

Local Emergency Manager's Guide to COVID-19 Vaccine Distribution

Table of Contents

- Overview 3
- Fast Facts 4
- Vaccine Distribution Overview 5
 - Initial Vaccines..... 5
 - Vaccine Allocation and Ordering 6
 - Allocation to Providers 6
 - Vaccine Distribution 7
- IT Systems Overview 8
- Public Information and Communications..... 9
 - Addressing Misinformation 9
- Building Vaccine Confidence 10
- Vaccine Safety 11
 - Emergency Use Authorization 11
 - Ongoing Safety Monitoring 11
- Role of Local Emergency Management 13
- Role of District Coordinator 14
- Logistics and Resource Requests..... 15
 - State of Texas Assistance Requests (STAR) 15
 - Personal Protective Equipment (PPE) Requests 15
 - Long Term Care Facilities 15
- Ultra-Cold Vaccine Handling 16
- Closed Points of Dispensing (PODs) 18
- Planning Checklist for COVID-19 Closed PODs/Vaccination Clinics: 19
 - POD Resources Needs..... 20
- Resources 21

Overview

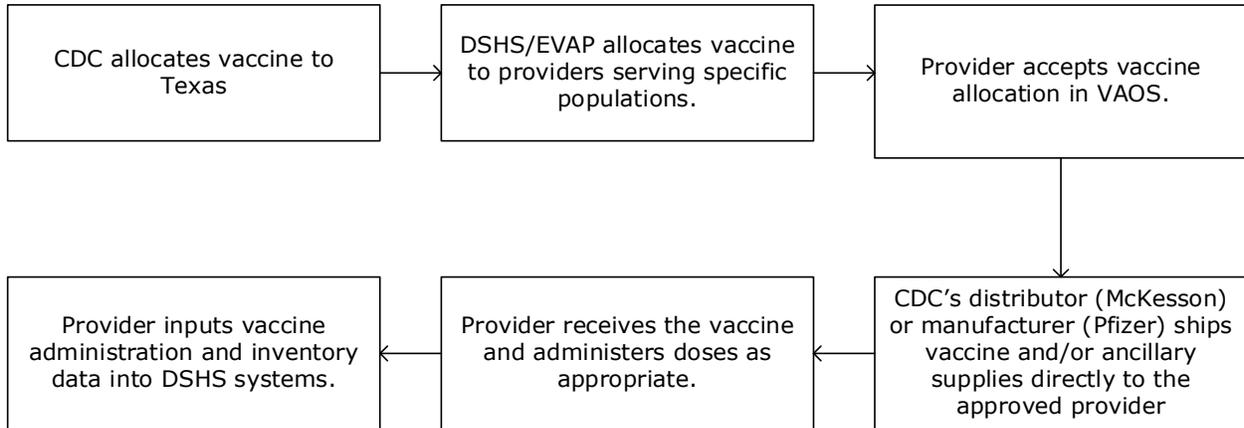
This document is supplemental guidance for emergency managers. It does not include all guidance or requirements for COVID-19 vaccine providers. Organizations registered as vaccination providers must follow all Centers for Disease Control (CDC) and Department of State Health Services (DSHS) requirements related to ordering, administration, and reporting of vaccination.

Fast Facts

1. After Food and Drug Administration (FDA) authorization, the FDA and the Centers for Disease Control (CDC) will monitor vaccine safety using existing and expanded [vaccine safety monitoring systems](#).
2. The federal government's [Operation Warp Speed \(OWS\)](#) includes six vaccines in various stages of development. Five of these vaccines require two doses spaced at either 21 or 28 days apart. Each vaccine has unique storage and handling requirements. Vaccines are NOT interchangeable; patients must receive the same manufacturer's vaccine for both doses.
3. Organizations requesting to receive and administer the vaccine MUST enroll with the Department of State Health Services (DSHS) and agree to CDC requirements. See DSHS' [website](#) for additional information, including a list of requirements. There is no cutoff date for enrollment.
4. The CDC's distributor or the manufacturer will ship vaccine directly to the vaccine provider.
5. Early vaccine supplies will be extremely limited. The CDC will issue guidance on population prioritization. DSHS' [Expert Vaccine Advisory Panel](#) (EVAP) will establish prioritization of critical populations for Phase 1 and Phase 2 and will provide vaccine allocation recommendations to the DSHS Commissioner.
6. **The State of Texas Assistance Requests (STAR) process will NOT be used for requesting COVID-19 vaccine.** The STAR process may be used to request other supplies such as PPE or state support for vaccination clinics, etc.
7. There is no cost to receive the COVID-19 vaccine. However, vaccine providers will be able to charge administration fees for giving or administering the shot to someone. Vaccine providers may request for this fee to be reimbursed by the individual's public or private insurance company or, for uninsured patients, by the Health Resources and Services Administration's Provider Relief Fund. According to the provider agreement that all COVID-19 vaccine providers must sign, they may not turn away any individual who cannot pay.

