



Welcome to LEA Workgroup's May 27th Meeting: Immunizations in Schools

The recently enacted State Plan Amendment now allows LEAs to claim reimbursement for vaccines given by school personnel. This webinar covers how to implement this program within your LEA. Given that vaccine compliance for required immunizations is down by up to 20% in California and there is a possibility that COVID vaccines may be required for students, this webinar will describe the resources that are available, how schools can access vaccines, how to report vaccinations on the statewide vaccine registry, and who can administer and under what conditions.

We will begin shortly

AGENDA:

Vaccines for Children: How to Access Free Vaccines

Christina Sapad, MPA

VFC Assistant Chief

Immunization Branch, Division of Communicable Disease Control
California Department of Public Health

California Immunization Registry (CAIR): Using the State Reporting System to Post Vaccines

Steve Nickell, PhD

Chief, Registry & Assessment Section

Immunization Branch, Division of Communicable Disease Control, Center for Infectious Diseases
California Department of Public Health

Who Can Administer Vaccines?

Dr. Judith McLeod, DNP, CPNP, RN

Nursing Education Consultant

Board of Vocational Nursing & Psychiatric Technicians

Sheri Coburn, EdD, MS, RN

CSNO Executive Director Consultant

California School Nurses Organization



VACCINES for CHILDREN CALIFORNIA



EZIZ Google Custom Search

A one-stop shop for immunization training and resources.

- Home
- Vaccine Programs
- Vaccine Management
- Storage Units
- Temperature Monitoring
- EZIZ Training
- Job Aids & Resources

Contact VFC
Phone: 1-877-243-8832
Business hours: 9-5
Fax: 1-877-239-9832

- Find a VFC field representative in your area
- Find other VFC provider offices in your area
- Send us your comments at MyVFCVaccines@cdph.ca.gov

Sign up to receive EZIZ news and VFC letters via email

Frequently Asked Questions

California VFC Program

- About the VFC Program
- Requirements for Storage Units
- Digital Data Loggers
- EZIZ Training Login
- MyVFCVaccines: Order, Transfer, Return, Report Excursions
- Forms

VFC Memos **Vaccine Order Status** **From CDPH**

Program Letters

- Initial Flu Vaccine Order Form is Now Available! July 26
- Flu Order Confirmation Quick Guide
- Flu Order Confirmation FAQs
- New School Immunization Requirements Reminder June 13
- Notice to VFC Providers: Importance of MMR Vaccination before Overseas Travel March 7
- Think Measles Flyer
- Travelled Recently? Measles Flyer
- 2019 Recommended Immunization Schedule for Persons 0 Through 18 Years March 1
- 2019 Program Provider Operations Manual (POM) February 21
- POM Replacement Pages
- Pre-Book VFC Flu Vaccine for the Upcoming 2019-2020 Influenza Season January 23

Program Updates

- Submit Your Initial VFC Flu Vaccine Order by August 9th, 2019 August 1
- June/July 2019 VFC Program Updates July 1
- TEAch Webinar: July 24th, 2019, Register Now! June 28
- 2019-2020 Flu Pre-book Confirmation Emails Coming Soon! May 31
- Pre-book FAQs Talking Points
- Supplemental Flu ordering is now closed May 31
- Measles Activity in California and VFC Call Center Closures March 28
- 2018-2019 VFC Flu Vaccine Update March 22
- Afternoon TEAch Webinar: 2019 Immunization Schedule-Register today! March 8
- 2019 Immunization Schedules Nov Out and February & March Call Center Closures February 14
- Time Sensitive: 2019-2010 VFC Flu-Book Due 1-31-19 January 29
- Influenza Activity is Elevated Nationwide, Widespread in California January 16
- 2019 VFC Recertification Due January 21, 2019, January 4

Vaccine Tips

- Preparing for Natural Disasters July 18
- Vaccine Accountability June 13
- Traveling Abroad - Think MMR! May 10
- April 27-May 4 is National Infant Immunization Week April 5
- Preteen Vaccine Week is March 3-9 March 1
- Spread love, not flu February 7
- VFC Recertification Deadline January 14

Archived Communications

HPV VACCINE IS CANCER PREVENTION Champion
SUBMIT A NOMINEE

Popular Resources

- For Parents and Staff
- Flu
- Measles
- Pertussis
- Schedules & Recommendations
- VFC Vaccine Rec Sheets
- For Pharmacies
- Archived Afternoon TEAch Webinars

VFA/317 Vaccines

- California Vaccines for Adults (VFA) Program
- California VFA Resources
- 317 for Local Health Departments

OVERVIEW OF THE CALIFORNIA VACCINES FOR CHILDREN (VFC) PROGRAM

CHRISTINA SAPAD, MPA

ASSISTANT CHIEF, VACCINE MANAGEMENT AND VFC PROGRAM SECTION | CA DEPT. OF PUBLIC HEALTH (CDPH), IMMUNIZATION BRANCH

MAY 2021

SESSION OBJECTIVES



Provide a high-level overview of the VFC Program



By the end of this training session, participants should be able to:

- Demonstrate knowledge of key VFC Program requirements
- Identify eligibility requirements for patients in the VFC Program
- Be familiar with the VFC Enrollment Process

TOPICS

- VFC Program Background
- VFC Vaccines
- VFC Eligibility
- VFC Program Requirements
- VFC Provider Enrollment
- VFC Resources
- COVID Vaccine Program Enrollment



VFC PROGRAM BACKGROUND



Free Vaccines for Children from Low-income Families

6.1 Million
CA Children under 18
Are Eligible for
VFC Vaccines



Vaccines for Children

Protecting America's children every day

The Vaccines for Children (VFC) program helps ensure that all children have a better chance of getting their recommended vaccines. VFC has helped prevent disease and save lives.



CDC estimates that vaccination of children born between 1994 and 2018 will:

prevent **419 million** illnesses
(26.8 million hospitalizations)




more than the current
population of the entire U.S.A.

help avoid
936,000 deaths




greater than the
population of Seattle, WA

save nearly **\$1.9 trillion** in total
societal costs
(that includes \$406 billion in direct costs)




more than \$5,000 for each American

Updated 2018 analysis using methods from "Benefits from Immunization during the Vaccines for Children Program Era—United States, 1994-2013"

VFC Fast Facts

- VFC benefits an estimated 40 million children
- Approximately 39,000 enrolled health care providers
- 61 VFC state, local, and territorial immunization program awardees
- Approximately 79 million VFC vaccine doses distributed in 2017



