
# RESOURCE GUIDE

2-22-21


**COV-AID VENUE PARTNERS**

| | |
|---|---|
| LIVE NATION | https://www.livenationentertainment.com/ |
| AEG | https://www.aegworldwide.com/ |
| IAVM | https://www.iavm.org/ |
| NIVA | https://www.nivassoc.org/ |
| NFL | https://www.nfl.com/ |
| NASCAR | https://www.nascar.com/ |

**COV-AID LIVE EVENT FIRMS AND PERSONNEL PARTNERS**

| | |
|---|---|
| WE MAKE EVENTS | https://wemakeevents.org/ |
| SAVE LIVE EVENTS NOW | https://www.saveliveeventsnow.com/ |
| LIVE EVENT COALITION | https://www.liveeventscoalition.org/ |
| TOURING PROFESSIONALS ALLIANCE | https://www.touringprofessionals.com/ |
| ENTERTAINMENT INDUSTRY RESPONSE | https://www.eir.team/ |
| EVENT SAFETY ALLIANCE – SHOW MAKERS | https://www.eventsafetyalliance.org/ |

**FEDERAL GOVERNMENT POINT OF CONTACT**

| | |
|---|---|
| FEMA | https://www.fema.gov/ |

**COV-AID CONTACT**

Michael T. Strickland mstrickland@banditlites.com

The COVID Task Force has been briefed on the desire and availability of the Live Event Industry to assist in the distribution of vaccines. This information flows through HHS to FEMA.

The Venue Partners will provide their venue information to FEMA for distribution downstream. The Venue Partners will provide personnel and infrastructure to the level they desire. Needs beyond that can be met by Live Event Firms and Personnel.

We Make Events has collected and will provide available Live Event Firms and Personnel that are avavable to work as part of vaccine distribution in each state. Regional Directors are assigned and will be responsible for their area. Please communicate with your Regional Director. The Live Event Firms and Personnel Partners will work with We Make Events to


provide people and services. The Live Event Firms and Personnel Partners data will be provided to the Venue Partners, The National Governors Association and FEMA.

The National Governors Association will share the Live Event Firms and Personnel Partners data with the Governors in every State.

FEMA will coordinate assistance, information, and funding for each State.

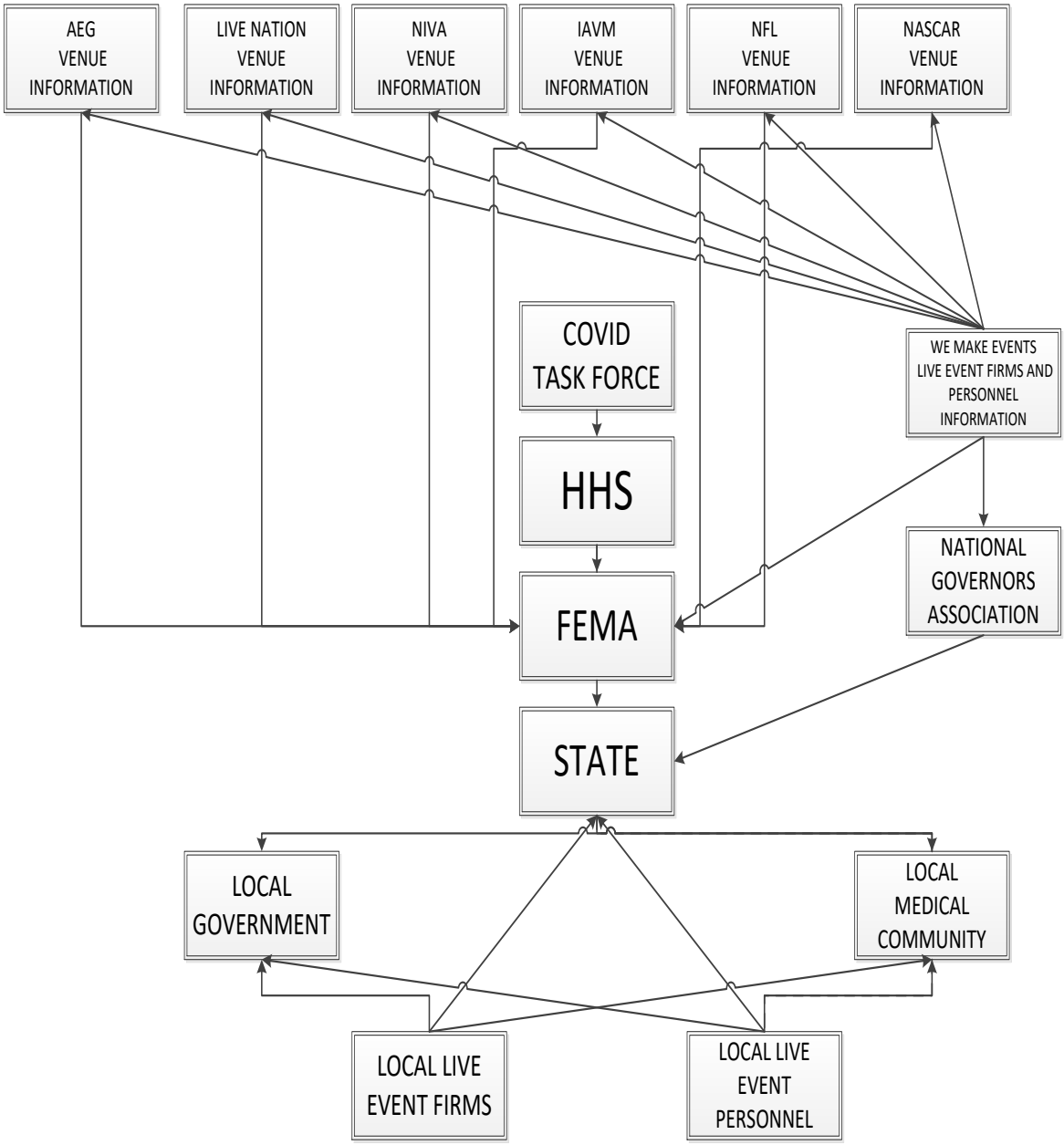
States will work with Local Government and Local Medical Communities to determine venues, methods and needs.

Local Live Event Firms and Local Live Event Personnel will need to contact the State and Local Government and Local Medical Community to offer their services. This will be done through both the We Make Events Regional Director and individually by those team members with local relationships. Contact will be made with local Mayors office and local Health Department or Hospitals. We Make Events Regional Directors will also work with the 10 FEMA Regional Directors as needed. Reach out to your FEMA Regional Director and introduce yourself. Give them your contact information and stay in touch with them. The FEMA staff will pass your contact information to the Local Government.

Planning, venues, schedules, execution, and payment will all emanate from the Local Government and Local Medical Community. Ultimately, all direction and payment will flow from the Local Government. The Live Event Firms and Personnel will offer knowledge, infrastructure, systems ,ideas and personnel to the Local Government and Local Medical Community. When engaged, the Live Event Firms and Personnel will become part of the local team, paid by, and directed by the Local Government. Live Event Firms and Personnel will contract directly with Local Government and be paid by them.

This is and will be an organic, local solution in every market. Every solution will be different. The success is up to those of us in the Live Event Industry being as proactive as we possibly can.

NIVA, National Independent Talent Organizations (NITO) https://nitolive.org/ , Live Nation, AEG, Red Light Management https://www.redlightmanagement.com/, and C 3 https://www.c3presents.com/ will execute a PSA campaign with entertainers to encourage people to get vaccinated. Others may assist with procurement of artists for the campaign.




**COV-AID 2021 VACCINE DELIVERY LIVE EVENT INDUSTRY INSTRUCTIONS**

Dear Live Event Industry professional, thank you for responding. The success of COV-AID will be reliant on an organic, on the ground response in each city. Just as was done with #RedAlertRESART in 2020, we are reliant on the vast network of Live Event Industry professionals in each city to come together in your city and develop and deliver a plan. Local promoters will work with local tour managers, production managers, the production community, the local production companies, the chosen venues, the local health department, and medical providers. Think national, act local.

There will be a lot of details and a lot of hours and hard work to achieve a high quality, rapid vaccine distribution in every city. But this industry can and will deliver because it is what we do. The solutions will be different in every city. You will not need permission from anyone to make this happened aside from your local team, your local health department and your local medical suppliers that are involved. Appoint a leadership team in every city and begin.

Our goal is to offer a well-organized, rapid system of vaccine delivery in every market. There is expected to be a large supply of vaccine in mid-February and it is our goal to be prepared to help meet that demand.

The COV-AID Leadership Team is connected with the Biden Transition Team, the HHS, the White House Coronavirus Response Coordinator, the National Governors Association and several Senators and Representatives across the nation. The COV-AID Leadership Team includes leaders from across the industry including Live Nation, AEG, C3, Red Light Management and the many organizations that have worked for the industry in the past months.

Organizing the Live Event people, resources and venues is the easy part. The local promoters will have relationships with venues, vendors, and personnel. Connecting with the local medical community dealing with the vaccine distribution may the part you struggle with the most. We suggest you begin with the local health department in your community and work from there. If you cannot create a path, respond to We Make Events and we will assist. We strongly suggest you leverage all your knowledge and relationships in your city to make this work, just as you did with #RedAlertRESTART.

Our ultimate goal in COV-AID is to assure that the vaccine is distributed as rapidly and safely as is possible. The medical community can and should provide all PPE items that are needed. If we can accelerate the distribution to achieve herd immunity by one month, that is one month earlier we can get back to work.

This is our chance to shine and our moment to show America that the Live Event Industry is here for them in the country's moment of need. Thank you all in advance for all that you do and remember, you don't lose until you quit. We will never quit!

To sign up or obtain further information please go to this website:
https://forms.gle/KeAFrGCfvRUYWvRb9


# COV-AID Vaccine Delivery Assistance Plan

In the spirit of Live Aid and Farm Aid, the Live Event Industry is prepared to offer their services, in the form of **COV-AID,** in order to assist with increasing the speed and efficiency of vaccine inoculations. The Live Event Industry is one of the best prepared, best equipment, most experienced industries in the world to manage and control large crowds in a rapid fashion. Moving people swiftly and safely is one of the cornerstones of the foundation of the Live Event Industry.

With that in mind, here are the key points for you to focus on:

- The entire Live Event Industry has been largely idle since March 13, 2020. There are over 10 million Live Event people sitting dormant. These people are, for the most part, highly skilled and highly trained in organization, crowd management, dealing with people and constructing sites. Many have offered to volunteer to assist in COV-AID vaccine distribution. There is no need to look any further for a labor force when this highly qualified, well trained labor force is at the ready.

- There are several thousand Live Event Companies also currently dormant and many of these firms own the equipment and infrastructure required to safely manage, control, and move people in an orderly fashion. This infrastructure already exists in many places, is sitting idle and is paid for. Therefore, there is no logical reason for this equipment to be replicated by an entity (or entities) attempting to assist with vaccine roll out.

- Thousands of large venues across the country (arenas, stadiums, amphitheaters, etc. and perhaps even empty or under-utilized shopping malls and/or their parking lots ) currently sit empty or underutilized. Each feature the size, parking facilities and necessary infrastructure to through-put large crowds rapidly, if properly coordinated.

- Several industry organizations currently exist, and are willing to get involved, which can quickly mobilize to set up vaccine inoculation centers. These organizations can design, deliver, and manage the infrastructure as well as the people needed to staff them.

Here is the simple view of how we propose it will work:

- In each market a venue or venues will be identified. Local health and medical officials will work with Live Event people to design the set up for that particular area.

- The Live Event teams will execute the physical set up and provide needed infrastructure from local production firms.

- The local Live Event staff in each market will serve as labor (directing and coordinating 'people traffic') each day while the local medical staff handle all of the actual medical details.


Much of the Live Event Industry has offered to assist; from venues to concert and production companies to labor firms and individuals. These teams of Live Event professionals will deliver a swift, safe, high quality solution just as they do every day, worldwide for concerts (large and small), festivals and special events.

The biggest names in the industry including Live Nation, AEG, C3, Red Light Management, IATSE, IAVM, IAFE, NIVA, NITO, IPA, NAPA, TPA, WME, SLEN, ESA and many others are all ready to move into action. We will begin at the top with the Biden Transition team, White House Coronavirus Response Coordinator Jeffrey Zients, Congress, Governors, Mayors, HHS, Local Health Departments, and the medical community in each area.

A coordinated effort by the medical teams with the Live Events Industry will assure the fastest, safest delivery of vaccine inoculations in the U.S. by managing large crowds in a manner which the Live Event Industry do, virtually every day!

The entire Live Event Industry looks forward to assisting in speeding up the delivery of the vaccine inoculations with their talent and energy.

To sign up or obtain further information please go to this website:

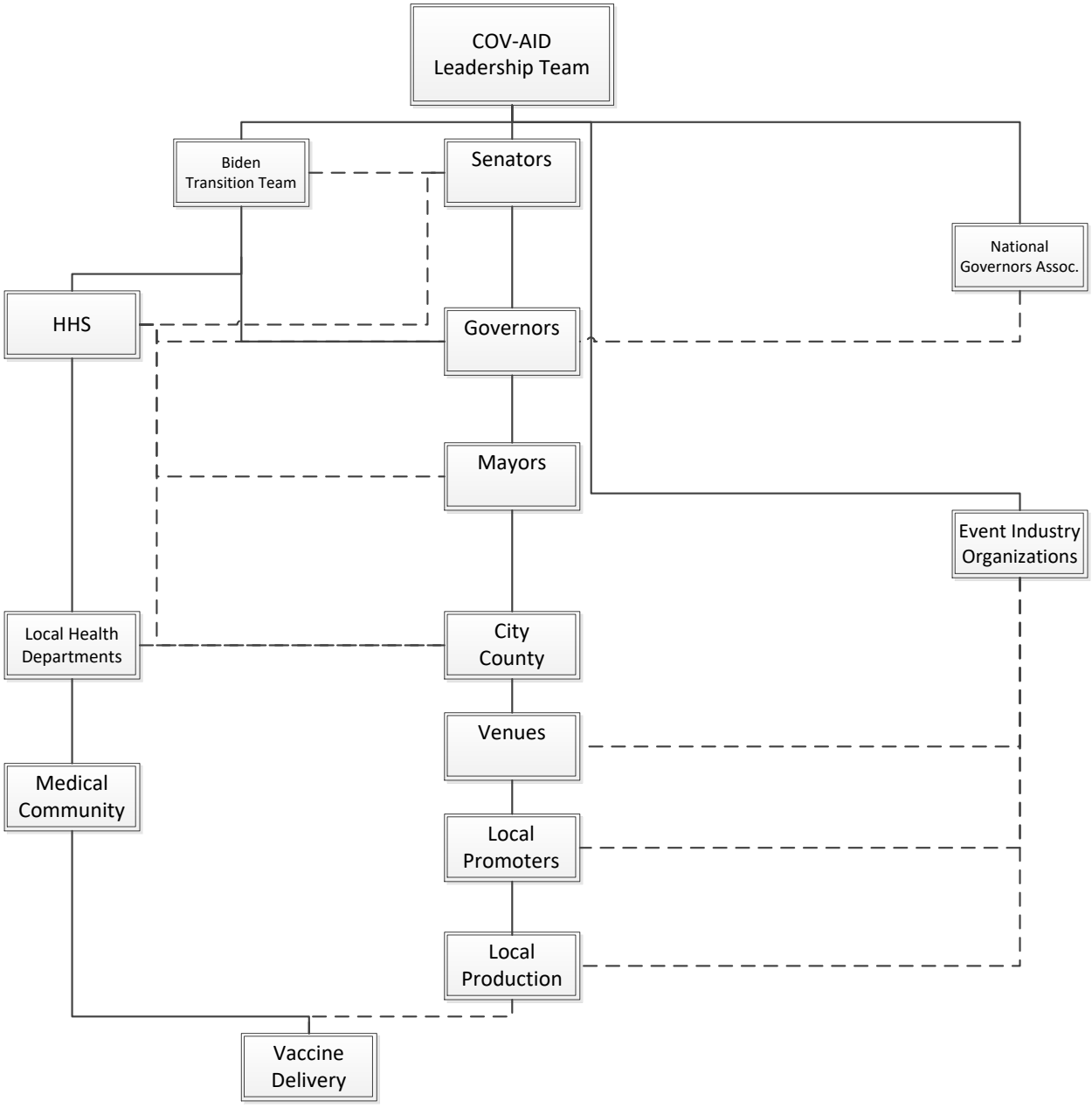
https://forms.gle/KeAFrGCfvRUYWvRb9

Thank you.

Michael T. Strickland
mstrickland@banditlites.com

COV-AID

LIVE EVENTS HELPING DISTRIBUTE THE VACCINE




# COV-AID 2021 VACCINE DELIVERY ASSISTANCE PLAN

**OVERVIEW:**
The Live Event Industry is the world leader in direct delivery of high volume, highly organized events. The orderly and rapid delivery of a vaccine can benefit from the people, resources, and strategies of the Live Event Industry. We will deliver an event known as **COV-AID**.

**RESOURCES:**
The Live Event Industry can bring to bear the following resources:
Leadership Team
Planning
Delivery Organization
Venues and additional sites
Infrastructure on site
Coordination and Communications on site
Personnel on site.
Increased People flow on site.

**RESULT:**
The medical community can organize the vaccine needs from a medical point of view on their end and liaison with The Live Event Industry. The Live Event Industry can handle the identification, coordination and build-out (wherever necessary) of additional sites and 'Super-Sites' and will handle all the onsite logistics to assure the fastest through-put of people in the available space and time.

**LEADERSHIP TEAM:**
The Leadership Team will consist of various high-level people within the Live Event Industry, bringing to use their contacts and affiliations to assure quick, quality set up and operation of a nationwide organic system of venues and teams to assist the local health community with rapid vaccine distribution.

**POLITICAL STRATEGY:**
The Leadership Team will work with Senators, The Biden Transition Team and Biden's COVID-19 Task Force, and the National Governors Association to quickly communicate the offering nationwide to assist in rapid vaccine distribution. The political leaders will work with the Department of Health and Human Services as well as Governors to assist in the flow of operational information.

**HEALTH AND HUMAN SERVICES:**
Health and Human Services will coordinate with Departments of Health, Governors, Mayors, and the Medical Community as they normally do to handle all things medical.

**VENUES:**
The Live Event Industry will help to make available large venues and large venue parking lots in every city for maximum speed and efficiency. Venues will be decided upon in each locale by local teams of health, medical, promotion, production, and venue people.
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**LIVE EVENT INDUSTRY ORGANIZATIONS:**
Various Live Event Industry Organizations are capable of (and some already committed to) providing people, organization, and resources to assist with building-out and/or operating the vaccine sites. Those organizations include but are not limited to Save Live Events Now, Live Events Coalition, Touring Production Association, We Make Events, IAVM, NIVA, NITO, IPA, AEG Presents, Live Nation, NAPA, ESA, and others.

**LOCAL PROMOTERS:**
Local Promotors will be involved to the extent they need to be to leverage relationships with venues, suppliers, and others to deliver a rapid, seamless event at each location.

**LOCAL PRODUCTION :**
In every market local production professionals will provide the labor and planning as they normally do to assure rapid, effective deployment of the vaccine in a safe and courteous manner. Local Production people can also source items needed such as road cones, tables, chairs etc., if needed.

**OUTCOME AND TIMELINE:**
As a large quantity of vaccine is expected in the US mid-February, this program must be stood up by January 29th which we can do. The desired outcome is to bring the power of all of the Live Event Industry to support the rapid and safe distribution of the COVID 19 Vaccine. **COV-AID** will assist in the delivery of this massive support as only the Live Event Industry can.


# COV-AID TIMELINE

## January 18 to 31

Establish Agreement with political leadership that the Live Events Industry will assist in delivery sites of COVID 19 vaccine nationwide.
Engage local medical community in each market for input. Work with Biden Transition Team, Senators, HHS and National Governors Association and Governors.

## January 25 to 31

Establish nationwide command and control structure. NIVA and We Make Events currently have such a structure that can be utilized. Other organizations may also have such a structure.
Work with local medical community.

## February 1 to 28

Confirm the venues needed, the crew people committed and the particular needs at each site that must be addressed if not in house.
Work with local medical community.

## March 1 to 7

Construct the chosen venues and determine work schedules for crew.
Must interface with local medical team in all decisions.

## March 7 to ???

Enact COV-AID mass vaccine distribution.


