

COVID-19 Vaccination Dispensing

Douglas County, KS

This planning document serves as the primary planning document for distribution and dispensing of the COVID-19 vaccination throughout Douglas County. This document is not meant to be a static guide; the assumption is that as information is released by KDHE, the document will be updated to reflect new information released by KDHE as it is made available. There are still many pieces of information that is unknown to us currently.

Phases of Vaccine Dispensing & Distribution:

KDHE has released new guidance on the phases of vaccine dispensing for Kansas. Additional guidance can be found at www.kansasvaccine.gov.

Phase 1:	Phase 2:	Phase 3:	Phase 4:	Phase 5:
<ul style="list-style-type: none">• Healthcare Workers• Residents in long-term care, senior housing or independent living• Critical pandemic response	<ul style="list-style-type: none">• Persons aged 65+• Congregate settings• High contact critical workers	<ul style="list-style-type: none">• Aged 16-64 with severe medical risks• Other critical workers	<ul style="list-style-type: none">• Aged 16-64 with other medical risks	<ul style="list-style-type: none">• Rest of pop 16+• Childre (subject to further resesarch)

The following graphic has been released by KDHE to assist with planning of dispensing throughout the winter, spring, and early summer (released Dec.

Expected Vaccine Availability Status to Population Group

Population Group	Very Limited Availability (Winter)	Limited Availability (Late Winter)	Increased Availability (Spring)	Generally Available (Summer)
Health Care Personnel	Light Green	Light Green	Light Green	Light Green
Long Term Care Facility Staff	Light Green	Light Green	Light Green	Light Green
Long Term Care Residents	Light Green	Light Green	Light Green	Light Green
EMS/Frontline Public Health Workers	Light Green	Light Green	Light Green	Light Green
First Responders	Light Green	Light Green	Light Green	Light Green
Includes some public facing workers in essential and critical infrastructure	Light Green	Light Green	Light Green	Light Green
Teachers, school staff, child-care workers	Light Green	Light Green	Light Green	Light Green
Individuals at high risk for adverse health consequences	Light Green	Light Green	Light Green	Light Green
All other adults	Light Green	Light Green	Light Green	Light Green
Children	Light Green	Light Green	Light Green	Light Green

Information and access may be updated based upon federal guidance

Overall Planning Assumptions:

- All LTCF residents and staff in Douglas County will be covered through a partnership with private pharmacies (CVS and Walgreens)
 - 1/5/2021: Vaccination for LTCFs has begun in Douglas County
- Douglas County will be responsible for Douglas County organizations and workers (anyone who works or lives in Douglas County)
- LDC Public Health will be responsible for dispensing of 1.B allocations
- Vaccinations will require a second dose to reach full efficacy
- All recipients will require a 15 minute observation following vaccination

Phase 1 Planning:

Target Population: All healthcare workers; residents/patients in long-term care, senior housing or independent living; and workers critical to pandemic response

PLANNING FOR HEALTHCARE-ASSOCIATED WORKERS:

Early December, LDCPH received information from KDHE that the first allocations of the vaccine will be to: Hospitals (specifically Emergency Department, ICU, and COVID-19 units); Health Department staff and EMS; additional healthcare associated workers.

Tiers:

The following priority tiers were developed by Douglas County for managing provision of the COVID-19 vaccine among Healthcare when limited supply of vaccine or other accompanying resources is available.

1. Patient facing, physical contact

2. Patient facing, no physical contact, UNABLE to social distance
3. Patient facing, no physical contact, ABLE to social distance
4. Not patient facing, office on campus
5. Not patient facing, office off campus

Location:

LMH Health, Lawrence Douglas County Public Health (LDCPH) and county stakeholders have been closely collaborating to roll out a phased vaccination approach as guided by KDHE. LMH Health is the primary Phase 1a vaccination site in Douglas County. Phase 1a candidates include healthcare personnel who are likely to be exposed to or treat people with COVID-19 and are not able to work from home.

LMH Health has used CARES Act funding to build a vaccination dispensing site on the LMH Health campus. The site will have multiple lanes to allow multiple dispensing sites, unidirectional flow, and shelter in the instance of inclement weather.