Vaccine Distribution Overview

The diagram below shows a high-level overview of the vaccine distribution process:



Initial Vaccines

There are several vaccines under development, two vaccine manufacturers are in the process of filing for the Emergency Use Authorization (EUA) with the FDA in late 2020. These manufacturers have also received federal funding to manufacture vaccine prior to FDA authorization. As a result, these vaccines will be available for distribution in limited quantities immediately following FDA authorization.

	Pfizer	Moderna
Minimum Order Quantity	975 doses/195 vials	100 doses/10 vials
Doses/Vial	5 doses	10 doses
Dose Spacing	Second dose 21 days after initial dose	Second dose 28 days after initial dose
Storage	Ultra-cold frozen (-75±15°C): 6 months Refrigerator: 5 days Room temperature: 2 hours Room temperature: 6 hours post dilution	Frozen: 6 months Refrigerator: 30 days Room temperature: 12 hours
Mixing with Diluent Required	Yes, must be mixed with saline. Must be used within 6 hours of mixing.	No

These vaccines, and any future vaccines, all have special handling, storage, and administration requirements. Handling information will be released by the manufacturer and the CDC, as appropriate.

Vaccine Allocation and Ordering

The CDC will allocate vaccine to Texas as supplies are available pro rata based on the overall population.

Vaccine allocations will be made in three phases. The phase will be determined by the amount of vaccine available. Each phase could last several weeks or months depending upon supply.

Phase 1

During the first phase, the state anticipates limited supply of the COVID-19 vaccine. Initial efforts will be made to immunize [health care personnel](#) based on recommendations from CDC and the DSHS [Expert Vaccine Advisory Panel](#) (EVAP). Additional populations who may be considered for priority immunization following healthcare workers include:

- Other essential workers
- Texans at increased risk such as those with underlying medical conditions and people 65 years of age and older

Phase 2

During the second phase, there will be a larger number of vaccine doses available. The focus will be to vaccinate those critical populations who were not vaccinated during phase one as well as the general public.

Phase 3

During the third phase, DSHS anticipates a sufficient supply of vaccines doses available to the entire population.

Allocation to Providers

DSHS' [EVAP](#) will provide vaccine allocation recommendations to the DSHS Commissioner.

In early phases when supply is limited, vaccine will be allocated to providers in approved amounts, as it is made available to DSHS by the CDC. This will be based on information submitted during provider enrollment about which populations the provider will serve (i.e. how many healthcare workers, people over 65, etc.) and recommendations of the EVAP. Those providers will then need to accept their allocation from DSHS through their electronic system before DSHS directs shipment to them.

DSHS may allocate vaccine to any type of provider (pharmacy, doctor's office, etc.) during any phase of the response, as long as they 1) are enrolled through DSHS and 2) indicate at that enrollment that they serve at least one of the populations being prioritized at that phase of the response.

Once the vaccine supply is enough to meet demand, approved providers will be able to order vaccines via DSHS' Vaccine Allocation and Ordering System (VAOS).

Vaccine Distribution

Organizations requesting to receive and administer the vaccine MUST enroll with the Department of State Health Services (DSHS) and agree to CDC requirements. See DSHS' [website](#) for additional information, including a list of requirements. There is no cut-off date for enrollment.

The CDC has arranged for vaccine and ancillary supplies to be shipped directly to approved vaccinators:

- Pfizer will ship ultra-cold vaccine to the provider.
- McKesson, the CDC's central distributor, will ship all other vaccines.
- McKesson will ship all ancillary supply kits to the provider.

Ancillary supply kits will include supplies to administer 100 doses:

- 105 needles for vaccine administration
- 105 syringes
- 210 alcohol prep pads
- 4 surgical masks and 2 face shields
- 100 COVID-19 vaccination record cards
- Vaccine needle guide
- Reconstituted mixing kit (adding a diluent like sterile saline to a vial of vaccine before giving it)

For the Pfizer ultra-cold vaccine only, one shipment of dry ice and handling equipment will be automatically shipped to the provider to replenish the shipper upon arrival. The shipment will include:

- Dry ice
- Tongs
- Thermal gloves
- Eye protection
- Instruction manual

The following items are NOT included in ancillary kits and may be requested via the STAR process:

- Data logger for temperature monitoring
 - For the ultra-cold vaccine only, providers will be able to use the data logger that comes with the thermal shipper. This will only work for storing the vaccine in the shipper. For more details on the ultra-cold vaccine storage and handling, see below.
- Dry ice (for refilling thermal shippers beyond the first shipment)
- Nitrile/latex gloves
- Sharps container
- Bandages/gauze/tape
- Bio-hazard bags/containers

IT Systems Overview

Providers are required to use several different IT systems for COVID-19 distribution. The table below summarizes the different systems:

	ImmTrac2	Vaccine Allocation and Ordering System (VAOS)	Vaccine Finder
What is it?	Texas' Immunization Registry .	A front facing vaccine ordering system for COVID-19 vaccine providers. This is the system providers will be using to place COVID-19 vaccine orders.	A searchable database showing locations of vaccination sites for all types of vaccine.
What does it do?	It consolidates and stores immunization records from many sources in Texas.	It captures all provider orders for COVID-19 vaccine.	Allows members of the public to locate vaccine providers in their area.
Who owns it?	DSHS	DSHS	CDC
What's required?	COVID-19 vaccine recipient information must be recorded including personal information and vaccine manufacturer, lot number.	Providers will need access to VAOS in order to submit vaccine orders through the state.	DSHS will report COVID-19 vaccine inventory supply on behalf of providers. Providers do not need to report in Vaccine Finder.
Why does it matter?	Allows for tracking of vaccine administration to ensure individuals receive the correct second dose of vaccine, since products are not interchangeable. Also helps track vaccine administration for safety purposes, to ensure accurate information to medical providers about what vaccine a person has received.	Without it providers can not place vaccine orders for COVID-19 available vaccines.	Allowing members of the public to locate COVID-19 vaccine in their area will help increase vaccination levels.

Public Information and Communications

Texas will implement a statewide integrated communications/outreach/engagement plan. TDEM and DSHS will coordinate closely on public information around vaccine distribution to include:

- Coordinating messaging between the agencies and among federal, state, local and tribal partners and with private sector and non-governmental organizations.
- Responding to requests for information in each agency's area of responsibility or coordinating responses through partner agencies and organizations.
- Developing and distributing public information releases about vaccine recommendations and distribution operations.
- Maintaining points of contact for the news media and coordinating responses to inquiries that involve both agencies' areas of responsibility.

TDEM has the primary responsibility for public information related to state vaccination efforts, vaccine distribution logistics, and coordinating with the Texas Emergency Management Council (TEMC). DSHS has the primary responsibility for public information related to vaccine science and public health education, provider enrollment, vaccine allocation, and data on vaccine distribution.

TDEM coordinates information released to the media by the TEMC agencies. Public information materials are coordinated through the Joint Information Center (JIC) and forwarded to the Governor's Press Office, the Disaster District EOCs, and other applicable federal, state, local, tribal, non-governmental, and private-sector partners.

Local emergency managers are encouraged to amplify messaging regarding vaccination within their communities including posting/sharing on social media. Local emergency managers are encouraged to utilize additional communications for their communities.

Addressing Misinformation

Emergency managers can anticipate that misinformation about the COVID-19 vaccine will spread during distribution efforts.

A few strategies in addressing misinformation may include:

- Establishing partnerships with local traditional media outlets to disseminate accurate information
- Using the Joint Information System (JIS) to coordinate local public information efforts

For more information, see FEMA's [Countering False Information on Social Media in Disasters and Emergency](#). FEMA also published a COVID-19 Rumor Control [website](#).

Building Vaccine Confidence

Vaccine confidence is the trust that parents, patients, or providers have in a vaccine. Vaccine confidence is critical to achieving COVID-19 vaccination coverage. Emergency managers can help build vaccine confidence within their communities.

Several factors influence an individual's decision to get vaccinated:

		
Contextual	Individual and group influences	Vaccine/vaccination - specific issues
<ul style="list-style-type: none"> • Media and public communication • Local politics • Religion, culture • Accessibility of services • Trust in authorities 	<ul style="list-style-type: none"> • Beliefs and attitudes about health and disease prevention • Knowledge and awareness • Poor quality health service experience 	<ul style="list-style-type: none"> • Mode of administration • Source of the vaccine • Vaccination schedule • Any costs associated with vaccination • Knowledge/attitudes of healthcare professionals



Source: SAGE Working Group on Vaccine Hesitancy 2017 10/21/20

Willingness to get vaccinated will vary by community depending upon cultural, historical, and political factors.