# COV-AID

## LIVE EVENTS HELPING DISTRIBUTE THE VACCINE

**The live events industry has come together to offer its resources and expertise to assist in safe, effective, and expeditious vaccine distribution across the U.S.A.**

## WHAT WE CAN OFFER:

**LOCATIONS**
**Our partners at *Live Nation* and *AEG*, as well as other independent venues across the country are offering their facilities and parking lots to be used as "super-sites".**

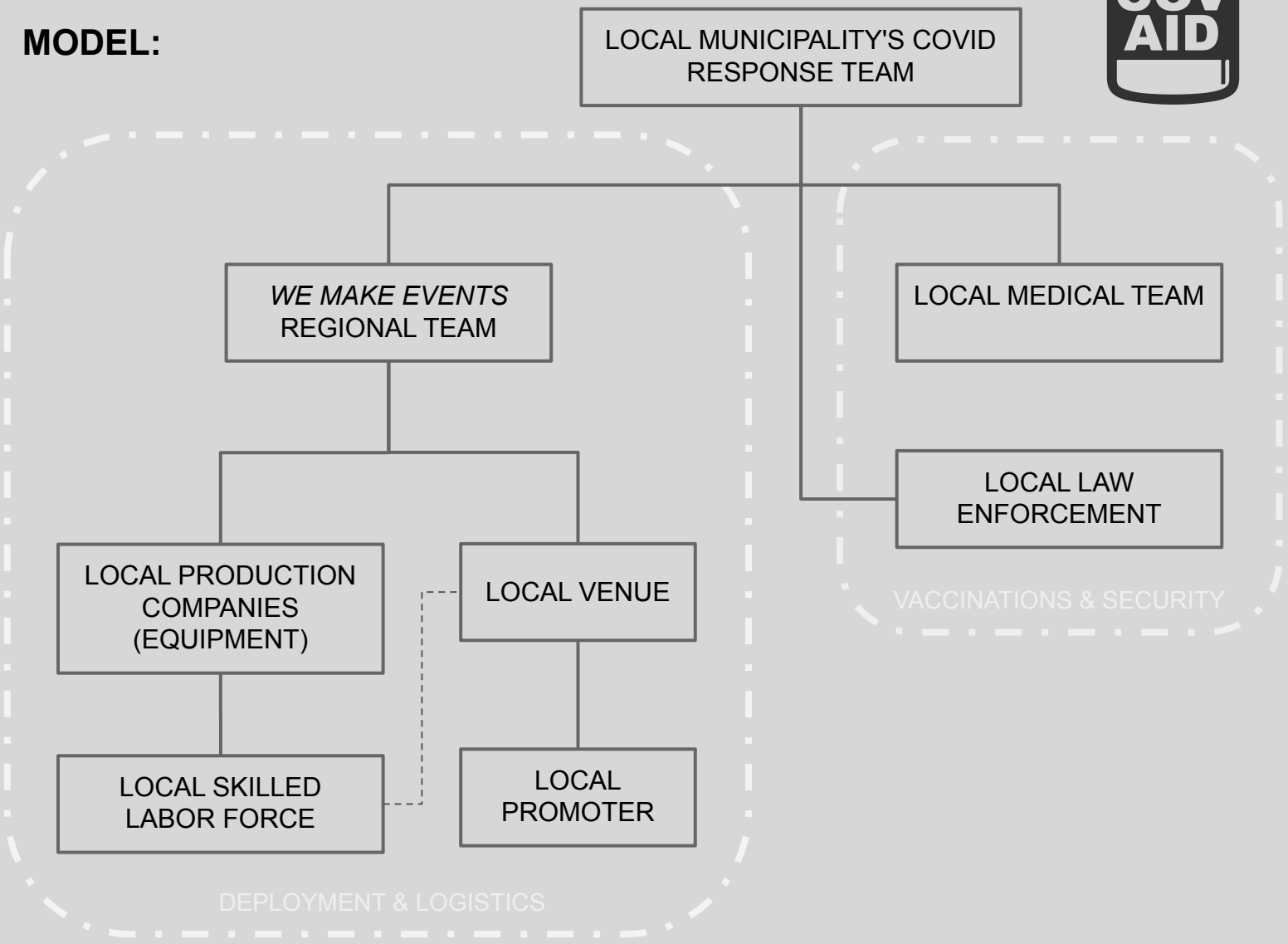
**CROWD CONTROL**
**We deal with moving large crowds every day. We have the necessary expertise and equipment to be able to do so effectively and efficiently.**

**PERSONNEL**
**Due to the pandemic, we have a highly skilled labor force of millions that are ready and waiting to be deployed.**

**SINGLE POINT OF CONTACT**
**Through *We Make Events North America* (WME), we have regional teams already in place for every major city, each with a Regional Director to oversee logistics, coordination, planning, and deployment.**

#WE MAKE EVENTS

## MODEL:




## MOTIVATION:

THE *WE MAKE EVENTS* REGIONAL TEAMS HAVE EXISTING INFRASTRUCTURE READY TO DEPLOY. THE PANDEMIC HAS LEFT AN ENTIRE INDUSTRY OF EXPERTS SITTING IDLE, ANXIOUSLY AWAITING THE OPPORTUNITY TO RETURN TO WORK.

***COV-AID*** IS A STRATEGIC EFFORT TO UNITE THE VAST RESOURCES AND EXPERTISE CURRENTLY AVAILABLE IN THE LIVE EVENTS INDUSTRY WITH ONE OF THE MOST IMPORTANT ENDEAVORS OF OUR TIME.

#WE MAKE EVENTS


**MENU:**

**VENUES**

STADIUMS OR ARENAS OF SUFFICIENT SIZE FOR LOCAL AREA NEEDS

- Parking lots and/or interior facilities needed to support both demand and supply
- Donated by *Live Nation*, *AEG, and independent venue partners*

**FACILITIES & LOGISTICS**

MATERIALS AND EQUIPMENT TO DEPLOY SHELTER, POWER, WAY-FINDING, ETC.

- Tents, generators, power distribution, lighting, signage, p.a. systems, trucking, material handling, etc.
- Priced as needed by local providers in *WME* network

**CROWD CONTROL**

MATERIALS AND EQUIPMENT FOR MANAGING FOOT AND VEHICLE TRAFFIC

- Fencing, barriers, guardrail, stanchions, signage, cones, etc.
- Priced as needed by local providers in *WME* network

**SKILLED LABOR**

INDUSTRY PROFESSIONALS FOR SITE SETUP, OPERATION, AND TEAR-DOWN

- Temporary infrastructure installation and removal, traffic and parking, line management, throughput management, etc.
- Individual Day Rate - $250

**BILLING**

LOCAL BILLING TO BE RUN THROUGH A SINGLE *WME* VENDOR OF CHOICE

- Single billing contact for simplicity and expediency - Vendor will handle all sub-contractors and laborers

TO BE CONNECTED WITH YOUR LOCAL *WME* REGIONAL DIRECTOR, PLEASE EMAIL US AT:
WeMakeEventsNorthAmerica@gmail.com

#WE MAKE EVENTS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**REGIONAL DIRECTORS**

| City | State | Name | Email | Phone |
|---|---|---|---|---|
| Huntsville | AL | Chris Lighthall | ChrisLighthall@me.com | 256-426-6265 |
| Phoenix | AZ | Don LoDico | donlodico@Videowestinc.com | 716-553-6761 |
| Los Angeles | CA | Anthony Garcia | Anthony@nicelasers.com | 661-753-4442 |
| Los Angeles | CA | Kevan Wilkins | Kevan@goldenvoice.com | 323 363 5134 |
| Ft. Lauderdale | FL | Ray Steinman | raysteinman@gmail.com | 954-609-7786 |
| Orlando | FL | Cosmo Wilson | cosmo@LDCosmo.com | 407-718-6666 |
| Orlando | FL | Lyn Henderson | lynbhenderson@gmail.com | 321-696-1334 |
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| Honolulu | HI | Robert J. Harmon | Eggshell@Aloha.net | 808-479-7127 |
| Davenport | IA | Marc Hayes | mhayes@tnprod.com | 815-592-4009 |
| Chicago | IL | C.L. Talik | cltalik@rcn.com | 773.255.8091 |
| Indianapolis | IN | Steve Gerardi | stevegerardi@sg-entertainment.net | 317-695-3378 |
| New Orleans | LA | Ray Ziegler | ray@rzilighting.com | 504-237-4807 |
| Minneapolis | MN | Wendy Porter | wendy@wendyporterevents.com | 612-310-7107 |
| St. Louis | MO | Cindy Oleshak | CynergyCindy@SBCGlobal.net | 314-961-1826 |
| St. Louis | MO | Tricia Smith | TSmith_101@yahoo.com | 614-270-4172 |
| Las Vegas | NV | Erica Santucci | emsantucci@me.com | 702.523.0895 |
| Las Vegas | NV | Marci Skolnick | marciskolnick@gmail.com | 917-494-8467 |
| Reno | NV | Gary Guberman | garyguberman@gmail.com | 775-799-0330 |
| New York | NY | Anne Buovolo | anne@gritnewyork.com | 917-312-0398 |
| New York | NY | Paul Chavarria | paul@chavarrianyc.com | 917-863-4726 |
| Cincinnati | OH | Matthew Helmick | mohelmick@gmail.com | 513-258-4956 |
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| Austin | TX | John Dickson | johnd3ld@gmail.com | 713-875-1646 |
| Houston | TX | Kat Harris | kharris2258@gmail.com | 281.932.1225 |
| Houston | TX | Ruth Harris | raeharris1@gmail.com | 609-221-8150 |
| Seattle | WA | Tyler Alexander | theriggertyler@gmail.com | 509-630-8170 |
| Washington D.C. | Washington D.C. | Jacque Pitts | hello@eventsbyled.com | 202-596-8175 |
| Milwaukee | WI | Robyn Schultz | rschultz@mac.com | 303-249-5174 |

**NATIONAL ORGANIZERS**
(working across multilpe markets, including those not represented above)

| Name | Email | Phone | | |
|---|---|---|---|---|
| Bill Leabody | Leabody@mac.com | 818-519-1367 | | |
| Bill Rahmy | Rahmy@me.com | 206-218-5856 | | |
| Charlie Hernandez | CHernandez312@gmail.com | 312-543-0393 | | |
| Jake Berry | MrShoBiz@mac.com | 602-315-0002 | | |
| Jerome Crooks | JeromeCrooks@gmail.com | 310-503-1238 | | |
| Mark Spring | Springo@mac.com | 602-315-1428 | | |
| Marty Hom | MartyHom@aol.com | 310-614-7644 | | |
| Matt Doherty | Matt@UnusualCompany.net | 747-477-6718 | | |
| Tim Lougee | Tim.Lougee@gmail.com | 312-399-0101 | | |
| Tony Moon | TonyMoon@me.com | 818-929-5496 | | |

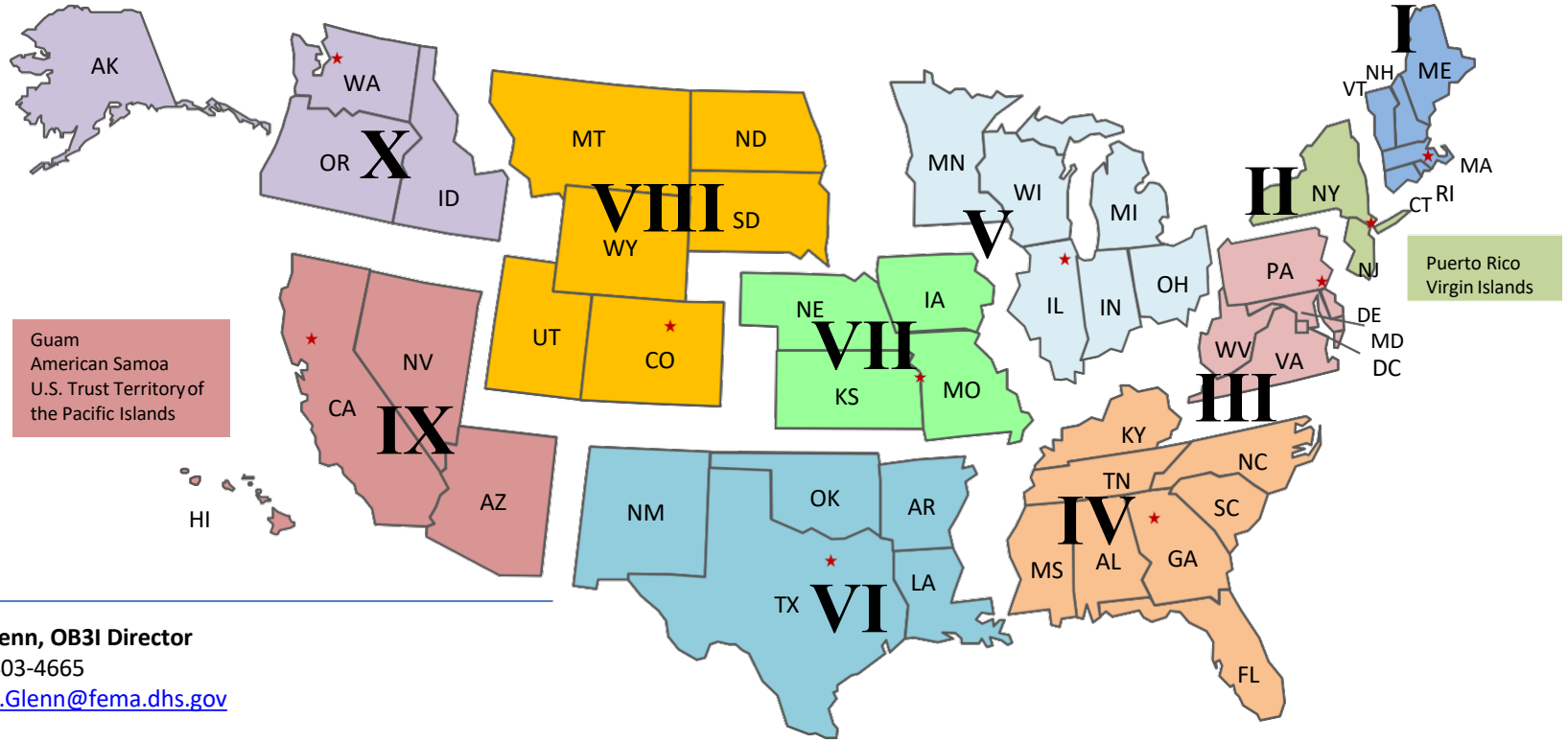
**EXECUTIVE BOARD OF DIRECTORS**

| Position | Name | Email | Phone | |
|---|---|---|---|---|
| Chair | Marcel Fairbairn | Marcel@GearSource.com | 954-612-6177 | |
| Vice Chair & Managing Director | Brad Nelms | NelmsBrad@gmail.com | 818-696-3570 | |
| Co-Vice Chair | Patrick Whalen | Patrick@BackstageProductionsInc.c | 310-982-9978 | |
| Director of Government Affairs | Michael Strickland | MStrickland@BanditLites.com | 865-599-1700 | |
| Treasurer | Ben Saltzman | Ben@ACTLighting.com | 917-573-4279 | |
| Legal Affairs | Neil Juneja | Neil@GleamLaw.com | 503-445-8574 | |
| Insurance & Liabilities | Paul Bassman | PBassman@AscendIB.com | 214-924-8814 | |
| Assistant Managing Director | Nickie Pollacek | RedNickle@me.com | 518-281-1106 | |

*This is a continually growing list. For the most current updates please click here.

**For information or questions related to an area not listed, please email Brad Nelms: nelmsbrad@gmail.com

# FEMA Region Private Sector Liaisons – January 2021




HQ

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Robert.Glenn@fema.dhs.gov

**Ron Robbins, NBEOC Manager**
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Ronald.Robbins@fema.dhs.gov

**NBEOC Service Desk**
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2 **Fritzmarie Cesar**
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2 **Delyris Aquino-Santiago - Caribbean Area (PR & VI)**
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4 **Karyn Swoopes**
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5 **Kimberly Phillips**
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6 **Leah Anderson**
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Leah.Anderson@fema.dhs.gov

7 **Sara Henry**
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Sara.Henry@fema.dhs.gov

8 **Minh Phan**
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8 **Margaret Messer**
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Margaret.Messer@fema.dhs.gov

9 **Michael Cummings**
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Michael.Cummings@fema.dhs.gov

10 **Brett Holt**
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Brett.Holt@fema.dhs.gov

FEMA Advisory

# FEMA's Role in COVID-19 Vaccine Distribution

In alignment with President Biden's plan to respond to COVID-19, FEMA will work with other federal agencies to coordinate with state, tribal and territorial authorities and private sector partners and others to assist, augment and expedite vaccinations in the United States.

## Key Messages

- At the President's direction, FEMA has increased its support to states, tribes and territories for vaccination sites. FEMA has already obligated more than **$1.76 billion** to states, tribes and territories, and Washington, D.C. for community vaccination centers. As the number of states with obligations increases, we will work alongside other federal agencies to provide federal support for critical staffing, supplies and other shortfalls that can help get more Americans vaccinated.

- Prior to the executive orders to expand vaccination efforts, FEMA obligated more than $57.5 billion towards COVID-19 response efforts to support our state, tribal and territorial partners during this pandemic. This funding was at a 75% cost share.

- On Feb. 2, President Biden directed FEMA to retroactively reimburse states for 100% of their costs for eligible emergency protective measures including masks, gloves, emergency feeding actions, sheltering at risk populations and mobilization of the National Guard, if not funded by HHS/CDC or another federal agency.

- President's directive also directs FEMA to expand the activities eligible for reimbursement for work conducted after Jan. 21, 2021 and until Sept. 30, 2021. Reimbursement applies to eligible costs to support the safe opening and operation of eligible schools, child-care facilities, healthcare facilities, non-congregate shelters, domestic violence shelters, transit systems and other eligible applicants incurred after Jan. 21.

- FEMA is supporting vaccination sites by providing expedited financial assistance, federal equipment and supplies, and deploying federal personnel to states, tribes, territories and other eligible applicants for vaccination efforts. This assistance is processed when a request is submitted.

- FEMA has launched a Vaccine Support page to keep the public informed the agency's support of the White House COVID-19 Response Plan and information on how to get vaccinated.

FEMA

# Federal Funding to Accelerate Vaccine Efforts

- FEMA, in accordance with President Biden's Jan. 21 Memorandum, will provide reimbursement to states, local, tribal and territorial governments and the District of Columbia for the use of their National Guard to respond to COVID-19 and other assistance, which may include support to vaccination distribution and administration, at a 100% cost share until Sept. 30.

- FEMA is supporting COVID-19 vaccine distribution by providing reimbursement to governments for costs associated with vaccine distribution and administration.

- As of Feb. 3, the Disaster Relief Fund balance is more than $12.6 billion. These funds will support continued response to COVID-19, including expanded vaccination efforts across the country by providing financial assistance to governments and other eligible applicants for vaccination efforts as well as personal protective equipment, alternative care sites and durable medical equipment.

- Providing funding to states, tribes and territories is an Administration priority. After a request is submitted, reviewed and validated, FEMA can expedite reimbursement for eligible emergency work projects to ensure resources are available to support vaccine distribution and administration.

- As of Feb. 3, FEMA has provided more than **$1.76 billion** to states, territories and tribes for expenses related to COVID-19 vaccination at 100% federal cost share. In the last 48 hours, the following obligations over $1 million were made:

    - $26.8 million to California.

    - $22.8 million to Illinois.

    - $213.2 million to Massachusetts.

- These funds cover emergency protective measures to include:

    - Supplies and commodities needed to safely store and administer the vaccine.

    - Transportation support and reasonable, necessary security for refrigerated trucks and support for leasing space to store and/or administer vaccines including utilities, maintenance and security.

    - Medical and support staff including onsite infection control measures, personal protective equipment for staff, cloth face coverings for patients, temperature scanners, physical barriers and disinfection of the facility in accordance with CDC guidance.

    - Dissemination of public information and communication regarding vaccinations.

- The costs of purchasing the vaccine and support kits are not covered by these obligations and do not duplicate any HHS funding. COVID-19 Vaccines and support kits are provided to state, tribal and territorial governments at no cost by the federal government.

- The Coronavirus Response and Relief Supplemental Appropriations Act of 2021 appropriates $2 billion to FEMA to provide financial assistance to households for COVID-19-related funeral expenses at a 100% federal cost. FEMA is reviewing the legislation and evaluating potential options for implementation.

## Federal Coordination to Identify and Fill Resource Gaps

- FEMA is working closely with state, local, tribal and territorial governments to fill gaps that local health officials have identified. Additionally, emergency managers are working closely with appropriate health officials.
- FEMA will work with the U.S. Department of Health and Human Services and other federal agencies to ensure a coordinated approach to using Defense Production Act authorities wherever necessary so private sector companies can increase vaccine supply and spur vaccine manufacturing.
- FEMA released "FEMA COVID-19 Vaccination Planning FAQ," a document to help assist governments with their vaccine distribution efforts and reimbursements for associated costs.

## FEMA and Other Federal Agencies Are Supporting Vaccine Sites

- FEMA, through its National Response Coordination Center and 10 regional offices across the nation, is coordinating with other federal agencies to meet state, tribal and territorial needs. FEMA is providing support to established community vaccination centers and National Guard operations to expand access to vaccines.
- A site is considered federally supported based on three characteristics:
    - It is a state, local, tribal or territorial established site that is receiving any combination of federal personnel, materiel or funding.
    - The federal support enables the site to open, remain open, or expand capacity.
    - The site is, or has been, operational on or after Jan 20.
- FEMA is committed to ensuring every American who wants a vaccine can get one. To reach underserved and rural communities, FEMA and its federal partners are helping determine community vaccination center locations to ensure equitable access. This includes coordination efforts to establish and support fixed facilities and establishing pop-up or temporary vaccination sites and mobile vaccination efforts.
- Additionally, FEMA established a Civil Rights Advisory Group. Civil rights advisors are deployed to all regions assisting with equity in vaccine operations, including community engagement, community assessments, equal access/accessibility and site inspections.
- As of Feb. 3, FEMA has deployed 449 staff across the nation to provide federally supported sites with personnel and technical assistance. This does not include support personnel from other federal agencies or partners. Additional FEMA staff across the country are supporting virtually.
- As of Feb. 3, 130 federally supported sites are operational across the country.