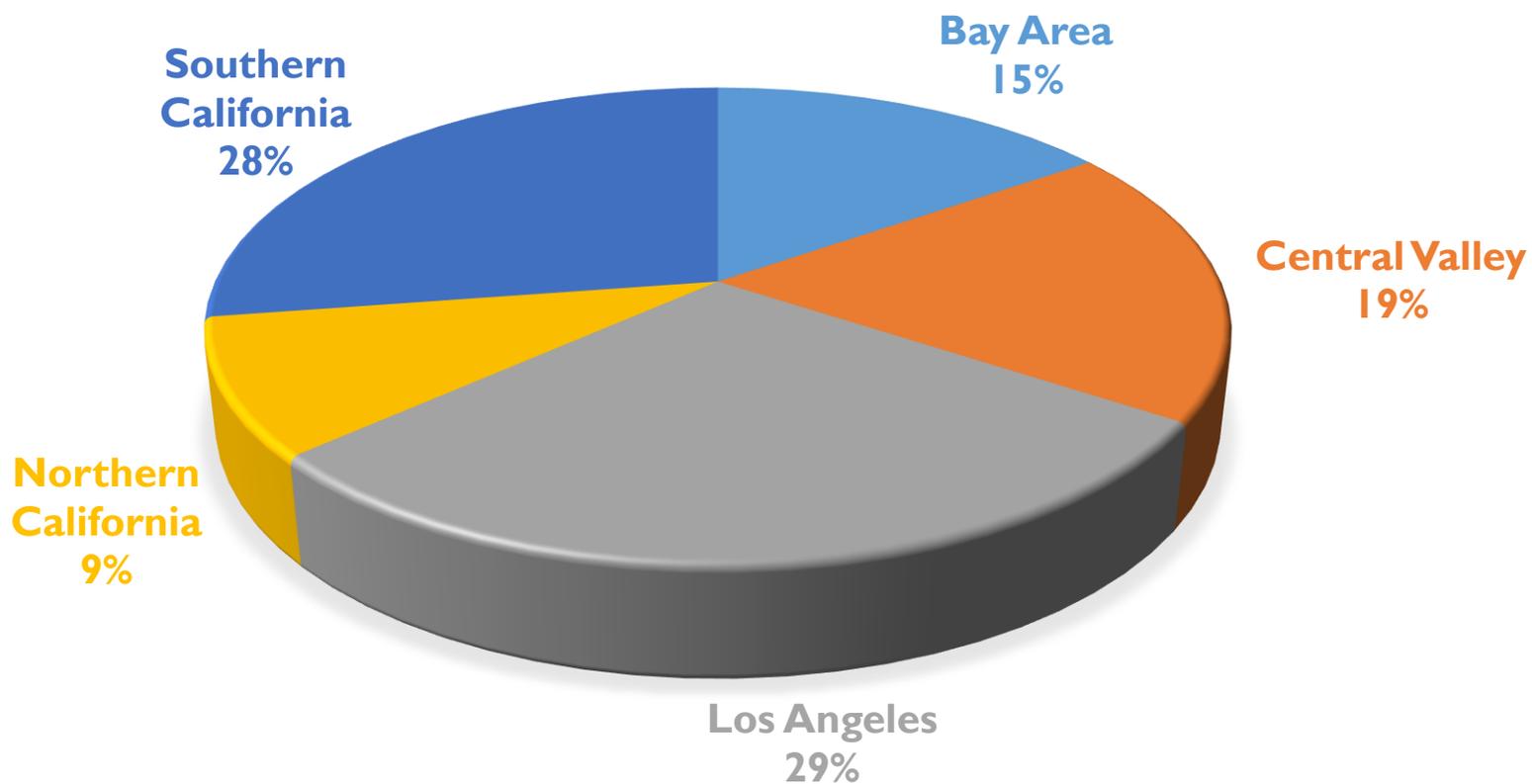
U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

www.cdc.gov/features/vfcprogram

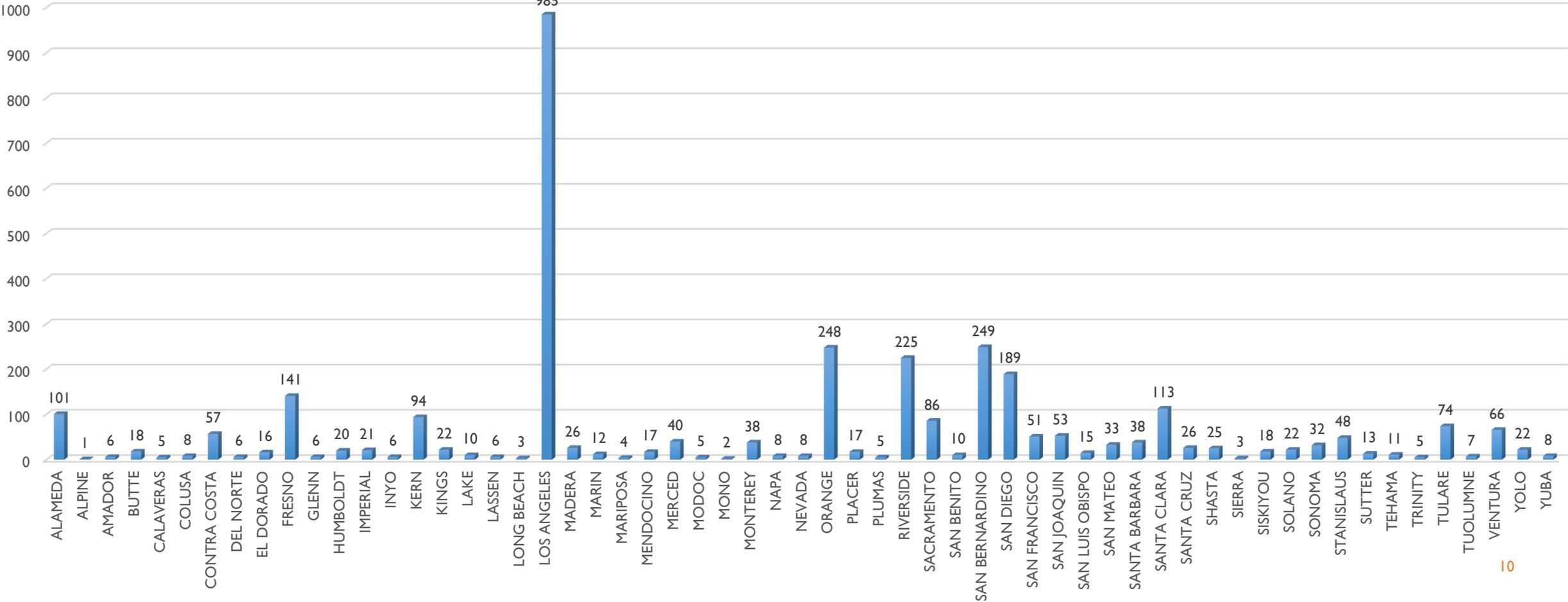
NCIRDg702 | 03/28/19

PARTICIPATION BY REGION

2021 VFC ENROLLMENT BY REGION



2021 Active VFC Providers in CA by County





VFC PROGRAM ADMINISTRATION AND FUNDING



VFC PROGRAM HIGHLIGHTS

- The Vaccines for Children (VFC) program is a federally funded program **created by** the [Omnibus Budget Reconciliation Act of 1993](#) **as an entitlement*** **and a required part of each state's Medicaid plan**
- The program was officially implemented in October 1994
- It provides public-purchased vaccine for eligible children at no charge to VFC-enrolled public and private providers
- Covers vaccines recommended by the Advisory Committee on Immunization Practices (ACIP)
 - **VFC resolutions**

*An entitlement is a guarantee of access to [benefits](#) based on established [rights](#) or by [legislation](#). VFC is an entitlement to the eligible child.

PROGRAM ADMINISTRATION

- CDC's National Center for Immunizations and Respiratory Diseases (NCIRD) administers the program nationally
- In CA, the Program is administered by the CDPH, Immunization Branch
- State's responsibility for the administration of the program include:
 - provider recruitment & enrollment
 - administrative accountability procedures
 - maintaining program integrity
 - conducting Compliance Site Visits and Unannounced Storage and Handling Visits
 - program evaluation
 - integration of VFC activities into existing immunization programs and systems



VFC VACCINES



VFC PROGRAM REQUIREMENT: VACCINE AVAILABILITY

**VFC
entitles
children
to all ACIP
vaccines**

VFC Providers agree to comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) for the vaccines identified and agreed upon in the Provider Agreement and Provider Profile UNLESS:

In the VFC Provider's medical judgment, and in accordance with accepted medical practice, the VFC Provider deems such compliance to be medically inappropriate for the child;

VACCINES AVAILABLE THROUGH VFC

- The VFC Program includes all ACIP-recommended vaccines
- New vaccines are quickly incorporated into the program
 - After the negotiation of a federal vaccine price contract
 - An official vote from ACIP and
 - A VFC Resolution
- CA makes all product, brands and presentations available to enrolled providers.

