

# HOSPITAL FACILITIES TOOLKIT

## COVID-19 VACCINATION



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## Executive Summary

As San Bernardino County prepares for the COVID-19 vaccination distribution program it is important to note that the initial, or even subsequent distributions, will likely be less than the total number needed to cover Phase 1a of the California Department of Public Health's prioritization. To that end, the initial distribution of the COVID-19 vaccination will go directly from the manufacturer to the Department of Public Health and then re-distributed to each of the hospitals based on allocations. Each hospital will still be required to register in COVIDReadi and request the number of doses needed. The San Bernardino County Department of Public Health will review the requested doses against the allocations allotted to each hospital. Once the number of doses is confirmed by the County Department of Public Health, doses will be sent to each hospital via Public Health. The San Bernardino County COVID-19 Vaccination Task Force is establishing allocations for each hospital based on a calculation of the County's allotment against the State total as well as the percentage of hospital days for each hospital against the total in the county. Please note the initial allocation will go to general acute hospitals only. Second and subsequent distributions will include all hospitals including behavioral, transitional care, and acute rehabilitation.

**At-A-Glance CDC Vaccine Administration Information [Here.](#)**

**Email: [covidvax@sbcountry.com](mailto:covidvax@sbcountry.com)**

**Website: [sbcovid19.com/vaccines](https://sbcovid19.com/vaccines)**

## Mandatory Reporting Requirements:

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/IMM-1300.pdf>

- The CDC requires that vaccination providers enrolled in the COVID-19 Vaccination Program report certain data elements for each dose administered within 24 hours of administration.
- Each vaccination location should be ready (including trained staff, necessary equipment, and Internet access) to report vaccine administration data to California's Immunization Registry (CAIR) at the time of vaccination.
- If data will be entered off-site, vaccination providers must ensure the required data are reported to CAIR within 24 hours.
- Providers may record dose-level vaccination data in CAIR using any of our proven and established methods:
  - Data interface with providers' Electronic Health Records (EHR) systems
  - PrepMod (which includes vaccine inventory control)
  - California Immunization Registry (CAIR2) Mass Vax online tools
  - Manual data entry into one of California's CAIR software applications
- **Report On-Hand Inventory:** COVID-19 vaccination providers must report COVID-19 vaccine inventory daily using CDC's VaccineFinder. Once providers are enrolled, they will be preregistered for a VaccineFinder account and provided instructions via email on how to submit daily supply information.
- **Report Doses Wasted, Spoiled, and Expired:** Providers must report COVID-19 vaccines and diluents that were unused, spoiled, expired, or wasted, and comply with federal instruction regarding disposal of unused COVID-19 vaccines and diluents. Disposal guidance will be provided once available from CDC. California is building systems, processes, and step-by-step reporting resources to help providers comply.
- **Report Temperature Excursions:** Providers must comply with CDC requirements for vaccine management, including temperature monitoring, at all times, and comply with California

# Adverse Event Reporting

Immunization Branch instructions for reporting temperature excursions including contacting the vaccine manufacturers, who determine vaccine viability.

- **Vaccine Adverse Event Reporting System:** Per the CDC COVID-19 Vaccination Program Provider Agreement, COVID-19 vaccination providers are required to report the following to VAERS:

- vaccine administration errors (whether associated with an adverse event or not)
- serious adverse events (even if they are not sure if the vaccination caused the event)
- multisystem inflammatory syndrome (MIS) in children or adults
- cases of COVID-19 that result in hospitalization or death

## Additional Reporting Resources:

- [EZIZ](#): this site provides numerous reporting and vaccine resources
- [Reporting Inventory to VaccineFinder](#)
- [Reporting Doses Administered Job Aid](#)
- [Reporting Clinic Data Using Mass Vax](#)
- [Reporting Adverse Events to VAERS](#)
- [CDC – Covid-19 Vaccination Provider Support](#)
  - [Vaccine Finder – Provider Resources](#)
  - [Vaccine Finder FAQs](#)
  - [COVID Locating Health - Provider Set Up and Inventory Video](#)

# Storage and Handling

- [CDC – Vaccine Storage and Handling Toolkit](#)
- [OSHA Quick Facts when Handling Dry Ice](#)
- All vaccination providers participating in the COVID-19 Vaccination Program must store and handle COVID-19 vaccines under proper conditions to maintain the cold chain as outlined in the toolkit and addendum.
- Before opening ultra-cold vaccine shipments, make sure the vaccine can be quickly placed in an ultra-cold freezer or that dry ice is available for re-icing the shipping container to ensure vaccines remains at the appropriate ultra-cold temperature.
- Vaccines and diluents must be carefully examined, stored at recommended temperature, and documented using your facility's vaccine inventory management process immediately after they arrive.
- Report Temperature Excursions: Providers must comply with CDC requirements for vaccine management, including temperature monitoring, at all times, and comply with California Immunization Branch instructions for reporting temperature excursions including contacting the vaccine manufacturers, who determine vaccine viability.
- Store and handle COVID-19 vaccines under proper conditions, including maintaining cold chain conditions and chain of custody at all times in accordance with an EUA or vaccine package insert, manufacturer guidance, and CDC guidance in this toolkit.
- Monitor storage unit temperatures at all times, using equipment and practices that comply with guidance in this toolkit.
- Comply with immunization program guidance for handling temperature excursions.
- Monitor and comply with COVID-19 vaccine expiration dates.
- Preserve all records related to COVID-19 vaccine management for a minimum of three years.
- Comply with federal instructions and timelines for disposing of COVID-19 vaccine and diluent, including unused doses.
- COVID-19 vaccination providers must have proper storage and temperature monitoring equipment to meet the specific needs of the COVID-19 vaccine product(s) they have in their

inventory. This includes the correct vaccine storage unit(s), whether a refrigerator, regular freezer, or ultra-cold freezer.