## Community Vaccination Center Pilot Partnerships

- The federal government is partnering with state governments to launch a small number of pilot community vaccination centers (CVC) using primarily federal staff to support of state and local governments.
- Piloting these sites allows FEMA and its federal partners to ensure the success of a small number of sites before preparing additional support as vaccine supplies ramp up in the weeks and months ahead.
- On Tuesday, FEMA, and the state of California partnered to launch a pilot project to establish community vaccination sites in Los Angeles and Oakland. FEMA will provide resources, operational support and federal staffing support to establish these new centers. The centers are expected to be open to eligible members of the public beginning Feb. 16.

## Vaccine Guidance

- According to CDC, as of Feb. 3, more than 33.9 million vaccine doses have been administered. More than 55.9 million vaccine doses have been distributed to locations across the country.
- The CDC Vaccine Task Force and Data Analysis & Visualization Task Force recently launched the CDC COVID Data Tracker Vaccinations Trends page. This page includes the overall trends of vaccinations over time in the US and for the Federal Pharmacy Partnership for Long-Term Care Program.
- FEMA is working with the Ad Council to encourage hesitant or underrepresented Americans to get vaccinated. This research-driven public education campaign provides federal, non-profit, and medical stakeholders with insights and communications strategies to tailor communications to reach diverse audiences.
- The vaccine is not a perfect fix. Everyone should continue to practice other precautions like wearing a mask, social distancing, handwashing and other hygiene measures until public health officials say otherwise.

## Contact Us

If you have any questions, please contact FEMA Office of External Affairs:

- Congressional Affairs at (202) 646-4500 or at FEMA-Congressional-Affairs@fema.dhs.gov
- Intergovernmental Affairs at (202) 646-3444 or at FEMA-IGA@fema.dhs.gov
- Tribal Affairs at (202) 646-3444 or at FEMA-Tribal@fema.dhs.gov
- Private Sector Engagement at (202) 646-3444 or at nbeoc@max.gov

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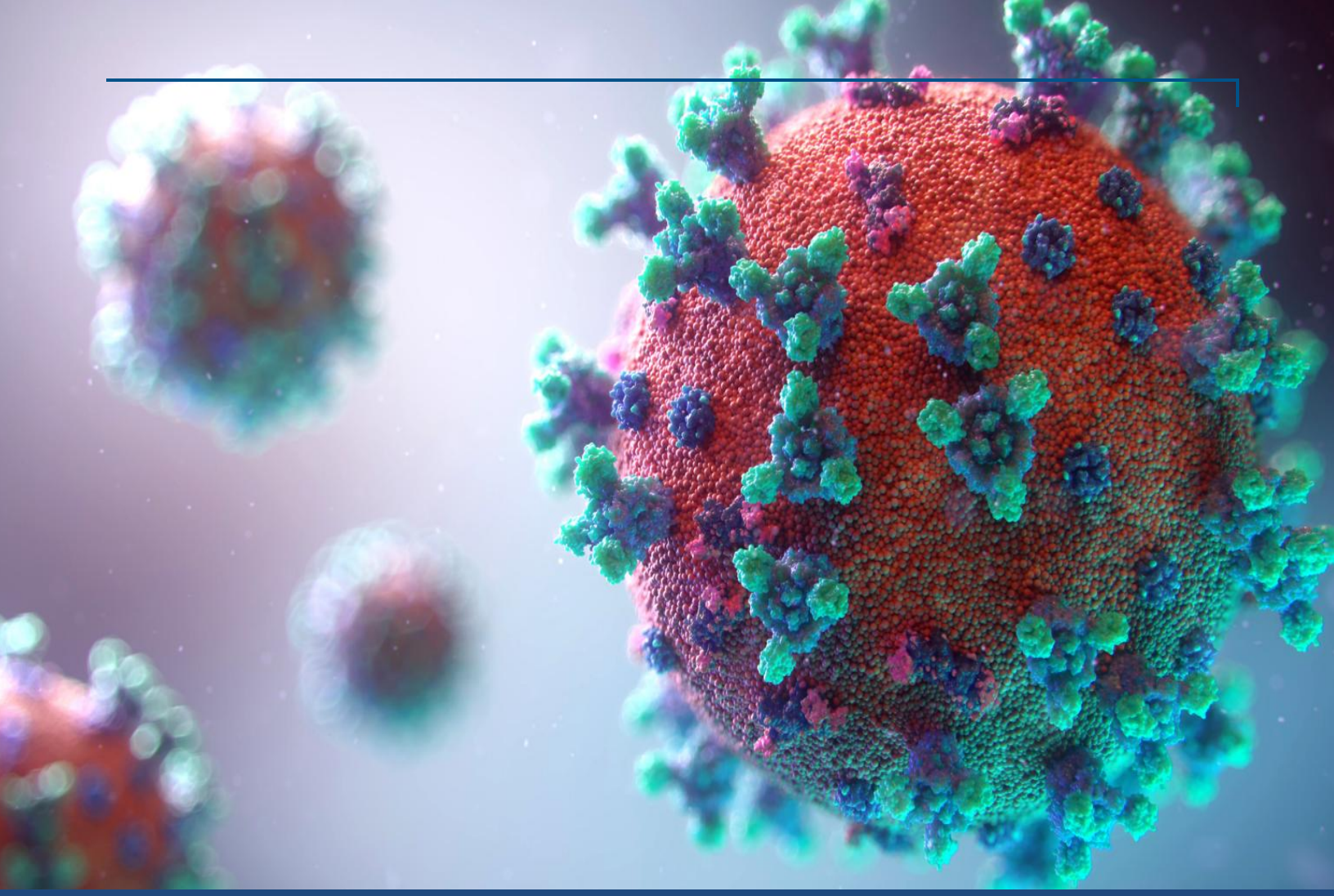
Also, follow Acting Administrator Bob Fenton on Twitter @FEMA_Fenton.

## FEMA Mission

Helping people before, during, and after disasters.



# Community Vaccination Centers Playbook

February 4, 2021

FEMA

# Record of Changes

*This Playbook should be reviewed and updated as necessary.*

| Change # | Date | Remarks |
|---|---|---|
| | | |
| | | |
| | | |

# Table of Contents

# 1.0 Situation

## 1.1 Purpose

This playbook establishes guidance for providing federal support to existing and new Community Vaccination Centers (CVCs) that are essential to accomplishing the mission, to include interagency coordination, resource support, facility setup, and other requirements that may necessitate federal support.

## 1.2. Background

To date, the ongoing COVID-19 pandemic has claimed the lives of more than 430,000 Americans. While mitigation measures such as social distancing and the wearing of masks are effective tools in preventing the spread of COVID-19, an additional way to protect people and reduce the spread of this disease is with the widespread administration of COVID-19 vaccines. As part of a national effort to speed the pace of COVID-19 vaccination campaigns, the President has directed the federal government to establish new federally supported CVCs. As stated in the National Strategy for COVID-19 Response and Pandemic Preparedness, FEMA is charged with supporting the set-up and operations of such CVCs.

## 1.3. Assumptions

- Multiple federal agencies are able to supply or support states, tribes, and territories (STT) staffing augmentation needs, based on authorization and identified staffing capability to support clinical and/or non-clinical requirement (e.g. vaccine administration vs. general crowd management and administrative support)
- There will be a change in the available national vaccine supply, storage requirements for vaccine centers, and the number of doses required by recipients pending vaccine developments
- Plans for operating and activating CVCs must be coordinated with STT authorities to support access to vaccination in jurisdictions
- Staffing requirements may change as a function of the facility or location

## 1.4. Critical Considerations

- Distribution processes for vaccines and supplies critical to administration vary depending on manufacturer and jurisdiction
- Supply chain constraints due to the pandemic may lead to unanticipated challenges procuring supplies necessary for facility setup
- Vaccine administration timelines and required doses vary depending on manufacturer and the applicable FDA-issued vaccine EUAs
- CVCs should have the capability to collect, organize, and store information if unable to access digital system platforms for vaccine administration
- The Regional Response Coordination Center (RRCC) must work with STT to develop plans that address vaccination of homebound residents, those with limited access to transportation, mobility limitations, etc.
- Planning for distribution of vaccine to members of Tribes must be coordinated with all the appropriate entities, including but not limited to FEMA regions, the Bureau of Indian Affairs (BIA) and/or Indian Health Service (IHS) to develop specific plans for direct IHS distribution and facilitate administration of vaccines to IHS Direct, Tribal Health Programs and Urban Indian Organizations who elected to receive vaccines through the BIA or IHS
- All jurisdiction COVID-19 mitigation mandates must be adhered to by staff and vaccine recipients (mask wearing, social distancing, washing hands/use of hand sanitizer)
- At a minimum, all COVID-19 mitigation mandates from CDC's *Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic* must be adhered to. Jurisdictions may require mitigation measures in addition to these
- If a facility is federally controlled, it must meet all DHS and FEMA requirements for facility access and physical security in accordance with Federal policy and guidelines
- The STT ultimately have the authority to choose to set licensure/certification requirements for vaccinators working at their direction. However, STT should be advised that Declarations under the PREP Act for COVID-19 have vastly expanded the available pool of potential vaccinators, through the

preemption of state laws under these declarations. STT should be encouraged, to the maximum extent possible, to utilize this expanded authority to use non-traditional vaccinators, available through the PREP Act

### 1.5. Limiting Factors

- Current supply of COVID-19 vaccine does not meet national demand
- Medical consumables and products in support of the vaccine administration may be limited
- CVCs storage and management of vaccine supplies
    - Cold-chain storage and handling requirements for each COVID-19 vaccine product will vary from refrigerated (2°C to 8°C) to frozen (-15°C to -25°C) to ultra-cold (-60°C to -80°C) temperatures, and ongoing stability testing may impact these requirements
    - Cold-chain storage equipment is not necessarily available at all traditional vaccine administration CVCs
- Public health and medical personnel are a scarce resource (especially physicians, nurses, respiratory technicians, laboratory technicians, and emergency medical services staff/personnel)
- STT partners are utilizing different processes of varying sophistication for information management and vaccine recipients may not understand the registration process nor how to ask for an accommodation if the state is providing language services
- Effective communication access may be limited to virtual connections as in-person support is limited. Virtual connectivity may be limited in some areas
- Availability of staff critical to facility selection and setup is limited (Disability Integration, Equal Rights, External Affairs)
- Medical waste disposal requirements will vary by jurisdiction

## 2.0 Mission and End State

### 2.1. Mission

Provide support such as set up, equipment, information management, staffing, and CVC operation to existing or new CVCs including mobile clinics in STT areas leveraging close coordination between the federal government and all vaccination jurisdictions to foster timely and equitable distribution and administration of COVID-19 vaccines.

### 2.2. End State

STT have a sustainable capability to administer vaccinations now and in the future

## 3.0 Execution

### 3.1 Operations

#### 3.1.1. Operational Approach

The federal government will support STT vaccination programs by providing resources for pre-existing facilities and/or establishing new federally operated facilities. Facilities will be established as fixed facility, drive-through facility, or as a mobile vaccination clinic (See Appendix A for additional information on CVC types). Site selection for CVCs will be needs based, data driven, and in support of STT requests. The objective of both federally supported and federally operated CVCs is to maximize the timely and safe administration of the vaccine to all recipients. Facility size models will be based on throughput over a 12-hour shift and are as following:

| Facility Size Models (for new facilities) | | | | |
|---|---|---|---|---|
| **Type 1**<br>Approximate capacity of **6,000 doses a day**<br>Minimum of 15,000 sf with adequate parking for at least 800 vehicles | **Type 2**<br>Approximate capacity of **3,000 doses a day**<br>Minimum of 7,500 sf with adequate parking for at least 600 vehicles | **Type 3**<br>Approximate capacity of **1,000 doses a day**<br>Minimum of 4,500 sf with adequate parking for at least 250 vehicles | **Type 4**<br>Approximate capacity of **250 doses a day**<br>Minimum of 2,500 sf with adequate parking for at least 130 vehicles | **Type 5 – Mobile Site**<br>Approximate capacity of **250 doses a day**<br>Minimum of 2,500 sf with adequate parking for at least 130 vehicles |

### 3.1.2. Fixed Facility (Walk-in) Checklist

The list of actions below facilitates the effective and efficient administration of vaccinations in a walk-in, fixed facility. These actions are formatted as a checklist but many of the actions will be initiated concurrently, not sequentially. See Appendix B for conceptual layouts of the facility types.

| Fixed Facility | |
|---|---|
| ✓ | **Selection Actions** |
| | If location not already identified by STT and approved by the region, conduct a search and sourcing process using either FEMA Logistics or General Services Administration (GSA) for site selection. Use Civil Rights Checklist (Appendix C) to ensure equity |
| | Conduct vaccination site assessment (key participants: local public health officials, Safety, Security, Civil Rights, Emergency Management Officials, Fire Inspector & Office of Disability Integration Coordination) |
| | Using the FEMA *Disaster Facility Setup Guide* and *Disaster Facility Setup Guide Updates* or other appropriate criteria, support the jurisdiction in determining the spacing and layout needs for the required CVC |
| | Coordinate the appropriate license and space utilization agreement (LUA) and/or memorandum of understanding (MOUs) |
| | Ensure adequate traffic control plan, set-up space, and staging areas to accommodate operations |
| | Confirm communication lines (landline/cellphone and computer/internet) are operational and accessible for people with disabilities as required with mobile wireless access points (MiFi's/Cradle points) |
| | Identify a location for stand-by ambulance at the CVC for management of recipients with on-site medical emergencies |
| | Identify pre-solicited, signed and or other standing agreements – either federal, state or local that can be extended in order to provide janitorial/custodial services. Also establish agreements for medical waste disposal services |
| | Coordinate with local authorities for on-site security, public transportation to the CVC, outreach, and other community impact considerations and requirements |
| | All CVCs should have emergency backup power to the storage equipment of the vaccine supply. This emergency power will ensure continuous cold storage in the event of a Public Safety Power Shutoff (PSPS), or storm interrupts the local electrical power supply |
| | Ensure location of the facility is added as an approved site in the CDC's Vaccine Tracking System (VTrckS) to enable ordering and delivery of vaccine to the CVC, have a signed CDC provider agreement, and have Vaccine Finder sign up for vaccine dose tracking |
| | Review training plan for all staff and each required role as established by the STT |
| | Ensure facility opening dates are communicated to the public |
| | Develop a strategy for demobilization of the CVC or transfer of operation from Federal to STT |
| ✓ | **Pre-Clinical Actions** |
| | Facilitate and coordinate the Resource Request Form (RRF) process for federally supported mission assignments to include staffing, contracting, and other resource requirements for the receiving site via the FEMA Regional Response Coordination Center (RRCC) in consultation with ESF8: Health and Human Services (HHS) Office of the Assistance Secretary for Preparedness and Response (ASPR) |
| | Coordinate with the STT to determine how much vaccine allocation the CVC should expect from the STT allocations of the vaccine |

| | |
|---|---|
| | Coordinate with the jurisdiction to determine the type and the required throughput capacity of the CVC. (The number of persons preregistered in the receiving jurisdiction may be useful to estimate throughput needs) |
| | Confirm if federal support is for an existing community vaccination center or a new CVC that needs to be established |
| | Coordinate with jurisdiction to determine community requirements (urban, suburban, rural, remote) for vaccination CVCs (fixed, mobile, drive-through) |
| | Coordinate with the jurisdiction to identify access and functional needs required at the CVC for potential vaccine recipients, to include sign language, captioning services, Braille, large print, and translation and interpreting for non-English users |
| | Review CDC's Vaccine Storage and Handling Toolkit and FDA's appropriate manufacture vaccine's Fact Sheet for Healthcare Providers Administering Vaccine to ensure adequate storage is available on-site or if transportation will be required to bring the vaccine dosages to the CVC each day. Ensure vaccines were transported appropriately |
| | Ensure the vaccine allocation for the CVC will adequately support desired throughput for the day |
| | Review receiving jurisdiction regulations governing the practice of health care professionals. (This should be considered when determining clinic staffing and assignment of roles and responsibilities) |
| | Coordinate with the jurisdiction to determine access requirements, permissions, and training for required data systems for vaccine administration and distribution tracking |
| | Coordinate with the jurisdiction to determine vaccine allocation with receiving jurisdiction to include the quantity, type, and storage/handling requirements at the CVC |
| | Coordinate with the jurisdiction to ensure contingency plan is developed and in place if vaccinations are compromised and/or need replacement |
| | Ensure the medical screener discusses with potential vaccine recipients to identify persons with contraindications and precautions. Ensure staff follow CDC's Interim Considerations: Preparing for the Potential Management of Anaphylaxis After COVID-19 Vaccination |
| | Stage the ALS ambulance at an appropriate location to be readily accessible to the whole facility |
| ✓ | **Clinical Daily Operational Actions** |
| | Ensure minimum staffing and work assignments and schedule is established for the day |
| | Confirm vaccine inventory is on-site to meet the expected throughput for the day |
| | Pre-screening of CVC staff is accomplished using temperature screening and symptom and exposure questionnaire |
| | Ensure appropriate quantity of PPE is staged and available for CVC staff based on anticipated daily burn rate. Ensure all staff have and utilize their PPE at all times |
| | Ensure availability of appropriate medical consumables based on the anticipated daily burn rate |
| | Follow CDC's Vaccine Storage and Handling Toolkit and FDA's appropriate manufacture vaccine's Fact Sheet for Healthcare Providers Administering Vaccine |
| | Ensure appropriate amount of sanitation and work surface disinfectant supplies |
| | Ensure appropriate amount of medical documentation (intake forms, etc.) and has adequate locked storage areas |
| | Establish a process to verify the arriving potential vaccine recipients have an appointment that day to receive a vaccine |
| | Assign appropriate staff to the Recipient Exit Area/Exit Reviewer in order to observe recipients for adverse reactions to vaccine |
| | Establish a staging area to address any additional needs |
| | Ensure effective communication to facility support staff to track and monitor medical supplies |
| | Fill out all relevant information on the recipient's COVID-19 Vaccination Record Card and record the date and vaccine lot number and schedule the second vaccine shot (if applicable) |
| | Sanitize the vaccine administration work area after each vaccine administration |
| | Send the recipient to the observation area to wait for the described post-vaccination waiting time per the CDC guidelines outlined in CDC's Interim Considerations: Preparing for the Potential Management of Anaphylaxis After COVID-19 Vaccination |
| ✓ | **Facility Support Daily Operational Actions** |

| | |
|---|---|
| | Conduct a pre-opening facility sweep to ensure that all safety and sanitization procedures have been followed and are in place |
| | Ensure minimum staffing, work assignments, and schedule is established for the day |
| | Ensure traffic/access control process is in place for the facility and the parking lot |
| | Conduct a Daily Shift/Safety Briefing with all CVC staff prior to opening the CVC |
| | Establish the day's battle rhythm and ensure all CVC staff are aware of it |
| | Review and understand EEIs and other reporting requirements for all appropriate entities |
| | Ensure signage is posted that describes the vaccine recipient flow starting from outside the facility including the Check-In/Screening Area, and all the way to Observation Area |
| | Ensure appropriate information technology (IT) support is available |
| | Stage Pre-Waiting Area where vaccine recipients wait to be sent to a vaccination station |
| | Ensure an area is set aside for staff to take allotted break(s) |
| | Verify all personnel are in place and all stations are ready to process vaccine recipients prior to opening the facility |
| | Ensure a process is in place for regular disinfecting of the CVC |
| | Pre-screening of vaccine recipients at the Check-In/Screening Area using a temperature screening and symptom and exposure questionnaire |
| | Ensure process is in place to monitor and track facility supplies and track daily burn rates |
| | Monitor occupancy levels in the observation area to prevent over crowding |
| | Establish a staff accountability process to include a sign in and sign out process |
| | Ensure a process is in place for proper handling/disposal of medical waste |
| | Ensure a process is in place for general facility waste handling |
| ✓ | **Facility End of Shift Actions** |
| | Conduct an end of day supervisor meeting with relevant staff |
| | Ensure all remaining vaccines are adequately secured and stored for the night |
| | Thoroughly sanitize all workstations and public areas |
| | Ensure all medical records (PII documents) are appropriately secured and stored |
| | Ensure CVC location is fully secured prior to departure |
| ✓ | **Facility Close-out/Demobilization Actions** |
| | Coordinate with jurisdiction to complete a post-CVC evaluation and ensure post-CVC reporting and recording of vaccinations administered are provided to the jurisdiction immunization information system (IIS) |
| | Create or reform a demobilization/transition plan upon rightsizing/closing facilities or transferring the CVC to another organization/agency |
| | Close-out of all support contracts that were supporting the CVC and coordinate the transfer of the contract over to STT if necessary |
| | Establish a plan for the removal of all equipment and any mitigation for small damage to the facility |
| | Complete final walk-through of the facility with the facility owner in order to secure release of liability and document condition of the facility upon departure |
| | Ensure the RRCC has reviewed reimbursement requests, paid all bills, and de-obligate funds |
| | Ensure the closeout of a Mission Assignment (MA) at the incident management (IM) and incident support (IS) levels according to RRCC defined process |
| | Ensure that a plan has been developed to right size or retrograde of Federal resources at the CVC as needed |
| | Ensure CVC closing dates are communicated by the Public Information Officers to the public if the CVC is not transitioned to STT management |

