CBVC option is best, or if the MVT option previously discussed is a better fit. The state has limited availability to provide fixed community clinic support.

DHS-supported CBVCs will be regional. The intent is not to compete with any local health care providers but rather to support jurisdictional efforts to achieve full vaccine coverage. CBVCs will be coordinated and supported by LTHDs. LTHD responsibilities may include outreach, assisting applicants with questions, and liaising with site owners. CBVCs may be supported through volunteer allocation, contracted support, or FEMA/DOD support. New locations will be considered on a case-by-case basis as the vaccination of larger categories of eligible populations continues.

Vaccine providers are encouraged to collaborate locally should they wish to create and operate locally-coordinated community-based vaccination clinics. To ensure there will be a sufficient supply of vaccine, local partners should involve the LTHD and DHS in any discussions before decisions are made. Locally-coordinated CBVCs may involve partnerships between LTHD, health care providers, and pharmacies. In many cases, partnerships with a local university, technical college, or other support may be desirable. To aid with planning a CBVC, DHS has created the Planning a COVID-19 Vaccination Clinic Checklist (appendix 3). This checklist details a variety of considerations for a LTHD or provider to take into account when developing a mass vaccination clinic. It also provides considerations for the implementation of a drive through clinic.

Communication Tools

DHS COVID-19 and Vaccine Resources Available in Hindi, Hmong, Somali, and Spanish

Public education is key to promoting public health practices—and addressing misinformation. Since the beginning of the pandemic, DHS has been creating Wisconsin-specific posters, signs, fact sheets, and graphics in order to ensure all Wisconsinites have the opportunity to be protected against COVID-19. To help achieve this, we also translate most resources into Hindi, Hmong, Somali, and Spanish. DHS also has American Sign Language (ASL) videos available.

To access these materials or to share with partners, please visit our COVID-19: Language, Graphic, and Print Resources page. Available educational resources cover topics such as:

- COVID-19 vaccine information
  - COVID-19 Vaccination: Planning in Action, Executive Summary
  - COVID-19 Vaccine Safety
  - Next Steps: After you Receive the COVID-19 Vaccine
  - COVID-19 Vaccination: A Phased Approach
  - COVID-19 Vaccination Plan
  - Vaccine Life Cycle
  - Getting a COVID-19 Vaccine
  - Wisconsin COVID-19 Vaccine Program: Information for Health Care Providers
  - Allocation Process from the Federal Government to COVID-19 Vaccination
  - COVID-19 Vaccine: Who is Eligible in Wisconsin
  - COVID-19 Vaccine Eligibility
- General COVID-19 information
- Monitoring for COVID-19 symptoms resources
- Employer toolkit and information for workers
- School and child care resources
- Tips for staying safe

The pandemic impacts all communities throughout Wisconsin. Whether Black, Hispanic, Indigenous Hmong, Deaf or Hard of Hearing, language should never be a barrier to learning how to protect oneself and loved ones. These tools will help to provide communities with the information that is needed to stay safe and healthy during these difficult times.

Provider Framework "Train the Trainer"

DHS has created a "train the trainer" model to teach community organizations and leaders how to communicate with their staff, partners, clients, and communities about COVID-19 vaccine. Based on five key vaccine messages created from evidence-based polling, each presentation is tailored to the specific audience, understanding the vast variety of experiences, opinions, and important considerations that exist across different populations. Organizations or associations interested in engaging in a provider framework presentation should email dhscovidvaccinator@wi.gov.

DHS Communication Resources in Development

To best support our partners in their COVID-19 vaccination efforts, DHS is currently building a webpage specifically for stakeholder and partner communication. This space will house a number of customizable communication talking points, materials, and resources to encourage **vaccine confidence** among a variety of populations.