12/11/2020: Received communication that LMH Health, LDC Public Health, and Heartland Community Health Center will all receive allocations of doses.

- LMH Health: Will dispense to Emergency Department, ICU, and COVID-19 units at on-campus dispensing site
- LDC Public Health: Will dispense to EMS staff at the fire training facility at three designated times; public health staff will be offered the chance to go to one of the EMS designated times or to vaccinate internally at the health department
 - 1/5/2021: LDCPH has finalized transfer agreement with LMH Health so future allocations can be transferred; LMH Health is working to finalize transfer agreement so doses can be shifted bi-directionally.
- Heartland CHC: Will dispense to Heartland staff at Heartland parking lot; unknown if will continue at Heartland parking lot or look for larger location for healthcare associated workers (HCAW)--they are submitting an approval for alternate locations (potentially the fairground?); HCHC is currently looking at a bi-directional transfer agreement, as well.

Staffing:

LMH Health has indicated they will have sufficient staffing through the initial weeks of vaccine allocation. LMH Health has partnered with the KU School of Pharmacy to utilize student interns to assist with the effort. There is concern that once the students return to class, there will be a need for additional staffing.

- LMH Health: Will continue with staffing as planned; no anticipated issues
- LDC Public Health: Will utilize internal staff; no anticipated issues
- Heartland CHC: Will utilize internal staff; have PRN staff available; have reached out to KU School of Pharmacy for potential volunteers

Communication:

The COVID vaccination planning group worked together to create a survey for healthcare organizations to register themselves as a site wishing to receive vaccinations once available. Following completion of the survey, LDC Public Health and Douglas County Emergency Management worked together to communicate with employees at registered organizations to allow employees to “opt-in” or “opt-out” for receipt of a vaccine. While the numbers will not be set in stone, they will be beneficial for planning assumptions.

LDC Public Health will track “opt-ins” and “opt-outs” to determine who will receive doses.

The survey will create a registry of people who can then be easily communicated with once the allocation has been received.

Registration:

LMH Health created an online registration portal for healthcare workers to schedule an appointment time for their vaccination. It will be deployed live once allocations are available.

- LMH Health: Has a registration system available, exploring phone calls.
- LDC Public Health: LDCPH has purchased a registry and scheduling system. Need to go-live.
- Heartland CHC: Will use ECW (part of EMR) for registration for registration and a walk-in clinic;
TASK: need to follow-up on plan for administration of 2nd dose

PLANNING FOR LTC SENIOR LIVING & WORKERS CRITICAL TO PANDEMIC RESPONSE:

In early January, KDHE released new guidance on Phase 1 prioritizations, which modified Phase 1 to now include residents/patients in LTC senior housing or LTC-supported independent living and workers critical to pandemic response.

LTC Senior Housing: All indications from KDHE are that LDCPH will be responsible for vaccinating this group, but not until after all HCAWs are completed. To begin the planning on this effort, we have connected with the Senior Resource Center to establish the organizations and facilities that will meet this definition. Additionally, we have assigned a dedicated LDCPH staff member to working on the planning efforts (ex: number of residents, three points of contacts, best dates/times, etc). Dispensing will likely be through a closed, on-site POD at each location.

Workers Critical to Pandemic Response: All indications from KDHE are that LDCPH will be responsible for vaccinating this group, but not until after all HCAWs are completed. KDHE has not given much guidance for establishing who this group is. Charlie Bryan is working closely with both city and county administrators to identify who is considered in this group for Douglas County.

First draft thoughts for this group include: City Commissions, County Commissions, City/County Administrators, Unified Command, Local Health Board, Emergency Management

Dispensing is still undetermined, but could be a closed, drive-thru POD at a centralized location (Fairgrounds or EMS training facility).

Charlie/Kathy: Please review the above to ensure it adequately captures our planning yesterday.

Vaccine cost and administration fee reimbursement:

There is no cost to the person being vaccinated. Providers that receive the COVID-19 vaccine free from the federal government are prohibited from seeking reimbursement from vaccine recipients for vaccine administration costs – whether as cost sharing or balance billing. Vaccine recipients are not expected to pay copayment/coinsurance or deductibles. It is anticipated that COVID-19 vaccination providers will bill public and private insurance for vaccine administration fees.