### 3.1.3. Drive Through Facility Operational Checklists

The list of actions below facilitates the effective and efficient administration of vaccinations in a drive through. These actions are formatted as a checklist but many of the actions will be initiated concurrently, not sequentially. See Appendix B for conceptual layouts of the facility types.

| Drive Through Facility | |
|---|---|
| ✓ | **Selection Actions** |
| | If location not already identified by STT and approved by the Region, conduct a search and sourcing process using either FEMA Logistics or General Services Administration (GSA) for site selection. Use Civil Rights Checklist (Appendix C) to ensure equity |
| | Conduct vaccination site assessment (key participants: Local Public Health Officials, Safety, Security, Civil Rights, Emergency Management Officials, Fire Inspector & Office of Disability Integration Coordination) |
| | Using the FEMA *Disaster Facility Setup Guide* and *Disaster Facility Setup Guide Updates* or other appropriate criteria, support the jurisdiction in determining the spacing and layout needs for the required CVC |
| | Coordinate the appropriate license and space utilization agreement (LUA) and/or memorandum of understanding (MOUs) |
| | Ensure adequate traffic control plan, set-up space, and staging areas to accommodate operations |
| | Confirm communication lines (landline/cellphone and computer/internet) are operational with mobile wireless access points (MiFi's/Cradle points) |
| | Identify a location for stand-by ambulance at the CVC for management of recipients with on-site medical emergencies |
| | Identify pre-solicited, signed and or other standing agreements – either federal, state, or local that can be extended in order to provide janitorial/custodial services. Also establish agreements for medical waste disposal services |
| | Coordinate with local authorities for on-site security, public transportation to the CVC, outreach, and other community impact considerations and requirements |
| | All CVC facilities should have emergency backup power to the storage equipment of the vaccine supply. This emergency power will ensure continuous cold storage in the event of a Public Safety Power Shutoff (PSPS), or storm interrupts the local electrical power supply |
| | Add the location of the facility as an approved site in the CDC's Vaccine Tracking System (VTrckS) to enable ordering and delivery of vaccine to the CVC |
| | Review training plan for all staff and each required role as established by the STT |
| | Ensure adequate spacing allowance for social distancing from entry to exit |
| | Ensure warming and cooling stations are established for staff with adequate storage for PPE, vaccines, and other supplies |
| | Ensure facility opening dates are communicated to the public |
| | Develop a strategy for demobilization of the CVC or transfer of operation from Federal to STT |
| ✓ | **Pre-Clinical Actions** |
| | Facilitate and coordinate the Resource Request Form (RRF) process for federally supported mission assignments to include staffing, contracting, and other resource requirements for the receiving CVC via the FEMA Regional Response Coordination Center (RRCC) in consultation with ESF8: Health and Human Services (HHS) Office of the Assistance Secretary for Preparedness and Response (ASPR) |
| | Coordinate with the STT to determine how much vaccine allocation to the CVC should expect from the STT allocations of the vaccine |
| | Coordinate with the jurisdiction to determine the type and the required throughput capacity of the CVC. (The number of persons preregistered in the receiving jurisdiction may be useful to estimate throughput needs) |
| | Confirm if Federal support is for an existing community vaccination center or a new CVC that needs to be established |
| | Coordinate with jurisdiction to determine community requirements (urban, suburban, rural, remote) for vaccination CVCs (fixed, mobile, drive-through) |
| | Coordinate with the jurisdiction to identify any additional access and functional needs required at the CVC for potential vaccine recipients, to include (Language access, including sign language, captioning services, Braille, large print to provide access to services; language access for translation and interpreting for non-English users) |

| | |
|---|---|
| | Review CDC's Vaccine Storage and Handling Toolkit and FDA's appropriate manufacture vaccine's Fact Sheet for Healthcare Providers Administering Vaccine to ensure adequate storage is available on-site or if transportation will be required to bring the vaccine dosages to the CVC each day. Ensure vaccines were transported appropriately |
| | Ensure the vaccine allocation for the CVC will adequately support desired throughput for the day |
| | Review receiving jurisdiction regulations governing the practice of health care professionals. (This should be considered when determining clinical staffing and assignment of roles and responsibilities) |
| | Coordinate with the jurisdiction to determine access requirements, permissions, and training for required data systems for vaccine administration and distribution tracking |
| | Coordinate with the jurisdiction to determine vaccine allocation with receiving jurisdiction to include the quantity, type, and storage/handling requirements at the CVC |
| | Coordinate with the jurisdiction to ensure contingency plan is developed and in place if vaccinations are compromised and/or need replacement |
| | Ensure the medical screener discusses with potential vaccine recipients to identify persons with contraindications and precautions. Ensure staff follow CDC's Interim Considerations: Preparing for the Potential Management of Anaphylaxis After COVID-19 Vaccination |
| | Stage the ALS ambulance at an appropriate location to be readily accessible to the whole facility |
| ✓ | **Clinical Daily Operational Actions** |
| | Ensure minimum staffing and work assignments and schedule is established for the day |
| | Confirm vaccine inventory is on-site to meet the expected throughput for the day |
| | Pre-screening of CVC staff is accomplished using temperature screening and symptom and exposure questionnaire |
| | Ensure appropriate quantity of PPE is staged and available for CVC staff based on anticipated daily burn rate. Ensure all staff have and utilize their PPE at all times |
| | Ensure availability of appropriate medical consumables based on the anticipated daily burn rate. |
| | Follow CDC's Vaccine Storage and Handling Toolkit and FDA's appropriate manufacture vaccine's Fact Sheet for Healthcare Providers Administering Vaccine |
| | Ensure appropriate amount of sanitation and work surface disinfectant supplies |
| | Ensure appropriate amount of medical documentation (intake forms, etc.) and has adequate locked storage areas |
| | Establish a process to verify the arriving potential vaccine recipients have an appointment that day to receive a vaccine |
| | Assign appropriate staff to the Recipient Exit Area/Exit Reviewer in order to observe recipients for adverse reactions to vaccine |
| | Establish a staging area to address any additional needs |
| | Ensure effective communication to facility support staff to track and monitor medical supplies |
| | Fill out all relevant information on the recipient's COVID-19 Vaccination Record Card and record the date and vaccine lot number and schedule the second vaccine shot (if applicable) |
| | Sanitize the vaccine administration work area after each vaccine administration |
| | Send the recipient to the observation area to wait for the described post-vaccination waiting time per the CDC guidelines outlined in CDC's Interim Considerations: Preparing for the Potential Management of Anaphylaxis After COVID-19 Vaccination |
| ✓ | **Facility Support Daily Operational Actions** |
| | Conduct a pre-opening facility sweep to ensure that all safety and sanitization procedures have been followed and are in place |
| | Ensure minimum staffing, work assignments, and schedule is established for the day |
| | Ensure traffic/access control process is in place for the facility and the parking lot |
| | Conduct a Daily Shift/Safety Briefing with all CVC staff prior to opening the CVC |
| | Establish the day's battle rhythm and ensure all CVC staff are aware of it |
| | Review and understand EEIs and other reporting requirements for all appropriate entities |
| | Ensure signage is posted that describes the vaccine recipient flow starting from outside the facility including the Check-In/Screening Area, and all the way to Observation Area |
| | Ensure appropriate information technology (IT) support is available |

| | |
|---|---|
| | Stage Pre-Waiting Area where vaccine recipients wait to be sent to a vaccination station |
| | Ensure an area is set aside for staff to take allotted break(s) |
| | Verify all personnel are in place and all stations are ready to process vaccine recipients prior to opening the facility |
| | Ensure a process is in place for regular disinfecting of the CVC |
| | Pre-screening of vaccine recipients at the Check-In/Screening Area using a temperature screening and symptom and exposure questionnaire |
| | Ensure process is in place to monitor and track facility supplies and track daily burn rates |
| | Monitor occupancy levels in the observation area to prevent over crowding |
| | Establish a staff accountability process to include a sign in and sign out process |
| | Ensure a process is in place for proper handling/disposal of medical waste |
| | Ensure a process is in place for general facility waste handling |
| ✓ | **Facility End of Shift Actions** |
| | Conduct an end of day supervisor meeting with relevant staff |
| | Ensure all remaining vaccines are adequately secured and stored for the night |
| | Thoroughly sanitize all workstations and public areas |
| | Ensure all medical records (PII documents) are appropriately secured and stored |
| | Ensure CVC location is fully secured prior to departure |
| ✓ | **Facility Close-out/Demobilization Actions** |
| | Coordinate with jurisdiction to complete a post-CVC evaluation and ensure post-CVC reporting and recording of vaccinations administered are provided to the jurisdiction immunization information system (IIS) |
| | Create or reform a demobilization/transition plan upon rightsizing/closing facilities or transferring the CVC to another organization/agency |
| | Close-out of all support contracts that were supporting the CVC and coordinate the transfer of the contract over to STT if necessary |
| | Establish a plan for the removal of all equipment and any mitigation for small damage to the facility |
| | Complete final Walk-through the facility with the facility owner in order to secure release of liability and document condition of the facility upon departure. |
| | Ensure the RRCC has reviewed reimbursement requests, paid all bills, and de-obligate funds |
| | Ensure the closeout of a Mission Assignment (MA) at the incident management (IM) and incident support (IS) levels according to RRCC defined process |
| | Ensure that a plan has been developed to right size or retrograde of Federal resources at the CVC as needed |
| | Ensure CVC closing dates are communicated by the Public Information Officers to the public if the CVC is not transitioned to STT management |

### 3.1.4. Mobile Vaccination Clinic Operational Checklist

The list of actions below facilitates the effective and efficient administration of vaccinations in a mobile vacation clinic. These actions are formatted as a checklist but many of the actions will be initiated concurrently, not sequentially. See Appendix B for conceptual layouts of the facility types.

| **Mobile Vaccination Clinic** | |
|---|---|
| ✓ | **Selection Actions** |
| | If location not already identified by STT and approved by the Region, conduct a search and sourcing process using FEMA Logistics for site selection. Use Civil Rights Checklist (Appendix C to ensure equity |
| | Ensure that parking area is assessed for safety and accessibility |
| | Conduct vaccination site assessment (key participants: Local Public Health Officials, Safety, Security, Civil Rights, Emergency Management Officials, Fire Inspector & Office of Disability |

| | |
|---|---|
| | Integration Coordination) |
| | Using the FEMA *Disaster Facility Setup Guide* and *Disaster Facility Setup Guide Updates* or other appropriate criteria, support the jurisdiction in determining the spacing and layout needs for the required CVC |
| | Coordinate the appropriate license and space utilization agreement (LUA) and/or memorandum of understanding (MOUs) |
| | Ensure adequate traffic control plan, set-up space, and staging areas to accommodate operations |
| | Confirm communication lines (landline/cellphone and computer/internet) are operational and accessible for people with disabilities as required with mobile wireless access points (MiFi's/Cradle points) |
| | Identify a location for stand-by ambulance at the CVC for management of recipients with on-site medical emergencies |
| | Identify pre-solicited, signed and or other standing agreements – either federal, state, or local that can be extended in order to provide janitorial/custodial services. Also establish agreements for medical waste disposal services |
| | Coordinate with local authorities for on-site security, public transportation to the CVC, outreach and other community impact considerations and requirements |
| | All CVCs should have emergency backup power to the storage equipment of the vaccine supply. This emergency power will ensure continuous cold storage in the event of a Public Safety Power Shutoff (PSPS), or storm interrupts the local electrical power supply |
| | Add the location of the facility as an approved site in the CDC's Vaccine Tracking System (VTrckS) to enable ordering and delivery of vaccine to the CVC |
| | Review training plan for all staff and each required role as established by the STT |
| | Ensure facility opening dates are communicated to the public |
| | Develop a strategy for demobilization of the CVC or transfer of operation from Federal to STT |
| ✓ | **Pre-Clinical Actions** |
| | Facilitate and coordinate the Resource Request Form (RRF) process for federally supported mission assignments to include staffing, contracting, and other resource requirements for the receiving CVC via the FEMA Regional Response Coordination Center (RRCC) in consultation with ESF8: Health and Human Services (HHS) Office of the Assistance Secretary for Preparedness and Response (ASPR) |
| | Coordinate with the STT to determine how much vaccine allocation to the CVC should expect from the STT allocations of the vaccine |
| | Coordinate with the jurisdiction to determine the type and the required throughput capacity of the CVC. (The number of persons preregistered in the receiving jurisdiction may be useful to estimate throughput needs) |
| | Confirm if Federal support is for an existing community vaccination center or a new CVC that needs to be established |
| | Coordinate with jurisdiction to determine community requirements (urban, suburban, rural, remote) for vaccination CVCs (fixed, mobile, drive-through) |
| | Coordinate with the jurisdiction to identify any additional access and functional needs required at the CVC for potential vaccine recipients, to include (Language access, including sign language, captioning services, Braille, large print to provide access to services; language access for translation and interpreting for non-English users) |
| | Review CDC's Vaccine Storage and Handling Toolkit and FDA's appropriate manufacture vaccine's Fact Sheet for Healthcare Providers Administering Vaccine to ensure adequate storage is available on-site or if transportation will be required to bring the vaccine dosages to the CVC each day. Ensure vaccines were transported appropriately |
| | Ensure the vaccine allocation for the CVC will adequately support desired throughput for the day |
| | Review receiving jurisdiction regulations governing the practice of health care professionals. (This should be considered when determining clinical staffing and assignment of roles and responsibilities) |
| | Coordinate with the jurisdiction to determine access requirements, permissions, and training for required data systems for vaccine administration and distribution tracking |
| | Coordinate with the jurisdiction to determine vaccine allocation with receiving jurisdiction to include the quantity, type, and storage/handling requirements at the CVC |
| | Coordinate with the jurisdiction to ensure contingency plan is developed and in place if vaccinations are compromised and/or need replacement |

| | |
|---|---|
| | Ensure the medical screener discusses with potential vaccine recipients to identify persons with contraindications and precautions. Ensure staff follow CDC's Interim Considerations: Preparing for the Potential Management of Anaphylaxis After COVID-19 Vaccination |
| | Stage the ALS ambulance at an appropriate location to be readily accessible to the whole facility |
| ✓ | **Clinical Daily Operational Actions** |
| | Ensure minimum staffing and work assignments and schedule is established for the day |
| | Confirm vaccine inventory is on-site to meet the expected throughput for the day |
| | Pre-screening of CVC staff is accomplished using temperature screening and symptom and exposure questionnaire |
| | Ensure appropriate quantity of PPE is staged and available for CVC staff based on anticipated daily burn rate. Ensure all staff have and utilize their PPE at all times |
| | Ensure availability of appropriate medical consumables based on the anticipated daily burn rate |
| | Follow CDC's Vaccine Storage and Handling Toolkit and FDA's appropriate manufacture vaccine's Fact Sheet for Healthcare Providers Administering Vaccine |
| | Ensure appropriate amount of sanitation and work surface disinfectant supplies |
| | Ensure appropriate amount of medical documentation (intake forms, etc.) and has adequate locked storage areas |
| | Establish a process to verify the arriving potential vaccine recipients have an appointment that day to receive a vaccine |
| | Assign appropriate staff to the Recipient Exit Area/Exit Reviewer in order to observe recipients for adverse reactions to vaccine |
| | Establish a staging area to address any additional needs |
| | Ensure effective communication to facility support staff to track and monitor medical supplies |
| | Fill out all relevant information on the recipient's COVID-19 Vaccination Record Card and record the date and vaccine lot number and schedule the second vaccine shot (if applicable) |
| | Sanitize the vaccine administration work area after each vaccine administration |
| | Send the recipient to the observation area to wait for the described post-vaccination waiting time per the CDC guidelines outlined in CDC's Interim Considerations: Preparing for the Potential Management of Anaphylaxis After COVID-19 Vaccination |
| ✓ | **Facility Support Daily Operational Actions** |
| | Conduct a pre-opening facility sweep to ensure that all safety and sanitization procedures have been followed and are in place |
| | Ensure minimum staffing, work assignments, and schedule is established for the day |
| | Ensure traffic/access control process is in place for the facility and the parking lot |
| | Conduct a Daily Shift/Safety Briefing with all CVC staff prior to opening the CVC |
| | Establish the day's battle rhythm and ensure all CVC staff are aware of it |
| | Review and understand EEIs and other reporting requirements for all appropriate entities |
| | Ensure signage is posted that describes the vaccine recipient flow starting from outside the facility including the Check-In/Screening Area, and all the way to Observation Area |
| | Ensure appropriate information technology (IT) support is available |
| | Stage Pre-Waiting Area where vaccine recipients wait to be sent to a vaccination station |
| | Ensure an area is set aside for staff to take allotted break(s) |
| | Verify all personnel are in place and all stations are ready to process vaccine recipients prior to opening the facility |
| | Ensure a process is in place for regular disinfecting of the CVC |
| | Pre-screening of vaccine recipients at the Check-In/Screening Area using a temperature screening and symptom and exposure questionnaire |
| | Ensure process is in place to monitor and track facility supplies and track daily burn rates |
| | Monitor occupancy levels in the observation area to prevent over crowding |
| | Establish a staff accountability process to include a sign in and sign out process |
| | Ensure a process is in place for proper handling/disposal of medical waste |
| | Ensure a process is in place for general facility waste handling |

| ✓ | Facility End of Shift Actions |
|---|---|
| | Conduct an end of day supervisor meeting with relevant staff |
| | Ensure all remaining vaccines are adequately secured for the night |
| | Thoroughly sanitize all workstations and public areas |
| | Ensure all medical records (PII documents) are appropriately secured and stored |
| | Ensure CVC location is fully secured prior to departure |
| ✓ | **Facility Close-out/Demobilization Actions** |
| | Coordinate with jurisdiction to complete a post-CVC evaluation and ensure post-CVC reporting and recording of vaccinations administered are provided to the jurisdiction immunization information system (IIS) |
| | Create or reform a demobilization/transition plan upon rightsizing/closing facilities or transferring the CVC to another organization/agency |
| | Close-out of all support contracts that were supporting the CVC and coordinate the transfer of the contract over to STT if necessary |
| | Establish a plan for the removal of all equipment and any mitigation for small damage to the facility |
| | Complete final walk-through the facility with the facility owner in order to secure release of liability and document condition of the facility upon departure. |
| | Ensure the RRCC has reviewed reimbursement requests, paid all bills, and de-obligate funds |
| | Ensure the closeout of a Mission Assignment (MA) at the incident management (IM) and incident support (IS) levels according to RRCC defined process |
| | Ensure that a plan has been developed to right size or retrograde of Federal resources at the CVC as needed |
| | Ensure CVC closing dates are communicated by the Public Information Officers to the public if the CVC is not transitioned to STT management |

### 3.1.5. Responsibilities

The Regional Response Coordination Centers will delegate the following responsibilities to the CVCs:

- Resource accountability and tracking to inform resource request and allocations
- Upon the identification of an individual with disability or limited English proficient provide appropriate contact information or resource to ensure effective communication access and meaningful access to information
- Tactical control of all resources assigned to the CVCs
- Work assignment development for all assigned resources
- Maintenance and knowledge of the Community Vaccination Center Continuity of Operations (COOP), Communications Plan and Organizational Chart
- Situational awareness and information reporting
- Other authorities deemed appropriate by the RRCC

### 3.1.6. Operational Strategy

Operational strategy development and implementation is a shared responsibility between the RRCC and the CVCs. In short, the Vaccination Task Force is responsible for developing the overarching strategy, whereas the Clinic Manager is responsible for task organization to implement that strategy. Specific responsibilities are identified below:

*Regional Response Coordination Center Responsibilities*

The RRCC has the primary responsibility for directing the operational strategic approach to accomplish the end state. The RRCC also receives input from the CVCs to contextualize and validate existing priorities and strategies.

*Community Vaccination Center Responsibilities*

The CVCs have responsibilities for task organizing and prioritizing internal resources to implement the strategy to meet the throughput requirement. Reporting requirements are due daily to the RRCC by close of business.

### 3.1.7. Resource Coordination and Management

Clinical, facility support, and administrative staff will be assigned to the CVCs. Staffing requests will be coordinated through the RRCC via established processes. Clinic Managers are responsible for tracking demobilization and leave dates and ensuring requests are made with adequate time for the transition of responsibilities. Staffing requirements will be defined through the RRF process and disseminated to the appropriate supply sources for fulfillment based on capability and capacity. Force packages or single resources will deploy to provide the critical staffing support identified by STT community vaccination operations. These support staff will adhere to current guidance and standards of practice included in the COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations. Variations may exist and/or specialties may be added according to the type and scale of vaccination effort. Deployment timelines will be determined by the providing agency to ensure compliance with pre-deployment testing, equipping, training and any other requirements identified. Detailed information regarding necessary staffing and supplies by facility type can be found in Appendix D.

### 3.1.8. Information Management at the CVCs

Information management, for the purposes of this playbook, consists of three components: Data Collection and Storage, Reporting, and Requests. "Data Collection" is any data needed to complete patient registration, scheduling, or tracking/monitoring the vaccine doses. "Reporting" is any information that would inform situational awareness or resource decision making, to include Essential Elements of Information (EEI), outcomes, limiting factors, resource shortfalls, inventory stock, and processing delays. The EEIs will be designated by the NRCC/RRCC in the form of an Information Collection Plan (ICP) that will be socialized to ensure CVCs are aware of all necessary reporting requirements. "Requests," primarily, are top down Requests for Information (RFI). RFIs may include inquiries from internal or interagency partners.