VFC Vaccine Order Form for PIN 77777, Dr. Smith Pediatric Medical Office. You must complete your order before 02-20-2012 at 11:59PM

Vaccines	Doses Administered Enter -0- for no doses	Vaccine Inventory (Doses On Hand) Enter -0- for no doses	New Vaccine Order
<i>Refrigerated vaccines</i>			
DTaP	<input type="text"/> Doses Administered	1. --Choose vaccine-- # of Doses Lot Number Expiration (mm/AA/yyyy)	--Choose vaccine-- <input type="text"/> Doses Requested
DTaP/IPV	<input type="text"/> Doses Administered	1. --Choose vaccine-- # of Doses Lot Number Expiration (mm/AA/yyyy)	--Choose vaccine-- <input type="text"/> Doses Requested
DTaP/Hepatitis B/IPV	<input type="text"/> Doses Administered	1. --Choose vaccine-- # of Doses Lot Number Expiration (mm/AA/yyyy)	Pediarix Single dose syringes - 10 per box <input type="text"/> Doses Requested
DTaP/IPV/Hib	<input type="text"/> Doses Administered	1. --Choose vaccine-- # of Doses Lot Number Expiration (mm/AA/yyyy)	Pentacel Single dose vials - 5 per box <input type="text"/> Doses Requested
Hepatitis A	<input type="text"/> Doses Administered	1. --Choose vaccine-- # of Doses Lot Number Expiration (mm/AA/yyyy)	--Choose vaccine-- <input type="text"/> Doses Requested
Hepatitis B	<input type="text"/> Doses Administered	1. --Choose vaccine-- # of Doses Lot Number Expiration (mm/AA/yyyy)	--Choose vaccine-- <input type="text"/> Doses Requested
Hib	<input type="text"/> Doses Administered	1. --Choose vaccine-- # of Doses Lot Number Expiration (mm/AA/yyyy)	--Choose vaccine-- <input type="text"/> Doses Requested
HPV	<input type="text"/> Doses Administered	1. --Choose vaccine-- # of Doses Lot Number Expiration (mm/AA/yyyy)	--Choose vaccine-- <input type="text"/> Doses Requested
IPV	<input type="text"/> Doses Administered	1. --Choose vaccine-- # of Doses Lot Number Expiration (mm/AA/yyyy)	IPOL 10 dose vial <input type="text"/> Doses Requested

BILLING, REIMBURSEMENTS AND ADMINISTRATION FEES

- The federal Vaccines For Children (VFC) program supplies vaccines to enrolled physicians at no cost.
 - Providers CANNOT bill or charge for the cost of VFC-supplied vaccines.
- Providers may bill for the administrative cost of administering a dose of vaccine, AKA the “Vaccine Administration Fee”
 - The administration fee is per vaccine and not per antigen within the vaccine (combination vaccines).
 - Vaccine administration fees not to exceed a regionally set fee cap of \$26.03 per dose may be charged to non-Medicaid eligible patients
 - For Medicaid VFC-eligible children, the reimbursement for immunization administration fees (set by the state Medicaid agency) must be billed to the Medicaid program and NOT the patient.
- Billing or reimbursement processes are between the enrolled provider and the patient or the enrolled provider and the state’s Medicaid Agency.



VFC ELIGIBILITY





VFC
Vaccine
Eligibility

- **0-18 years of age and meets one of the following:**
 - Medical/CHDP eligible
 - Uninsured
 - American Indian/Alaska Native
 - Underinsured (at a FQHC or RHC only)

- **American Indian or Alaska Native:** As defined by the Indian Health Care Improvement Act (**25 U.S.C. 1603**)
- **Underinsured:** A child who has commercial (private) health insurance but the coverage does not include vaccines, a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only), or a child whose insurance caps vaccine coverage at a certain amount. Once that coverage amount is reached, the child is categorized as underinsured.
- No other factors can be considered when screening children for eligibility for participation in the VFC program (e.g. residency status or family income)
- Eligibility - Parent self reported.

VFC ELIGIBILITY: INSURED EXCEPTIONS

- American Indian/Alaska Natives are eligible to participate in the VFC program regardless of insurance coverage.
- Insured children with Medi-Cal as a secondary insurance are covered by VFC
 - Private vaccines may be administered and billed to the primary insurance or
 - VFC vaccines may be administered and Medi-Cal will pay the claim for the administration fee and seek reimbursement from the primary insurance

NOT VFC ELIGIBLE

- Children whose health insurance covers the cost of vaccinations are not eligible for VFC vaccines
 - even when a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met.
- Patients with Health Savings Accounts
 - Individuals covered by medical savings accounts or health savings accounts must also have high deductible health plan coverage. Therefore, such individuals are insured.



VFC PROGRAM REQUIREMENTS



VFC PARTICIPATION REQUIREMENTS

- Requirements for participation in the VFC Program are set by CDC and clearly outlined in the Program’s “Participation Agreement”
- Initially and on an annual basis, providers must agree with set requirements in order to renew participation in the program (AKA Recertification)
- Failure to meet recertification requirement leads to suspension of ordering privileges and eventual termination from the program

State of California—Health and Human Services Agency California Department of Public Health
VACCINES FOR CHILDREN (VFC) PROGRAM

PROVIDER AGREEMENT
To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent:

1.	I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.
2.	I will screen patients and document eligibility (i.e., federally or state vaccine category only to children who are 18 years of age) in the following categories: A. Federally Vaccine-eligible Children (FVFC) 1. Are an American Indian or Alaska Native; 2. Are enrolled in Medicaid; 3. Have no health insurance; 4. Are underinsured: A child who is not covered by any health insurance plan, including a child whose insurance is not a Federally Qualified Health Plan (FQHP) or an approved deputized health plan. B. State Vaccine-eligible Children 1. In addition, to the extent that my practice/facility is designated as a "state vaccine-eligible", I will screen and administer vaccines to children. Children aged 0 through 18 years that do not fall into either of the above categories (VFC eligible), are not eligible for the VFC Program. For the vaccines identified and agreed upon in the Immunization Schedules and the Committee on Immunization Practices (CIP) schedules, I will ensure: a) In the provider's medical judgment, the particular requirements for each vaccine are met. b) The particular requirements for each vaccine are met, and other exemptions are documented.
3.	I will maintain all records related to the request make these records available for screening and eligibility documentation, vaccine, vaccine ordering records, and vaccine administration records.
4.	I will immunize eligible children with publicly funded vaccines.
5.	I will not charge a vaccine administration fee that exceeds the administration fee cap or accept the reimbursement for immunization services from the contracted Medicaid health plans.

California Vaccines for Children (VFC) Program
Provider Agreement Addendum

I, on behalf of myself and any and all practitioners associated with this medical office, group practice, Health Maintenance Organization (HMO), health department, community/migrant/rural clinic, hospital, or other entity of which I am the physician-in-chief, medical director or equivalent, agree to comply with all VFC Program requirements listed below.

1. Vaccine Management Plan

- Maintain a current and completed vaccine management plan (IMM-1122) for routine and emergency situations that includes practice-specific, vaccine-management guidelines and protocols, names of staff with temperature monitoring responsibilities, and required EZIZ lesson completion dates for all key practice staff.
- Review and update the plan at least annually, when VFC Program requirements change, and when staff with designated vaccine-management responsibilities change.
- Designate a staff member responsible for updating the practice's management plan.
- Ensure staff with assigned vaccine-management responsibilities review, sign, and date the vaccine management plan annually and each time it is updated.
- Store the vaccine management plan in a location easily accessible by staff, ideally near the vaccine storage units.

2. Training & Staffing

- Designate an on-site Provider of Record Designee authorized to sign VFC Program documents and assume responsibility for VFC-related matters in the absence of the Provider of Record.
- Designate fully trained, on-site Vaccine Coordinator and Backup Vaccine Coordinator as detailed in "[Vaccine Coordinator Roles & Responsibilities](#)" (IMM-968).
- Ensure Provider of Record and Designee, Vaccine Coordinator and Backup, and other key practice staff comply with federal VFC educational requirements, such as annual EZIZ trainings; ensure staff demonstrate competency in their assigned VFC responsibilities.
- Ensure that staff are knowledgeable of and familiar with all ACIP-recommended immunizations, including schedules, indications, dosages, and new products.
- Ensure staff, including supervisors and new employees, are properly trained on temperature monitoring including proper use of the practice's digital data loggers and the required corrective actions for out-of-range temperatures.
- Ensure staff authorized to accept packages are trained to immediately notify the Vaccine Coordinator when vaccines are delivered.
- Conduct regular vaccine transport drills to maintain competency and readiness for emergencies.
- Immediately report to the VFC Program any changes in key practice staff who have immunization-related responsibilities; a change in the Provider or Record or Designee requires a signed "[Key Practice Staff Change Request Form](#)" (IMM-1166).

