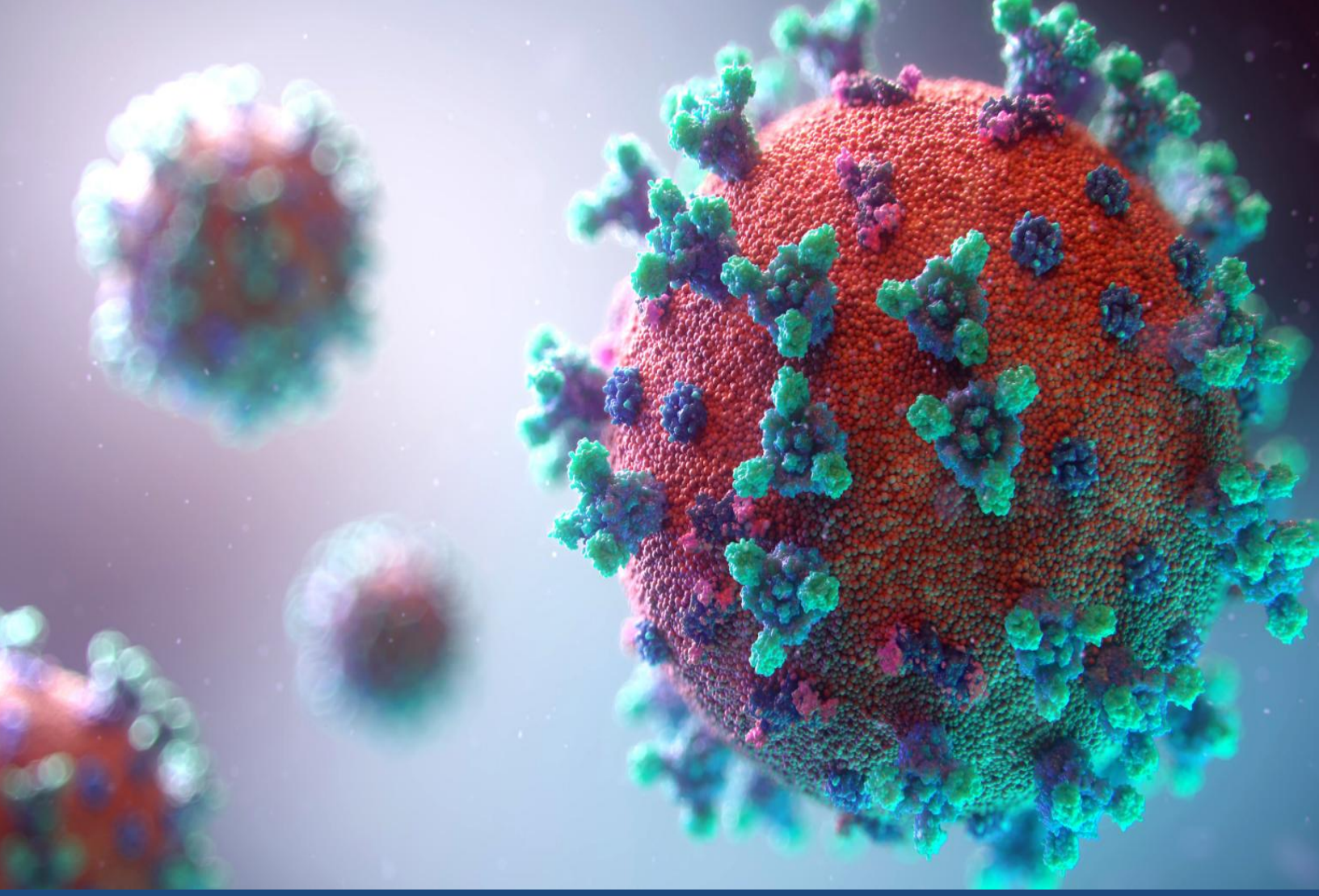

Community Vaccination Centers Playbook

February 18, 2021
Version 2.0

FEMA

Record of Changes

This Playbook should be reviewed and updated as necessary.

Change #	Date	Remarks
1	2/19	Incorporation of comments submitted from previous version

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1.0 Situation

1.1 Purpose

This playbook establishes guidance for providing federal support to Community Vaccination Centers (CVCs), to include interagency coordination, resource support, facility setup, and other requirements. CVCs are essential to support States, Tribes and Territories (STT) vaccine administration efforts. This guidance is not meant to be proscriptive, and jurisdictions may need to adapt this guidance based on their particular requirements for 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 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
- CVCs should expect a minimum of 1-3 days to ramp up to full operational capability when a new facility is established or new vaccination staff is brought in; for example, a Type 2 CVC might only do 1,000 vaccinations in the first few days (or even the first week) while training is conducted and staff become familiar with the CVC operations, with 2,000 vaccinations in the following days or week, before reaching full capacity
- Staffing requirements may change as a function of the facility or location
- All stationary clinics should be supported by STT presence during build-out and operations, including STT incident command and at least one clinical manager and/or representative from the STT health department/authority on site
- All staff have valid current and unencumbered licenses and/or certifications as applicable to their position

1.4. Critical Considerations

- Underserved and historically marginalized groups, including communities of color, persons with disabilities, and others – many of whom may live in neighborhoods with higher virus incidence – often face greater barriers to information and resources necessary to register for and access vaccination services, and tailored outreach in partnership with community groups might be necessary
- Personnel numbers, square footage and diagrams/floor plans are provided as examples and may need to be adjusted based on actual site requirements, STT regulations, etc. They are not prescriptive and can be tailored to the requirements of each CVC.
- Distribution processes for vaccines 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, store, and transmit 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
- 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
- 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)
- If a facility is under the jurisdiction of a federal agency, 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, authorized by the PREP Act
- Drive-through CVC must develop plans to accommodate recipients arriving to the CVC through alternative means (e.g., buses, vans, or on foot) and identify how they will be vaccinated (e.g., aboard the vehicle, disembark)
- Planners and CVC managers may find additional ways to increase vaccinations per day as they identify opportunities to implement continuous improvements (e.g., revising registration and check-in processes, improving vaccination draws, and improving patient and logistics movement through the clinic)