#### *Data Collection and Storage*

The recommended best practice for information management at federally supported CVCs is to integrate directly with STT processes for patient registration, scheduling, and other tasks requiring data collection and storage for vaccine doses. This supports the President's directive of "federal support" to STT vaccination campaigns by ensuring minimal disruption to existing processes. This unified approach also maintains a singular and familiar process for the general public. To this end, a Privacy Threshold Assessment has been authorized which allows federal employees and contractors to access and utilize state information systems for the collection and storage of information (including PII/PHI) necessary to the operation of a CVC. Each region must coordinate with their respective STT partners to procure a Memorandum of Understanding (MOU) stating that all PII/PHI collected on federally supported CVCs will only be entered and stored on STT run systems. Additionally, each MOU must state that all activities necessary to the integration of federally supported CVCs with STT systems (such as training and granting access to necessary employees) is solely the responsibility of the STT partner in question.

#### *Reporting*

Well-functioning reporting mechanisms adopt a bottom-up approach. Accurate and useful reporting is typically communicated at the local level. Reporting, in the form of EEI, work assignments, outcomes, shortfalls, and limiting factors will go through the CVCs, whenever practical. Reporting requirement such as EEIs and Critical Information Requirements (CIRs) will be reported from the CVCs to the RRCC.

#### *Requests*

RFIs can be received from many different partners from within the federal government, from the media, or from STT counterparts. Inquiries will be routed from either the NRCC or the RRCC to appropriate answering parties. Inquiries and responses will be tracked utilizing WebEOC RFI tracking system.

## 3.2. Community Vaccination Center Operational Roles and Responsibilities

#### *Clinic Manager*

- In charge of clinical operations
- Coordinate overall clinical aspects of vaccine administration to recipients, ensuring quality control of vaccine administration as well as proper storage and handling of vaccines, sharps and PPE use

#### *Vaccinators*

- Administer vaccination in accordance with EUA and STT requirements for IM administration

*Registered Nurses*

- Oversee the vaccinators if not vaccinating but also observe for 15 minutes or 30 minutes based on history for anaphylaxis or side effects
- Can provide clinical information on questions from recipients
- Can also provide vaccine for recipients
- Should also monitor safety of the administration of vaccine by those not comfortable/have limited experience with intramuscular injections

*Clinic Flow; Reviewer*

- Provides more detailed assessment and screening of recipients who "screen out" of the basic clinical algorithm to receive the vaccine

*Observation Area Manager*

- Provides observation for adverse reactions in the observation area (could be performed by the RN)

*Advanced Life Support Ambulances*

- Observe recipients for adverse reactions to vaccine and provide general first aid for staff, volunteers and recipients as needed; this needs medical oversight
- Must be ready for Advanced Cardiac Life Support requirements (not just epi pen).

*Safety Officer*

- Assures scene and worker safety; Monitor, investigate, and resolve or mitigate all safety considerations of CVCs operations at the CVC. (May be a medical staff member or a non-medical staff member)
- Provide oversight for personnel in attendance at the CVCs and staff ensuring protective measures, social distancing, proper donning and doffing of PPE, and decontamination of actively touched surfaces, materials, etc.

*Medical Screeners*

- Works alongside the registration area to assure that the candidates can proceed with vaccine administration, address any medical questions

*Vaccination Preparer*

- Clinical staff to assist Pharmacist(s) readying vaccine for administration in accordance with EUA. Duties include, but may not be limited to, transferring vials to vaccinators, drawing doses and preparing syringes

*Pharmacists*

- Optimally, would prepare doses of vaccine so that vaccinator can move the line better and get more vaccine out
- Should have current unencumbered license

*Pharmacy Techs*

- Assist the pharmacist in high demand CVCs
- Works under authority of pharmacist

*Forms (VIS/EUA) Distribution*

- Provide initial greeting of public entering the CVCs and provide recipients with initial actions and directions to stations within CVCs based on triage questions/protocol

*General Staff*

- Collect information; review pre-filled forms for accuracy, provide the VIS/EUA, collect consent; Who does the registration for 2$^{nd}$ dose vaccine

*Volunteer Coordinator*

- Ensures staff (volunteer or paid) are accounted for, checked in to the CVC, assigned roles, oriented to the facility, etc. (This role may be independent or performed by the Clinic Manager)

*Check-In Staff*

- Ensures sign-in and out of all staff and volunteers assigned to the CVC, as well as supporting other critical record-keeping and documentation activities as assigned by the Clinic Manager. (May be performed by staff who fill other roles during the CVC)

*Administrative Staff*

- Ensures sign-in and out of all staff and volunteers assigned to the CVC

- Supports other critical record-keeping and documentation activities as assigned by the Clinic Manager

*Supply Manager*

- Ensure that required vaccine and ancillary supplies are on CVC and are available in sufficient quantities during CVC operations
- Supports or coordinates other logistical functions (food, cleaning service, etc.)
- Advises the Clinic Manager on issues related to equipment and supplies
- Works with Pharmacist and Clinic Manager to assure correct and sufficient doses of vaccine available, sufficient CDC cards, additional documentation, required clinical supplies, and appropriate PPE

*IT Support*

- Work with CVCs staff to set up and maintain all information technology equipment required for CVCs operations

*Security Officers*

- Monitor and have authority over internal and external security of CVC, personnel and operational equipment and supplies, including pharmaceuticals
- Closely works with Safety Officer on hazard and safety issues or conditions

*Traffic Control*

- Keep people moving in the right direction
- Help recipients through the CVCs directing as needed to appropriate stations
- Ensuring recipients go to stations which are open and not busy, and maintain social distancing

*Recipient Exit Area/Exit Reviewer*

- Ensures all recipients receive all necessary educational forms about the incident and vaccine
- Answers basic questions about the vaccine and directs recipients to medical evaluation for complicated questions

*Language translation and ASL and language interpretation services*

- Provide medical interpretation, usually via a contracted service or telephone line

*External Affairs/Community Relations (on-call)*

- Official spokesperson, approves all communication outside of the CVCs

*Legal (on-call)*

- Ensures that all federal tasks and activities at CVCs are in compliance with the law
- Provides high quality legal advice, counsel, risk analysis as the Point-of-Contact for the FEMA Office of Chief Counsel
- Provides legal support to CVC federal leadership on all matters involving STT legal counsel

# 4.0 Administration

The RRCC is administratively responsible for all assigned resources, including overhead staff. The following are general guidelines for common administrative tasks; deviations may occur for larger CVCs and require concurrence from the Clinic Manager.

# 5.0 Oversight, Coordinating Instructions and Communications

## 5.1. Oversight

Oversight of the CVCs is conducted by the RRCC. The Regional Area Coordinators will liaise with the RRCC and report to the Vaccination Task Force, who will inform the NRCC.

## 5.2. Coordinating Instructions

Coordinating vaccine administration and distribution across jurisdictions requires effective interagency communication. In order to plan and scale vaccination programs, STT and must rely on both an advanced understanding of their allocations and a timely delivery of their ordered doses. The program will be scaled based on what is working best on the ground for state and local partners, and the communities they serve.

Appendix E describes the process to effectively address STT needs by providing Federal support to CVCs and establishing CVCs.

## 5.3. Communications

All communications should follow the command and control procedures outlined in the Oversight section above

## Appendices

# COVID-19 Community Vaccination Center Types

*FEMA, with Federal partners, has deployed tailorable packages to support states, tribes, and territories in the establishment of community Vaccination Centers (CVCs). They are configured into five types below.*

## Type 1 Vaccination Clinic (Approximately 6,000 vaccinations/day capacity)

Federally supported site to include facility leasing, approximately 245 personnel (fixed site) or 269 (drive-through), equipment and supplies to meet throughput over a 12-hour shift.

| Facility | Clinical Force Package | Non-Clinical Force Package[1] | Other Support |
|---|---|---|---|
| Minimum of 15,000 sf. with adequate parking for at least 800 vehicles including accessible services and parking | 156 total clinical staff, including:<br>- 80 vaccinators[2]<br>- 15 Registered Nurses<br>- 4 EMS personnel staffing two ALS/Paramedic Ambulances[3] | 84-108 total non-clinical staff, including:<br>- 5 command and control<br>- 20 law enforcement/security<br>- 5 IT support | Additional Supply Cache:<br>Gloves, masks, face shields<br>Computer and internet access,<br>Spare syringes, needles, alcohol preps |

## Type 2 Vaccination Clinic (Approximately 3,000 vaccinations/day capacity)

Federally supported site to include facility leasing, approximately 159 personnel (fixed site) or 178 (drive-through), equipment and supplies to meet throughput over a 12-hour shift.

| Facility | Clinical Force Package | Non-Clinical Force Package[1] | Other Support |
|---|---|---|---|
| Minimum of 7,500 sf. with adequate parking for at least 600 vehicles including accessible services and parking | 95 total clinical staff including:<br>- 40 vaccinators[2]<br>- 10 Registered Nurses<br>- 4 EMS personnel staffing two ALS/Paramedic Ambulances[3] | 61-80 total non-clinical staff including:<br>- 3 command and control<br>- 10 law enforcement/security<br>- 3 IT Support | Additional Supply Cache:<br>Gloves, masks, face shields<br>Computer and internet access,<br>Spare syringes, needles, alcohol preps |

## Type 3 Vaccination Clinic (Approximately 1,000 vaccinations/day capacity)

Federally supported site to include facility leasing, approximately 87 personnel (fixed site) or 97 (drive-through), equipment and supplies to meet throughput over a 12-hour shift.

| Facility | Clinical Force Package | Non-Clinical Force Package[1] | Other Support |
|---|---|---|---|
| Minimum of 4,500 sf. with adequate parking for at least 250 vehicles including accessible services and parking | 54 total clinical staff including:<br>- 15 vaccinators[2]<br>- 8 Registered Nurses<br>- 2 EMS personnel staffing one ALS/Paramedic Ambulance[3] | 30-40 total non-clinical staff including:<br>- 3 command and control<br>- 6 law enforcement/security<br>- 2 IT Support | Additional Supply Cache:<br>Gloves, masks, face shields<br>Computer and internet access,<br>Spare syringes, needles, alcohol preps |

## Type 4 Vaccination Clinic (Approximately 250 vaccinations/day capacity)

Federally supported site to include facility leasing, approximately 43 personnel (fixed site) or 48 (drive-through), equipment and supplies to meet throughput over a 12-hour shift.

| Facility | Clinical Force Package | Non-Clinical Force Package[1] | Other Support |
|---|---|---|---|
| Minimum of 2,500 sf. with adequate parking for at least 130 vehicles including accessible services and parking | 26 total clinical staff including:<br>- 6 vaccinators[2]<br>- 4 Registered Nurses<br>- 2 EMS personnel staffing one ALS/Paramedic Ambulance[3] | 15-20 total non-clinical staff including:<br>- 2 command and control<br>- 3 law enforcement/security<br>- 1 IT Support | Additional Supply Cache:<br>Gloves, masks, face shields<br>Computer and internet access,<br>Spare syringes, needles, alcohol preps |

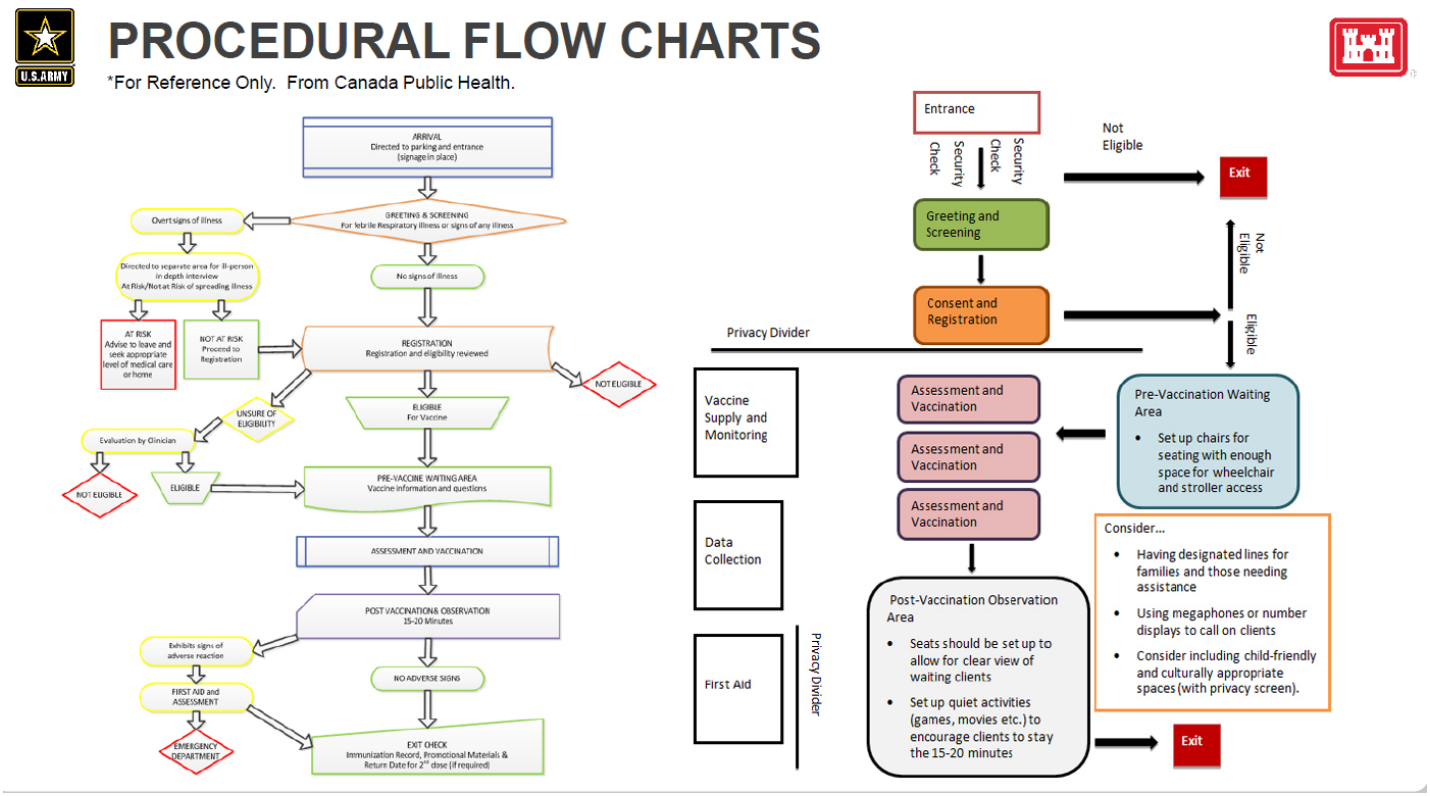
## Type 5 (Mobile) Vaccination Clinic (Approximately 250 vaccinations/day capacity)

Federally supported mobile site to include self-hauling capability, outdoor sheltered vaccination stations, approximately 49 personnel (fixed site) or 54 (drive-through), equipment and supplies to meet throughput over a 12-hour shift.

| Facility | Clinical Force Package | Non-Clinical Force Package[1] | Other Support |
|---|---|---|---|
| Minimum of 2,500 sf. of area to set-up with adequate parking for trucks and trailers plus support staff and vaccine recipients | 26 total clinical staff including:<br>- 6 vaccinators[2]<br>- 4 Registered Nurses<br>- 2 EMS personnel staffing one ALS/Paramedic Ambulance[3] | 21-26 total non-clinical staff including:<br>- 2 command and control<br>- 3 law enforcement/security<br>- 1 IT Support<br>- 2 truck drivers (contract)<br>- 4 set-up/maintenance (contract) | Additional Supply Cache:<br>Same as Type 4 above.<br>Locally contracted requirements:<br>Toilets, generators, others as required. |

[1] Legal, OER, ODIC, Civil Rights Advisors and other specialized support personnel will be on-call for all CVC but are not required to be on-site full-time. External Affairs is projected to be on-site for Type 1 and Type 2 sites during vaccination operations.
[2] Each STT must identify the personnel authorized by State Health law/regulation to administer intramuscular injections in their jurisdiction.
[3] At least one Advanced Life Support (ALS) ambulance, staffed by a crew of two including at least one state certified/licensed paramedic will be on-site during vaccination operations.

## Overview



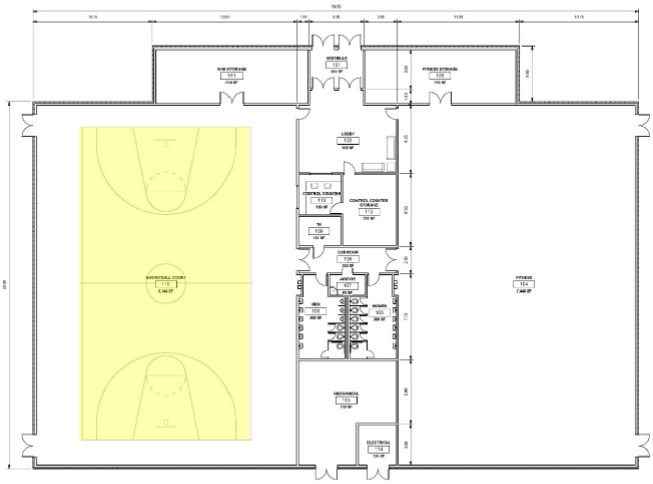

## Fixed Facility (Walk-Through)

*Gymnasiums, Schools, NBA/NFL Stadiums*

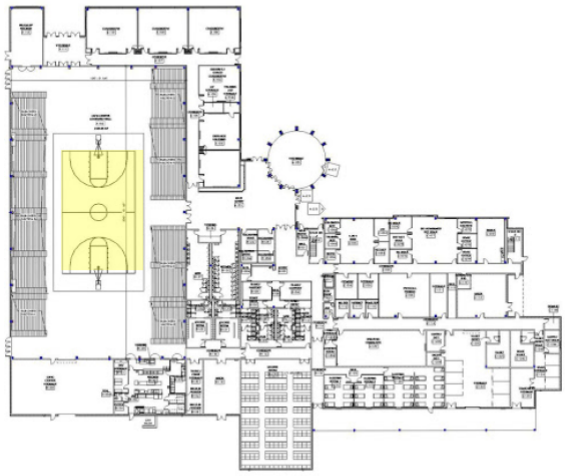
- Facility size model goal = Type 3 (1,000 vaccinations a day)
- Type 2 (3,000) and Type 3 (1,000) facility size models can be replicated side-by-side to increase throughput in existing larger facilities to create a Type 1 model (6,000 vaccinations a day).

# FACILITY CATEGORY – GYMNASIUM

**FITNESS CENTER**



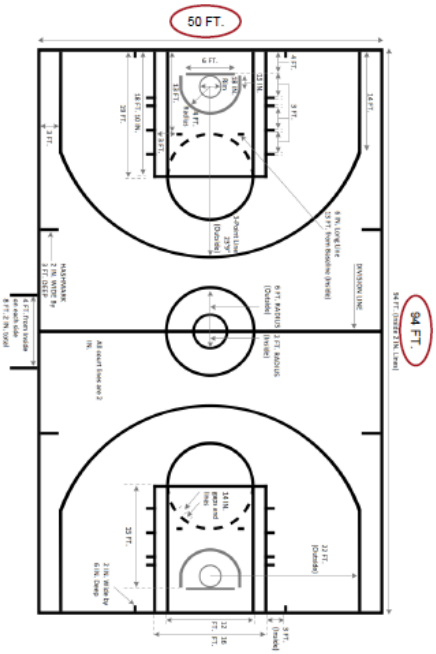
**ARMY NATIONAL GUARD READINESS CENTER**



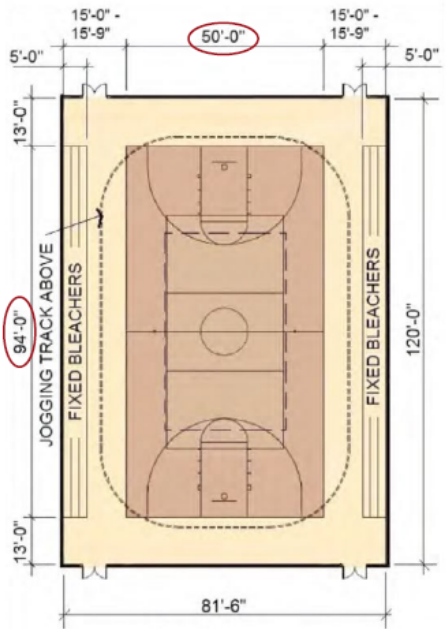
REGARDLESS OF FACILITY TYPE, THE MODULE DISCUSSED IN THIS PRESENTATION CAN BE IMPLEMENTED AS LONG AS THE ADEQUATE SPACE (4,700 SF) IS MADE AVAILABLE.