3. Vaccine Storage Units

- Use only refrigerators or freezers that comply with VFC [vaccine storage unit requirements](#): Very high volume providers must use purpose-built (pharmacy-, biologic-, or laboratory-grade) refrigerators. Other providers may use refrigerators and freezers that are purpose-built (preferred) or commercial-grade (acceptable). Household grade, stand-alone units are discouraged. Purpose-built combination units, including auto-dispensing units without doors, are allowed.

www.EZIZ.org 1 IMM-1242 (12/18)

2021 VFC PROGRAM REQUIREMENTS

- VFC participation requirements are summarized in the 2021 VFC Program Participation Requirements at a Glance.

California Vaccines for Children (VFC) Program

2021 Program Participation Requirements at a Glance

Requirement	Summary	Resources/Job Aids
Vaccine Management Plan	<p>Maintain a current and completed vaccine management plan (VMP) for routine and emergency situations that includes practice-specific, vaccine-management guidelines and protocols, names of staff with temperature monitoring responsibilities, and completion dates of required EZIZ lessons for key practice staff.</p> <p>Review and update the VMP at least annually, when VFC Program requirements change, and when staff with designated vaccine-management responsibilities change.</p> <p>Designate a staff member responsible for updating the practice's VMP.</p> <p>Staff with assigned vaccine-management responsibilities must review, sign, and date the VMP annually and each time it is updated.</p> <p>Follow emergency guidelines to prepare for, respond to, and recover from any vaccine-related emergencies.</p> <p>Store the vaccine management plan in a location easily accessible by staff, ideally near the vaccine storage units.</p> <p>For practices using mobile units to administer VFC-supplied vaccines: Mobile-only clinics or clinics with mobile units must maintain a current and complete Mobile Unit Vaccine Management Plan and keep it in the mobile unit.</p>	<p>Vaccine Management Plan (IMM-1122)</p> <p>Provider Operations Manual (IMM-1248) Chapter 3</p> <p>Mobile Unit Vaccine Management Plan (IMM-1275)</p>
Key Practice Staff	<p>Designate and maintain key practice staff in the practice's profile. Immediately report to the VFC Program changes to key practice staff. A change in the Provider of Record or Designee requires a signed Key Practice Staff Change Request Form.</p> <p>There are four required VFC roles:</p> <p>Provider of Record (POR): The on-site physician-in-chief, medical director, or equivalent, who signs the VFC "Provider Agreement" and the California VFC Program "Provider Agreement Addendum" and is ultimately accountable for the practice's compliance. Must be a licensed MD, DO, NP, PA, pharmacist, or a Certified Nurse Midwife with prescription-writing privileges in California.</p> <p>Provider of Record Designee: The on-site person who is authorized to sign VFC Program documents and assumes responsibility for VFC-related matters in the absence of the Provider of Record.</p> <p>Vaccine Coordinator: An on-site employee who is fully trained and responsible for implementing and overseeing the practice's vaccine management plan.</p> <p>Backup Vaccine Coordinator: An on-site employee fully trained in the practice's vaccine management activities and fulfills the responsibilities of the Vaccine Coordinator in his/her absence.</p>	<p>Vaccine Coordinator Roles & Responsibilities (IMM-968)</p> <p>VFC Key Practice Staff Change Request Form (IMM-1165)</p>

APPROPRIATE VACCINE STORAGE UNITS

- Vaccine storage units must be reliable, maintaining adequate temperatures at all times to protect vaccine supply.
- Go to <http://eziz.org/vaccine-storage/> for more specific information on vaccine storage requirements.

The screenshot displays the EZIZ website interface. At the top, there is a search bar and the tagline "A one-stop shop for immunization training and resources." The main navigation menu includes Home, EZIZ Training, VFC Program, Storage & Handling, and Resources. The "Storage & Handling" section is active, featuring a "Vaccine Storage Units" heading. Below this, text explains that participating providers must use units meeting California VFC Program requirements. A list of links for types and grades, specifications, and purchasing considerations is provided. A "Frequently Asked Questions" section is also visible at the bottom of the page.

Storage & Handling

Vaccine Storage Units

Participating providers agree to store all VFC-supplied vaccines in vaccine refrigerators and freezers that meet California VFC Program requirements. Adherence to storage and handling requirements is certified as part of annual provider recertification and during both routine and unannounced site visits conducted by VFC Field Representatives.

The California VFC Program does not endorse or recommend specific products. Providers may purchase any vaccine storage units that meet California VFC Program requirements outlined below.

If you are unclear about vaccine storage unit requirements, [contact your VFC Field Representative](#) prior to making a purchase.

- + Types and Grades
- + Refrigerator Specifications
- + Acceptable Vaccine Refrigerators
- + Freezer Specifications
- + Acceptable Vaccine Freezers
- + Unacceptable Vaccine Storage Units
- + Purchasing and Placement Considerations
- + Configuring Units for Vaccine Storage

Additional resources:

- Prepare Refrigerators | Freezers for Vaccine Storage
- Set Up Refrigerators | Freezers for Vaccine Storage
- Safeguard Your Power Supply
- "Do Not Unplug" Sign
- Digital Data Loggers
- Data Logger Setup & Use
- Monitoring Storage Unit Temperatures
- Vaccine Management

Home
EZIZ Training
VFC Program
Storage & Handling
Resources

Contact VFC
Phone: 1-877-243-8832
Business hours: 9-5
Fax: 1-877-329-9832

- ▶ Find a VFC field representative in your area
- ▶ Find other VFC provider offices in your area
- ▶ Send us your comments at ImmunizationBranch@cdph.ca.gov

Sign up to receive EZIZ news and VFC letters via email

Frequently Asked Questions

About EZIZ | www.getimmunizedca.org

ROUTINE ORDER FREQUENCY

Provider category	# Doses received per year	Order frequency
Very high volume	>10,000	Monthly (or more frequently if approved by the VFC Program)
High volume	2,000 – 10,000	Monthly
Medium volume	500 - 2,000	Every 2 months
Low volume	< 500	Every 3 months



VFC PROVIDER ENROLLMENT



ENROLLMENT IN VFC

- **Who can enroll in the VFC program?**
 - Health care providers authorized to prescribe vaccines under state law providing primary care services to children birth through 18 years of age
- **Requirements**
 - Enrolled providers must agree to follow a set of federal and state requirements to participate in the VFC program
 - Must have appropriate vaccine storage equipment
 - Must complete a set of educational modules
 - All providers must have an initial VFC enrollment visit



ENROLLMENT IN OTHER STATE PROGRAMS

- CHDP
 - Participation in VFC is a pre-requisite for enrollment in CHDP
- Medi-Cal
 - Participation in VFC is necessary for enrollment in Medi-Cal
 - Providers are reimbursed for vaccine administration costs only.
 - Medi-Cal will not reimburse for the cost of provider-purchased vaccines also available through VFC program
- Participation in Medi-Cal or CHDP is NOT a requirement for VFC enrollment.

VACCINES FOR CHILDREN (VFC) PROGRAM

PROVIDER ENROLLMENT WORKSHEET

Use this worksheet to gather information needed ahead of time to complete the online VFC Enrollment Form on <http://eziz.org/vfc/enrollment/>

DO NOT SUBMIT THIS WORKSHEET TO THE VFC PROGRAM.