The following are common risk communication strategies to build and maintain trust and confidence:

- Communicate early and often, in ways that people trust
- Communicate clear and with compassion (attend to low health literacy levels)
- Acknowledge and communicate in uncertainty
- Be transparent, honest, frank and open (lean towards disclosure)
- Listen and respond to specific concerns of stakeholders, including the public
- Deliver messages through multiple media modes, reading levels, and cultural competence

The state will be releasing educational materials and communication guides for the general public. Local emergency managers can help reinforce these communications and may consider the following strategies:

- Partnering with local community leaders, particularly in medically underserved and minority communities, to share information about the vaccine.
- Encouraging socialization of the vaccine, where vaccinated persons share their experience with their community
- Partner with healthcare worker associations, hospitals, etc. to outreach to healthcare workers particularly about vaccine safety and efficacy.
- Disseminate accurate and timely information to the public about the safety and testing that has been done before COVID-19 vaccines are authorized for use.

Vaccine Safety

The U.S. vaccine safety system ensures that all vaccines are as safe as possible. Safety is a top priority while governmental agencies and manufacturers work to make the COVID-19 vaccines available.

Emergency Use Authorization

Manufacturers are conducting clinical trials with thousands of participants and then send the data to the Food and Drug Administration (FDA). The FDA developed specific [guidelines](#) for the development and licensure of COVID-19 vaccines. If the FDA determines a vaccine meets its safety and effectiveness standards, it can make the vaccine available for use by approval or emergency use authorization (EUA). During a public health emergency, the FDA can use EUAs to allow the use of unapproved medical products, or unapproved uses of approved medical products, to diagnose, treat, or prevent serious or life-threatening diseases when certain criteria are met. The FDA may issue an EUA for COVID-19 vaccines. After the FDA issues an EUA, the CDC's Advisory Committee on Immunization Practices (ACIP) will issue vaccine [recommendations](#) to the CDC including recommending certain groups to be vaccinated and any relevant information about side effects or contraindications.

Ongoing Safety Monitoring

Safety monitoring will continue even after a vaccine is made available. The CDC and FDA have developed expanded monitoring programs for COVID-19 vaccines and will continue to maintain existing safety monitoring programs. The table below describes the safety monitoring programs.

Monitoring System	Description	Responsible Agency
V-SAFE	A new smartphone-based, after-vaccination health checker for people who receive COVID-19 vaccines. V-SAFE will use text messaging and web surveys from CDC to check in with vaccine recipients for health problems following COVID-19 vaccination. The system also will provide telephone follow up to anyone who reports medically significant (important) adverse events.	CDC
National Healthcare Safety Network (NHSN)	An acute care and long-term care facility monitoring system with reporting to the Vaccine Adverse Event Reporting System or VAERS	CDC
Other large insurer/payer databases	A system of administrative and claims-based data for surveillance and research	FDA
Vaccine Adverse Event	The national system that collects reports from healthcare professionals, vaccine manufacturers, and	CDC and FDA

Monitoring System	Description	Responsible Agency
Reporting System (VAERS)	the public of adverse events that happen after vaccination; reports of adverse events that are unexpected, appear to happen more often than expected, or have unusual patterns are followed up with specific studies	
Vaccine Safety Datalink (VSD)	A network of 9 integrated healthcare organizations across the United States that conducts active surveillance and research; the system is also used to help determine whether possible side effects identified using VAERS are related to vaccination	CDC
Clinical Immunization Safety Assessment (CISA) Project	A collaboration between CDC and 7 medical research centers to provide expert consultation on individual cases and conduct clinical research studies about vaccine safety	CDC
Medicare data	A claims-based system for active surveillance and research	FDA and the Centers for Medicare and Medicaid Services
Biologics Effectiveness and Safety System (BEST)	A system of electronic health record, administrative, and claims-based data for active surveillance and research	FDA
Sentinel Initiative	A system of electronic health record, administrative, and claims-based data for active surveillance and research	FDA

Federal entities also have safety monitoring systems for specific communities including members of the military, veterans, and tribal nations. For more information, see the CDC’s COVID-19 vaccine safety [website](#).