Links to CDC COVID-19 Vaccine Toolkits

- Vaccinate with Confidence page for COVID-19 vaccines
- Health Systems Communications Toolkit
- Long-Term Care Facilities Toolkit
- Employers of Essential Workers Toolkit
- Community Organizations Toolkit
- Social Media Toolkit

Information Specifically for LTHDs

On the PCA Portal, LTHDs can find:

- Lists of currently registered vaccine providers
- Lists of allocations to each vaccine provider in the state, week by week
- Information about school district vaccination plans based on public school district survey.
  - The survey is of public school districts regarding their plans to vaccinate.
  - Contains updates received since the data was collected.
  - Includes capacity of several pharmacy partners to be able to vaccinate where gaps were identified.
- Information about pharmacy capacity to assist with vaccination. The Long-Term Care Pharmacy Partnership folder includes:
  - List of long-term facilities not enrolled in the Pharmacy Partnership for Long-Term Care Program. Updated Wednesdays and Fridays to add any additional facilities that have reached out to DHS.
  - Weekly schedule data for the Pharmacy Partnership for Long-Term Care Program. Posted every Monday. Includes list of facilities scheduled for the coming week, list of facilities completed with first clinic, complete with second clinic.

- Pharmacy LTC match data. Original list of facilities enrolled in the program and pharmacy partner they were matched with.
- Pharmacy Survey Resource. Survey results that went out through the Pharmacy Society of Wisconsin provides information on pharmacy capacity for vaccination

Support and Help Requests

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

- Vaccine Provider Contact: dhscovidvaccinator@wi.gov
- LTHD Contact: Kim Cox, Vaccine Task Force LHD Coordinator, Kimberlee.Cox@dhs.wisconsin.gov

Appendices

1. Sample Attestation Form. Downloadable copies are available in English and Spanish
2. Requesting an MVT
3. Planning a COVID-19 Vaccination Clinic Checklist
4. Definitions and Acronym Guide

Appendix 1: Vaccination Attestation Form

Tony Evers
Governor

Karen E. Timberlake
Secretary

State of Wisconsin
Department of Health Services

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DHS COMMUNITY-BASED VACCINATION CLINICS
COVID-19 VACCINATION ATTESTATION

The State of Wisconsin is committed to the equitable and fair distribution of the vaccine, and is following prioritization guidelines from the federal Advisory Committee on Immunization Practices (ACIP) and the State Disaster Medical Advisory Committee (SDMAC).

Because of limited supply, COVID-19 vaccine is being administered to people who live, work, and study in Wisconsin in phases based upon their risk of severe illness and death from COVID-19.

In signing this form, I attest that, to the best of my ability, I have reviewed and believe that I belong to one of the groups currently eligible to receive the COVID-19 vaccine, as detailed at www.dhs.wisconsin.gov/covid-19/vaccine-about.htm.

First Name	Last Name

SIGNATURE – Eligible Individual	Date Signed

F-02772 (03/2021) ***www.dhs.wisconsin.gov***

Appendix 2: How to Request an MVT

When an LTHD anticipates exhausting local resources, it may submit an RFA to the State Emergency Operations Center (SEOC) for a POD assisted by a MVT. When submitting the RFA, the LTHD should indicate if they are requesting Pre-POD Coordination, assistance with Conducting a POD, or other support. All RFAs should be submitted using WebEOC at https://wi.webeocasp.com/wi/default.aspx in coordination with the LTHD's county Emergency Management Director.

When submitting the RFA, the LTHD should indicate if they are requesting Pre-POD Coordination, assistance with Conducting a POD, or other support.

- Pre-POD Coordination:
  - Assistance resourcing storage and vaccine administration facilities within the jurisdiction or nearby.
  - Assistance contacting and scheduling PODs with 1B populations.
  - Assistance registering the POD.
- Conducting a POD:
  - Assistance transporting the vaccine from storage to POD.
  - Assistance setting up POD.
  - POD Screening, Inoculation, and Data Entry.
  - POD Advanced Screening.
  - Observation and adverse event reporting.
  - Second dose scheduling.

A Mobile Vaccination Team Pre-Request form is used to gather information that is used to plan the deployment. The pre-request form can be requested by emailing the SEOC at dmaops@wisconsin.gov. The completed form should be uploaded to the RFA in WebEOC as an attachment. Once the RFA is received, the SEOC will contact the requestor to schedule a call to coordinate the deployment.

Appendix 3: Planning a COVID-19 Vaccination Clinic Checklist

Planning a COVID-19 Vaccination Clinic Checklist

Essential Planning Components

Purpose

The goal of the Wisconsin Department of Health Services (DHS) COVID-19 Vaccination Program is to:

- Administer COVID-19 vaccine safely, quickly, and equitably to populations across the state.
- Achieve 80% immunization among the adult population (est. 3.7 million people) by summer 2021 (pending supply).