Practice Information/Shipping			
Practice Name		Contact Person	
Practice Information/Shipping Address (No P.O. Box)		County	Registry ID
Shipping Address, Part 2		City	ZIP
Employer Identification Number (EIN)	National Provider Identifier (NPI)	Phone	Fax
DIDP PROVIDER? <input type="radio"/> Yes <input type="radio"/> No	MEDICAL PROVIDER? <input type="radio"/> Yes <input type="radio"/> No	Would you like to use the VFC online locator? <input type="radio"/> Yes <input type="radio"/> No	
DELIVERY: Check all days and times you may receive vaccine. If closed during lunch hour, please specify.			
Tue from _____ to _____ (Specify lunch hour _____ to _____)		Thur from _____ to _____ (Specify lunch hour _____ to _____)	
Wed from _____ to _____ (Specify lunch hour _____ to _____)		Fri from _____ to _____ (Specify lunch hour _____ to _____)	
Note: Your practice must be open at least 4 consecutive hours for one day.			

Facility Type			
PUBLIC TYPES: <input type="radio"/> Public Health Department <input type="radio"/> Public Health Department/FQHC <input type="radio"/> Public Hospital <input type="radio"/> Federally Qualified Health Center (FQHC)/Rural Health Center (RHC)* <input type="radio"/> Other Public Health <input type="radio"/> State Licensed Community Health Center (non-Federal)		<input type="radio"/> American Indian/Tribal Health Clinic <input type="radio"/> Youth Correctional Facilities <input type="radio"/> School-Based Clinic <input type="radio"/> College/University <input type="radio"/> Family Planning/STD Clinic <input type="radio"/> Refugee Health Center <input type="radio"/> Migrant Health Center <input type="radio"/> Drug Treatment Center	
PRIVATE TYPES: <input type="radio"/> Private Practice (Individual or Group) <input type="radio"/> Private Hospital <input type="radio"/> Pharmacy <input type="radio"/> Private Other		SPECIALTY or SPECIALTY CLINIC TYPES: <input type="radio"/> Pediatrics <input type="radio"/> Family Practice <input type="radio"/> Internal Medicine <input type="radio"/> Adolescent Health <input type="radio"/> Multi-Specialty <input type="radio"/> Ob/Gyn <input type="radio"/> Family Planning <input type="radio"/> American Indian/Native American Health Clinic	
*If you marked FQHC or RHC you must submit a photocopy of your FQHC or RHC license/certification. Name of Parent FQHC: _____			

Key Practice Staff						
Role/Responsibility	Name	Title (MD, DO, NP, PA, PharmD)	Specialty/Clinic Title	National Provider ID	Medical License #	Contact Information
Provider of Record			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email: _____
Vaccine Coordinator			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email: _____
Backup Vaccine Coordinator			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email: _____
Provider of Record Designee			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email: _____

VFC ENROLLMENT WEBSITE AND WORKSHEET

- <https://eziz.org/vfc/enrollment/>
- <https://eziz.org/assets/docs/IMM-1243.pdf>

ENROLLMENTS – KEY STEPS

Provider applies for Enrollment online at
<https://eziz.org/vfc/enrollment/>

Central Office verifies information for submitted
Enrollment application

Field Rep conducts New Enrollment Site Visit and
Approves provider to receive vaccine

Once Approved, Central Office creates a New
Provider Account





VFC RESOURCES





Vaccines for Children Program Provider Operations Manual



The VFC Program

Chapter One clickable topics

HOME

[Introduction](#) 3

[About VFC](#) 4

[VFC Vaccines](#) 7

[Program Requirements](#) 10

[Training & Support](#) 13

[Provider Enrollment](#) 16

[Keeping You Informed](#) 20

[Quick Start Guide](#) 21

EZ-IZ: ONE EZ STOP FOR LOTS OF IZ RESOURCES!

The screenshot displays the EZIZ website interface. At the top left is the EZIZ logo featuring a family icon. A search bar with 'Google Custom Search' is located at the top right. Below the logo is a vertical navigation menu with green buttons for: Home, Vaccine Programs, Vaccine Management, Storage Units, Temperature Monitoring, EZIZ Training, and Job Aids & Resources. The main content area is titled 'California VFC Program' and includes a photo of a child, links for 'About the VFC Program', 'Requirements for Storage Units', 'Digital Data Loggers', 'EZIZ Training Login', and 'MyVFCvaccines: Order, Transfer, Return, Report Excursions'. A large green banner in the center reads '2018 VFC Operations Guide is available'. To the right, there are sections for 'New' (listing Temperature Logs and Job Aids, Data Logger Intro Video, Data Logger Webinar, Calibration Requirements, and 2018 Provider Operations Manual), 'Popular Resources' (listing links for Patients and Staff, Pertussis, Flu, Schedules & Recommendations, VFC Vaccine Fact Sheets, and For Pharmacies), and 'VFA/317 Vaccines' (listing California Vaccines for Adults (VFA) Program, California VFA Resources, and 317 for Local Health Departments). At the bottom, there are tabs for 'VFC Memos', 'Vaccine Order Status', and 'From CDPH', followed by '2018 Program Letters' (listing Initial Flu Vaccine Order Form, Planning for 2018-2019 Flu Season, Provider Operations Manual, 2018 Recommended Immunization Schedule, 2018 Temperature Monitoring Requirements, 2018 Recertification, and Program Participation Requirements) and 'Program Updates' (listing June/July Program Updates).

Platform for provider education, communication and completion of program requirements

How to Enroll in the CA COVID-19 Vaccination Program

Providers Participating in the Vaccines for Children Program (VFC)

- Enrollment is separate from the VFC Program
 - VFC providers will need to enroll in the COVID-19 Vaccination Program, complete a federal participating agreement, and provide clinic information.
 - Vaccine orders will be submitted in a different system.
 - A call center is available for Providers in the COVID-19 Vaccination Program.

CA COVID-19 Vaccination Program

Where we are now:

- Launched in mid-November
- Over 6,000 approved Providers in the program
- Program participants include Local Health Departments, large health systems, Federally Qualified Health Centers

Now we are ready to enroll Providers who have patient populations 12-to-18-years-old.



https://eziz.org/covid/enrollment/pediatric/

Vaccinate ALL 58 California COVID-19 Vaccination Program ENHANCED BY Google

- Program Updates
- Program Enrollment
- My Turn Onboarding
- Vaccine Management
- Vaccine Administration
- Reporting Requirements
- Archived Communications
- Patient Resources

COVID-19 Vaccine

Steps to Enrollment for Providers of Pediatric Services, Individual Practitioners and Small Practices Not Contracted by the TPA

The California Department of Public Health is implementing a new process by working with the California Medical Association (CMA) on ways to expand the COVID-19 Vaccine Program and Network. CMA is providing onboarding support to pediatric providers, individual practitioners and small group practices who have expressed interest to the TPA about joining the network but have not been contracted for that network.

If you are an individual practitioner or provider of pediatric services, or you represent a small group practice that has expressed interest in joining the enhanced network, CDPH and CMA will work directly with you to discuss the steps necessary for you to apply for eligibility to receive and administer COVID-19 vaccines within your scope of practice.

The TPA has provided CMA with the list of those practitioners or small group practices who have inquired with the TPA about joining the network. CMA will be contacting providers directly, and as soon as possible, with additional information.

As long as you are submitting vaccine administration data via an electronic medical records (EMR) or electronic health records (EHR) system to your Immunization Information System (CAIR, RIDE or SDIR), onboarding to My Turn is optional. However, providers may choose to onboard to My Turn to [manage their vaccine clinics](#).

If you have not already done so, you will be required to complete the following required steps:

Provider Support

COVID Call Center

Email: [For Program Info](#)
Phone: (833) 502-1245
Hours: Mon-Fri, 8AM-8PM

myCAvax Help Desk

Email: [For Technical Support](#)
Phone: (833) 502-1245, option 2

Vaccines

Before You Enroll

- ✓ Step 1: Review Program Requirements including CDC Provider Agreement
- ✓ Step 2: Immunization Information System (IIS)
- ✓ Step 3: Storage & Handling Guidelines
- ✓ Step 4: Enrollment Worksheet
- ✓ Step 5: Responsible Officers
- ✓ Step 6: Complete Required Training
- ✓ Step 7: CDC Provider Agreement in myCAvax
- ✓ Step 8: Blue Shield's TPA Agreement*
- ✓ Step 9: Onboard to My Turn*

<https://eziz.org/assets/other/IMM-1295.pdf>

Provider Enrollment: Before You Enroll



California COVID-19 Vaccination Program

Providers with an active license in California and who possess and administer vaccines are eligible to enroll in the California COVID-19 Vaccination Program. To receive State doses, local providers, medical groups, health systems, multi-county entities, pharmacies, and [HRSA community health centers](#) will enroll in myCAvax. Your application will be reviewed and verified by CDPH prior to approval.