Local Emergency Management COVID-19 Vaccine Checklist

TDEM recommends that emergency managers consider the following actions in their local planning assumptions and process:

- If you have not already, begin talking to your [local health department](#) about vaccination in your community.
- If you do not have a local health department for your jurisdiction, contact the [Public Health Region](#).
 - Work together to assess your local vaccination capacity. Your local health department has access to the list of all registered providers in your jurisdiction.
 - Reach out and encourage healthcare providers and pharmacies in your area to register as COVID-19 vaccine provider.
- Identify any major gaps in vaccination capacity in your area.
 - Work with your local health department to develop strategies to provide vaccination coverage for medically underserved areas and/or critical populations. Strategies to consider may include:
 - Partnering with your local health department to host a closed POD for first responders or other critical populations.
 - Partner with a private healthcare provider such as a pharmacy or clinic to host a temporary vaccination clinic in an underserved area.
 - Coordinate with local employers with occupational health clinics who may be able to vaccinate their staff or community members.
 - First responder agencies such as fire departments and emergency medical services (EMS) may have medical personnel qualified to administer the vaccine. Working with those qualified agencies to register as a vaccine provider to host closed or open vaccination clinics locally.
- Prepare to support the vaccination effort in the following ways:
 - Disseminate public information and education, including instructions on how to receive the vaccine. Work with local community leaders to promote vaccine confidence.
 - Provide accurate and timely information to the public about the safety and testing that has been done before COVID-19 vaccines are authorized for use.
 - Continue all COVID-19 response and mitigation work, recognizing it will take many people being vaccinated over the course of many months to achieve community protection and remain vigilant in our community prevention strategies.

TDEM District Coordinator COVID-19 Vaccine Checklist

The [Texas Division of Emergency Management \(TDEM\) District Coordinators \(DC\)](#) are the division's field response personnel stationed throughout the state. The district coordinators carry out emergency preparedness activities and coordinate emergency response operations.

The DCs continue to fulfill their normal disaster support functions and may also conduct the following activities to support COVID-19 vaccine distribution in their district:

- Coordinate with local and regional emergency managers and health departments. Coordination activities may include:
 - Hosting regular conference calls among emergency managers and health departments for information sharing, planning coordination, and resource management.
 - Distributing vaccine information and guidance to local emergency managers.
 - Sharing scheduling information regarding vaccination clinics.
- Provide guidance and technical assistance for closed PODs within their district.
- Coordinate any requests for logistics support or supplies through disaster district emergency operations center (DDEOC) and the state operations center (SOC) via the STAR process.
 - Support may include additional ancillary supplies, cold chain storage support or resources.
 - Support may also include law enforcement personnel to provide vaccination site security, if appropriate.
- Report on district-wide vaccine distribution to the Assistant Chief.

Logistics and Resource Requests

State of Texas Assistance Requests (STAR)

Local jurisdictions may submit STAR requests to receive assistance, resources, or personnel from the state, however, due to direct shipments **STAR requests cannot be used to request doses of the COVID-19 vaccine.**

Local jurisdictions may use the STAR process to request COVID-19 vaccination administration support which may include:

- Cold-chain storage assistance
- Temporary vaccination clinic support including personnel, security, or other logistical capabilities
- Personal protective equipment (see below for discussion of established COVID-19 PPE process)
- Additional ancillary supplies (see above)
- Vaccination support in response efforts, other than doses of vaccine

Dry Ice for Ultra-Cold Vaccine Storage

Ultra-cold vaccine that is stored in the thermal shipper requires that dry ice be added to the shipper within 24 hours of arrival and every five days thereafter. Operation Warp Speed is providing the first shipment of dry ice to be added within 24 hours of arrival. Local jurisdictions may use the STAR process to request subsequent shipments of dry ice. Requests for dry ice **MUST** be submitted at least 3-5 days in advance. For additional detail, see Attachment 1.

Personal Protective Equipment (PPE) Requests

Throughout the COVID-19 pandemic, there has been a global shortage of PPE. This shortage is expected to continue throughout the vaccine distribution process. The state operations center (SOC) continues to use the STAR PPE distribution process established early in the pandemic

Long Term Care Facilities

Operation Warp Speed (OWS) has partnered with CVS and Walgreens to provide vaccination services for the residents of long-term care facilities. Most facilities in Texas have registered for this service.

- Local health departments may contact DSHS for information on which facilities are registered. Emergency managers are encouraged to work with their local health department to determine if any facilities in their local jurisdiction have not registered.
- DSHS's Expert Vaccine Advisory Panel (EVAP) will determine when this program will begin based on Texas' vaccine allocation.
- OWS has matched facilities with partner pharmacies. Pharmacies should work directly with their long-term care facilities to schedule vaccination.
- Facility staff who have not been vaccinated as part of healthcare worker vaccination will be eligible for vaccination as part of this program.