# GYMNASIUM MODULE- 50' X 94'= 4,700 SF

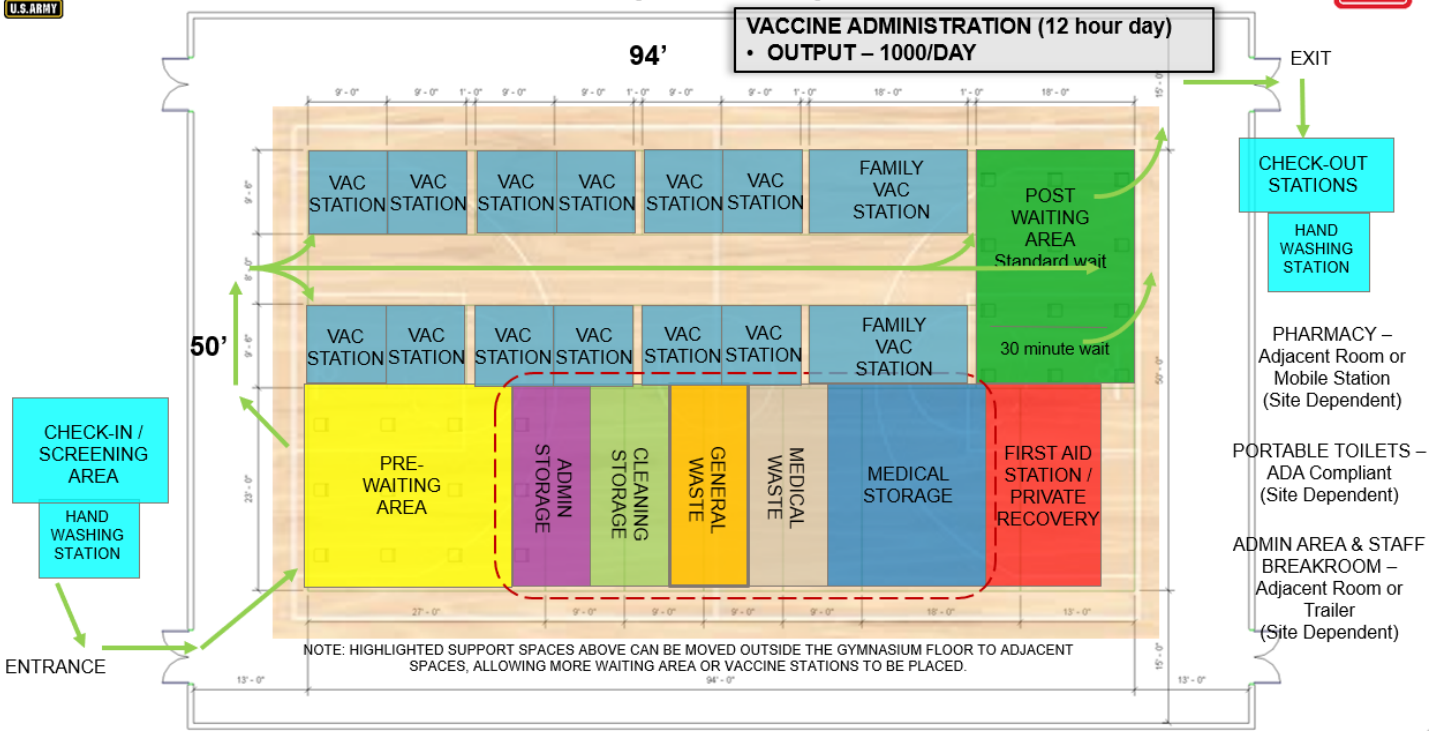
**NBA court**



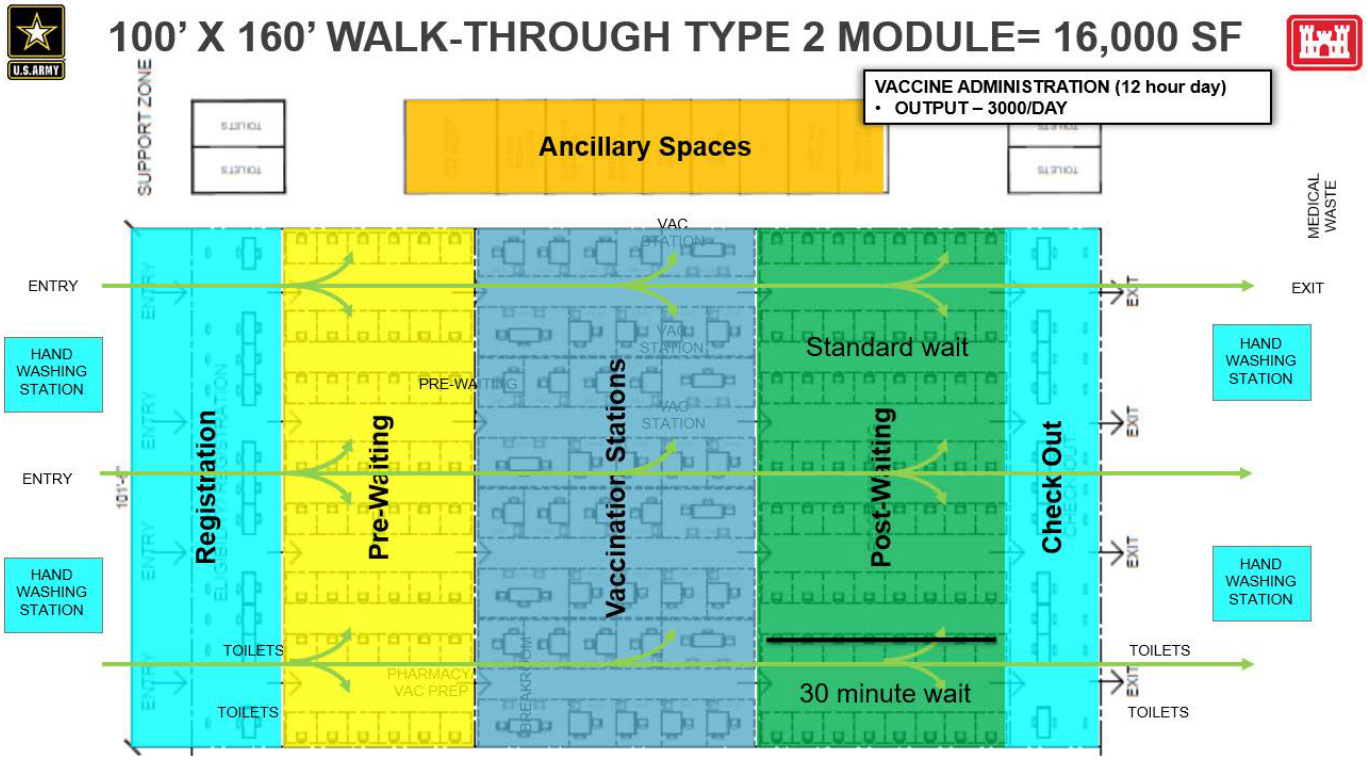

**ARMY Facility Standard Design**



# GYMNASIUM LAYOUT (TYPE 3) 94’ X 50’= 4700 SF




# 100’ X 160’ WALK-THROUGH TYPE 2 MODULE= 16,000 SF



# Drive-Through

*Parking Lots at Big Box Stores, School/Colleges, Stadiums*

## Assumptions

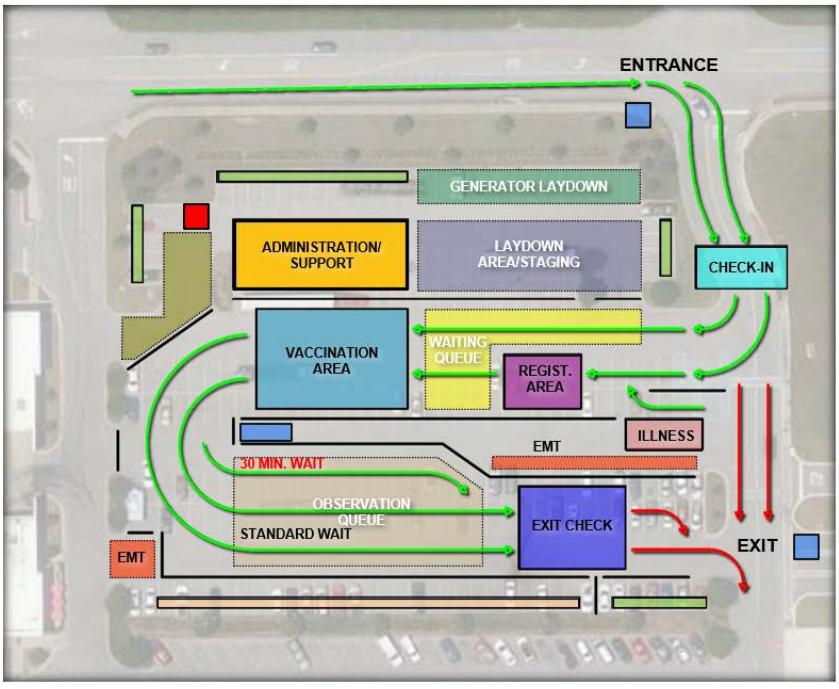
- Coordinate traffic control, signage, barricades, and wayfinding with the local municipalities and police departments.
- All facility sizes (Type 1 -4) may be accommodated by this model (based on size of available flat lot).
- Lot is available for a 12-hour day (lights may be provided or installed as needed).

## Size

- Type 1 (6,000 doses per 12-hour day) –538,000 SF flat lot (~12 acres)
- Type 2 (3,000 doses per 12-hour day) –270,000 SF flat lot (~6 acres)
- Type 3 (1,000 doses per 12-hour day) –90,000 SF flat lot (~2 acres)
- Type 4 (250 doses per 12-hour day) –23,000 SF flat lot (~.5 acre)

* For reference, a Wal-Mart Super Center parking lot can be up to 12 acres

## TYPICAL DRIVE-THROUGH LAYOUT

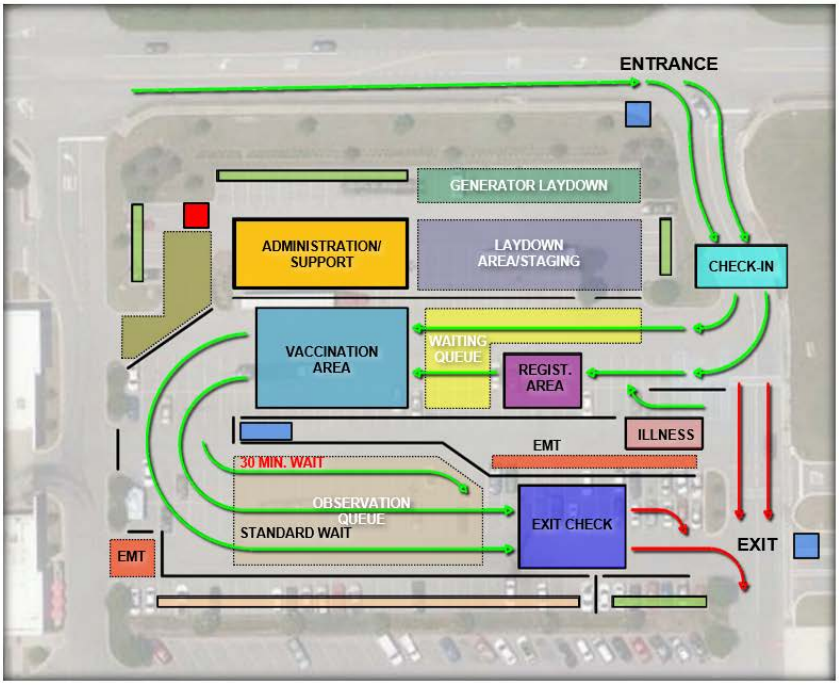



- CHECK-IN/SCREENING AREA/HAND WASH
- ILLNESS ASSESSMENT
- REGISTRATION AREA
- VACCINATION AREA
- WAITING QUEUE
- OBSERVATION QUEUE
- EXIT CHECK
- ADMINISTRATION/SUPPORT
  ADMINISTRATIVE AREA; STAFF BREAKROOM; ADMINISTRATIVE, MEDICAL, AND CLEANING STORAGE; GENERAL AND MEDICAL WASTE; AND PHARMACY (FREEZERS IF NECCESARY)
- DELIVERY AREA
- EMT AREA
- STAFF TOILETS
- PATIENT TOILETS
- LAYDOWN AREA/STAGING
- HAZARDOUS WASTE
- GENERATOR LAYDOWN
- GUARD BOOTH

* SEE PWS FOR A MORE DETAILED DESCRIPTION OF EACH SPACE AND ITS CONTENTS.

# EXISTING PARKING LOT

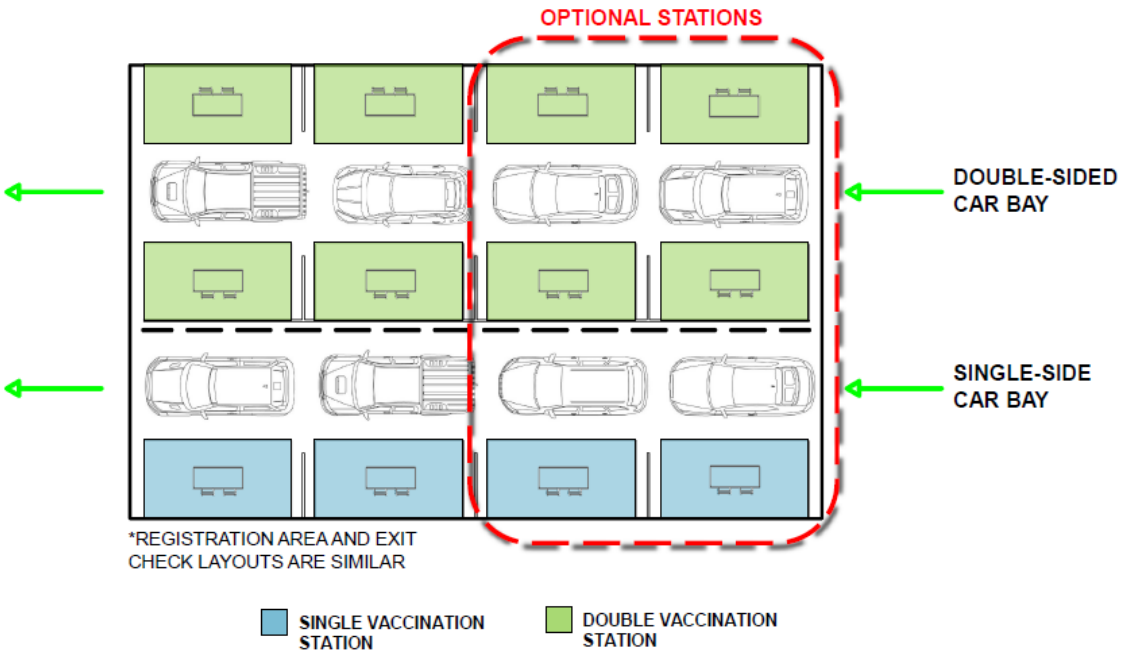
# TYPICAL DRIVE-THROUGH LAYOUT



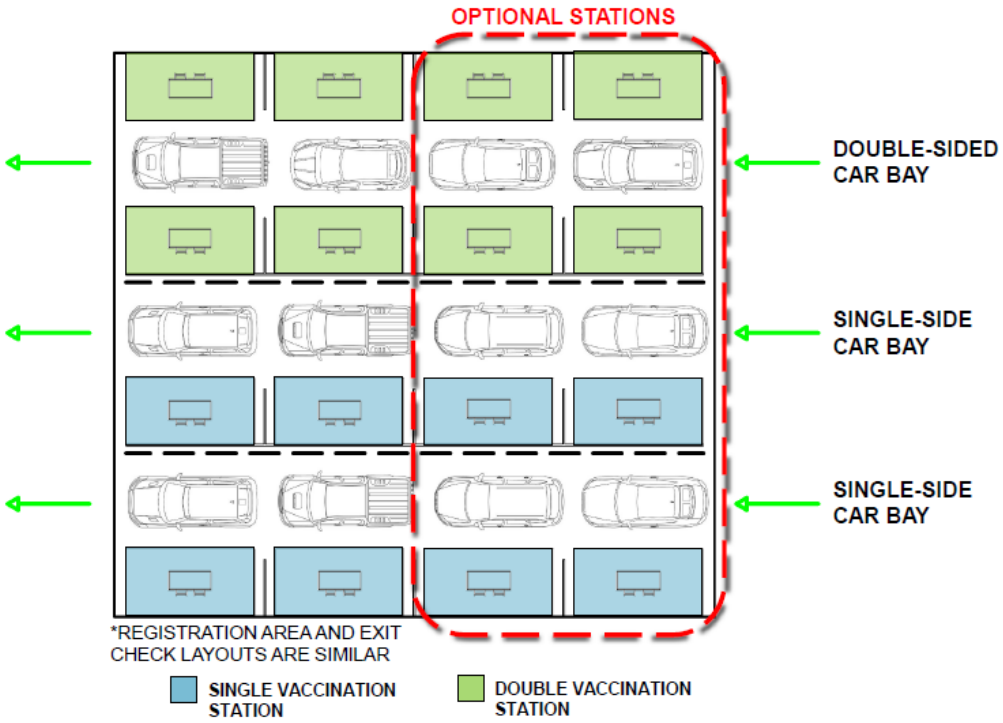

- CHECK-IN/SCREENING AREA/HAND WASH
- ILLNESS ASSESSMENT
- REGISTRATION AREA
- VACCINATION AREA
- WAITING QUEUE
- OBSERVATION QUEUE
- EXIT CHECK
- ADMINISTRATION/SUPPORT
  ADMINISTRATIVE AREA; STAFF BREAKROOM; ADMINISTRATIVE, MEDICAL, AND CLEANING STORAGE; GENERAL AND MEDICAL WASTE; AND PHARMACY (FREEZERS IF NECCESARY)
- DELIVERY AREA
- EMT AREA
- STAFF TOILETS
- PATIENT TOILETS
- LAYDOWN AREA/STAGING
- HAZARDOUS WASTE
- GENERATOR LAYDOWN
- GUARD BOOTH

* SEE PWS FOR A MORE DETAILED DESCRIPTION OF EACH SPACE AND ITS CONTENTS.

# VACCINATION AREA – 2 BAY OPTION



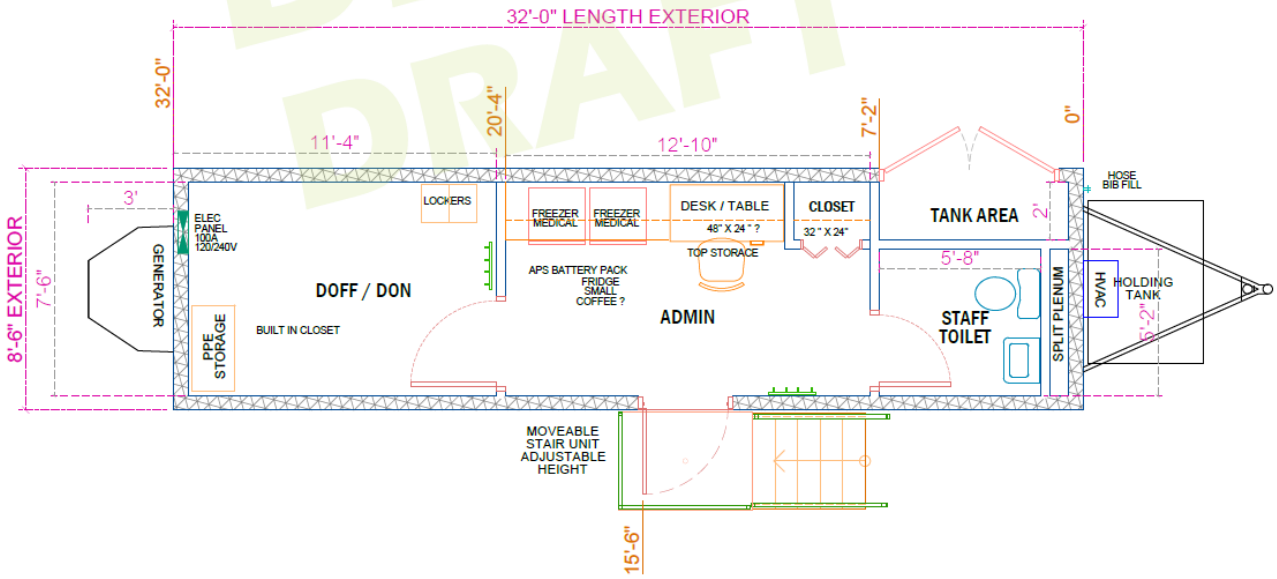

# VACCINATION AREA – 3 BAY OPTION



# Mobile Vaccination Clinic

Vaccination Support Trailer


Vaccination Trailer w/ attached awning



FEMA Advisory

# Civil Rights Considerations During COVID-19 Vaccine Distribution Efforts

To support FEMA's efforts during the COVID-19 vaccine distribution efforts, FEMA's Office of Equal Rights (OER) provides this checklist for use by all partners to ensure access to programs and activities and the impartial and fair provision of services.

## Background

On March 13, 2020, the ongoing novel coronavirus (COVID-19) was declared a national emergency pursuant to the Robert T. Stafford Disaster Relief and Emergency Act (Stafford Act). The COVID-19 pandemic, like all emergencies, has affected people of different races and ethnicities, geographic area and income levels. The Federal Emergency Management Agency (FEMA) is helping identify and fill resource gaps, using federal funding to accelerate state vaccination efforts and working to establish vaccine sites, in alignment with the President's COVID-19 response plan.

