



**Erie County  
Department of  
Health**



**Public Health**  
Prevent. Promote. Protect.

**Erie County Department of Health  
2019-Novel Coronavirus (COVID-19)  
Vaccination Response Plan  
Executive Summary**

**DECEMBER 15, 2020 – V1**

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## INTRODUCTION

### Purpose

The following document is an executive summary of the Erie County Department of Health's (ECDOH) 2019-Novel Coronavirus (COVID-19) Vaccination Response Plan (Plan). The Plan is constantly updated based on new information and guidance received from federal and state governments, as well as others. The Plan provides a framework and guidelines for the Erie County Department of Health (ECDOH) response to the COVID-19 pandemic, specific to Point of Dispensing (POD) vaccination strategies. This includes an overview of the roles, capabilities, and capacities of the ECDOH staff, other Erie County Departments, and volunteers for conducting scalable POD operations for vaccination against COVID-19 in identified priority populations, as well as the general public.

### Scope

The ECDOH will coordinate and organize activities with local, regional, tribal, state and federal partners to provide public health and medical support the distribution and administration of the COVID-19 vaccine within the jurisdiction, as well as conduct education, outreach, monitoring and follow-up activities.

This Plan has been designed to be used in accordance with the Public Health Emergency Preparedness and Response Plan (PHEPRP), Public Health Asset Distribution (PHAD) plan, with the Public Information and Risk Communication (PIRC) plan and all Closed POD plans.

### Objectives

The overarching objectives of the ECDOH COVID-19 Vaccination Plan are to: minimize death and illness from exposure to COVID-19, educate and inform recipients about the benefits and risks of vaccination, provide medical screening to affected persons as needed, provide COVID-19 vaccination to county populations during identified phases, educate recipients about where to report adverse reactions to the vaccine, educate recipients about where to obtain medical follow-up, if necessary, and educate recipients about the importance for administration of a subsequent dose (if applicable) of COVID-19 vaccine.

## SITUATION OVERVIEW

### COVID-19 Vaccination Overview

Information on COVID-19 is updated continuously. ECDOH will refer to New York State Department of Health (NYSDOH) and the Center for Disease Control (CDC) for the most current information and guidance.

## Planning Assumptions

The following assumptions are applied to COVID-19 vaccine administration, while considering changing situations and variables which may impact response decisions:

- The Governor has the authority to direct the activation of Medical Countermeasures (MCM) clinical operations and may direct the NYS Commissioner of Health to activate all or a portion of the New York State (NYS) Comprehensive Emergency Management Plan (CEMP), including the NYSDOH PHAD Plan
- State/federal guidance will determine priority distribution and dispensing algorithms
- The ECDOH will provide vaccine in accordance with recommended NYS and/or federal guidance
- While vaccine clinical operations are primarily a local function with the local jurisdiction taking the lead role, establishment of widespread vaccine PODs may require a scalable, multi-agency, and/or multi-level response
- Legal requirements or standards may be suspended or modified by state/federal entities as appropriate and as dictated by the incident. However, unless specific suspensions are already in place for a response, no temporary suspension or modification of law can be assured prior to any event or incident
- Outreach, public engagement, and communications will be made in coordination with established plans and procedures, including those listed in the PHEPRP and the PIRC
- Sufficient, safe, and appropriate locations or POD sites are readily available to initiate and sustain vaccine clinical operations
- The jurisdiction has an established method to recruit trained local staff and volunteers, or contract with necessary personnel if needed
- Vaccine clinical operations will maximize throughput in the safest manner relative to the incident specifics
- Early vaccine distribution will only be available through CDC or NYSDOH and will be released in phases with an initial limited availability for high priority groups
- Distribution will be limited by vaccine storage and handling requirements

## CONCEPT OF OPERATIONS

### RESPONSE

#### Roles and Responsibilities

The ECDOH will activate POD operations when directed by the State or as required by local conditions as part of the response to COVID-19, and in accordance with state and federal guidance. This response may involve the activation of the local CEMP and other countywide emergency plans. This also includes activation of communication protocols by the Erie County Department of Homeland Security and Emergency Services (Emergency Management) with other local, regional, and state partners, as indicated.

#### Public Outreach and Communication

Erie County is working with community partners to develop a vaccine communication plan that has messaging points that target all of our diverse populations, (ethnic, racial, disabilities and

other marginalized groups) this plan will be using facts and science from reliable sources with review from targeted communities prior to release.