This document has been developed to provide guidance for COVID-19 vaccine providers, local and tribal health departments (LTHD), and all other stakeholders who are interested in establishing, or hosting, a mass vaccination clinic for COVID-19 vaccine. This document details several considerations that DHS recommends to integrate into clinic operations in order to host a clinic that promotes accessibility, equity, and safety for participants.

Considerations for Building a Clinic

Demographics of the Event

- ☐ Identify the type of Point of Dispensing (POD) event to occur:
  - Closed events are those that are privately hosted by an employer, business, provider or LTHD, which is called the 'host.' Attendance is restricted only to a dedicated population of individuals such as employees or members associated with the host.
  - Open events are those that are publicly hosted by a vaccination entity such as the LTHD. These events are open to the general public.
- ☐ Establish target population and number of participants to be vaccinated.
- ☐ Identify appropriate location for the clinic.
- ☐ Schedule date(s) and time(s) of the clinic appropriate to reach targeted population, accommodating differing work schedules and other accessibility issues (for example, child care, no paid leave time).
- ☐ Open POD considerations:
  - Should be located at familiar and easy to access locations that reflect the characteristics of the community they are intended to service.
  - Should be selected to accommodate patients where they already have access to or are commonly attended (for example, churches, public housing, schools) to reduce the number of potential touchpoints in the community.
  - Should be easily accessible by public transportation without requiring a transfer or a long walk from the bus stop.
- ☐ Locations should be able to handle the volume of traffic the clinic target size will create so as not to create traffic back-ups and safety hazards.
- ☐ All clinic sites should offer both wheelchair-accessible walk-up and drive-up access.
- ☐ Site locations should consider having designated pick-up and drop-off zones for patients coming by taxi or rideshare.
- ☐ All locations should protect visitors, staff, and volunteers from inclement weather as feasible, including offering hand-warmers and/or heaters in the winter, bottled water and/or fans in the summer, and shelter from precipitation in all seasons. Weather accommodations should ensure physical/social distancing could be maintained at all times. Reference and follow tornado warning, fire evacuation, and security protocols.

Community Partnerships and Advertising

- ☐ If an Open POD,
  - Other types of providers should notify their LTHD of the upcoming community-based clinic and key information so that the LTHD can assist in distributing information to targeted populations and support other planning components of the clinic, such as public transportation to/from the clinic, if needed.
  - Publicly advertise clinic to targeted population(s) after receiving confirmation of upcoming vaccination allocation using the appropriate language(s) and a variety of communication techniques and channels, including:
    - Verbal
    - Visual/posters
    - Written
    - Radio
    - Social media
    - Messaging apps
    - Community-specific social media groups
    - Messaging advocates (celebrities, sports stars, trusted community and faith-based leaders)
    - Ensure all messaging is culturally appropriate and translated as needed
- ☐ If a Closed POD, work with "host" to promote clinic.

Event Enrollment and Staffing

- ☐ Establish partnership(s) with prescribing medical authority for vaccine (State Standing Order, pharmacist, or local medical director) that will be administered. A prescription is required.
- ☐ Establish partnership(s) with medical authority to support clinical oversight of vaccine administration and clinical staff at the clinic.
- ☐ Identify which entity will be taking the lead and responsibility for the vaccine, including ordering, storing and handling inventory management and recording administered doses in the Wisconsin Immunization Registry (WIR). This entity must be registered and been approved as a COVID-19 vaccinator with Wisconsin and will need to determine if an additional form B is needed. DHS requires a distinct Form B registration for all sites that will be used on an ongoing basis/more than several days in a row. Contact dhscovidvaccinator@wi.gov for more information.
- ☐ Designate an on-site point of contact to respond to questions and make decisions. Identify a backup that is familiar with all on-site activities and processes.
- ☐ Hire qualified staff at a quantity adequate to:
  - Promote patient flow with proper distancing
  - Allow for one-way flow through space
  - Allow for ample observation area monitoring
  - Accommodate registering patients for the clinic location and size
  - Provide appropriate clinical expertise and decision making regarding vaccine precautions and contraindications
  - Provide technical support
  - Allow for coverage during staff breaks
- ☐ Plan for security of clinic site and staff.
- ☐ Prepare to manage medical emergency related to the administration of vaccines. Ensure the statewide 911 system and emergency medical service (EMS) information is located at the vaccination site and there is adequate cell phone coverage or ready access to a landline.
- ☐ Train all staff on the procedure for identifying and managing an emergency.