FEMA remains committed to its mission of *helping people before, during and after disasters* by ensuring access to its programs and services and enforcing civil rights. FEMA's Office of Equal Rights is responsible for ensuring compliance with and enforcement of FEMA's external Civil Rights obligations under the Stafford Act, Civil Rights Act, Rehabilitation Act, and Age Discrimination Act. FEMA also has responsibilities under Executive Order 13166, *Improving Access to Services for Persons with Limited English Proficiency*, and Executive Order 12898, *Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations.*

## Civil Rights Considerations

**Inclusive Planning**

| Item | Complete | Incomplete |
|---|---|---|
| Review community demographics data to identify: | | |
| 1. Limited English proficient communities and languages for interpretation and translation of critical vaccination information; | ○ | ○ |
| 2. Communities unable to travel due to lack of public transportation or disabilities; | ○ | ○ |
| 3. Communities without available or affordable internet access; and | ○ | ○ |
| 4. Other underserved communities. | ○ | ○ |

FEMA

| | | |
|---|---|---|
| Develop plans to ensure equitable access to information and vaccination sites for all communities, including underserved communities and those protected by law (i.e., race, color, national original, religion, sex, age, disability, English proficiency and economic status). | ○ | ○ |
| Develop plans to conduct vaccinations for communities unable to travel, including the use of accessible mobile units. | ○ | ○ |
| Develop messaging addressing concerns regarding site selection and accessibility, underlying conditions, religious exemptions and safety concerns. | ○ | ○ |
| Develop process for citizens to file a complaint alleging a civil rights violation during vaccinations and messaging regarding process. | ○ | ○ |
| Develop plans to increase public transportation, if necessary, for individuals to and from vaccination sites. | ○ | ○ |
| Develop plans to support applicants in new virtual application processes, particularly communities without available or affordable internet access. | ○ | ○ |
| Develop plans for the proper disposal of medical and other waste to ensure it does not disproportionally affect any community. | ○ | ○ |

Effective Communication Access

| Item | Complete | Incomplete |
|---|---|---|
| Identify and conduct community engagement events with community-based and civil rights organizations. | ○ | ○ |
| Conduct community engagement events with sign language interpreters and captioning. | ○ | ○ |
| Conduct community engagement events in communities without reliable internet adoption and/or access. | ○ | ○ |
| Include information on how to obtain accessible formats of documents on all communications. | ○ | ○ |
| Ensure electronic information and information technology is accessible (i.e., Alt Text, high contrast). | ○ | ○ |

| | | |
|---|---|---|
| Ensure non-discrimination statement and contact for civil rights complaints on all communication materials. | ◯ | ◯ |
| Increase communication access through social media platforms in ways that are accessible to individuals with disabilities (i.e., Alt Text, Closed Captioned Videos). | ◯ | ◯ |
| Develop plans for individuals who are unable to wear masks due to medical or other conditions or who require the removal of masks to communicate. | ◯ | ◯ |

### Language Access

| Item | Complete | Incomplete |
|---|---|---|
| Translate vaccine and site information into commonly used languages in the community, based on your review of community demographics. | ◯ | ◯ |
| Provide interpreters at community engagement events for commonly used languages. | ◯ | ◯ |
| Provide interpreters at vaccination sites or by telephone for commonly used languages. | ◯ | ◯ |
| Include information on how to obtain translated documents on all communications. | ◯ | ◯ |
| Plan for the increased need for accessible and multilingual messaging and communications through available ethnic media outlets, wireless emergency communications, and use of virtual townhalls for coordinated communications. | ◯ | ◯ |

### Physical Accessibility

| Item | Complete | Incomplete |
|---|---|---|
| Ensure meeting and vaccination sites are accessible by public transportation. | ◯ | ◯ |
| Ensure meeting and vaccination sites are compliant with ADA accessibility requirements. | ◯ | ◯ |
| Document areas of noncompliance with ADA requirements and modifications made. | ◯ | ◯ |
| Ensure mobile vaccination units are accessible. | ◯ | ◯ |
| Ensure vaccination centers are equipped with assisted technology. (Ex: UbiDuos). | ◯ | ◯ |

| | | |
|---|---|---|
| Pre-identify locations to account for the care of individuals requiring additional assistance, including older adults, individuals with physical and cognitive disabilities and others with access and functional needs. | ○ | ○ |
| Develop plans to provide reasonable accommodations, including persons who are unable to wear a facemask due to a disability. | ○ | ○ |
| Ensure meeting and vaccination sites offer services to individuals with disabilities in the most integrated setting appropriate. | ○ | ○ |

# Contact Us

**If you have questions or would like assistance in completing any checklist item, please contact the External Civil Rights Division within FEMA's Office of Equal Rights. FEMA-CivilRightsOffice@fema.dhs.gov**

For copies of FEMA documents in alternative formats, please call 800-621-3362 (TTY: 800-462-7585).

If you speak a language other than English and need help with this document, please call 800-621-3362 (TTY: 800- 462-7585) and you will be connected to an interpreter who will assist you at no cost.

Si habla un idioma diferente al inglés y necesita ayuda con este documento, llame al 800-621-3362 (TTY: 800-462- 7585) y lo contactaremos con un intérprete que lo ayudará sin costo alguno para usted.

Если вы не говорите на английском языке и нуждаетесь в помощи, позвоните по номеру 800-621-3362 (TTY: 800-462-7585). Вас соединят с переводчиком, который бесплатно поможет вам.

Se você fala um idioma além do inglês e precisa de ajuda em relação a este documento, ligue para 800-621-3362 (TTY: 800-462-7585) e você será conectado a um intérprete que irá ajudá-lo sem nenhum custo adicional.

Nếu quý vị nói một ngôn ngữ khác Tiếng Anh và cần giúp đỡ với tài liệu này, hãy gọi 800-621-3362 (TTY: 800-462- 7585) và quý vị sẽ được kết nối với một thông dịch viên, là người sẽ trợ giúp miễn phí cho quý vị.

영어를 사용하지 못하는 사람으로써 본 문서에 대해 도움이 필요할 경우, 전화 800-621-3362 (텔레타이프라이터: 800-462-7585)로 연락주시면 여러분을 무료로 도와줄 통역사와 연결해 드립니다.

Si vous parlez une langue autre que l'anglais et que vous avez besoin d'aide en rapport avec le présent document, veuillez composer le 800-621-3362 (numéro TTY pour les malentendants : 800-462-7585) pour qu'un interprète soit gratuitement mis à votre disposition.

Si w pale yon lang ki pa lang Angle e ou bezwen èd avèk dokiman sa a, tanpri rele 800-621-3362 (TTY: 800-462- 7585) epi yo pral konekte w ak yon entèprèt ki pral ede w, gratis.

英語以外の言語でこのページの詳細をお知りになりたい方は、お電話で800-621-3362 (TTY: 800-462-7585) までお問い合わせください。無料で通訳をご利用いただけます。

Kung nagsasalita ka ng wikang bukod sa Ingles at nangangailangan ng tulong sa dokumentong ito, mangyaring tumawag sa 800-621-3362 (TTY: 800-462-7585) at maikokonekta ka sa isang interpreter (tagasalin sa wika) na tutulong sa iyo nang walang bayad.

如果您使用除英语之外的其他语言并且就本文件需要帮助，请致电800-621-3362（听障及语障用户（TTY）：800-462-7585），您将与翻译人员联系，该翻译人员将为您提供免费帮助。

إذا تنكن ملكتنة ةغلا ريغ الإنكليزية واحتجت إلى مساعدة عم كلذ الوثيقة، ىجري الاتصال مقرلاب 800-621-3362 (الطباعة نء

دعب: )800-462-7585 وسيتم وصلك عم مجرتم يهفشم سيقدم كلذ المساعدة اناجم.

## Type 1 - 6,000 doses a day

### Facility Dimensions

- Minimum of **15,000 sq. ft**
- **Site Command and Control (5):** Team Lead and Deputy (2), Clinical Coordinator (1), Operations Section Chief (1), Logistics Section Chief (1)
- **Total Personnel:** 245 fixed site / 269 drive-through (156 clinical, 84 non-clinical [108 drive-through], 5 C2)

| Clinical Staff | |
|---|---|
| **Position** | **Per site** |
| Vaccinators | 80 |
| Vaccine Preparers | 20 |
| Pharmacist | 1 |
| Pharmacy Techs | 5 |
| Medical Screeners | 20 |
| Clinic Flow; Reviewer | 5 |
| Recovery Area Manager | 3 |
| Clinic Manager | 2 |
| Patient Exit Area/Exit Review | 1 |
| RN | 15 |
| Advanced Life Support Ambulances (two ambulances with crew of 2 each) | 4 |

| Non-Clinical Staff | |
|---|---|
| **Position** | **Per site** |
| Security | 20 |
| Traffic Control* (*drive through sites require more traffic control personnel – site dependent) | 10 *+20 |
| Safety* (*drive through sites require more safety personnel – site dependent) | 2 *+4 |
| Supply Manager | 2 |
| IT Support | 5 |
| Forms (VIS) Distribution staff | 1 |
| Orientation/Information | 2 |
| Language translation and ASL and language interpretation services | TBD |
| General Staff | 20 |
| External Affairs/Community Relations | 1 |
| Administrative Staff | 20 |
| Volunteer Coordinator | 1 |

| Equipment and Supplies | | | | | |
|---|---|---|---|---|---|
| **Medical Supplies** | **Qty** | **General Supplies** | **Qty** | **IT Supplies** | **Qty** |
| Gloves | TBD | Data entry forms | TBD | Laptops | 50 |
| Epi-Pens | 12 | Tables | TBD | Internet Connectivity | Yes |
| First Aid Kits | 4 | Chairs | TBD | iPad | 100 |
| Face Shields | 100 | Dollies | 3 | Chargers | TBD |
| N-95 Respirators | 100/day | Storage Equipment | TBD | Electric Generators (if necessary) | TBD |
| Alcohol Swabs | 10000/day | Refrigerators & Freezers | TBD | Handheld Land-Mobile Radios | 70 |
| Syringes | 8000/day | Bathroom facilities | Yes | | |
| Vaccination Record Cards | 6100/day | Signage | TBD | **Drive-Through Requirements** | |
| | | | | Variable message signs | TBD |
| | | | | Traffic Cones | 500 |
| | | | | Tents/Shelter | TBD |

# Type 2 - 3,000 doses a day

## Facility Dimensions

- Minimum of **7,500 sq. ft**
- **Site Command and Control (3):** Team Lead and Deputy (2), Clinical Coordinator (1)
- **Total Personnel:** 159 fixed site / 178 drive-through (95 clinical, 61 non-clinical [80 drive-through], 3 C2)

| Clinical Staff | |
|---|---|
| **Position** | **Per site** |
| Vaccinators | 40 |
| Vaccine Preparers | 10 |
| Pharmacist | 1 |
| Pharmacy Techs | 3 |
| Medical Screeners | 15 |
| Clinic Flow; Reviewer | 6 |
| Recovery Area Manager | 1 |
| Clinic Manager | 2 |
| Patient Exit Area/Exit Review | 3 |
| RN | 10 |
| Advanced Life Support Ambulances (two ambulances with crew of 2 each) | 4 |

| Non-Clinical Staff | |
|---|---|
| **Position** | **Per site** |
| Security | 10 |
| Traffic Control* (*drive through sites require more traffic control personnel – site dependent) | 8 *+16 |
| Safety* (*drive through sites require more safety personnel – site dependent) | 2 *+3 |
| Supply Manager | 2 |
| IT Support | 3 |
| Forms (VIS) Distribution staff | 2 |
| Orientation/Information | 2 |
| Language translation, ASL and language interpretation services | TBD |
| General Staff | 20 |
| External Affairs/Community Relations | 1 |
| Administrative Staff | 10 |
| Volunteer Coordinator | 1 |

| Equipment and Supplies | | | | | |
|---|---|---|---|---|---|
| **Medical Supplies** | **Qty** | **General Supplies** | **Qty** | **IT Supplies** | **Qty** |
| Gloves | TBD | Data entry forms | TBD | Laptops | 50 |
| Epi-Pens | 12 | Tables | TBD | Internet Connectivity | Yes |
| First Aid Kits | 4 | Chairs | TBD | iPad | 100 |
| Face Shields | 100 | Dollies | 3 | Chargers | TBD |
| N-95 Respirators | 100/day | Storage Equipment | TBD | Electric Generators (if necessary) | TBD |
| Alcohol Swabs | 10000/day | Refrigerators & Freezers | TBD | Handheld Land-Mobile Radios | 50 |
| Syringes | 6000/day | Bathroom facilities | Yes | | |
| Vaccination Record Cards | 3100/day | Signage | TBD | **Drive-Through Requirements** | |
| | | | | Variable message signs | TBD |
| | | | | Traffic Cones | 400 |
| | | | | Tents/Shelter | TBD |

# Type 3 - 1,000 doses a day

## Facility Dimensions

- Minimum of **4,500 sq. ft**
- **Site Command and Control (3):** Team Lead and Deputy (2), Clinical Coordinator (1)
- **Total Personnel:** 87 fixed site / 97 drive-through (54 clinical, 30 non-clinical [40 at drive-through], 3 C2)

| Clinical Staff | |
|---|---|
| **Position** | Per site |
| Vaccinators | 15 |
| Vaccine Preparers | 6 |
| Pharmacist | 1 |
| Pharmacy Techs | 3 |
| Medical Screeners | 10 |
| Clinic Flow; Reviewer | 6 |
| Recovery Area Manager | 1 |
| Clinic Manager | 1 |
| Patient Exit Area/Exit Review | 1 |
| RN | 8 |
| 1 Advanced Life Support Ambulance (crew of two) | 2 |

| Non-Clinical Staff | |
|---|---|
| **Position** | **Per site** |
| Security | 6 |
| Traffic Control* (*drive through sites require more traffic control personnel – site dependent) | 4 *+8 |
| Safety* (*drive through sites require more safety personnel – site dependent) | 1 *+2 |
| Supply Manager | 2 |
| IT Support | 2 |
| Forms (VIS) Distribution staff | 1 |
| Orientation/Information | 2 |
| Language translation. ASL and language interpretation services | TBD |
| General Staff | 5 |
| External Affairs/Community Relations | 1 |
| Administrative Staff | 5 |
| Volunteer Coordinator | 1 |

| Equipment and Supplies | | | | | |
|---|---|---|---|---|---|
| **Medical Supplies** | **Qty** | **General Supplies** | **Qty** | **IT Supplies** | **Qty** |
| Gloves | TBD | Data entry forms | TBD | Laptops | 50 |
| Epi-Pens | 6 | Tables | TBD | Internet Connectivity | Yes |
| First Aid Kits | 2 | Chairs | TBD | iPad | 100 |
| Face Shields | 20 | Dollies | 3 | Chargers | TBD |
| N-95 Respirators | 30/day | Storage Equipment | TBD | Electric Generators (if necessary) | TBD |
| Alcohol Swabs | 3000/day | Refrigerators & Freezers | TBD | Handheld Land-Mobile Radios | 30 |
| Syringes | 2000/day | Bathroom facilities | Yes | | |
| Vaccination Record Cards | 1100/day | Signage | TBD | **Drive-Through Requirements** | |
| | | | | Variable message signs | TBD |
| | | | | Traffic Cones | 200 |
| | | | | Tents/Shelter | TBD |

# Type 4 - 250 doses a day

## Facility Dimensions

- Minimum of **2,500 sq. ft**
- **Site Command and Control (2):** Team Lead and Deputy (2)
- **Total Personnel:** 43 fixed site / 48 drive-through (26 clinical, 15 non-clinical [20 at drive-through], 2 C2)

| Clinical Staff | |
|---|---|
| **Position** | **Per site** |
| Vaccinators | 6 |
| Vaccine Preparers | 3 |
| Pharmacist | 1 |
| Pharmacy Techs | 1 |
| Medical Screeners | 5 |
| Clinic Flow; Reviewer | 1 |
| Recovery Area Manager | 1 |
| Clinic Manager | 1 |
| Patient Exit Area/Exit Review | 1 |
| RN | 4 |
| 1 Advanced Life Support Ambulance (crew of two) | 2 |

| Non-Clinical Staff | |
|---|---|
| **Position** | **Per site** |
| Security | 3 |
| Traffic Control* (*drive through sites require more traffic control personnel – site dependent) | 2 *+4 |
| Safety* (*drive through sites require more safety personnel – site dependent) | 1 *+1 |
| Supply Manager | 1 |
| IT Support | 1 |
| Forms (VIS) Distribution staff | 1 |
| Orientation/Information | 1 |
| Language translation, ASL and language interpretation services | 1 |
| General Staff | 2 |
| Administrative Staff | 2 |

| Equipment and Supplies | | | | | |
|---|---|---|---|---|---|
| **Medical Supplies** | **Qty** | **General Supplies** | **Qty** | **IT Supplies** | **Qty** |
| Gloves | TBD | Data entry forms | TBD | Laptops | 6 |
| Epi-Pens | 6 | Tables | TBD | Internet Connectivity | Yes |
| First Aid Kits | 2 | Chairs | TBD | iPad | 12 |
| Face Shields | 10 | Dollies | 0 | Chargers | TBD |
| N-95 Respirators | 12/day | Storage Equipment | TBD | Electric Generators (if necessary) | TBD |
| Alcohol Swabs | 1000/day | Refrigerators & Freezers | TBD | Handheld Land-Mobile Radios | 12 |
| Syringes | 500/day | Bathroom facilities | Yes | | |
| Vaccination Record Cards | 300/day | Signage | TBD | **Drive-Through Requirements** | |
| | | | | Variable message signs | TBD |
| | | | | Traffic Cones | 150 |
| | | | | Tents/Shelter | TBD |

# Type 5 (Mobile) - 250 doses a day

## Site Area Dimensions

- Minimum of **2,500 sq. ft** of unobstructed, paved area
- **Site Command and Control:** Team Lead and Deputy (2)
- **Total Personnel:** 49 fixed site / 54 drive-through (26 clinical, 21 non-clinical [26 at drive-through], 2 C2)

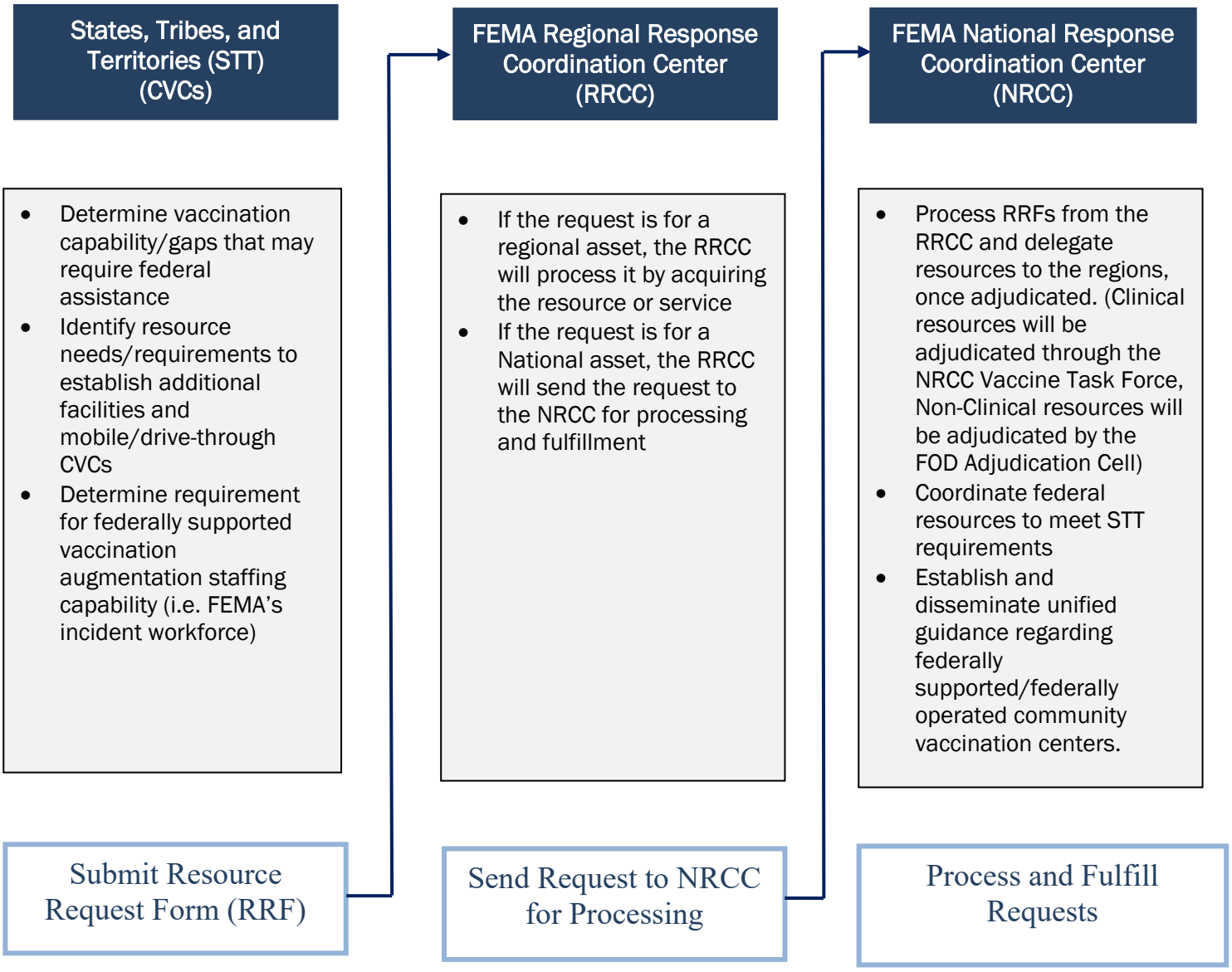
| Clinical Staff | |
|---|---|
| **Position** | **Per site** |
| Vaccinators | 6 |
| Vaccine Preparers | 3 |
| Pharmacist | 1 |
| Pharmacy Techs | 1 |
| Medical Screeners | 5 |
| Clinic Flow; Reviewer | 1 |
| Recovery Area Manager | 1 |
| Clinic Manager | 1 |
| Patient Exit Area/Exit Review | 1 |
| RN | 4 |
| 1 Advanced Life Support Ambulance (crew of two) | 2 |

| Non-Clinical Staff | |
|---|---|
| **Position** | **Per site** |
| Security | 4 |
| Traffic Control* (*drive through sites require more traffic control personnel – site dependent) | 2 *+2 |
| Safety* (*drive through sites require more safety personnel – site dependent) | 1 *+1 |
| Supply Manager | 1 |
| IT Support | 1 |
| Forms (VIS) Distribution staff | 1 |
| Orientation/Information | 1 |
| Language translation, ASL and language interpretation services | TBD |
| General Staff | 2 |
| Administrative Staff | 2 |
| Truck Drivers (contract) | 2 |
| Setup/Maintenance (contract) | 4 |

| Equipment and Supplies | | | | | |
|---|---|---|---|---|---|
| **Medical Supplies** | **Qty** | **General Supplies** | **Qty** | **IT Supplies** | **Qty** |
| Gloves | TBD | Data entry forms | TBD | Laptops | 6 |
| Epi-Pens | 6 | Tables | TBD | Internet Connectivity | Yes |
| First Aid Kits | 2 | Chairs | TBD | iPad | 12 |
| Face Shields | 10 | Dollies | 0 | Chargers | TBD |
| N-95 Respirators | 12/day | Storage Equipment | TBD | Electric Generators (if necessary) | TBD |
| Alcohol Swabs | 1000/day | Refrigerators & Freezers | TBD | Handheld Land-Mobile Radios | 12 |
| Syringes | 500/day | Bathroom facilities | Yes | | |
| Vaccination Record Cards | 300/day | Signage | TBD | **Drive-Through Requirements** | |
| | | | | Variable message signs | TBD |
| | | | | Traffic Cones | 150 |
| | | | | Tents/Shelter | TBD |

## Appendix E: State to Federal Coordination Flowchart

This chart describes the process to effectively address STT needs by providing **Federal Support to CVCs** and **Establishing CVCs**.