ECDOH will continue its work with media and community leaders to provide accurate, credible and timely information to the general public about COVID-19 and vaccine distribution, availability and eligibility. ECDOH will coordinate with local hospitals and health care providers, non-profit organizations, municipalities, schools (p-12 and colleges), and human and social service agencies on messaging.

Specific messaging related to safety and effectiveness will be promoted alongside our existing prevention messages. Special focus will be made to ensure messaging is linguistically and culturally appropriate, particularly when focused on higher-risk and vulnerable populations. Concurrently, messaging to counter vaccination myths and misinformation is expanding on CDC's COVID-19 vaccine web site and used as a resource to develop local messaging.

### **Receipt, Distribution, and Storage of Vaccine**

The ECDOH will work with established partner agencies to coordinate the receipt, storage, and delivery of vaccine to PODs or other identified locations, while ensuring handling and storage requirements are met to maintain vaccine efficacy in alignment with current plans and procedures. Vaccine receipt, storage and distribution is summarized in the CDC Vaccine storage and Handling Toolkit. This toolkit includes an addendum specifically for COVID-19 vaccine storage and handling. Vaccine planning efforts will continue to be flexible based on vaccine type and changing literature, recommendations, and guidance.

Training, management, preparation, and monitoring of vaccine will be conducted in accordance with the CDC Vaccine storage and Handling Toolkit. Staff and volunteers managing POD supply inventory must receive training in proper pharmaceutical storage and handling, including the most current cold-chain management practices.

Due to cold chain management constraints, specialized vehicles and/or transport containers have been identified to transport the vaccine to intended locations from Vaccine Storage locations.

Inventory management of vaccine received, distributed to POD(s) or other identified locations, and administration is incumbent on ECDOH using established inventory management systems, and with guidance from state and federal partners. ECDOH will utilize NYSDOH Medical Emergency Response Inventory Tracking System (MERITS) and the New York State Immunization Information System NYSIIS to track vaccine and medical supplies as directed by NYSDOH.

### **Supplies and Equipment**

Although preliminary information received from NYSDOH and CDC indicate that some ancillary supplies and equipment will be provided with the vaccine, ECDOH maintains a pre-identified cache of vaccination equipment and supplies. These vaccination/POD kits will be modified to

include an adjusted quantity of supplies. Vaccination supplies and equipment will be pre-deployed to designated Erie County PODs.

### Vaccine Strategies

In alignment with identified prioritization guidance, population to be vaccinated, and current operational needs ECDOH will use vaccination models to best suit the needs of the community, staff/volunteer availability, and the ongoing response.

Current clinical guidance recommends a phased vaccine prioritization matrix, depicted in **Figure 3.** and **Figure 4.** below. ECDOH will implement priority population and essential worker vaccine strategies in continued alignment with state and federal guidance.

**Figure 3. Vaccine Prioritization Matrix**

	High COVID-19 Prevalence in Geographic Area	Low COVID-19 Prevalence in Geographic Area
High Risk Population/ Essential Healthcare Workers	PRIORITY 1	PRIORITY 2
Lower Risk Population/ Other Essential Workers	PRIORITY 3	PRIORITY 4
General Population	PRIORITY 5	PRIORITY 6

Reference: NYS COVID Vaccination Program Book, page 31

**Figure 4. Population Risk & Essential Worker Phases**

<b>Phase 1</b>	<ul style="list-style-type: none"> <li>Healthcare workers (clinical and non-clinical) in patient care settings                             <ul style="list-style-type: none"> <li>ICU, ED, EMS top priority</li> </ul> </li> <li>Long-term care facility (LTCF) workers who regularly interact with residents</li> <li>Most at-risk long-term care facility patients</li> </ul>
<b>Phase 2</b>	<ul style="list-style-type: none"> <li>First responders (fire, police, national guard)</li> <li>Teachers/school staff (in-person instruction), childcare providers</li> <li>Public Health workers</li> <li>Other essential frontline workers that regularly interact with public (pharmacists, grocery store workers, transit employees, etc.) or maintain critical infrastructure</li> <li>Other long-term care facility patients and those living in other congregate settings</li> <li>Individuals in general population deemed particularly high risk due to comorbidities and health conditions</li> </ul>
<b>Phase 3</b>	<ul style="list-style-type: none"> <li>Individuals over 65</li> <li>Individuals under 65 with high-risk comorbidities and health conditions</li> </ul>
<b>Phase 4</b>	<ul style="list-style-type: none"> <li>All other essential workers</li> </ul>
<b>Phase 5</b>	<ul style="list-style-type: none"> <li>Healthy adults and children</li> </ul>

Reference: NYS COVID Vaccination Program Book, page 32

COVID-19 vaccine administration will be conducted following the medical model, whereby each recipient receives a medical assessment (designed for COVID-19 to include signs, symptoms and assessment of clinical presentation) by a health care provider. Providers will dedicate sufficient time to provide individual medical evaluations, education on the agent, and provide the appropriate vaccine or medical referral to each recipient at the dispensing site. The medical provider will ensure all pharmaceuticals provided to the recipient meet all dispensing and labeling requirements.