Section A: Provider Requirements & Legal Agreement

Organization Coordinator is the Point of Contact who enrolls the provider organization in myCAvax. This role will complete Section A, identify affiliated locations (under the same CEO) who are to receive or administer COVID-19 vaccines, register with VaccineFinder and determine whether Organization or Locations will report inventory daily, and monitor all program communications.

Who signs? Organization's Chief Medical Officer (or equivalent medical official) and Chief Executive Officer (or chief fiduciary/legal official) must agree to the conditions of program participation and DocuSign the CDC Provider Requirements & Agreement on behalf of your Organization.

Section B: Provider Profile Information

Each location must have an **on-site** primary and backup **Location Coordinator**, typically filled by vaccine coordinators. This role will enroll the provider location in myCAvax; receive vaccines, monitor temperatures, and manage vaccine inventory; receive emails regarding allocations, shipments, and temperature monitoring; may be delegated to report inventory to VaccineFinder; and may transport vaccines for mass vaccination clinics. The Location Coordinator completes Section B and submits the application to CDPH for review.

Who signs? Medical or Pharmacy Director (or Vaccine Coordinator) responsible for location's adherence to CDC Provider Agreement terms must DocuSign Section B.

Step 1: Review Program Requirements

Review [CDC Provider Agreement](#) to ensure your facility can meet all program requirements. Go to [Program Enrollment](#) to review Steps to Participation (in the TPA Network) to ensure you are willing to participate in order to receive vaccine. (Providers of pediatric services may opt out.)

Step 2: Enroll in IIS

Each vaccination location must be enrolled in the California Immunization Registry (CAIR) and have their own unique IIS Registry ID (e.g., CAIR Org Code); locations may not share the Organization's IIS ID. If your facility is not currently enrolled, please [enroll in your local registry](#) now. If your location is already enrolled in CAIR2/SDIR/RIDE and has its own unique IIS ID, do not enroll again; use your existing CAIR Org Code.

California COVID-19 Vaccination Program

IMM-1347 (5/10/21)

Recorded COVID-19 Vaccine Program Enrollment Webinar

<https://www.youtube.com/watch?v=rCNFJ4HmqYo>

Providers of Pediatric Services:
How to Enroll in the
California COVID-19
Vaccination Program

California Department of Public Health
May 11, 2021

CDPH

CALIFORNIA MEDICAL ASSOCIATION

Vaccinate ALL 58

0:02 / 1:00:22

Where can I go for support?

Type of Support

Description



COVID-19 Call Center for Providers/LHJs

The COVID-19 Call Center for Providers is dedicated to medical providers in California and their COVID-19 response, specifically addressing questions about State program requirements, enrollment, and vaccine distribution.

- Email: covidcallcenter@cdph.ca.gov
- Phone: (833) 502-1245 (Monday through Friday from 8AM–8PM)



CMA Enrollment Support

To receive assistance with the enrollment process, contact CMA:

- Email: VaccineNetwork@cmadocs.org
- Phone: (800) 786-4262



myCAvax Help Desk

Dedicated staff provides up-to-date information and technical support through myCAvax help desk: myCAvax.HD@Accenture.com or (833) 502-1245, option 2.



My Turn / My Clinic Help Desk

For Onboarding (those in the process of onboarding): myturnonboarding@cdph.ca.gov

For Technical Support: MyTurn.Clinic.HD@Accenture.com; (415) 621-9494: Daily (including Saturdays and Sundays) 7AM–7PM

For job aids and demo and training opportunities: <https://eziz.org/covid/myturn/>



TPA general inquiry

For general questions about TPA enrollment, email: TPA_Inquiry@blueshieldca.com (Note the underscore “_” between TPA and allocations.)

QUESTIONS?

VFC Call Center

Phone: 1-877-243-8832

Fax: 1-877-329-9832

Business hours:

Monday - Thursday: 9 am – 4:30 pm

Friday: 9 am – 4 pm

CAIR2

Immunization Topics: CAIR and CAIR-ME

The CAIR System

- California Immunization Registry (CAIR) is a system comprised of three distinct immunization registries
- CAIR2 will contain all state data by 2022



CAIR Web page

- General CAIR Info:

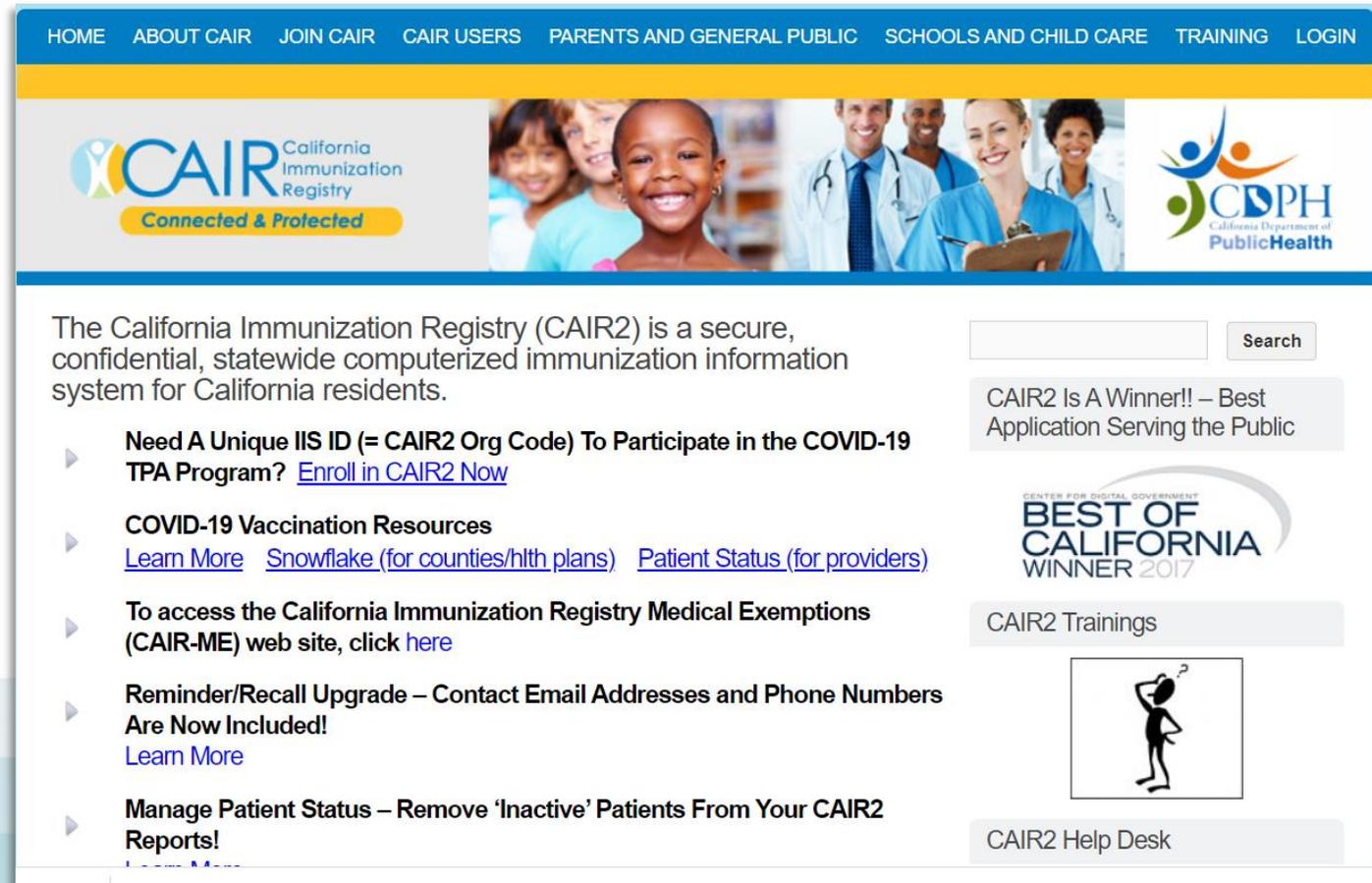
<https://cairweb.org/>

- CAIR2 Registration:

<http://enroll.cairweb.org/>

- CAIR2 Training materials:

<https://cairweb.org/cair2-training-resources>



The screenshot shows the CAIR2 website homepage. At the top is a blue navigation bar with links: HOME, ABOUT CAIR, JOIN CAIR, CAIR USERS, PARENTS AND GENERAL PUBLIC, SCHOOLS AND CHILD CARE, TRAINING, LOGIN. Below the navigation bar is a banner featuring the CAIR logo (California Immunization Registry, Connected & Protected) on the left, a photo of diverse healthcare providers in the center, and the CDPH logo (California Department of Public Health) on the right. The main content area has a blue header with the text: "The California Immunization Registry (CAIR2) is a secure, confidential, statewide computerized immunization information system for California residents." To the right of this text is a search bar with a "Search" button. Below the header is a list of links with right-pointing triangle icons: "Need A Unique IIS ID (= CAIR2 Org Code) To Participate in the COVID-19 TPA Program? [Enroll in CAIR2 Now](#)", "COVID-19 Vaccination Resources [Learn More](#) [Snowflake \(for counties/hlth plans\)](#) [Patient Status \(for providers\)](#)", "To access the California Immunization Registry Medical Exemptions (CAIR-ME) web site, click [here](#)", "Reminder/Recall Upgrade – Contact Email Addresses and Phone Numbers Are Now Included! [Learn More](#)", and "Manage Patient Status – Remove 'Inactive' Patients From Your CAIR2 Reports! [Learn More](#)". On the right side of the page, there are three grey boxes: "CAIR2 Is A Winner!! – Best Application Serving the Public" with a "BEST OF CALIFORNIA WINNER 2017" award logo below it, "CAIR2 Trainings" with a stick figure icon, and "CAIR2 Help Desk".

School/Childcare User Types (CAIR2)

- Lookup
 - School/Childcare User (Read-Only)
- Clinical (add patients/doses)
 - School Regular
 - School Power (inventory)
- COVID only
 - MY TURN User



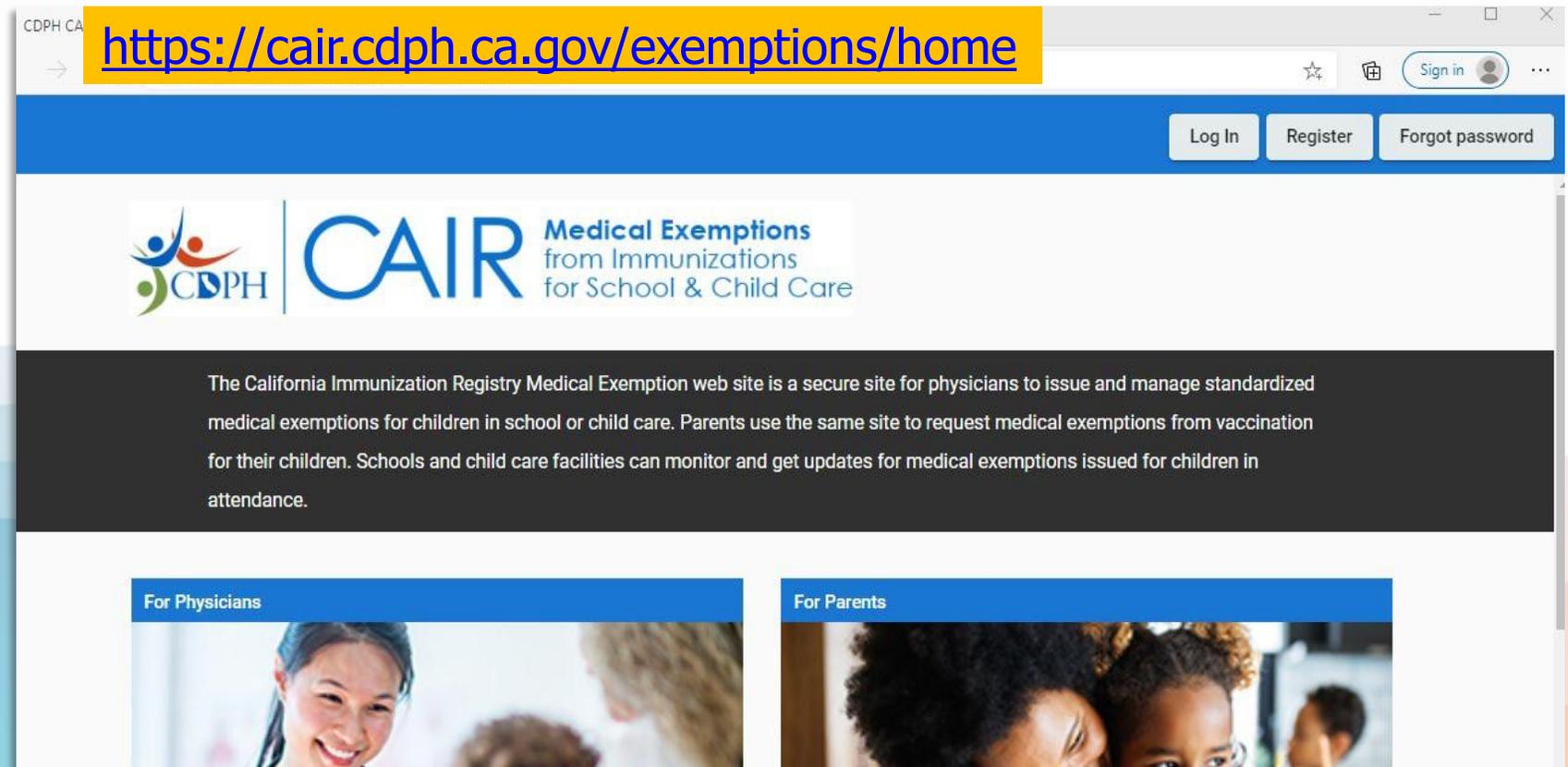
CAIR2



MY TURN app

CAIR-ME

- Effective January 1, 2021, all new medical exemptions (MEs) must be issued through the **new CAIR-ME web site**.
- **Please note: this new website is completely separate from CAIR2**



CAIR-ME Benefits

- ✓ Allowing CDPH to monitor exemptions when:
 - Child care/school sites report immunization rates <95% or don't report
 - Physicians submit 5 or more MEs in a calendar year
 - Review is necessary to protect public health
- ✓ Allowing CDPH to revoke exemptions and parents to appeal the revocation
- ✓ Preventing physicians from issuing MEs if they are on probation/have a pending accusation for immunization-related practices, or are deemed a public health risk
- ✓ Providing important communications to parents, physicians, schools/childcare facilities and health departments regarding the status of exemptions

CAIR-ME Request Process

- Parent enrolls in CAIR-ME and enters ME request which is assigned an ME Request ID
- Parent informs Physician of ME Request ID
- Physician enrolls in CAIR-ME, reviews ME request, and approves
- Physician prints paper copy of approved ME for parent
- Parent delivers ME copy to school
- School staff are permitted CAIR-ME access to confirm ME status

School Access to CAIR-ME Site

- If desired, school staff may enroll at CAIR-ME for login access to review school MEs
- Enrollment Steps:
 - School with new MEs can email a login access request to medicalexemptions@cdph.ca.gov citing the student name and ME number
 - CAIR-ME staff will email the school contact an access code
 - School contact will then register at the CAIR-ME site using the access code