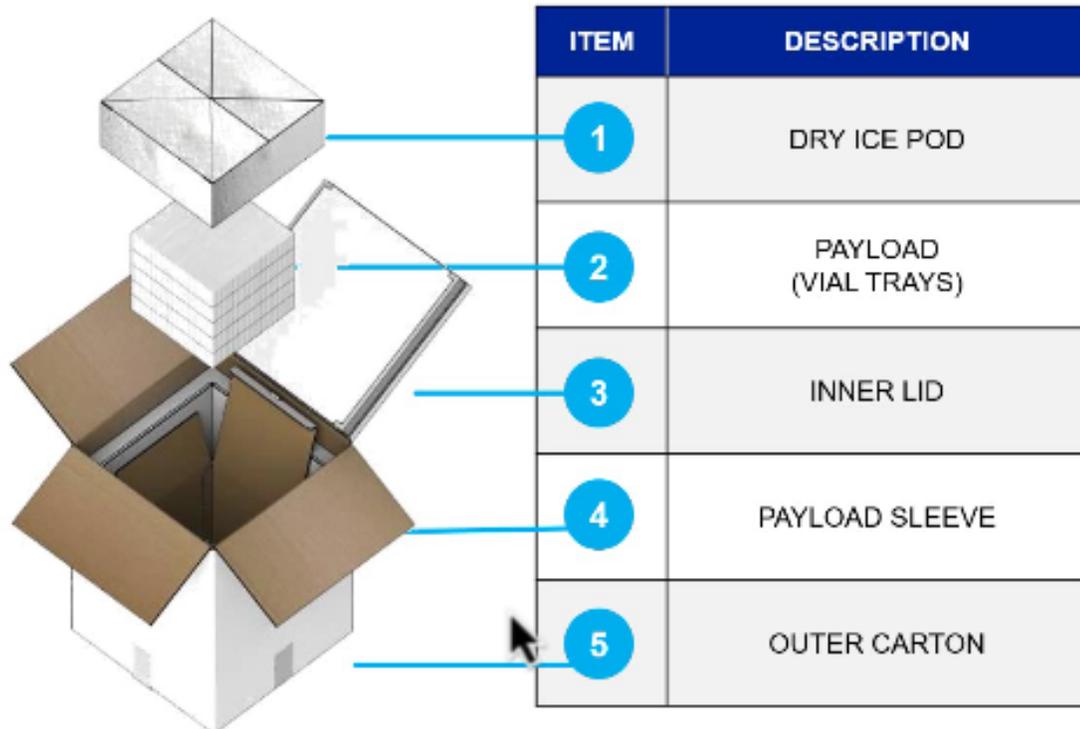
Ultra-Cold Vaccine Handling

The Pfizer vaccine requires storage at -70°C . As a result, this vaccine has special storage and handling requirements.

The vaccine is shipped in multi-dose vials with five doses per vial. Vials are packaged in one tray with 195 vials for a total of 975 doses per shipment. The image below shows a single vial as well as the full tray of vials.



The tray is packaged in a special “thermal shipper” designed to maintain the appropriate temperature during shipment. The entire shipper measures 400mm x 400mm x 560 mm and weighs 31.5 kg when full, including 22kg of dry ice pellets. A shipper can hold between 1 and 5 trays of vaccine. The shipper and its components are depicted below.



There are three ways the ultra-cold vaccine can be stored safely:

Ultra-Low Temperature Freezer	Thermal Shipper Designated for Temporary Storage	2 to 8°C Refrigerator
Store as frozen liquid at -75±15°C for long term storage (up to six months).	Within 24 hours of receipt and after opening the thermal shipper, replenish dry ice.	Vaccine can be stored at 2 to 8°C for up to five days (120 hours). However, once this is done, vaccine CANNOT go back into ultra-low temperature storage. It must be used within 5 days.
Small under or over the countertop ultra-low temperature freezers can store up to 30,000 doses.	The shipper can be used for up to 30 days with re-icing every five days after receipt. Amount of dry ice needed will vary based on how much dry ice has sublimated.	Room temperature hold time is no more than 2 hours.
	With every re-icing, thermal shipper can maintain ultra-low temperature storage for five days (if only opened per recommendations) for up to 30 days.	For reconstitution (dilution), keep at room temperature for 30 mins. Then dilute with saline. Post dilution in-use is 6 hours at room temperature.
	The shipper can be opened no more than twice per day for less than 3 minutes at a time.	
	The shipper must be returned following use.	
Must use the special ultra-cold thermal temperature included logger with the shipment to monitor temperature. [Details regarding viewing temperature data on-site still to come.]		

Providers who receive shipments of the Pfizer vaccine will also automatically receive one shipment of dry ice for the first re-icing of the shipper. Providers will also receive a dry ice handling kit which includes:

- Gloves
- Eye protection
- Tongs
- Refill instructions

Providers with ultra-low storage freezers will be able to opt-out of receiving the automatic shipment of dry ice. The CDC has not yet released details of this process.