- Establish workplace attire expectations. It is encouraged that all site personnel wear professional, medical attire such as scrubs. Items such as military fatigues or clothing representing a political party may make patients uncomfortable and are discouraged.

Registration

- Develop and publish FAQs and key informational details needed for participants being vaccinated. Include details regarding how to arrive at the clinic location, PPE and social distancing expectations, what to wear (layers for access to injection site), screening expectations, and whether or not participants can be accompanied.
- Have available printed forms, vaccination cards, current CDC, manufacturer and other applicable guidance for reference by participants.
  - Prepare all printed materials ensuring they are in plain language that support all audiences.
  - Ensure copies are available in various languages appropriate for the location and intended population of patients.
- Plan for language interpreters, including securing the services of additional forms to facilitate language access: sign language interpreters, captioning, use of plain language, braille materials, and use of pictograms; ensure that information display is also accessible (alt text, high contrast, closed captioned videos). The FDA has COVID-19 vaccine fact sheets translated into many languages. Translate any written communication, including clinic signage.
- Have the ability to look up individuals in the WIR to confirm eligibility (for example, if the appointment is for their second dose, ensure that the correct minimum interval has been met and the clinic has the appropriate vaccine to match what was received for first dose).

Considerations for Opening the Clinic

Site Design and Protocols

- All locations should be prepared with adequate signage to clearly guide patients to park in designated areas and access dedicated entryways for vaccination clinics.
- Design clinic layout that promotes one-way traffic with limited queuing, while ensuring physical distancing.
- Ensure clinic layout is supportive for patients with disabilities or limited mobility. This includes adequate spacing in walkways and available seating and spacing for wheelchairs.
- Establish a clinic layout that incorporates the following stations:
  - Greeting/triage
  - Registration
  - Education
  - Screening
  - Vaccination
  - Observation
  - Closed-observation (away from public observation area)
  - Data-entry for the Wisconsin Immunization Registry
  - Exit
  - Patient de-escalation
  - Staff break area
  - Vaccine preparation
- Use visuals to support clinic flow and social distancing including standing circles on the floor.

- ☐ Vaccination stations should be at least 6 feet apart, equipped with barriers, and clinic flow should be one way and allow maintenance of 6 feet between individuals whenever possible, including in all waiting areas.
  Provide visual barriers and screens between stations for privacy.
- ☐ Use rope or cones, tape, and signs in multiple languages, as needed, outside the clinic entrance area and inside the clinic to show routes for patients to follow from station to station.
- ☐ If traffic conditions are a concern, safety barriers should be enacted to protect those who are walking. Individuals who drive to the vaccination site should be encouraged to wait in their vehicles until their scheduled appointment time.
- ☐ Provide adequate seating for patients in waiting areas.
- ☐ Provide a table and seating for both the patient and vaccinator at each vaccination station for walk-through clinics.
- ☐ Provide a private area where patients who experience acute adverse events after vaccination or who have medical problems can be evaluated and treated.
- ☐ Provide a protected, secure area for staff to leave personal items and take breaks.
- ☐ **Secure sufficient supplies to meet the needs of staff and the highest anticipated number of patients (including extra masks to provide to clinic attendees if needed).**
- ☐ Secure sufficient supplies to maintain infection control and proper cleaning of entire clinic.
- ☐ Establish protocols to repeatedly clean common areas and shared supplies such as pens, clipboards, and chairs.
- ☐ Provide ample access to hand sanitizer and PPE for patients.
- ☐ Establish a process for walk-in appointment requests or extra vaccine doses available at the end of the day due to cancellations and no shows.
- ☐ Identify a process for handling "couple appointments" who are split by 30 minutes or more. This process will support the ability to incorporate couples vaccinations based on vaccine availability while minimizing disruption of the vaccination process.
- ☐ Ensure plans are in place for vaccine transport, security, and maintenance at appropriate temperatures while it is stored and throughout the clinic day based on vaccine storage and handling guidance.