## Dry Ice

- Dry ice is to be stored in a well-ventilated location and placed in insulated and ventilated storage areas, chests, insulate coolers, or special coolers designated for the storage of dry ice.
- Because of thermal expansion of dry ice (one pound of dry ice produces about 250 liters of gaseous carbon dioxide), sufficient gaseous carbon dioxide can be released in a sealed container to cause a pressure explosion. Dry ice is NEVER to be stored in any type of tightly sealed devices such as an ultra-low freezer or plastic/glass container.
- Dry ice will sublime about five to ten pounds every 24 hours (blocks last longer) in a typical storage cooler.
- Normal air is composed of 78% nitrogen, 21% oxygen, and only 0.04% carbon dioxide. Concentrations greater than 0.5% (5000 ppm) can become dangerous.
- Storage and operations locations must be periodically surveyed to ensure carbon dioxide levels remain below 5000 ppm.

## Hazards/Precautions

- Burns/Frostbite: Dry ice can cause burns to the skin in short periods of times. Thermal rated gloves are to be used to handle dry ice.
- Suffocation: Carbon Dioxide is a simple asphyxiate. Always store dry ice in a well-ventilated area to minimize buildup of carbon dioxide. (Personnel must use caution should dry ice be stored in deep cooler.) Personnel must be trained to never stick their head into the chest to obtain dry ice.
- Explosions: Placing dry ice into a tightly sealed container can permit sufficient gas build up to cause an explosion. Never place dry ice inside an ultra-low freezer or other enclosed spaces. Do not store dry ice in a confined area such as in walk-in coolers, refrigerators, freezers, closets, or cars/vans.

- When using dry ice to ship materials, the shipper must follow all applicable shipping regulations. No more than 66 lbs. of dry ice to be transported in a ventilated vehicle at a time.
- Let unused dry ice portions sublime in a well-ventilated area (Dry ice will sublime over a period of several days, proper ventilation will take care of the gas liberated)/
- **NEVER dispose of dry ice in a sink, toilet, or other drains.**
- **NEVER dispose of dry ice in trash cans or garbage cans.**
- **NEVER place unused dry ice in corridors.**

## Personal Protective Equipment

- Respiratory Protection: SCBA in oxygen deficient atmospheres where CO<sub>2</sub> > 1.5 %. Don't use air purifying respirators.
- Ventilation: Local Exhaust, at point sources of CO<sub>2</sub> vapors, low lying areas are not naturally ventilated.
- Protective gloves: Impermeable/loose fitting (leather).
- Eye protection: Safety glasses

## Operations

- **Handling:** Dry ice temperature is extremely cold at -109.3°F or -78.5°C. Always handle dry ice with care and wear protective cloth or leather gloves whenever touching it. An oven met or towel will work. If touched briefly it is harmless, but prolonged contact with the skin will freeze cells and cause injury similar to burn.
- **Storage:** Store dry ice in an insulated container. Do not store dry ice in a completely airtight container. Do not store dry ice in unventilated rooms, cellars, autos, or boat holds.
- **Ventilation:** Normal air is 78% Nitrogen, 21% Oxygen, and only 0.035% Carbon Dioxide. If the concentration of Carbon Dioxide in the air rises above 0.5%, carbon dioxide can be dangerous.



## Ordering and Allocation Information

- [Ordering Vaccines](#)
- [CalVax Allocation Quick Guide](#)
- [Clinical Considerations](#)
- [CDC tool kit](#)
  - COVID-19 vaccines, constituent products, and ancillary supplies will be procured and distributed by the federal government at no cost to enrolled COVID-19 vaccination providers.
  - Local health departments allocate initial COVID-19 vaccine shipments once provider enrollment is approved.
  - Providers may request additional COVID-19 vaccine doses (via COVIDReadi).
  - During Phase 1 when vaccine supply is limited to critical populations, health departments will approve orders based on the populations served by a vaccination provider, the provider's capability to store and handle various COVID-19 vaccine products, and existing inventory.
  - Providers get advance notification once vaccine allocations have been approved and submitted to CDPH for ordering and transmission to CDC for fulfillment.

### LHD Allocation Responsibilities are:

- LHDs will be responsible for allocating to providers in their jurisdiction. The number of doses left available to allocate for your jurisdiction will display.
- Organizations that are considered multi-jurisdictional will have doses allocated by the State.
- Submit allocations by the daily cutoff time of 10 am if you want the order to be reviewed and processed by CDPH the same day. Otherwise, orders will be reviewed the next business day.
- Once requests are submitted, vaccine orders will be created by CDPH when sufficient inventory is available.

**CDPH Contact Information: 833.501.1245**

**Email: [COVIDCallCenter@cdph.ca.gov](mailto:COVIDCallCenter@cdph.ca.gov)**