LVN Scope of Practice for Immunizations

Dr. Judith McLeod BVNPT

LVN Regulation

- **2860.7. Skin Tests and Immunizations.**
- *(a) A licensed vocational nurse, acting under the direction of a physician may perform: (1) tuberculin skin tests, coccidioidin skin tests, and histoplasmin skin tests, providing such administration is within the course of a tuberculosis control program, and (2) immunization techniques, providing such administration is upon standing orders of a supervising physician, or pursuant to written guidelines adopted by a hospital or medical group with whom the supervising physician is associated.*
- *(b) The supervising physician under whose direction the licensed vocational nurse is acting pursuant to subdivision (a) shall require such nurse to:*
 - *(1) Satisfactorily demonstrate competence in the administration of immunizing agents, including knowledge of all indications and contraindications for the administration of such agents, and in the recognition and treatment of any emergency reactions to such agents which constitute a danger to the health or life of the person receiving the immunization; and (2) Possess such medications and equipment as required, in the medical judgment of the supervising physician and surgeon, to treat any emergency conditions and reactions caused by the immunizing agents and which constitute a danger to the health or life of the person receiving the immunization, and to demonstrate the ability to administer such medications and to utilize such equipment as necessary.*
 - *(c) Nothing in this section shall be construed to require physical presence of a directing or supervising physician, or the examination by a physician of persons to be tested or immunized*

IMMUNIZATION IN SCHOOLS

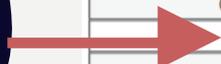
SHERI COBURN, EDD, MS, RN, PHN, CSN

**DIVISION DIRECTOR, SJCOE COMPREHENSIVE HEALTH
PROGRAMS**

PAST PRESIDENT CALIFORNIA SCHOOL NURSES ORGANIZATION

and the need to avoid fragmentation of care.

AGE ¹	INFANCY								EARLY CHILDHOOD						MIDDLE CHILDHOOD						ADOLESCENCE												
	Prenatal ²	Newborn ³	3-5 d ⁴	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y	
HISTORY																																	
Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																																	
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●	●	●	●																		
Weight for Length		●	●	●	●	●	●	●	●	●	●	●	●	●	●																		
Body Mass Index ⁵												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Blood Pressure ⁶		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
SENSORY SCREENING																																	
Vision ⁷		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	★	●	★	●	●	★	●	★	●	★	●	★	●	★	●	
Hearing		● ⁸	● ⁹	→	→	★	★	★	★	★	★	★	★	●	●	●	●	★	●	★	●	●	←	←	←	←	←	←	←	←	←	←	
DEVELOPMENTAL/BEHAVIORAL HEALTH																																	
Developmental Screening ¹¹								●			●		●																				
Autism Spectrum Disorder Screening ¹²										●	●																						
Developmental Surveillance		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Psychosocial/Behavioral Assessment ¹³		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Tobacco, Alcohol, or Drug Use Assessment ¹⁴																						★	★	★	★	★	★	★	★	★	★	★	
Depression Screening ¹⁵																							●	●	●	●	●	●	●	●	●	●	
Maternal Depression Screening ¹⁶				●	●	●	●																										
PHYSICAL EXAMINATION¹⁷		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
PROCEDURES¹⁸																																	
Newborn Blood		● ¹⁹	● ²⁰	→																													
Newborn Bilirubin ²¹		●																															
Critical Congenital Heart Defect ²²		●																															
Immunization ²³		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Anemia ²⁴					★				●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Lead ²⁵						★	★	● or ★ ²⁶		★	● or ★ ²⁶		★	★	★	★	★																
Tuberculosis ²⁷				★			★		★		★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Dyslipidemia ²⁸											★		★			★		★		★	←	●	→	★	★	★	★	★	★	★	★	★	
Sexually Transmitted Infections ²⁹																						★	★	★	★	★	★	★	★	★	★	★	
HIV ³⁰																						★	★	★	★		←	●	→	★	★	★	
Hepatitis C Virus Infection ³¹																														●	→		
Cervical Dysplasia ³²																																●	
ORAL HEALTH³³							● ³⁴	● ³⁴	★		★	★	★	★	★	★	★																
Fluoride Varnish ³⁵							←			●	→																						
Fluoride Supplementation ³⁶							★	★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	



BUSINESS AND PROFESSIONS CODE 2725

- The Nursing Practice Act
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=2725.&lawCode=BCPC
- (3) The performance of skin tests, immunization techniques, and the withdrawal of human blood from veins and arteries.
- Performed “Standardized procedures”
- (2) Policies and protocols developed through collaboration among administrators and health professionals, including physicians and nurses, by an organized health care system which is not a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code. These organized health care systems include, but are not limited to, health facilities licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, clinics, home health agencies, physicians’ offices, and public or community health services.

CALIFORNIA EDUCATION CODE

- 49426 a) Conduct immunization programs pursuant to Section 49403 and assure that every pupil's immunization status is in compliance with the law, including parental or guardian consent, and good health practice.

- **49403.**

(a) Notwithstanding any other law, the governing board of a school district shall cooperate with the local health officer in measures necessary for the prevention and control of **communicable** diseases in schoolage children. For that purpose, the board may use any funds, property, and personnel of the district, and may permit a licensed physician and surgeon, or a health care practitioner listed in subdivision (b) who is acting under the direction of a supervising physician and surgeon, to administer an immunizing agent to a pupil whose parent or guardian has consented in writing to the administration of the immunizing agent.

- The administration of an immunizing agent is upon the standing orders of a supervising physician and surgeon and in accordance with any written regulations that the State Department of Public Health may adopt.
- (C) The health care practitioner may only administer immunizations for the prevention and control of any of the following:
 - (i) Annual seasonal influenza.
 - (ii) Influenza pandemic episodes.
 - (iii) Other diseases that represent a current or potential outbreak as declared by a federal, state, or local public health officer.
- As used in this section, “supervising physician and surgeon” means the physician and surgeon of the local health department or school district that is directing the school immunization program.

- It is the intent of the Legislature to encourage school-based immunization programs, when feasible, to use the California Immunization Registry to assist providers to track patient records, reduce missed opportunities, and to help fully immunize all children in California.

MOU BETWEEN SJC COE, DISTRICTS AND PHS

Point-of-Dispensing Sites

SJCPHS has established Point-of-Dispensing (POD) sites throughout San Joaquin County at different types of facilities. POD sites are intended to serve as a meeting location for the community to receive medical prophylaxis in response to a public health emergency. Each school district within the county has, at a minimum, one school location designated as a POD site. Each school district party to this MOU shall ensure that its designated POD sites comply fully with POD site requirements, including, but not limited to:

- Use of the facility and equipment for emergency response by request at any time
 - Occupancy beginning within 12 hours of the request and continuing as needed
 - Use of office equipment and parking areas
 - Two designated points of contact available at any time that will be listed in the California Health Alert Network (CAHAN) to receive alerts regarding facility use, security and planning
 - Development and maintenance of a site dispensing plan, in coordination with SJCPHS, local law enforcement and other interested agencies
 - Participation in the Strategic National Stockpile Program as a distribution site
 - Provide personnel to participate in training to serve as distribution clinic volunteers and to prepare for emergency response
- If additional POD sites are required by SJCPHS to meet the needs of the public, each school district party will participate in the planning and location of future POD sites as needed. SJCPHS will make a reasonable effort to minimize the impact to district facilities at all times.

SJCOE AS A VFC PROVIDER

- HINI-Kickoff
- Purchased necessary equipment (deep freezer, refrigerator)
- Follow protocols (daily temperature checks)
- Entry of vaccines into Healthy Futures RIDE system
- Site visits
- Consents & Screening

SJCOE VACCINATION CLINIC

- 300 volunteers
- 14 days
- 25,822 doses of COVID-19 Vaccine Delivered at that time we delivered 1% of the State's vaccinations
- https://www.youtube.com/watch?v=cHBNQ3_Umbo



Thank you for joining!

For more information, please contact:

Hellan Roth Dowden

Teachers for Healthy Kids

dowden@teachersforhealthykids.org

916-440-8809 (O)

916-205-0997 (M)

**Join us on June 17th for the next LEA Workgroup meeting
on the Governor's \$4b mental health initiative**