The table below identifies the known reimbursement rates for vaccine administration. For uninsured patients, COVID-19 vaccination providers can request reimbursement from the Health Resources and Services Administration’s Provider Relief Fund.

	COVID-19 Vaccine Administration Codes			
Insurance	0001A (Pfizer, first dose)	0002A (Pfizer, second dose)	0011A (Moderna, first dose)	0012A (Moderna, second dose)
Medicare	16.94	28.39	16.94	28.39
Blue Cross Blue Shield of Kansas	17.62	29.53	17.62	29.53
Aetna	16.94	28.39	16.94	28.39
CIGNA	16.94	28.39	16.94	28.39
HRSA (uninsured clients)	Reimbursement will be based on current year Medicare fee schedule rates, except where otherwise noted.			

Planning Unknowns: 1/14/2021

- When moving to Phase 2, will KDHE give guidance on prioritizing Phase 2.
- Allocation amounts and scheduling for future months.
- Planning for remainder of Phase 1, including LTC-supported independent living and workers critical to pandemic response

Phase 2 Planning:

Planning assumptions include: (1) LDC Public Health will be the primary organization responsible for dispensing of 1.B vaccinations; (2) Clinics will be drive-thru to maximize efficiency and assist with infection prevention and control

Target Populations:

- Persons Aged 65+
- Congregate Settings
- High-contact Critical Workers

It is expected that many of the above populations will overlap with one another. The Federal Government has indicated that Phase 2 will likely be approximately half of the population.

KDHE has indicated that local health departments do not need to plan for how to sub-prioritize these populations. KDHE will provide this information.

1/7/2020: The new prioritization populations released by Phase 2 has changed some of the POD planning for Phase 2. At this point in time, we are still in the planning process for getting vaccine out to the priority populations. Congregate settings will likely be an on-site, closed PODs. Persons aged over 65 years will likely be through a closed, centralized location.

Tiers:

In the event that there is limited supply of COVID-19 vaccine or other accompanying resources, priority tiers, such as those shown below, could be used to manage demand.

1. Public/patron facing, physical contact / continuity of government personnel
2. Public/patron facing, no physical contact, UNABLE to social distance
3. Public/patron facing, no physical contact, ABLE to social distance
4. Not public/patron facing, office ON campus
5. Not public/patron facing, office OFF campus

Location, Stations, & Potential Through-put:

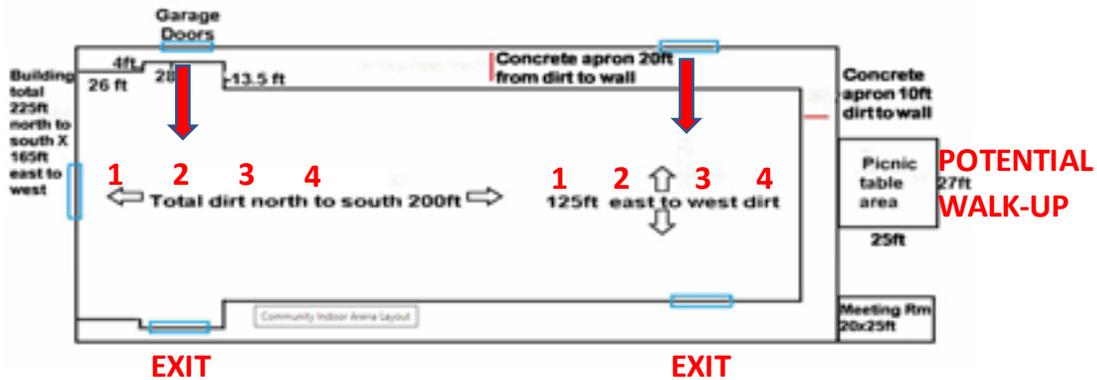
The current plan is to host semi-open PODs targeting the recommended priority groups.

Primary Setting:

The Douglas County Fairgrounds—specifically the Community Indoor Arena—will serve as the primary POD location for 1.B dispensing. (<https://www.douglascountyks.org/depts/maintenance/fairgrounds-information#Link-To-Community-Indoor-Arena>) Douglas County has agreed to let LDCPH utilize the facility and reservations are not currently accepted, so it is available through the spring.