The ECDOH will use the following strategies to implement COVID-19 vaccine administration:

### **First Responder Task Force**

A first responder vaccination task force model will be implemented to target fire, police, and other first responders in Phase 2. This model will allow a rapid, efficient strategy to target this group.

A zone-based implementation strategy will be coordinated will be at the municipal level. The Task Force will also be implemented for smaller groups as directed by the Health Commissioner for those difficult to reach populations.

### **Open PODs**

Open PODS sites have the capacity to sustain a high throughput, they will be located in distinct geographic areas, will be accessible by public transportation and/or have sufficient onsite parking. Each site is intended to be operated independently once sufficient vaccine and staffing is available.

Each site will be set up and configured as indicated in the site specific plan. All staff/volunteers will participate in an onsite “dry-run” prior to the opening of the POD for the public. This will provide an opportunity for staff training and adjustments to the set up and flow and obtain experience with preparing the vaccine to be dispensed.

The public will be required to pre-register, including completion of medical information with specific screening requirements and may electronically receive educational materials before arriving at the POD location. Traditional and social media will be used to encourage eligible individuals to pre-register. CDMS will be utilized for preregistration and the Vaccine Information Statement (VIS) and other educational materials will be included as linked documents within the CDMS registration module. Additionally, the VIS and educational materials will be posted on the ECDOH COVID website. A scheduling call center (separate from COVID-19 call center) will be utilized to assist with registration for individuals that may not have computer/internet access.

Recipients will be screened onsite, but prior to entering the POD. Symptomatic patrons will be safely triaged, prevented from entering the POD location, and directed to follow up with their primary care provider.

### **Closed PODs**

All healthcare entities (hospitals, nursing homes, long-term care facilities, etc.) with medical personnel will be expected to operate as Closed PODS. These facilities may receive vaccine directly from the manufacturer, New York State, or the federal government. Healthcare facilities will be expected to function under the medical model and vaccinate staff and patients in the appropriate priority groups. Closed PODS must ensure the ability to maintain vaccine cold chain, data upload to NYSIIS and must have a mechanism to administer the second dose.

### **Alternative Administration Strategies**

Alternative dispensing strategies pertinent to the administration of a COVID-19 vaccine include mobile and/or drive-thru models, as well as pharmacy inclusion, which may be used as part of or in conjunction with other POD models to effectively and efficiently reach all populations. Alternative methods of dispensing can be used to reach those population groups that cannot readily access Open PODs, such as individuals with Access/Functional Needs (AFN), or other at-risk or vulnerable communities, by bringing the vaccine to their community, or allowing the recipient to access the vaccine in a more accommodating manner. An advisory group is working to determine when and how to reach challenging populations.

### **GENERAL POD OPERATIONAL PLANS AND POLICIES**

The following operational procedures will be used at all PODs and locations administering COVID-19 vaccine under the auspices of the ECDOH regardless of the chosen delivery model.

#### **Recipient Data Collection**

ECDOH will utilize the NYSDOH Countermeasure Data Management System (CDMS) to document vaccines administered to recipients. CDMS vaccine administration reports will be transferred into NYSIIS.

#### **NYSDOH Countermeasure Data Management System (CDMS)**

CDMS is an all-encompassing solution for preregistration, screening, point of care documentation, upload to NYSIIS, reporting and follow-up. Use of CDMS for preregistration provides a means to implement social distancing by controlling the number of appointments/people in a given timeframe. Preregistration also provides valuable information that can help refine staffing, supplies, and equipment needs.

CDMS tracks the available inventory of each vaccine at each operational POD and will be utilized to resupply vaccine as needed.

#### **NYSDOH Immunization Information System (NYSIIS)**

The New York State Immunization Information System (NYSIIS) is a confidential, secure, web-based system that maintains one consolidated immunization record for persons of all ages in New York State (outside of New York City). Public Health Law 2168 mandates health care providers report information on vaccinations administered to persons. NYSIIS electronically



collects vaccine administration data for registered providers, including date of vaccination, vaccine manufacturer, lot number, and expiration date, site where vaccine is administered and name of provider administering the vaccine.