Closed Points of Dispensing (PODs)

A closed point of dispensing (POD) is a dispensing/vaccination site operated by an organization, business or other entity for its own members, employees, and/or employees' family members and is typically not open to the general public. The closed POD model can be an effective strategy for distributing the COVID-19 vaccine, however, local jurisdictions may need to modify their existing closed POD plans. The COVID-19 vaccine will be released in limited quantities over a relatively long period of time, local authorities may plan for the strategic use of closed PODs to reach targeted populations. Below are examples for vaccinating the high priority groups early in the distribution process:

- Hospitals who vaccinate their own staff.
- Nursing Home and Long-term Care staff and/or residents vaccinated at their facility.
- A school district providing a vaccination clinic for teachers and staff eligible to be vaccinated.
- A city/county vaccinating critical infrastructure within their community.

Closed COVID-19 PODs may have the following characteristics:

COVID-19 Vaccine PODs

Vaccine is shipped directly to organizations who have [enrolled](#) as a COVID-19 vaccination provider. Local health departments may host PODs but should not redistribute the vaccine to other providers.

Vaccine is only available to certain populations at one time as determined by the state based on CDC recommendations.

Locations are selected based on the target population's ability to access the site.

Clinics must be set up with social distancing considerations and cold chain management in mind.

PODs may only be established at a small number of locations simultaneously, as allocated supplies permit.

Planning for a satellite, temporary, or off-site vaccination clinic requires [additional considerations](#) during the COVID-19 pandemic, including physical distancing, personal protective equipment (PPE), and enhanced sanitation efforts. CDC has provided specific [guidance](#) for curbside or drive-through clinics.

Planning Checklist for COVID-19 Closed PODs/Vaccination Clinics:

This planning checklist details how to host a COVID-19 closed POD or vaccination clinic. Some items, such as reporting in vaccination administration data can only be completed by enrolled COVID-19 vaccination providers.

- Partner with your local health department or another appropriately enrolled COVID-19 vaccination provider or [enroll](#) as a provider if your organization meets the criteria.
 - Providers must follow all DSHS and CDC [requirements](#).
- Review all CDC [Advisory Committee on Immunization Practices](#) (ACIP) guidance regarding the specific vaccine product being administered.
- Review CDC guidance for [storage and handling](#). Ensure all staff are appropriately trained.
- Review CDC [guidance](#) for temporary, satellite, or off-site vaccination clinics.
- Ensure handling requirements for the specific vaccine being administered are met.
- Coordinate with response partners to disseminate information about the clinic to the target population.
- Notify your district coordinator (DC) or the disaster district emergency operations center (DDEOC) about your planned clinic.
- Work with local law enforcement to determine appropriate traffic and security needs.
- Ensure staff training is provided.
- Plan to distribute patient education information during the clinic, including:
 - COVID-19 vaccination cards with vaccine information and recall reminders
 - An approved Emergency Use Authorization (EUA) fact sheet or Vaccine Information Sheet as required.
- Consider strategies regarding “second doses” of the vaccine.
- Ensure that data from the vaccination clinic is reported in [ImmTrac2](#) within 24 hours.
- Ensure any adverse reactions/effects are reported in the [Vaccine Adverse Event Reporting System](#) (VAERS).
- Ensure any additional reporting requirements are met, including reporting the number of doses administered and any doses wasted or lost as dictated by DSHS.

POD Resources Needs

The checklist below has been identified as the minimal equipment and supply resources to operate a POD).

POD EQUIPMENT AND SUPPLY CHECKLIST	
<p>General Supplies and Equipment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tables <input type="checkbox"/> Chairs <input type="checkbox"/> Antibacterial hand washing solutions (alcohol-based hand hygiene preparations) <input type="checkbox"/> Paper <input type="checkbox"/> Pens, Pencils <input type="checkbox"/> Tape <input type="checkbox"/> Stapler/staples <input type="checkbox"/> Scissors <input type="checkbox"/> Self-adhesive notes <input type="checkbox"/> Clipboards <input type="checkbox"/> Paper towels <input type="checkbox"/> Facial tissues <input type="checkbox"/> Trash bags <input type="checkbox"/> Bags to carry multiple doses of medications (1 per family) <input type="checkbox"/> ID Badges for volunteer staff 	<p>Vaccine Administration Supplies (if required):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vaccine cooler/refrigerator <input type="checkbox"/> Sharps containers <input type="checkbox"/> Latex-free gloves <input type="checkbox"/> Antibacterial hand washing solutions <input type="checkbox"/> Acetone <input type="checkbox"/> Rectangle adhesive bandages <input type="checkbox"/> Gauze <input type="checkbox"/> Adhesive tape <input type="checkbox"/> Spray bottle of bleach solution <input type="checkbox"/> Hazardous medical waste bags
<p>Communication and Computer Equipment and Supplies:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Communication: Telephone, Radio and/or cell phone <input type="checkbox"/> Laptop Computers or tablets <input type="checkbox"/> Printers <input type="checkbox"/> Paper <input type="checkbox"/> Internet Access <input type="checkbox"/> Back-up batteries, power cords <input type="checkbox"/> Extension Cords (if necessary) 	<p>Crowd Management Supplies:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Signs for identifying each dispensing site station <input type="checkbox"/> Directional signs throughout the facility <input type="checkbox"/> System to keep people in lines <input type="checkbox"/> Walkie talkie radios <p>Miscellaneous Supplies:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Educational handouts regarding medication dispensed <input type="checkbox"/> Labels for medication and documentation on forms <input type="checkbox"/> Printed list of phone numbers (e.g. Administration, Security, HCC, etc.) <input type="checkbox"/> Printed directions for technology (i.e. Dispense Assist) <input type="checkbox"/> Language line