Indoor Schematic:





The inside of the Community Indoor Arena has a dirt floor so it can be driven on, making it an ideal location for a drive-thru POD. Additionally, there are 5 garage doors available for entry and/or exit, a meeting room (which can be locked and used for data entry, storage, or breaks), and a kitchen area for eating/taking breaks.

TASK: LDCPH staff need to determine potential location for walk-up station (could be the kitchen/concession stand area)

TASK: Work with M Cubed Technologies to ensure the space is configured for internet access

Outdoor Schematic:



Stations Identified:

Station	Location	Staff Numbers Needed
Registration/Check-in	South Parking Lot off entrance	Non-Medical (2-4?)

Triage	Roundabout South	Non-Medical (2-4?) Security (1)
Dispensing Stations (Drive thru)	Indoor Community Arena (red 1, 2, 3, and 4, indoor schematic)	<i>Per Station (6-8 stations)*</i> CMA or higher (2) Non-medical (1)
Dispensing Stations (Walk-up)	TBD-potentially the kitchen?	CMA or higher (1) Non-medical runner (1)
15 Minute Monitors	West Parking lot off exit	Non-medical access to EMR (4-5)** Non-medical timer (4-5)
Runners	Throughout	Non-medical (5-7)
Traffic Control	Throughout	Non-medical (10-12); could easily be EM volunteers
LDCPH Check-in/Check-out	TBD	EM Volunteers (3)
Command Post	TBD	Incident Commander (1) Clinic Manager (1) Safety Officer (1) Medical Interpreter (1)
<p>*The second medical person (the dose drawer) and the non-medical person may be able to be split among two stations; will need to do a couple of rounds of observations to see what works best</p> <p>**Might be helpful to have a medical person here, too, or a paramedic unit</p>		

TASK: Review above table; what are we missing? Do the estimates seem about right?

TASK: Work with Shaun Coffee to request an on-site unit

TASK: LDCPH needs another walk-through of the fairgrounds

Through-Put Estimates:

Dispensing estimates are depending on the number of doses received from KDHE. If it is a large allocation with a short time frame, LDCPH will need to increase through-put. If the allocation is low, then LDCPH has more flexibility and can slow down through-put.

Current estimate: 25-30 doses per hour per lane

Sample Estimates:	4 Lanes	6 Lanes	8 Lanes
4 Hour Shift	400-480	600-720	800-960
6 Hour Shift	600-720	900-1,080	1,200-1,440
8 Hour Shift	800-960	1,200-1,440	1,600-1,920

TASK: Confirm the indoor arena has sufficient space for 8 lanes

Alternate Settings:

LMH Health has offered use of their on-campus drive thru vaccination clinic. It is currently set-up to manage two drive-thru lanes at a time. They currently schedule one person every 3 minutes per lane, so 2 people per 3 minutes. They do not schedule the last 10 minutes of the hour.

TASK: Touch base with LMH Health; do they have additional sites that can do more people?

There may be a specific situation in which it makes sense for LDCPH to do an on-site closed POD with an organization, but in general, LDCPH will not be able to meet every request to go on-site for organizations.

Staffing:

For large mass vaccination clinics, LDCPH has the capacity to close day-to-day operations to have sufficient staff. LDCPH currently has 74 employees with an estimated 20 medical staff able to vaccinate and draw doses (CMA certification or higher).

Certain positions within the POD will require certification, licensure, training, or other requirements, but many do not.

- Vaccinators and drawers require a CMA or higher
- Monitors will need EMR access
- Unknown: Does Registration/Tracking need EMR access to check in recipients?
- Clinic Manager and Incident Commander should have the ICS 100, 200, and 700

All LDCPH have taken a minimum of ICS 100 and NIMS 700. All have been issued a CRMCS emergency management badge. The badge will be used for checking-in and out of the POD to accurately track hours worked by staff. All staff and volunteers will be provided and expected to wear a KN95 (or equivalent to a surgical mask).

Potential Staffing Pools:

- Emergency Management CERT (volunteers)
- KU School of Pharmacy (volunteers)
- LMH Staff (reimbursement)
- KDHE has secured medical contracts to request additional medical staffing (request must go through Emergency Management); LDCPH will be responsible for 15% of the costs.