NYSIIS is essential for vaccination information tracking. The system allows users to track usage on a daily and weekly basis; facilitates the generation of reminders for the second COVID-19 vaccine dose; and serves as a record of the immunization. In addition, by consolidating vaccinations from multiple visits and possible multiple providers into one reliable record, time and paperwork are reduced and we are able to keep accurate immunization records

NYSIIS is accessed via the Health Commerce System (HCS), designed for the electronic exchange of health related data and information between health care providers and NYSDOH.

### **Adverse Event Reporting Procedures**

Vaccine recipients will be encouraged to wait in a monitored observation area adjacent to the vaccination area for 15 minutes post vaccination that is set up to allow for social distancing during the observation period. Masks will be required. Agents to treat anaphylaxis will be available on site.

An emergency medical services (EMS) professional (EMT, paramedic, etc.) will evaluate the vaccine recipient, initiate the appropriate treatment, and activate the emergency response system as needed.

ECDOH will provide each vaccine recipient with information about what to do and where to go if they experience an adverse reaction to the vaccine or require emergency treatment.

**Vaccine Adverse Event Reporting System (VAERS)** - Providers must report all vaccine-associated adverse events to VAERS. This system is a national program that passively monitors the safety of vaccines. Reporting to VAERS is standard after the administration of a vaccine licensed in the United States. For additional information about these standards, go to CDC's Vaccine Safety web page at <http://www.cdc.gov/vaccinesafety/index.html>. The VAERS web site (<http://vaers.hhs.gov/index>) also lists events that require a report to VAERS and provides an online VAERS Reporting Form.

### **Flow and Crowd Control with Social Distancing Measures**

All existing POD site plans will be updated to ensure that flow and crowd control promote proper social distancing measures.

Smooth, safe, and rapid flow of people through a POD is important to ensure adequate throughput and social distancing and adhering to mask wearing. Vaccination time slots by appointment will prevent crowding and facilitate social distancing and situational control.

Signage, floor markings, physical barriers and personnel will be utilized to control POD flow. Staff assigned to oversee recipient flow is essential for managing people in lines by keeping the lines orderly and moving.

Adequate signage is essential to ease flow and provide information to recipients as they move through the POD. When possible, providing signage in multiple languages common in Erie County will help communication and recipient flow.

### **Staffing Models**

Medical and non-medical staff will be utilized to fill all POD roles.

Executive Order 202.82 modifies the provisions in the Education Law and the Public Health Law to allow Emergency Medical Technicians (Basic and Advanced), Paramedics, Dentists, Dental Hygienists, and Podiatrists to vaccinate.

Erie County will utilize medical and non-medical volunteers from the Specialized Medical Assistance Response Team (SMART), Erie County's Medical Reserve Corps (MRC). The plan to integrate volunteers with paid staff is detailed in the Volunteer Management plan.

Through partnerships with academic institutions, utilization of student from clinical programs (Medicine, Nursing, Pharmacy, etc.). Use of students will be under the direction/supervision of appropriate faculty/preceptor.

Staffing/operational plans include procedure for beginning and end of shift briefings, location for a designated staff break area, and completion of required paperwork.

### **Patient Education Considerations**

The POD is a direct method to distribute information to recipients and should provide information on the vaccine, adverse events, non-pharmaceutical interventions (NPI) and other methods for the population to get further information regarding COVID-19. ECDOH will provide educational information on the ECDOH COVID-19 website and will have printed copies of materials available at each POD. When possible, all information will be available in commonly spoken languages in Erie County, large print format, and Braille. Through contractual services, Erie County maintains the ability for translation services (foreign languages through the language line American Sign Language (ASL) through Deaf Access Services. Through the registration process individuals will have the ability to request an accommodation and will be directed to contact the Functional Medical/Access Needs Coordinator.

### **Vaccination Information Statements (VIS)**

The local jurisdiction must provide the VIS to each vaccine recipient and ensure the information has been read and understood before any vaccine is administered. VIS are required to be made available by federal law. The VIS provides information to vaccine recipients, their parents, or their legal representative about the benefits and potential risks of a vaccine. VIS will be available in the appropriate language, when possible.

### **Vaccine Record**

Per federal guidance, NYS immunizing sites will receive COVID-19 vaccination record cards as part of vaccine ancillary kits and vaccination providers will be trained to complete these cards with accurate vaccine information, and give them to each patient who receives vaccine.