Resources

- [CDC COVID-19 Vaccination Program Interim Operational Guidance for Jurisdictions Playbook](#)
- [FEMA COVID-19 Pandemic: Vaccination Planning FAQ](#)
- [DSHS EVAP COVID-19 Vaccine Allocation Guiding Principles and Health Care Workers Definition](#)
- [DSHS ImmTrac2 Training Resources](#)
- [DSHS COVID-19 Vaccination Plan](#)
- [DSHS COVID-19 Vaccine Provider Questions](#)
- [DSHS Provider Enrollment Portal](#)
- [CDC Vaccine Storage and Handling Toolkit](#)
- [CDC Guidance for Planning Temporary, Satellite, or Off-Site Vaccination Clinics](#)
- [CDC Considerations for Planning Curbside/Drive-Through Vaccination Clinics](#)
- [TDEM Regions and Disaster Districts](#)
- [International Association of Fire Chiefs Dry Ice Safety Advisory](#)

DSHS COVID-19 Vaccine Provider Hotline:

(877) 835-7750, 8 a.m. to 5 p.m., Monday through Friday

Email: covid19vacenroll@dshs.texas.gov

General Questions for DSHS:

Email: COVIDvaccineQs@dshs.texas.gov

THIS PAGE IS INTENTIONALLY BLANK

Attachment 1: Dry Ice for Ultra-Cold Storage of COVID-19 Vaccine

The Pfizer vaccine must be stored at -70°C. If vaccine providers do not have an ultra-low temperature freezer, the vaccine can be stored in the thermal shipper provided with the vaccine for up to 30 days, if dry ice is added in accordance with the manufacturers guidance:

- The vaccine is shipped with 22kg of pelleted dry ice inside the thermal shipper.
- Dry ice must be refreshed within 24 hours of receipt of the thermal shipper.
 - The dry ice must be “topped off” to fill the thermal shipper. The amount of dry ice needed will vary depending upon how much has sublimated.
 - Dry ice for the first refreshing will be shipped automatically to the vaccine provider by Operation Warp Speed. This shipment will include:
 - Dry ice
 - Handling instructions
 - Tongs
 - Eye protection
 - Thermal gloves
- After the first re-icing, dry ice must be refreshed every 5 days (120 hours).
 - The dry ice must be “topped off” to fill the thermal shipper. The amount of dry ice needed will vary depending upon how much has sublimated.
 - The provider must secure any dry ice needed for subsequent re-icings.
- The thermal shipper can be re-iced up to six times (including the initial re-icing) for storage of vaccine for up to 30 days.
 - Unused vaccine can be transferred to a refrigerator for five additional days of storage.

If vaccine providers or local jurisdictions cannot procure sufficient dry ice within their area, a STAR request may be submitted.

- STARs for dry ice should be submitted via the currently established procedure within the Hospital Preparedness Program (HPP) area (i.e. the procedure used to request PPE during the COVID-19 pandemic).
- Jurisdictions are encouraged to submit STARs for dry ice as soon as possible to ensure timely delivery.
- **STARs for dry ice MUST be submitted at least 3-5 days prior to the needed delivery day. Timely delivery may not be possible if the STAR is not submitted with appropriate notice.**
 - For example, if re-icing is needed on Day 5 following receipt of the vaccine, the STAR must be submitted by Day X at the latest, although earlier submission is encouraged.

Prepared by the Texas Division of Emergency Management, Preparedness Division.
For more information, visit the Texas Emergency Management Preparedness
website at <https://www.tdem.texas.gov>.