TASK: Identify set amounts for reimbursement of borrowed staff (Brian Bradfield working on PSA)

TASK: Work with Ron Ragan to identify potential KU Pharm pool schedule for spring

TASK: Work with KDHE to see if we have medical volunteers in K-SERV we can utilize for dispensing

TASK: Work with Emergency Management regarding estimates for number of available volunteers

Communications:

Internal:

The Indoor Arena will be set-up to ensure internet access is available.

Internal communication systems for staff to communicate with one another on-site will include cell phones, walkie talkies, runners, and flags.

Systems to communicate with attendees include signage, fliers, and staff who are on-site and available to answer questions or address concerns.

External:

[Still under development]

Information on vaccinations will be on the LDCPH Health website and social media, as well as the Douglas County Coronavirus Hub. The Douglas County PIO group can be utilized for communications.

Communication plans regarding registration are under development as the registration process is still under development.

Registration:

[Still under development]

LDCPH has purchased a registration and scheduling system that will integrate with our Electronic Medical Record (EMR).

It has the capacity to:

- Register: Attendees can pre-register their needed information, including insurance information, and they will be loaded into the EMR.
- Schedule: LDCPH can pre-set times and locations and attendees can schedule themselves.
- Check-in: Once scheduled, attendees will receive a QR code for check-in.
- Vax Tracking: Once the vaccine is administered, the nurse can track it within the system. It will automatically be reported to Web IZ.

1/6/2021: The system is just now becoming operational. We will have more information here as LDCPH staff become more familiar with the system. **Kathy/Charlie: Please confirm I have a correct understanding of how the system will work.**

TASK: Need to decide...Are we going to work with employers on essential workers? If so, how will that process go? Or will we do this for certain employers?

TASK: Development of guidance for employers to identify high priority employees

Planning Unknowns:

- When will allocations for 1.B begin
- Which organizations will receive allocations
- Will LDCPH be responsible for a Local Distribution Site for Douglas County

Addressing Vaccine Equity

The Vaccination Branch is vigilant in considering equity in discussions and decision-making while preparing for and operationalizing an equitable COVID-19 vaccine program. The following list provides a summary of those efforts. Review and feedback about these efforts is welcome.

- Designing, facilitating, & analyzing a local survey measuring perceptions around the COVID-19 vaccine & determining influencing factors. Demographic information (race, sex, zip code, age) elevated & discussed, along with comments offered by respondents. Survey was distributed equitably to include Douglas County residents of various backgrounds. Halfway through the survey collection period, we analyzed our demographic trends & adjusted our distribution strategy accordingly. Survey was also offered in Chinese, Spanish, & English, with both paper & electronic versions in all 3 languages. Survey design & analysis team consisted of diverse team members.
- Research, presentation, & discussion around equitable vaccination strategies; proposed interventions for vaccine hesitance, as national data and our COVID-19 vaccine survey suggested that Black, Indigenous and People of Color (BIPOC) may be more vaccine hesitant; research about equity and trends for influenza vaccination (i.e., people who are uninsured, don't have a college education, earn a lower income, etc. are less likely to receive a flu vaccine).
- Vaccination Unit includes a dedicated participant from the Equity Impact Advisor Team. Their job entails inquiring into & inspiring equity in the Vaccination Unit's planning & operations.
- Leadership & conversations are conducted in a respectful manner. Members of various educational, professional, racial, cultural, gender, & age backgrounds are valued & given space to speak. No questions are dismissed & members are attentive to follow-up with one another, share ideas, & offer support. Equity is a welcome topic & receives attention in our meetings each week.
- Equitable communications strategies have been a discussion topic- & is coming more to fruition as the COVID-19 Dashboard was released, COVID-19 newsletter developed, & more. Alex & George working together with the City, Surveillance Testing Unit, & Equity Impact Advisors on an upcoming event designed to engage community members about the COVID-19 vaccine, planning, & equity.
- We have had media presence (news, radio, social media) specific to equitable COVID-19 vaccine distribution & dispensation.
- Consistent communication with Equity Impact Advisor team, gathering input & communication our plans so more folks can serve as informed ambassadors.
- Consistent communication with Surveillance Testing Unit for research, planning, & equity overlap.