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 therapists, 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 (e.g., FEMA Offices of Disability Integration, Equal Rights)
- 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 supported 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 federally supported 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 Approximate capacity of **6,000 doses a day** Minimum of 15,000 sf with adequate parking for at least 800 vehicles	**Type 2** Approximate capacity of **3,000 doses a day** Minimum of 7,500 sf with adequate parking for at least 600 vehicles	**Type 3** Approximate capacity of **1,000 doses a day** Minimum of 4,500 sf with adequate parking for at least 250 vehicles	**Type 4** Approximate capacity of **250 doses a day** Minimum of 2,500 sf with adequate parking for at least 130 vehicles	**Type 5 – Mobile Site** Approximate capacity of **250 doses a day** Minimum of 2,500 sf with adequate parking for at least 130 vehicles

3.1.2. Fixed Facility (Pedestrian) Checklist

The list of actions below facilitates the effective and efficient administration of vaccinations in a fixed facility, pedestrian. 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 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 VaccineFinder 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 any additional access and functional needs required at the CVC for potential vaccine recipients, to sign language, captioning services, Braille, large print, and translation and interpreting for people whose language is other than English
	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 Personal Protective Equipment (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
	Ensure standby EMS crew(s) develop appropriate plans to access all areas of the CVC to provide care and transport to recipients including those not readily accessible by ambulance
	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 resource needs
	Ensure effective communication to facility support staff to track and monitor medical supplies
	Fill out all relevant information on the recipient's CDC 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 multilingual 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 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 sign language, captioning services, Braille, large print, and translation and interpreting for people whose language is other than English
	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.
	Ensure standby EMS crew(s) develop appropriate plans to access all areas of the CVC to provide care and transport to recipients including those not readily accessible by ambulance
	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 resource needs
	Ensure effective communication to facility support staff to track and monitor medical supplies
	Fill out all relevant information on the recipient's CDC 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 multilingual 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

3.1.4. 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 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 sign language, captioning services, Braille, large print, and translation and interpreting for people whose language is other than English
	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
	Ensure standby EMS crew(s) develop appropriate plans to access all areas of the CVC to provide care and transport to recipients including those not readily accessible by ambulance
	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 resource needs
	Ensure effective communication to facility support staff to track and monitor medical supplies
	Fill out all relevant information on the recipient's CDC 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 multilingual 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 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

3.1.5. 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. The below are the action items for regions to consider for federal employees working in their area of responsibility.

✓	**Regional Support to Federal Employees Assigned to CVCs**
	Provide an ICS-consistent command and control structure in each state, tribe, and territory that is accountable for all federal personnel in line with FEMA's Core Values
	Develop and maintain organizational charts for all personnel on all shifts
	Support reception, staging, and onward integration of CVC staff
	Ensure each responder has sufficient PPE, agency branded apparel, ready access to COVID-19 testing, and other operating equipment
	Oversee internal payroll team and all timekeeping activities, act as master timekeeper, and oversee WebTA scheduling and trainings for CVC staff. Run bi-weekly premium pay reports and make recommendations for work schedule modifications for CVC staff. Bi-weekly premium pay cap waiver request (if necessary)
	Complete daily accountability for CVC staff and manage weekend schedules for mission support staff to conduct daily accountability
	Coordinate and support workers' compensation claims
	Coordinate FEMA Reservist or other intermittent employee Federal Employee Health Benefits registrations, as required
	Mitigate personnel issues and manage employee relations activities involving CVC staff
	Conduct DTS validation for CVC Staff (verify Tour records, deployed positions, per diem settings, ensure responders have accurate lodging/rental car information, update duty locations, temporary duty supervisors, etc.)
	Ensure that employees have the opportunity to receive vaccinations in accordance with DHS and STT negotiated agreements

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 A1-A5.

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 Analysis 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 at 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. In addition to reporting vaccines administered to the jurisdictions' IIS or other reporting system, accurate reporting of every vaccination administered is a critical part of participation in the CDC COVID-19 Vaccination Program and vaccine administration and reporting requirements guidance are posted on CDC's website. CDC has outlined expectations for jurisdictions to inform timely reporting.

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 Nurse

- Oversee the vaccinators if not vaccinating, including monitoring safety of the administration of vaccine by those with limited experience with intramuscular injections
- Can provide clinical information on questions from recipients or serve as medical screeners to address medical questions and ensure candidates can proceed with vaccine administration
- Serve as vaccinators for recipients
- Serve as vaccine preparers
- Can also serve as oversight for staff working in the observation area to provide medical attention during the observation period

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
- Monitors 15-30-minute period for recipient observation prior to departure

Advanced Life Support Ambulances

- Observe recipients for adverse reactions to vaccine and provide general first aid for staff, volunteers and recipients as needed
- Must be ready for Advanced Cardiac Life Support requirements

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 disinfecting 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 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 in accordance with best practices described in The United States Pharmacopeial Convention's COVID-19 Vaccine Handling Toolkit and the FDA's EUA

Pharmacists

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

Pharmacy Techs

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

Forms (VIS/EUA) Distribution

- Provide recipients with initial actions and written copies of vaccine information and other applicable references in accordance with CDC and STT public health guidance and EUA requirements
- Provide directions to stations within CVCs based on recipient flow and site protocol

General Staff

Collect information; review pre-filled forms for accuracy, provide the VIS/EUA,

Registration Staff

- Validates that the patient has an appointment and is scheduled to receive the vaccine that is being offered at that CVC
- Ensures the patient provides consent for vaccination and provides patient with any needed forms including the EUA information sheet (if not done by EUA distribution team)
- Verifies second appointment is made prior to recipient leaving the site

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 (these functions may be performed by other assigned personnel as a collateral duty)

- 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 (these functions may be performed by other personnel as a collateral duty)

- 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 Officer

- 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
- Serves as principal point of contact for local law enforcement operating at the site

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 their vaccination and specific vaccine received
- 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 NRCC. Regions are responsible for establishing adequate command and control capabilities for federally managed CVCs and support for federal employees at the STT CVCs.

