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Ad-Hoc Requests for SFDPH Immunization Program to Provide Vaccines

DATE OF REQUEST _____

NAME OF REQUESTING PERSON/ORGANIZATION _____

TITLE OF REQUESTING PERSON/ROLE WITHIN ORGANIZATION _____

CONTACT INFO (EMAIL / PHONE) _____

Please complete in full as part of your request for SFDPH to provide vaccines for your event. SFDPH strives for a fully immunized population, while adhering to excellent vaccination practices and complying with applicable regulations. We are not able to provide ancillary supplies (needles, syringes, gloves, etc.). Completed forms should be faxed to 415-554-2579.

1	What is the target population to be vaccinated? Describe age, sex, medical condition, etc.
	<u>The Medical Home</u>
	The <u>medical home</u> as defined by the American Academy of Pediatrics is the site where the primary care provider and his/her staff take responsibility for the ongoing care of the patient, and is generally the preferred setting for pediatric immunization.
2	Is this a plan to vaccinate outside of the medical home? __Yes __No If yes, why is it important to vaccinate this population at this time, outside the medical home?

3 In what setting specifically will vaccines be administered? Provide details below.

Date(s) of event:

Time(s) of event:

Event title/setting/facility type:

Address where vaccines will be administered:

Number of participants expected (if part of a health fair, list both number of overall participants and number of participants expected to be vaccinated):

4 What date do you need to pick up the vaccines from the SFDPH Immunization Program?

6 Which specific vaccines are requested and how many doses of each?

VACCINE REQUEST	# DOSES REQUESTED (PLEASE REQUEST IN INCREMENTS OF 10)	FOR ADMINISTRATIVE USE ONLY
<input type="checkbox"/> Flu, TIV (injectable) multi-dose vial <i>(ages ≥36 months)</i>		
<input type="checkbox"/> Flu, TIV (injectable) preservative-free 0.25mL (ages 6-35 months)		
<input type="checkbox"/> Flu, TIV (injectable) preservative-free 0.5mL (ages ≥36 months)		
<input type="checkbox"/> Tdap (injectable) multi-dose vial		

Vaccine Storage and Handling

Vaccines must be stored and handled appropriately until the time they are administered to a patient. Excessive heat or cold can reduce vaccine potency or render vaccines completely ineffective. Once potency is lost it cannot be restored. A temperature-controlled environment used to maintain and distribute vaccines in optimal condition is called the cold chain. Appropriate temperatures must be maintained at every link in the chain. At minimum, the following standards must be met:

- Vaccines must be transported in a hard-sided cooler according to proper protocol. See the job aide, “[Transporting Refrigerated Vaccines](#)” (available on eziz.org) for more information.
- A digital data logger must be used. A data logger is an electronic device that reads and records temperatures continuously and stores them in its internal memory. Temperatures can be viewed on a computer and saved as an electronic or paper file. To be compliant, data loggers must have a glycol probe, low/high settings, an alarm, accuracy to +/- 1 degree F, and a current certificate of calibration. If obtaining a data logger represents a significant barrier for your site, SFDPH/CDPU may be able to loan a unit for a one-day event.
- Temperatures must be documented and recorded hourly and should remain in the safe range of 35-46 degrees Fahrenheit (2-8 degrees Celsius).
- Vaccines stored overnight must be kept in a temperature monitored refrigerator. The refrigerator must **not** be a dormitory style unit or used to store food. Staff must record refrigerator temperatures twice daily for at least 3 days before the date you intend to put vaccines in it, and temperatures must be stable and within-range. The temperature must continue to be monitored and recorded twice daily the whole time you have the vaccines.

All doses must be returned on the same day of the event unless other arrangements have been made with SFDPH/CDPU. Please write to tina.milton@sfdph.org to arrange pick-up and drop-off.

7 How will vaccines be stored after they leave SFDPH? Describe how the cold chain will be maintained from the time the vaccines leave SFDPH until the time any unused vaccines are returned to DPH.

Where and how will vaccines be stored at the following times (be specific):

Before event:

During event:

After event:

	<p style="text-align: center;"><u>Medical Staff and Protocols</u></p> <p>In California, RNs can legally administer vaccines without a physician order. However the preferred practice at SFDPH is for RNs to administer vaccines according to a protocol or standing orders. LVNs and Medical Assistants can only administer vaccines by physician order, protocol, or standing orders.</p> <p>The protocol or standing orders must be signed and dated by a licensed physician and should list:</p> <ul style="list-style-type: none"> • Vaccines that may be administered under the standing order, including name, dose, route, and frequency of administration • Indications for which the vaccines are to be administered • Contraindications for the vaccines to be administered (including drug/vaccine interactions) • Which categories of staff may administer the vaccines <p>The physician must be present in person if vaccines will be administered by Medical Assistants, and must be available by telephone if vaccines will be administered by RNs or LVNs.</p>
7	<p>Which categories of licensed providers will be administering the vaccines?</p> <p><input type="checkbox"/> Medical Doctor <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Licensed Vocational Nurse</p> <p><input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Pharmacist</p> <p><input type="checkbox"/> Other, please describe: _____</p>
8	<p>Name the licensed physician who will have authority for the event, and will this MD be available in person or by phone?</p> <p>Physician Name: _____</p> <p>License Number: _____</p>
9	<p>Under which protocol or standing orders will vaccines be administered? (please submit)</p>
10	<p>Which organization will assume coverage for medical liability?</p>
<p><i>Determining medical eligibility for vaccine requires knowledge of the patient's medical status, and often the vaccination history as well.</i></p>	
	<p style="text-align: center;"><u>Documentation of Vaccine Administration</u></p> <p>SFDPH requires that all of the following information is collected for each patient and dose of vaccine administered:</p> <ul style="list-style-type: none"> • Vaccine manufacturer/brand/type • Vaccine lot number • Vaccine expiration date • Patient's name and age-range • Date of immunization given • Date of Vaccine Information Statement (VIS) <p>Records should be maintained for a period of at least 3 years.</p>

13	How will vaccine administration be documented in the patient's medical record? Paper or electronic? Will CAIR be updated to reflect the vaccines administered?
14	<p>Will documentation of vaccine administration be provided to the patient? How?</p> <p><input type="checkbox"/> Copy of intake/vaccine administration form</p> <p><input type="checkbox"/> California Immunization Record (yellow card) given to each patient</p> <p><input type="checkbox"/> Adult Vaccination Record (provided electronically by SFDPH) given to each patient</p> <p><input type="checkbox"/> Different form or card given – provide copy</p>
	<p style="text-align: center;"><u>Vaccine Information Statements</u></p> <p>Vaccinators are required to provide the recipient with a copy of the most current <u>Vaccine Information Statement (VIS)</u> and to document both that the VIS was given as well as date of the VIS version given.</p>
15	Will Vaccine Information Statements (VIS) be provided? How will VIS date be documented?
16	Is there an informed consent form? __Yes __No
17	For minors, who cannot consent to their own vaccination, what is the procedure for getting permission from the parent or legal guardian to vaccinate?
18	What plans are in place for preventing and managing immediate vaccine reactions due to (a) Syncope; and (b) hypersensitivity reactions including angioedema and anaphylaxis?

VACCINE USAGE AGREEMENT
for San Francisco Department of Public Health (SFDPH)-Supplied Vaccines
As a condition for receipt of vaccine from SFDPH,

I, _____, as the physician, director,
or other medical representative for

Name of organization, or medical practice

agree to the following terms:

1. For each influenza immunization given, **I will retain a record** that includes:
→Vaccine manufacturer →Vaccine lot number →Vaccine expiration date
→Patient's name and age-range →Date immunization is given Edition date of the VIS
Records should be maintained for a period of at least 3 years. Do not send these to SFDPH.
2. For the vaccine awarded, my organization will NOT charge the patient or a third-party insurer any fee for the vaccine itself. My organization will not charge an administration fee higher than \$26.03 per dose. Persons wishing to be vaccinated, but unable to pay an administration fee cannot be turned away. I understand that vaccine should not be used for insured staff.
3. I will adhere to all eligibility requirements for each vaccine and will properly record the verified eligibility for each patient and report the data to the SFDPH Immunization Program.
4. I will exercise medical judgement in prescribing immunizations for each person receiving vaccine and screen patients for contraindications before vaccine administration.
5. I will provide a copy of the correct and current Vaccine Information Statement (VIS) to each person receiving vaccine in their preferred language and allow each person receiving vaccine adequate time for reading the information and asking questions before signing the consent form.
6. I will develop a workable storage, transport, and inventory method to ensure vaccine viability and distinguish SFDPH-supplied vaccines from other vaccines.
7. I will notify SFDPH Immunization Program (415-554-2955) immediately if vaccines have been stored improperly. Immunization Program staff will respond by the next business day.
8. I will contact SFDPH before returning vaccine and agree to return any unused doses to SFDPH immediately upon event completion.
9. I will ensure all vaccine is stored in a temperature-monitored unit at 35°- 46°F (2°-8° C). The temperature will be recorded hourly using a data logger when stored in a cooler and twice daily when stored in a refrigerator. I will notify CDPU immediately of all excursions outside the safe temperature range.

Please Print Name _____
physician, director, or other medical representative *Title*

SIGNATURE _____ Date _____
physician, director, or other medical representative

Address _____

Telephone _____ Fax _____ Email _____