Staff Training

- ☐ Ensure all staff are fully trained in clinic protocols.
  - Staff administering vaccines must review vaccine manufacturer instructions for administration before the vaccination clinic.
  - Best practices for utilizing PPE, including how to use and dispose of PPE.
- ☐ Ensure staff is using proper hygiene techniques to clean hands before vaccine administration, between patients, and anytime hands become soiled. www.cdc.gov/handhygiene/providers/index.html
- ☐ Review location of emergency equipment/emergency plan.
- ☐ Hold a practice dry run of all clinic procedures at least one day in advance to allow staff to practice protocols and procedures. Hold morning "pre-clinic huddles" with all staff and volunteers so all are familiar with any changes to procedures, clinic flow, roles, responsibilities, and customer service standards for the clinic.

Vaccine Preparation and Administration

- ☐ Prepare vaccine for administration in designated area. Vaccines should not be prepared at individual vaccination stations. See Medication Preparation Questions and the Vaccine Administration Resource Library for additional guidance.
- ☐ Prior to administration, review the "Rights of Medication Administration" for each patient:
  - Right patient
  - Right vaccine and diluent (when applicable)

- Right time (including the correct age and interval, as well as before the product expiration time/date)
- Right dosage
- Right route (including the correct needle gauge and length and technique)
- Right site
- Right documentation

- During the vaccination process, ensure the following actions are occurring:
  - Triage for eligibility, registration completion, and COVID-19 symptoms.
  - Screen for contraindications and precautions.
  - Verify previous COVID-19 vaccine dose history or other recent vaccines.
  - Educate on common side effects of COVID-19 vaccine; provide V-Safe registration information and emergency use authorization (EUA) fact sheets.
  - Verify each delivery of second dose is of the same brand as the patient's first dose.
  - Distribute EUA fact sheets prior to every vaccine administration.
  - Give patient record of vaccines received.
  - Tell patient time of vaccination and communicate appropriate wait time, based on screening information, in observation area (15 or 30 minutes).
  - Observe patients for immediate adverse reactions.
  - If possible, schedule booster dose appointment while patient is on-site.

Considerations for Post-Clinic Operations

- Report all mandated medical events to the Vaccine Adverse Event Reporting System.
- Medical events include:
  - Adverse reactions.
  - Serious adverse events (irrespective of attribution to vaccination).
  - Cases of Multi-System Inflammatory Syndrome (MIS) in adults.
  - Cases of COVID-19 that result in hospitalization or death.
- Document each vaccine into the WIR within 24 hours of administration. It is recommended that the clinic provide staffing to record administration during clinic hours as long as staffing levels and privacy considerations of data permit.
- Update vaccine inventory appropriately in WIR (for example, adjust for wastage or additional doses).
- Document all vaccine administration errors and waste in WIR.
  - All waste must also be reported to DHS using the Vaccine Wastage Form (F-02768).
- Store and handle any remaining viable vaccine according to cold chain storage requirements.
- Have a plan to use any doses that cannot be transported or stored for a future clinic (for example, have a standby call list, or vaccinate clinic personnel who are eligible for vaccine).
- Discard all remaining vaccine in syringes and used medical supplies, including disposal of sharps containers, according to protocol.
- Hold a "post-clinic huddle" with all staff and volunteers to identify areas of success, any areas of concern, and opportunities for improvement at future clinics.

Staff Roles and Responsibilities

The following staff roles and positions are recommended to be specifically created to aid in the success of the vaccination clinic. The specific need for these positions vary according to the size of the vaccination event. Some roles may be able to be combined according to the site's needs.

Greeter and Patient Triage

- Greet patients and provides assistance with directing patients into the clinic
- Direct traffic flow by limiting number who are allowed to enter. Contingency plans should be in place in the event of bad weather.
- Provide initial symptom screening such as temperature checks and ensuring patients are wearing PPE.
- Monitor traffic flow and directs patients to registration station.
- Cleanse and disinfect station at a minimum every hour, between shifts, and if station areas become visibly soiled.

Registration

- Verify patients are eligible for receiving COVID-19 vaccine at the clinic.
- Verify Vaccination Administration Record (via paper based forms or vaccine registry tool) is complete. If not, direct to area designated for completion.
- If only one brand of vaccine is being given at this clinic, EUA and patient education can be provided at this station.
- Monitor traffic flow and direct patients to screening or waiting area after check-in.
- Cleanse and disinfect station at a minimum every hour, between shifts, and if station areas become visibly soiled.