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 C 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 developed 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. **This is a summary of personnel only. Complete force package breakdown follows in Appendix A1.**

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: - 80 vaccinators[2] - 15 Registered Nurses - 4 EMS personnel staffing two ALS/Paramedic Ambulances[3]	84-108 total non-clinical staff, including: - 5 command and control - 20 law enforcement/security - 5 IT support	Additional Supply Cache: Gloves, masks, face shields Computer and internet access, 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. **This is a summary of personnel only. Complete force package breakdown follows in Appendix A2.**

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: - 40 vaccinators[2] - 10 Registered Nurses - 4 EMS personnel staffing two ALS/Paramedic Ambulances[3]	61-80 total non-clinical staff including: - 3 command and control - 10 law enforcement/security - 3 IT Support	Additional Supply Cache: Gloves, masks, face shields Computer and internet access, 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. **This is a summary of personnel only. Complete force package breakdown follows in Appendix A3.**

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: - 15 vaccinators[2] - 8 Registered Nurses - 2 EMS personnel staffing one ALS/Paramedic Ambulance[3]	30-40 total non-clinical staff including: - 3 command and control - 6 law enforcement/security - 2 IT Support	Additional Supply Cache: Gloves, masks, face shields Computer and internet access, 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. **This is a summary of personnel only. Complete force package breakdown follows in Appendix A4.**

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: - 6 vaccinators[2] - 4 Registered Nurses - 2 EMS personnel staffing one ALS/Paramedic Ambulance[3]	15-20 total non-clinical staff including: - 2 command and control - 3 law enforcement/security - 1 IT Support	Additional Supply Cache: Gloves, masks, face shields Computer and internet access, 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. **This is a summary of personnel only. Complete force package breakdown follows in Appendix A5.**

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: - 6 vaccinators[2] - 4 Registered Nurses - 2 EMS personnel staffing one ALS/Paramedic Ambulance[3]	21-26 total non-clinical staff including: - 2 command and control - 3 law enforcement/security - 1 IT Support - 2 truck drivers (contract) - 4 set-up/maintenance (contract)	Additional Supply Cache: Same as Type 4 above. Locally contracted requirements: 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.

Appendix A1: Facility Type 1 Force Packages by Positions and Equipment/Supplies

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

Appendix A2: Facility Type 2 Force Packages by Positions and Equipment/Supplies

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

Appendix A3: Facility Type 3 Force Packages by Positions and Equipment/Supplies

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

Appendix A4: Facility Type 4 Force Packages by Positions and Equipment/Supplies

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

Appendix A5: Facility Type 5 Force Packages by Positions and Equipment/Supplies

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

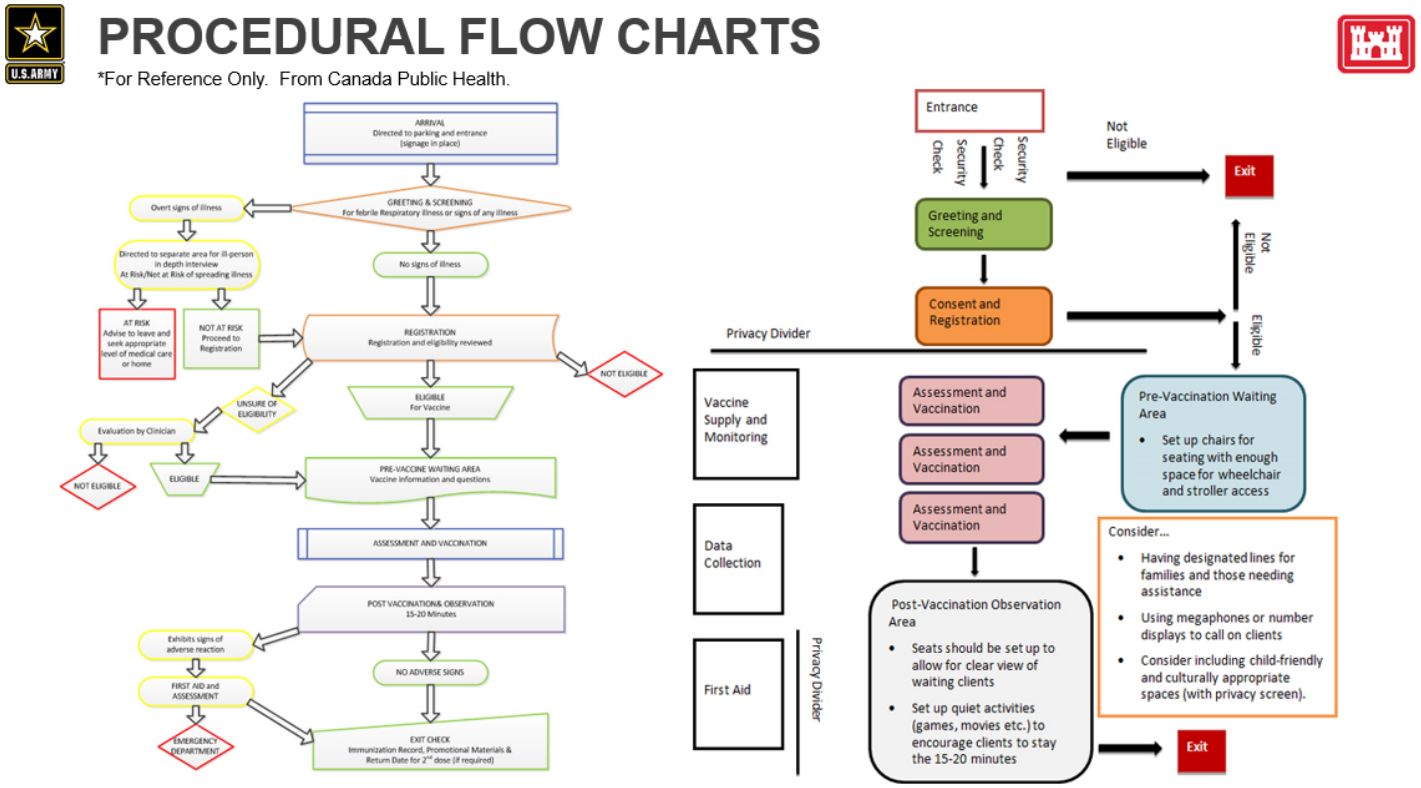
Non-Clinical Staff	
Position	**Per site**
Security	4
Traffic Control* (*drive through sites require more traffic control personnel – site dependent)	2 *+2
Safety* (*drive through sites require more safety personnel – site dependent)	1 *+1
Supply Manager	1
IT Support	1
Forms (VIS) Distribution staff	1
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 B: Facility Type Conceptual Layouts

The U.S. Army Corps of Engineers (USACE) has design experts at district offices all over the United States with the capability to provide either technical or direct assistance to States, at the direction of FEMA, in the development of pedestrian or drive-through CVC sites. The USACE design team at the Medical Facilities Center of Expertise and Standardization developed the conceptual designs that follow, and have also developed Performance Work Statements that could be used in the development of further site specific designs or contracts if required. If assistance by USACE is desired by a STT, they should contact their associated FEMA Region to coordinate that assistance. The below conceptual layouts are illustrative only and can be adjusted to suit local requirements. Recommended minimum facility specifications are located in Appendix A.