# Appendix F: Defining Federally Supported Sites

FEMA is providing a range of support to state, local, tribal, and territorial governments to assist, augment, and expedite delivery of COVID-19 vaccinations in the United States.

FEMA is providing funding, personnel, and other resources through a variety of mechanisms to support vaccination efforts. In considering sites that contribute to the President's goal of 100 federally supported sites in 30 days following Inauguration, FEMA will consider the following parameters:

## What does it mean for a vaccination site to be "Federally supported"?

Federal support to vaccination sites could include some combination of:

- ✓ *Personnel*
  - Includes federal deployment of personnel or contractors, either in clinical or non-clinical roles
  - National Guard under Title 32 orders will be considered as federal support where orders were modified after January 20, 2021 resulting in an increased number of personnel supporting the site (not just a change to the cost share for existing personnel). T-32 orders for vaccination support that were issued before January 20th and not modified after that date will not count toward the goal of 100 sites in 100 days
- ✓ *Materiel*
  - Includes tangible personal property, such as durable medical equipment or consumable supplies, mobile vaccination capabilities, and/or real property provided by the federal government, other than vaccine or vaccine kits
- ✓ *Funding*
  - Includes funding for materiel, facilities, staffing, etc. to be used at the vaccine site
  - Includes project worksheets directly contributing to an operational vaccination site. Regions should work closely with their states to confirm when these PA-supported sites become operational and obtain specific location information (address and throughput estimates).
  - Does not include the cost of vaccines and/or ancillary kits for vaccination
  - Note: Funding from multiple federal agencies to the same site will be counted as one site

A Federally ***Supported*** site exists when…

1. A state established vaccination site has one or more of the following…
   - ☐ Federal Personnel
   - ☐ Federal Materiel
   - ☐ Federal Funding

2. The federal support enables the site to open, remain open, or expand capacity (Note: sites that close between doses 1 and 2, and mobile sites are counted as 1 federally supported site)

3. AND when the site is, or has been, **operational** (meaning it is or has been open and actively accepting persons for vaccination), on or after January 20, 2021. This is because we are seeking to expand existing capacity.*

*Any site exclusively providing ancillary/support services such as a call center or logistics warehouse, unless co-located with a site providing vaccinations, will not be included in this count.

# Appendix G: Critical Considerations for FEMA Employees

FEMA is responsible for ensuring that Incident Management Work Force (IMW) personnel, including members of the Surge Capacity Force, are paid whatever overtime they are entitled to under the law, and for avoiding over- or under-payments. Under the Fair Labor Standards Act (FLSA), OCCHCO may decide that deployments to support COVID-19 vaccinations are "emergencies." An emergency designation may change whether work done by deployed personnel is covered under the FLSA and qualifies for the payment of overtime. When the FLSA's emergency provisions apply –

1. FLSA non-exempt (FLSA covered) employees remain non-exempt while deployed, no matter whether they are assigned to FLSA exempt or non-exempt work. Their overtime is paid at time and a half, and does not count toward the bi-weekly and annual pay caps.
2. When FLSA-exempt (FLSA non-covered) employees deploy, their duties may change significantly from the duties they perform in their steady-state position.
    a. If deployed FLSA-non-covered employees do 51% or more FLSA covered work during a 7-day period, their work for the entire week is covered by the FLSA. Their overtime is paid at the time and a half rate and does not count toward the biweekly and annual pay caps. Each 7 day period's work must be evaluated to determine whether the FLSA non-covered employee spent 51% or more of his/her time performing FLSA covered work.
    b. If deployed FLSA-non-covered employees do mostly FLSA-non-covered work while deployed, they are *generally* paid at their hourly rate for each hour of overtime. Their overtime counts toward the bi-weekly and annual pay caps.

    Field leaders are strongly encouraged to assign FLSA non-covered employees to duties that are either covered or not covered under the FLSA when they begin their deployments. Field leaders may reassign them from FLSA covered to non-covered work (or vice versa), but if they do, they must clearly communicate any changes to the deployed employee's timekeeper.

<u>The following types of work will be presumed to be covered under the FLSA:</u>

- **Greeter:** These employees will welcome visitors to the site and direct any visitors to where they would need to go to at the site based on the purpose of the visit.
- **Administrative Support Specialist:** These personnel will perform administrative duties, such as visitor check in, collecting and filing documentation, data management, and non-IM planning activities. They will not carry out patient administration duties.
- **General Support Specialists:** These personnel will provide logistical assistance, as well as other administrative, facility, and operational support.
- **Guides:** These personnel will help direct visitors, ensure compliance with all social distancing rules in the designated areas of the building/property, and manage the movement of persons and vehicles within the site.

<u>The following types of work will be presumed *not* to be covered under the FLSA:</u>

- the supervision of other personnel;
- the obligation or commitment of more than $10,000;
- the regular exercise of discretion or independent judgment on matters of significance;
- making recommendations with regard to management, business operations, or the evaluation of courses of action.
- the design or engineering of information technology systems or software (but may include the issuance, maintenance, or repair of electronic devices or equipment);
- work such as the practice of medicine, law, nursing, or engineering that requires an advanced degree or professional licensing or credentialing.

# Acronyms List

| | |
|---|---|
| ALS | Advanced Life Support |
| ASL | American Sign Language |
| ASPR | Office of the Assistant Secretary for Preparedness and Response |
| BIA | Bureau of Indian Affairs |
| CDC | Centers for Disease Control and Prevention |
| CIR | Critical Information Requirement |
| COOP | Continuity of Operations |
| CVC | Community Vaccination Center |
| EEI | Essential Element of Information |
| ESF | Emergency Support Function |
| EUA | Emergency Use Authorization |
| FEMA | Federal Emergency Management Agency |
| GSA | General Services Administration |
| HHS | United States Department of Health and Human Services |
| ICP | Information Collection Plan |
| IHS | Indian Health Service |
| IIS | Immunization Information System |
| IM | Incident Management |
| IS | Incident Support |
| LUA | License and space Utilization Agreement |
| MA | Mission Assignment |
| MOU | Memorandum of Understanding |
| NRCC | National Response Coordination Center |
| PHI | Public Health Information |
| PII | Personal Identifiable Information |
| PPE | Personal Protective Equipment |
| PSPS | Public Safety Power Shutoff |
| PTA | Privacy Threshold Assessment |
| RFI | Request for Information |
| RRCC | Regional Response Coordination Center |
| RRF | Resource Request Form |
| STT | State, Tribal, Territorial |
| VAMS | Vaccine Administration Management System |
| VTrckS | Vaccine Tracking System |

# Glossary

**Awardees** – This is the term used in VTrckS to describe participating state, local, and territorial health departments.

**Appointment** – The defined date and time a recipient was given by the STT to show up to a CVC site and receive their vaccine.

**Check-In/Screening Area** – The area of a CVC site staffed by the where recipients arrive, are checked in and where verification happens that they have an appointment. This area is also where any documents are handed out to recipients.

**COOP** – The Continuity of Operation Plan is the site specific plan that addresses contingencies that may impact the regular functioning of the CVC site and includes how to ensure continuous electrical power to the cold storage freezers and also the how to rapidly close and relocate a CVC site in the event of severe weather or other impacts that will disrupt site operations.

**Community Vaccination Center (CVC)**– A CVC are the location used to deliver vaccines. The CVC site refers to the structure and parking spaces adjacent to the structure that are managed while the CVC site is in operation.

**Daily Shift/Safety Briefing –** The meeting conducted with all CVC staff at the beginning of each day to review relevant information and updates. This briefing is conducted each day prior to the CVC site opening.

**Demobilization/Transition Plan** – This plan is developed to organize the demobilization of the site and either close the site and or to transition the site to be managed by non-federal agency (the state, local jurisdiction, or tribal territory, etc.). This plan will address the closeout of contracts and relocation of all federal equipment.

**Drive-Through CVC**– A vaccination site in which the recipients do not exit their vehicle to enter a structure and will stay in their car or next to their car the entire time.

**Essential Elements of Information** – The FEMA Headquarters defined information that CVC sites will report to higher authority as defined.

**FEMA Disaster Facility Setup Guide** – The FEMA guide that establishes national guidance on the best practices to lease and setup disaster facilities. This This Guide has been developed to ensure consistent and clear guidance to facilitate timely and successful response and recovery operations. This Guide is not designed to be prescriptive; emergency management requires flexibility to adapt to the incident and state priorities.

**First-Aid Station** – The designed area at a CVC site where recipients would be handed off and received by locally sources ambulance to handle any medical problems while they are at the CVC site. This area is not staffed by federal personnel.

**Fixed Facility CVC Site** – Any facility or structure that is used for the distribution of vaccines.

**Immunization Information System** – Any state managed information system that is used to track the vaccination process. These systems will vary across the STTs and CVC site staff will need some training to be familiarized with the system.

**Information Collection Plan** – The plan that describes the overall process to collect, store, and transmit information collected during the operation of the CVC site.

**Intake Form** – The document used to collect information from the recipient upon their arrival at the Check-In/Screening Area.

**License and Space Utilization Agreement** – The legal agreement between the federal government and the owner of the site that outlines the conditions of using the space while the CVC site is in operation.

**Manufacturer Vaccine Handling Process** – The manufacturers defined process to properly handle the vaccine during the shipment, on-site storage, removal from cold-storage and preparation of the vaccine to be given to a recipient. Each manufacturer will publish a specific vaccine handling process for their product.

**Medical Screener** – The CVC staff responsible to interview the recipient to identify any contraindications, determine any precautions or pre-existing conditions. These questions may be accomplished using a locally developed questionnaire.

**Mobile Vaccination Clinic**– A mobile vaccination site the able to independently move to different locations and has a self-hauling capability, all-weather tentage, and is staffed with approximately 49 personnel.

**Observation Area** – This is also referred to as the Post Waiting Area and is the space for recipients to wait for 15 to 30 minutes after receiving their vaccine to ensure they do not have a negative reaction to the dose. The vaccine recipient leaves this area and exit the facility once the observation time is over.

**On-Site Security** – The law enforcement personnel responsible for the overall security of the CVC site to include responsibly to handle disruptive recipients or protesters at the CVC site.

**Personnel Identifying Information (PII)** – Information that if lost, compromised, or disclosed without authorization, could result in substantial harm, embarrassment, inconvenience, or unfairness to an individual. Examples of PII include: social security number, or biometric identifier (e.g., fingerprint, iris scan). Other data elements such as a driver's license number, financial information, citizenship or immigration status, or medical information, in conjunction with the identity of an individual, are also considered sensitive PII.

**PPE Allocation** – The quantity of personnel protective equipment (PPE) that a CVC site will be given and consists of two pieces of information – the total quantity of each type of PPE, and the date it will arrive at the CVC site. This information will be used to inform PPE burn rate calculations. NOTE: The PPE allocation is determined by the NRCC, which determines both the quantity and delivery date of any PPE allocation to any CVC site.

**Receiving Jurisdiction** – The government agency that has jurisdictional authority where the CVC site is located. Coordination will occur between the CVC site and the receiving jurisdiction to discuss delivery details.

**Recipient Exit Area** – The area of a CVC site where recipients leave the site.

**State Tribal and Territories (STT)**– These are the three government entities that can request a CVC site. Local jurisdictions (cities or counties) are not included on this list and any requests for a CVC site is to be routed through their State EOC to be forwarded to the RRCC.

**Standby Ambulance** – An ambulance that has been sourced locally to provide care to recipients in need of medical and potential transportation off site to a more definitive care facility.

**Staffing Plan** – The schedule for personnel to continuously staff each position in the CVC site for the day to include times for staff breaks and meals.

**Traffic/Access Control Plan** – The detailed plan that describes the access control procedures to ensure entry and exit to the CVC site is managed. For a drive-through CVC site, the plan will describe the pathway that vehicles will travel at the site and the safety procedures that CVC staff will follow when working Drive-through Sites. The plan may also be developed to manage the arrival of vehicles and public transportation at Fixed and Mobile CVC sites as well.

**Training Plan** – The list of training to be completed by staff working at the CVC site. The training plan is developed at the CVC site and will be specific to the site and specific to certain positions. The intent of the training plan is to describe the topics that staff need to understand prior to assuming their position. Training

topics include any specific STT or local training requirements, how to complete documents, reporting requirements, how to use any websites. The training may be provided in a variety of ways, to include Just-In-Time Training, webinars, or individual briefings.

**Vaccinator** – A person that meets the requirements of the STT to be eligible to administer the vaccine dose to a recipient in accordance with guidance and recommendations.

**Vaccination Site Assessment** – The survey conducted by the key participants to determine the suitability of the site to serve as a CVC. The key participants in this survey are Local Public Health Officials, Safety, Security, Civil Rights, Emergency Management Officials, Fire Inspector & Office of Disability Integration Coordination.

**Vaccination Station** – The area where a recipient will physically receive their dose from the vaccinator.

**Vaccine Allocation** – The amount of vaccine doses that a CVC site is to be given and consists of two pieces of information – the total number of doses and the date it will arrive at the CVC site and be considered eligible to administer to a recipient. NOTE: The STT is always the agency that determines both the quantity and delivery date of any vaccine allocation to any CVC site.

**Vaccine Inventory** – The total number of vaccine doses at the CVC site and the end of the day and once the CVC site has completed vaccinations for the day. This number will be included in the Essential Elements of Information reported at the end of shift.

**Vaccine Recipient** – A person that has been designated by the STT to receive a vaccine dose and has arrived at the CVC site on the day of their appointment.

**Vaccine Tracking System (VTrckS)** – A secure, web-based information technology system managed by the CDC that integrates the entire publicly-funded vaccine supply chain from purchasing and ordering through distribution to participating state, local, and territorial health departments (referred to as 'awardees') and health care providers.

# Staffing Playbook:
## Actions to Address Healthcare Worker (HCW) Shortages during COVID-19

As healthcare systems experience significant patient surge resulting in near or exceeding maximum capacities in staffed beds, worker shortages also occur due to illness, fatigue, and/or other factors. This guide consolidates several references aimed at addressing staffing challenges, focusing on actions that healthcare facilities (HCFs), emergency medical services (EMS) agencies, and state, tribal, local, and territorial (STLT) jurisdictions will explore and utilize, in a step-wise fashion, to maximize all available healthcare workforce (HCW) resources.

### Healthcare Facilities and EMS Agencies

- Implement Surge Capacity Strategies
- Use Mitigation Guidance for HCW Absenteeism
- Access EMS Resources
- Quantify Future HCW Needs
- Supplement HCW Staffing through Local Hire, Staff Sharing, Hiring Underutilized Staff, etc.

**Submit Formal Request for Assistance to STLT Jurisdiction**

### State, Tribal, Local, and Territorial Jurisdictions

- Reassign Staff under Section 319 of the Public Health Service Act
- Leverage Alternate Sources of Staff, like National Guard, EMAC[1], MRC[2], NVOAD[3]
- Use Registered Volunteers, State & Regional EMS Teams
- Utilize the VA[4] Federal Supply Schedule Service for HCW Contractors

**Prepare to Submit Staffing Request to FEMA/HHS**

### Federal Resources

- Record Past Efforts to Address Healthcare Worker Shortages
- Consider and Submit a request for Federal Reimbursement of Medical Care Costs Eligible for FEMA Public Assistance (for States Utilizing Contractors)
- Request Federal Medical Staffing

**Process Complete**

[1] Emergency Management Compact
[2] Medical Reserve Corps
[3] National Voluntary Organizations Active in Disaster
[4] United States Department of Veterans Affairs

***Updated December 11, 2020***

## Step 1: Actions and Resources for HCFs and EMS Agencies

- ❑ HCFs experiencing staffing shortages in the face of increasing patient surges have implemented contingency and crisis capacity strategies to mitigate staffing shortages

  Strategies to Mitigate Healthcare Personnel Staffing Shortages

- ❑ HCFs used mitigation guidance for HCW absenteeism due to HCW well-being issues

  Mitigate Absenteeism by Protecting Healthcare Workers' Psychological Health and Well-being during the COVID-19 Pandemic

- ❑ EMS organizations accessed resources

  NHTSA EMS.gov

- ❑ HCFs have quantified future HCW needs

  1. COVID-19 Health Workforce Surge Planning
  2. Visier® Staff Demand Calculator for COVID-19 Surge Planning
  3. COVID Staffing Project: COVID-19 Staffing Needs Calculator

- ❑ HCFs began supplementing HCW staffing through
  - Local hiring;
  - Health Care Coalition (HCC) staff sharing plans;
  - Hiring furloughed or underutilized staff from other local providers

  Healthcare Resilience Working Group (HRWG) *Strategies for Managing a Surge in Healthcare Provider Demand*

**NOTE:** This document contains references and web links to non-federal resources and materials. References are for factual purposes only and do not constitute an endorsement by the U.S. government or its employees.

## Step 2: Actions and Resources For STLT Jurisdictions

- ❑ STLT has received HCFs' formal requests for assistance to address staffing shortages

  See State Resources

- ❑ STLT has considered reassigning staff under Section 319 of the Public Health Service Act allowing Governor, Tribal Leader or Designee to request temporary assignment of State and Local public health personnel to address public health emergency

  Guidance for Temporary Reassignment of State and Local Personnel during PHE

- ❑ STLT considered and leveraged National Guard to fill non-clinical positions at HCFs to assist in staffing shortfalls

- ❑ STLT has utilized Emergency Management Assistance Compact (EMAC®) for other States to assist with staffing shortages

  EMAC® Website

- ❑ STLT has leveraged Medical Reserve Corps (MRC)

  MRC Website

- ❑ STLT has leveraged use of National Voluntary Organizations Active in Disaster (NVOAD) and other volunteer resources

  NVOAD Website

- ❑ STLT has leveraged state-registered healthcare provider volunteers

  ESAR-VHP Website

- ❑ STLT has leveraged use of State & Regional EMS Teams

  EMS Compact Website

- ❑ STLT has reviewed and utilized the Veterans Administrations (VA) Federal Supply Schedule Service (FSS) for seeking HCW contractors to fill staffing shortages

  1. VA Federal Supply Schedule Service
  2. VA National Acquisition Center (NAC) Contract Catalog Search Tool (CCST)
  3. GSA Federal Acquisition Service eLibrary

## Step 3: Request for Federal Resources

- ❑ STLTs prepared to submit a medical staffing request through FEMA/HHS regional leadership by first addressing the following:
  - Decompressing hospitals;
  - Cross leveling and augmenting staff;
  - Expanding the use of telemedicine;
  - Recalling retirees and activating MRC;
  - Extending DOL Support
  - Expanding delivery of care;
  - Considering pre-hospital care;
  - Eliciting support from NGA & Volunteers;
  - Utilizing EMAC;
  - Executing Contracts;
  - Employing National Guard;
  - Requesting Support from VA;
  - Reassigning State & Local Personnel;
  - Extending Support from HHS.

  FEMA Advisory

- ❑ States that have utilized HCW contractors have submitted a request for Federal reimbursement of medical costs eligible for FEMA public assistance, if applicable

  COVID-19: Medical Care Costs Eligible for Public Assistance (FP 104-010-04)

- ❑ STLTs request Federal Medical Staffing

  COVID-19: Medical Staffing Requests