Medical Screening

- Screen patient using CDC's Pre-Vaccination Checklist for COVID-19 Vaccines.
- Review patient's current symptoms and previous immunization record (either WIR or COVID-19 vaccine card) to verify eligibility.
- If multiple vaccine brands are available at the clinic, this station will provide EUA and patient education based on vaccine brand identified as appropriate for the patient.
- If screening determines ineligible to receive vaccine that day, provide one-way exit from clinic and instruct on next steps (when to reschedule, consult physician, etc.).
- Monitor traffic flow and direct patients to vaccination station.
- Cleanse and disinfect station at a minimum every hour, between shifts, and if station areas become visibly soiled.

Vaccination

- When vaccine arrives, check temperature logger and confirm appropriate temperatures were maintained. Continue to check at regular intervals throughout the clinic.
- Administer vaccine according to best practice methods.
- Monitor traffic flow and direct patients to observation station.
- Cleanse and disinfect station at a minimum every hour, between shifts, and if station areas become visibly soiled.

Observation Station and Waiting Area

- Review observation protocols with patients. Instruct patients to report adverse reactions immediately to staff.
- Schedule booster vaccination appointment before instructing patient to wait in observation area.
- Observe patients for initial vaccine reactions. CDC currently recommends that persons without contraindications to vaccination who receive an mRNA COVID-19 vaccine be observed after vaccination for the following time periods:

- 30 minutes:
  - Patients with a history of an immediate allergic reaction of any severity to another (non-mRNA COVID-19) vaccine or injectable therapy.
  - Persons with a history of anaphylaxis due to any cause.
- 15 minutes: All other patients
- Patients may be observed for longer based on clinical concern. For example, if a person develops itching and swelling confined to the injection site during their post-vaccination observation period, this period may be extended to assess for development of any hypersensitivity signs or symptoms consistent with anaphylaxis.

- Monitor traffic flow and direct patients to clinic exit.
- Cleanse and disinfect station at a minimum every hour, between shifts, and if station areas become visibly soiled.

Data Entry Station

- Document each vaccine into WIR.
- If privacy can be maintained, this role can be combined with the observation station.
- Ensure HIPAA compliance with administration data entered into WIR.
- Monitor traffic flow and aid in directing patients to clinic exit.
- Cleanse and disinfect station at a minimum every hour, between shifts, and if station areas become visibly soiled.

Drive Through Clinic Considerations

In addition to the above detailed considerations for hosting a vaccination clinic, DHS recommends the following considerations be incorporated when hosting a drive-through vaccination clinic.

Traffic Flow and Clinic Structure

- Choose parking lots and locations that allow for queuing that do not impact the general traffic patterns.
- When selecting a location, consider impacts of carbon monoxide due to parked cars that affect staff, volunteers, and the public from idling vehicles in waiting/monitoring areas.
  DHS does not recommend establishing drive-through clinics in car parks, underground parking, or enclosed garages due to potential exhaust exposure.
- Dedicate lanes for patients using taxis or rideshare, so that those rides can be expedited.
- Patients should be encouraged to wait in their vehicles, rather than park and use a walk-up access option, even if the walk-up line may appear shorter.
- Dedicate a process for walk-up appointments or individuals who arrive by public transit.
- Plan the traffic pattern for flow, observation, and safety. One direction traffic flow should be established to prevent anyone from exiting before they have been moved to the observation parking area. Enhance this with clear (and consistent) signage (and barriers if needed).
- Create parking lot monitors to park vehicles in rows based on the recommended vaccination wait time (15-minute observation area/row and 30-minute observation area/row).
  Patients who are higher risk of adverse reactions may need to leave their vehicle and wait in a designated area so that they are more easily observed.
- Create usher roles to transition cars out of the observation parking area based on observation times. Ushers should initiate one last point-of-contact before patients leave the observation area of the vaccination site.
- Train staff on proper technique to administer vaccine to a patient in a car. This includes exposing the injection site, properly positioning the arm to allow proper identification of landmarks, and avoiding

administering vaccine too high and causing shoulder damage. Recipients should be instructed to turn the car off or put in park prior to receipt of vaccination.