Overview



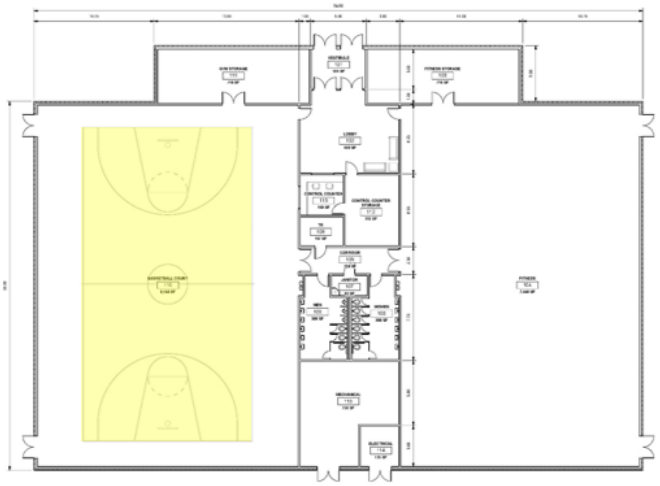
Fixed Facility (Pedestrian)

Gymnasiums, Schools, NBA/NFL Stadiums

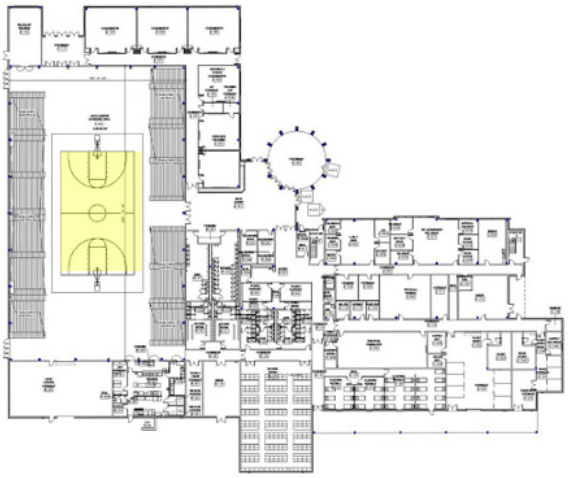
- Facility size model goal = Type 3 (1,000 vaccinations a day)
- Type 2 (3,000) and Type 3 (1,000) facility size models can be replicated side-by-side to increase throughput in existing larger facilities to create a Type 1 model (6,000 vaccinations a day).

FACILITY CATEGORY – GYMNASIUM

FITNESS CENTER



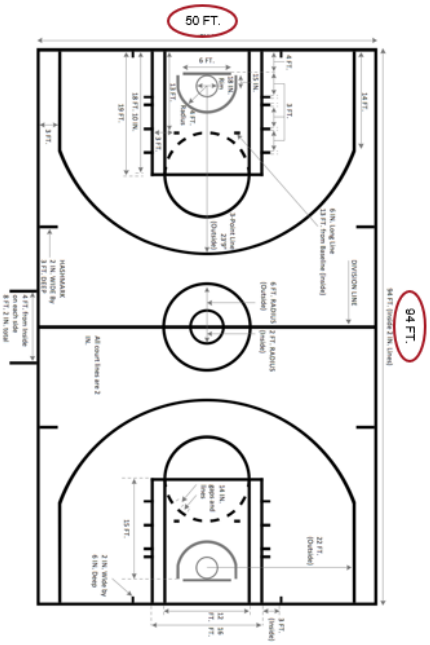
ARMY NATIONAL GUARD READINESS CENTER



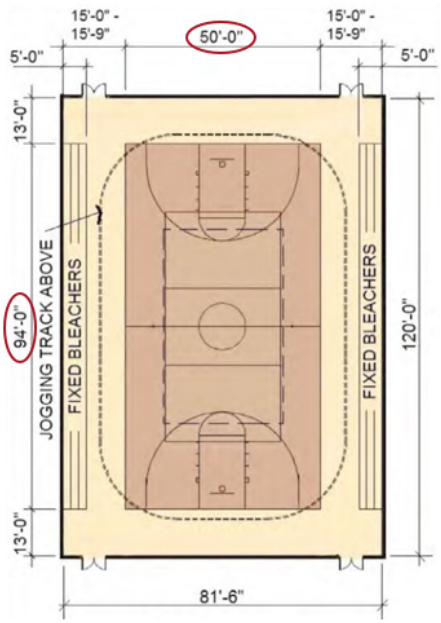
REGARDLESS OF FACILITY TYPE, THE MODULE DISCUSSED IN THIS PRESENTATION CAN BE IMPLEMENTED AS LONG AS THE ADEQUATE SPACE (4,700 SF) IS MADE AVAILABLE.