Vaccine Record Forms (VRFs) may be utilized with a pre-printed label including all vaccine information and date administered. All sites will enter vaccinations record into NYSIIS.

## **Second Dose Reminders**

For most COVID-19 vaccine products currently in development, two doses of vaccine, separated by 21 to 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. A second dose appointment will be made at the time of the original vaccination. ECDOH will utilize NYSIIS to generate second-dose reminder notices specific for our patient population. NYSIIS can support centralized reminders that can be blasted out to scale via postcards, robocalls, and/or text messaging. Additionally, CDMS registration collects an email address, which could be utilized for recipient follow-up.

## **Personal Protective Equipment (PPE)**

Erie County maintains a cache of PPE that will be required at PODS including: gloves, face shields, appropriate masks, and gowns. PPE will be predeployed to all PODS and resupply will be requested through Logistics. Prior to deployment, all staff will receive appropriate PPE training. N95 masks and fit-testing will be available to those administering the vaccine if needed.

## **Symptomatic Recipients and Infection Control**

Medical screening will be a necessary function within the POD to help reduce overall population and staff exposure. Each POD site will have staff identified to oversee social distancing and infection control procedures, including screening those entering the POD for symptoms and face mask adherence. Signage will be posted at the POD entrance instructing patients that are symptomatic to seek medical treatment and/or diagnostic testing and to self-isolate. Signage will also indicate that face masks are required and that social distancing will be enforced.

### **Sick Participant Transport and Treatment Centers:**

If a symptomatic participant presents at the POD, the Greeter, who is responsible for visually scanning each person before they enter the POD and asking them appropriate screening questions, will provide direction to that participant. Persons answering "yes" to any screening questions will be advised to quarantine/isolate and seek diagnostic testing. Severely ill or injured participants or staff will be transported to the hospital or local treatment center by 9-1-1.

### **Infection Control:**

All employees (including contractual employees) and volunteers are required to complete Blood-borne Pathogen training on an annual basis. Infection control procedures specific to COVID will be included in the Safety and Operational briefings prior to each shift.

## **Demobilization**

Once the situation has deescalated to a point where a large portion of the at-risk population has received vaccine, deactivation of clinical operations will generally occur as individual sites or in groups.

Once the decision has been made to cease clinical operations, the site will be closed, excess supplies and equipment will need to be accounted for and returned, as appropriate, and required paperwork must be filed. Vaccine clinical operations supplies/kits will be cleaned and replenished, and the sites cleaned and restored. Arrangements for return of these assets will be coordinated via the Erie County EOC.

**List of acronyms**

AED	Automated emergency defibrillators
AFN	Access and Functional Needs
ASL	American Sign Language
ASPR	Assistant Secretary for Preparedness and Response's
CDC	Centers for Disease Control and Prevention
CDMS	Countermeasure Data Management System
CEMP	Comprehensive Emergency Management Plan
CISO	Chief Information Security Office
ECDOH	Erie County Department of Health
EMR	Electronic Medical Record
EMS	Emergency Medical Services
ESF	Emergency Support Function
EUA	Emergency Authorization Use
EUI	Emergency Authorization Instruction
HCS	Health Commerce System
HEPC	WNY Health Emergency Preparedness Coalition
HHS	Health and Human Services
JITT	Just-in-Time Training
LEP	Limited English Proficiency
LTC	Long-term care
MCM	Medical Countermeasure
MERITS	Medical Emergency Response Inventory Tracking System
MOU	Memorandums of Understanding
MRC	Medical Reserve Corps
NFTA	Niagara Frontier Transportation Authority
NPI	Non-Pharmaceutical Interventions
NYSDOH	New York State Department of Health
NYSIIS	New York State Immunization Information System
NYSOEM	New York State Office of Emergency Management Pandemic and All-Hazards Preparedness and Advancing Innovation Act
PAHPAIA	Public Health Asset Distribution
PHAD	Public Health Emergency Preparedness
PHEP	Public Health Emergency Preparedness and Response Plan
PHEPRP	Public Health Nurse
PHN	Public Information and Risk Communication
PIRC	Point of Dispensing
POD	Personal Protective Equipment
PPE	Public Readiness and Emergency Preparedness
PREP	Specialized Medical Assistance Response Team
SMART	University of Buffalo Clinical and Translational Science Institute
UB CTSI	Vaccine Adverse Reporting System
VAERS	Vaccine Information Statements
VIS	Vaccine Record Forms
VRF	