Post-Vaccination Observation

- Clinic location should include a large enough parking area to serve as a post-vaccination monitoring area where vehicles can park spaced apart (every-other-space is empty) so clinic staff can walk up to a vehicle window to check on and treat a patient while keeping social distancing (6 feet) and patient privacy guidelines.
- Clinic sites should establish and communicate to staff the emergency protocols and a plan to respond to a reaction, while continuing to monitor other cars in the observation area.
- Patients should be given clear, written communication on what reactions to watch for and how to notify staff in case of an allergic reaction (honk the horn, flash lights, leave window open while waiting and shout/wave arm at staff person).
- Patients should be instructed to leave their doors unlocked and windows down should they experience a reaction and staff need access to assist them.
- Staff assigned to the observation role should systematically roam and navigate the parking lot to monitor for reactions and patients trying to request assistance.
- Train staff on how to extract a patient from their vehicle in the event of a medical emergency.

Appendix 4: Definitions and Acronym Guide

Term or Acronym	Definition
Allocation	Amount of stockpile vaccine inventory designated for distribution to each spoke provider.
AMI	Wisconsin's contracted vendor for assisting with the implementation of community-based vaccination clinics.
Civil Air Patrol (CAP)	CAP-Entity that has the role of transporting vaccine from hub to hub or hub to spoke.
Closed Hub	Regional vaccine stockpile location with all vaccine intended for use in host health system.
Community Based Vaccination Center (CBVC)	State sponsored vaccination clinics, in partnership with LTHD, tasked with supporting communities with a high-throughput of vaccine administration.
Distribution	The act of preparing for and transporting vaccine from a hub to a spoke.
Federally Qualified Health Center (FQHC)	Community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas.
Hub	Regional vaccine stockpile storage location with ultra-cold storage capability.
Hub to Hub	Transfer of vaccine form one hub to another hub.
Hub to Spoke	Distribution of vaccine from hub to spoke.
Indian Health Services (IHS)	An agency within the Department of Health and Human Services responsible for providing federal health services to American Indians and Alaska Natives.
Internal Allocation	Vaccine reserved for use by hub host (closed hub).
Local Tribal Health Department (LTHD)	Local and Tribal Health Departments that are responsible in assisting their assigned jurisdiction with preparing for, responding to, and recovering from emergencies and disasters.
Microsoft Vaccination Registration and Administration Solutions (MS VRAS)	The Wisconsin COVID-19 solution for vaccination management and administration. DHS is making licenses available to interested vaccine providers.
Mobile Vaccination Teams (MVTs)	A team of support staff and vaccine providers that conduct vaccination in support of Local and Tribal Health Departments.
Open Hub	Regional vaccine stockpile location that distributes vaccine to spokes.
Point of Dispensing (POD)	Points of dispensing (POD) are community locations at which state and/or local agencies dispense and administer medical countermeasures (MCMs) to the public or identified groups. Points

	of Dispensing in Wisconsin are considered mass clinics in terms of statutory language.
Regional Manager (RM)	Vaccination Task Force staff with the role of coordinating vaccine transfers and distribution.
Social Vulnerability Index (SVI)	CDC Social Vulnerability Index (CDC SVI) uses 15 U.S. census variables to help local officials identify communities that may need support before, during, or after disasters
Spoke	DHS enrolled COVID-19 provider responsible for administering vaccine.
State Disaster Medical Advisory Committee (SDMAC)	A standing committee of members that advise WI DHS regarding medical ethics during a declared disaster or public health emergency and recommend policy relating to the equitable and fair delivery of medical services to those who need them under resource-constrained conditions.
State Emergency Operations Center (SEOC)	A DHS-operated operations Center tasked with supporting the state with the ongoing needs related to COVID-19.
Stockpile Management Team (SMT)	Vaccination Task Force staff with the role of receiving vaccine at hubs and preparing vaccine for transfer or distribution; staffed by WI National Guard (WING) and Department of Natural Resources (DNR).
Wisconsin COVID-19 Vaccine Registry (VACCINE REGISTRY)	The VACCINE REGISTRY uses software called Microsoft's Vaccination Registration and Administration Solution (MS VRAS) for vaccination management and administration. DHS is making licenses available to vaccine providers at no cost.
Wisconsin Immunization Registry (WIR)	An internet database that tracks vaccine records for Wisconsin recipients.
Wisconsin State Patrol (WSP)	Role of escorting vaccine from hub to hub or hub to spoke.