GYMNASIUM MODULE (COURT SIZE) 50’ X 94’= 4,700 SF

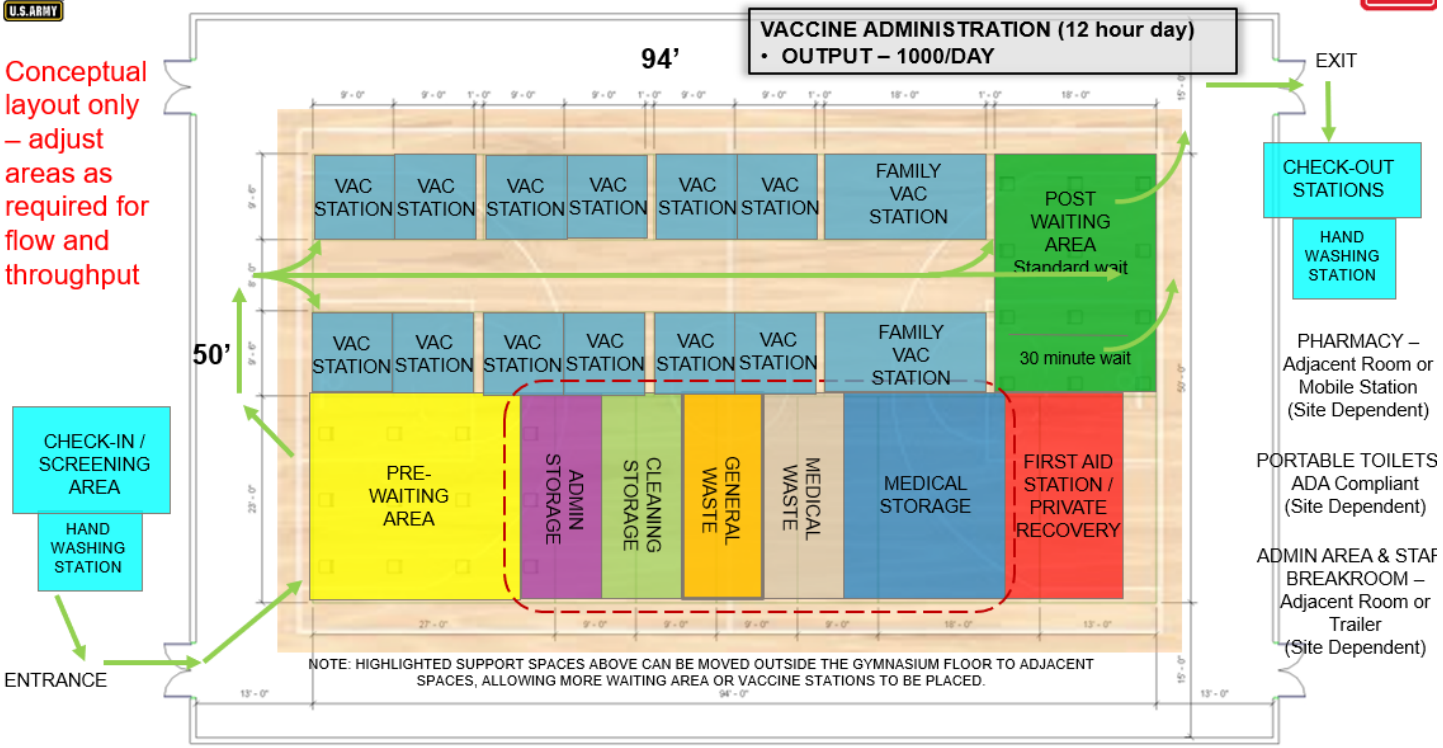
NBA court



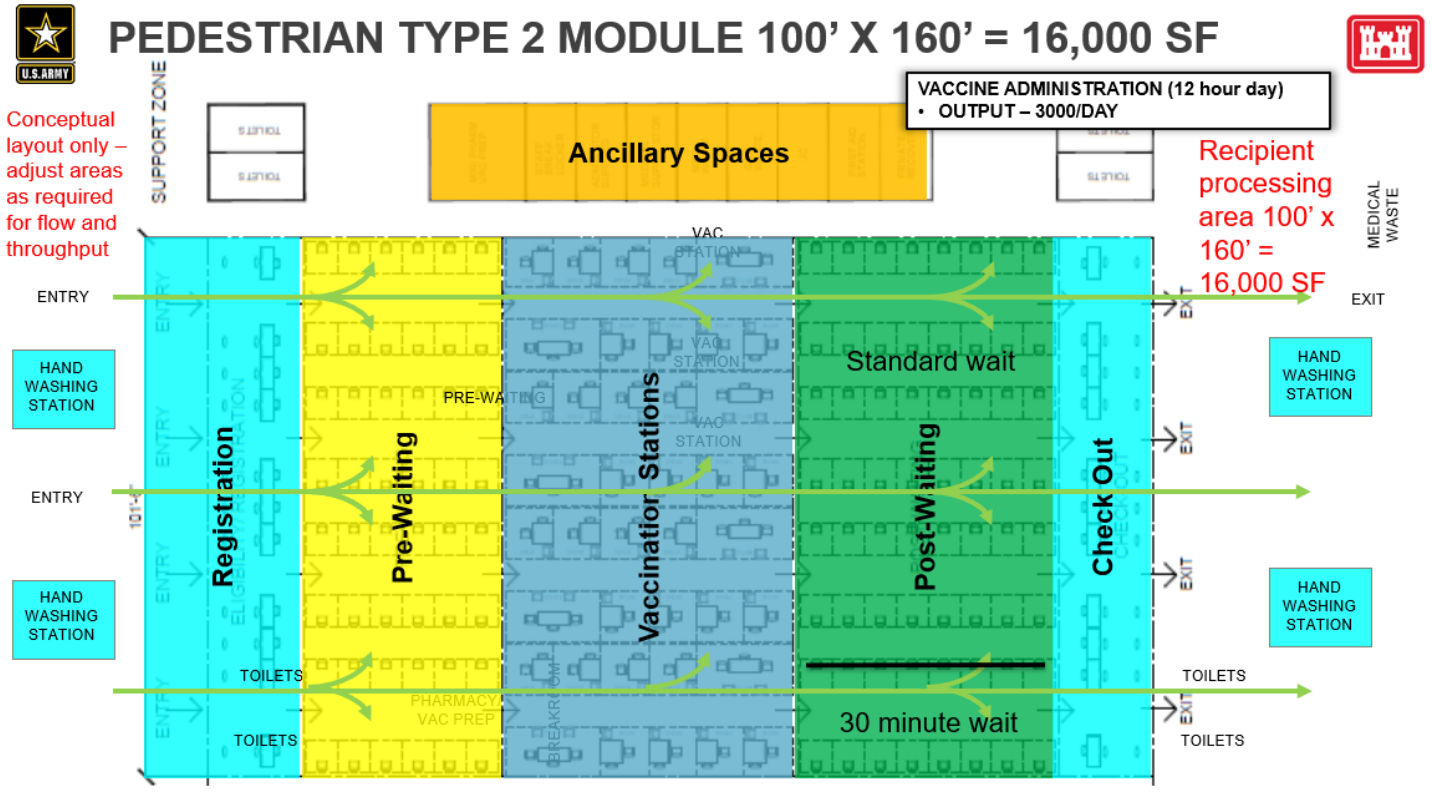
ARMY Facility Standard Design



PEDESTRIAN TYPE 2 MODULE 94' X 50'= 4700 SF



PEDESTRIAN TYPE 2 MODULE 100' X 160' = 16,000 SF



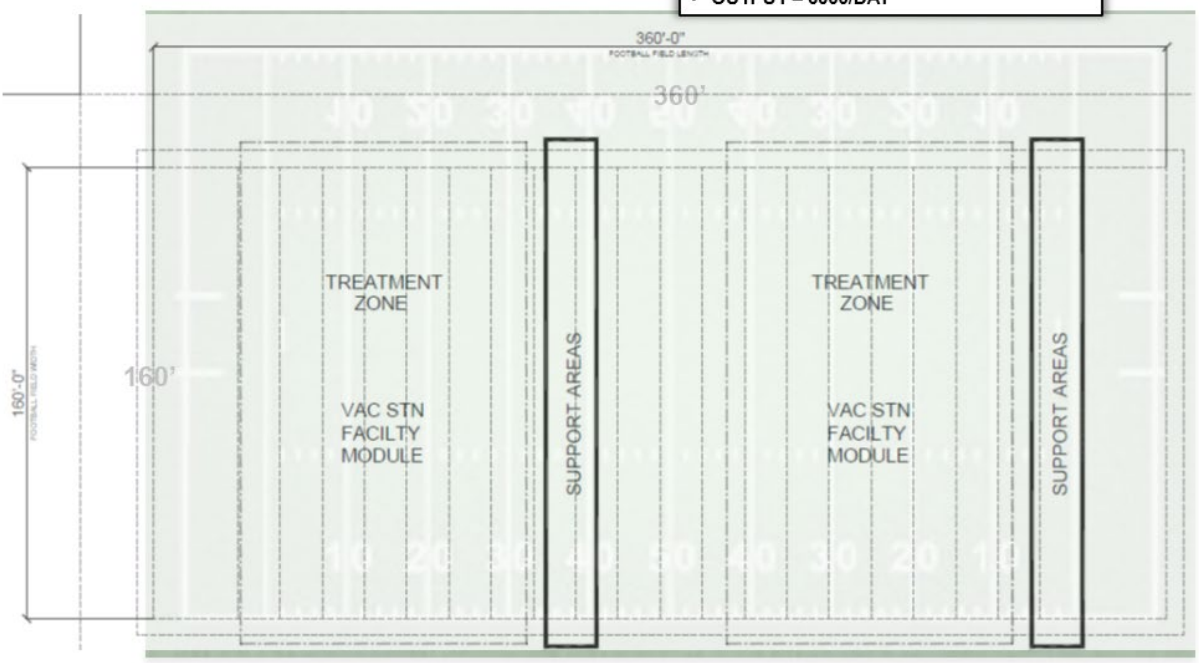
PEDESTRIAN TYPE 1 MODULE 160' X 360' = 57,600 SF

Duplication of Type 2 model on previous slide

Football Field will accommodate

80 TOTAL VACCINATION STATIONS

Conceptual layout only – adjust areas as required for flow and throughput



Drive-Through

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

The below conceptual layouts are illustrative only and can be adjusted to suit local requirements. Recommended minimum facility specifications are located in Appendix A.

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).

Facility Size per Parking Lot Size

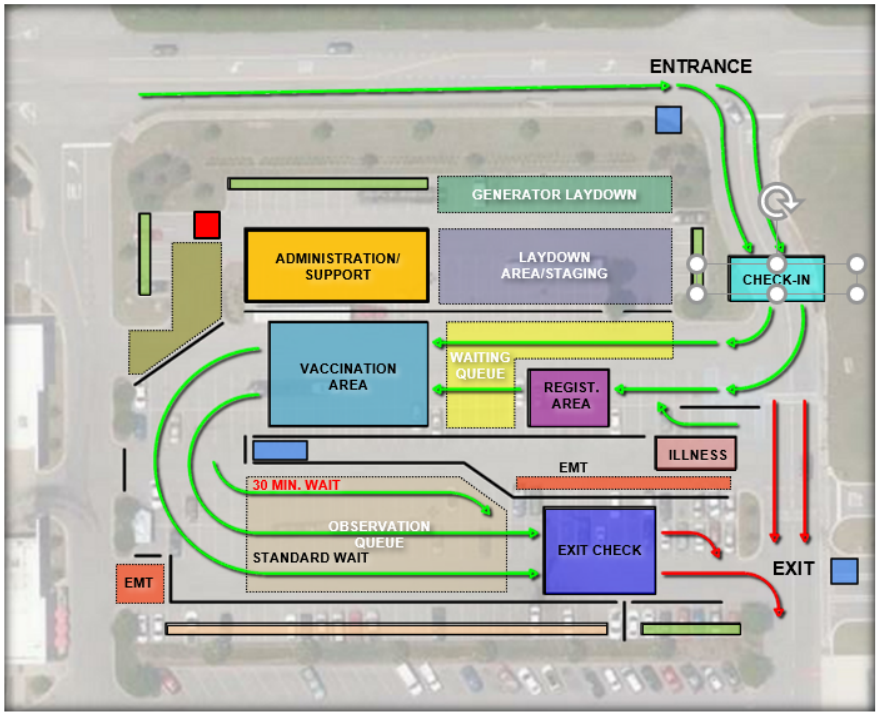
- Type 1 (6,000 doses per 12-hour day) –538,000 SF flat lot (~12 acres)
- Type 2 (3,000 doses per 12-hour day) –270,000 SF flat lot (~6 acres)
- Type 3 (1,000 doses per 12-hour day) –90,000 SF flat lot (~2 acres)
- Type 4 (250 doses per 12-hour day) –23,000 SF flat lot (~.5 acre)

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

EXISTING PARKING LOT

TYPICAL DRIVE-THROUGH LAYOUT

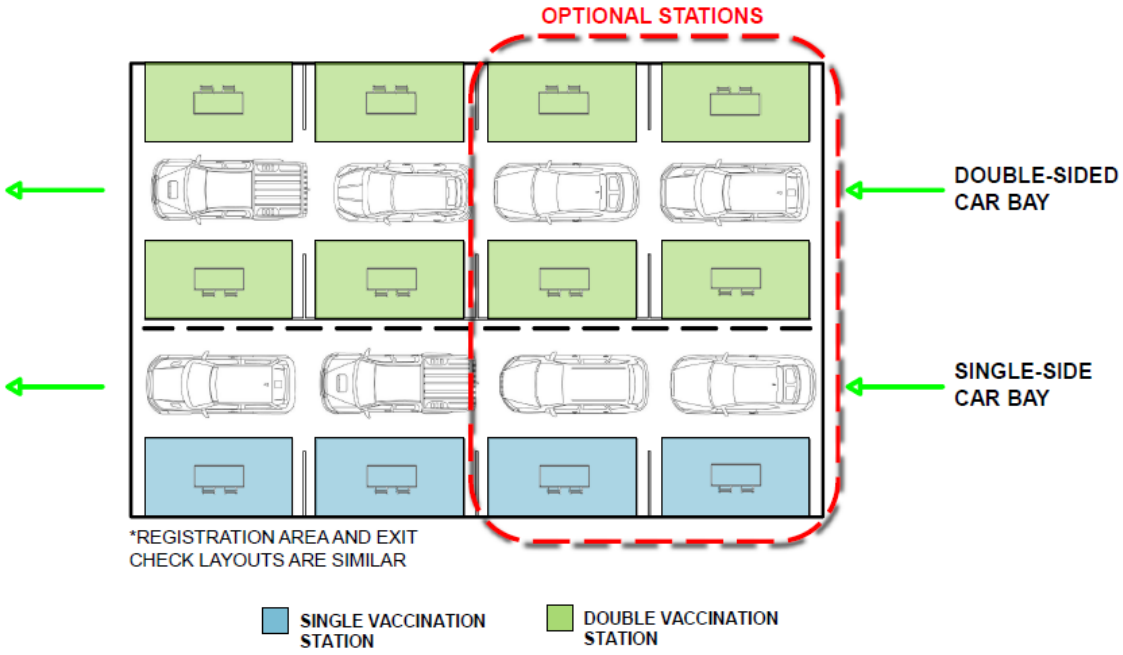
Conceptual layout only – adjust areas as required for existing parking lot layout, flow and throughput



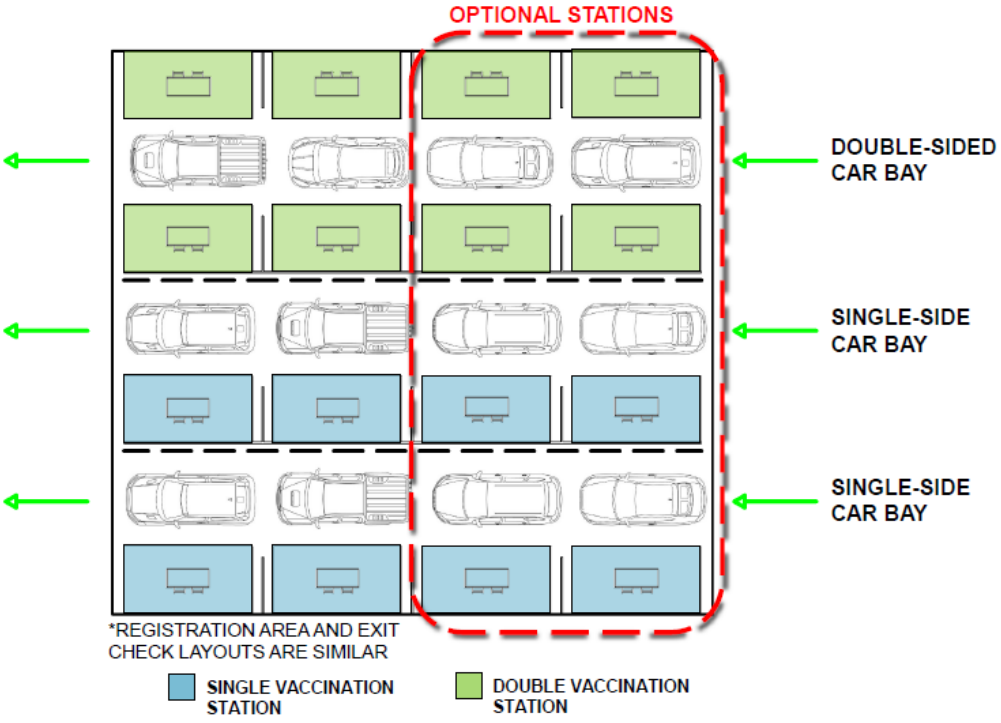
- CHECK-IN/SCREENING AREA/HAND WASH
- ILLNESS ASSESSMENT
- REGISTRATION AREA
- VACCINATION AREA
- WAITING QUEUE
- OBSERVATION QUEUE
- EXIT CHECK
- ADMINISTRATION/SUPPORT
  ADMINISTRATIVE AREA; STAFF BREAKROOM; ADMINISTRATIVE, MEDICAL, AND CLEANING STORAGE; GENERAL AND MEDICAL WASTE; AND PHARMACY (FREEZERS 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



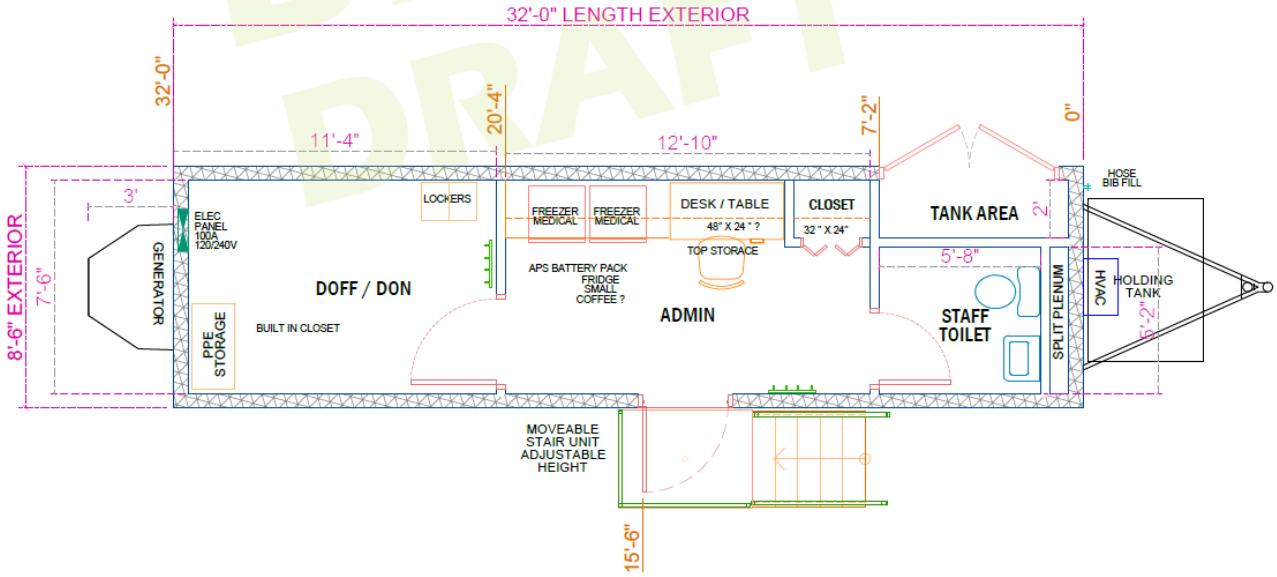
VACCINATION AREA – 3 BAY OPTION



Mobile Vaccination Clinic

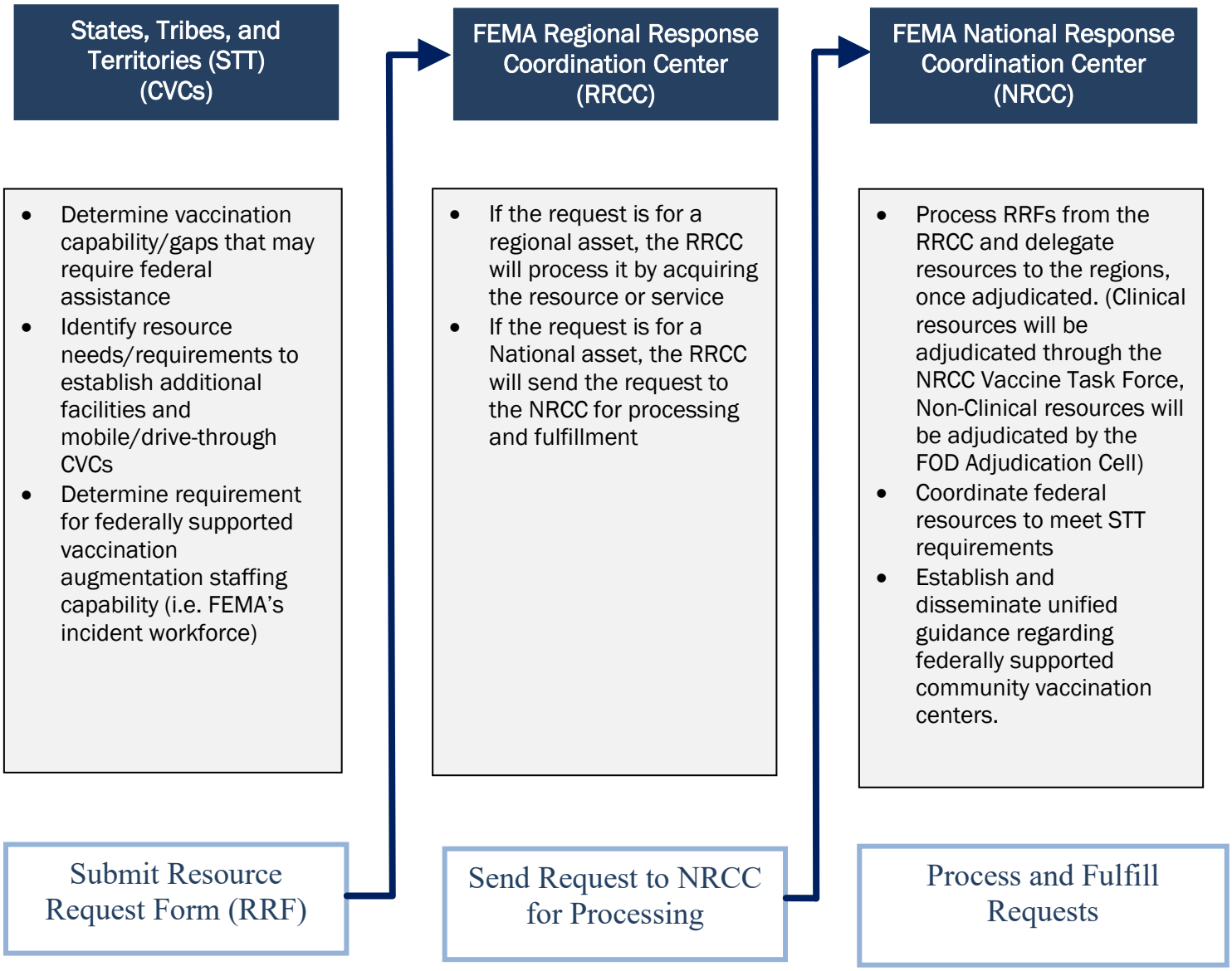
Vaccination Support Trailer

Vaccination Trailer w/ attached awning



Appendix C: 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 D: 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 E: 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.

Appendix F: Communications Support for CVCs

Communications Checklist

The list of actions below facilitates the establishment of communications at the CVCs. These actions are formatted as a checklist but many of the actions will be initiated concurrently, not sequentially.

<table>
<tr><th colspan="3">Communications</th></tr>
<tr><td></td><td colspan="2">Purpose</td></tr>
<tr><td></td><td colspan="2">This Appendix describes considerations for ensuring communications support and provisioning of required capabilities at federally supported Community Vaccination Centers (CVC). Providing core capabilities ensures the capacity for effective and timely communications in support of security, situational awareness, and CVC operations among the involved jurisdictions at STT levels.
• Operational communications and essential information must flow from the CVC to FEMA Regional Response Coordination Centers (RRCC), and ultimately to NRCC national-level decision makers. CVC reporting requirements are due daily to the National Response Coordination Centers (NRCC) by close-of-business. Communication lines between each region's CVC locations to their respective RRCC are critical and are an operational priority for ESF-2 support staff.
• The CISA National Coordinating Center for Communications (NCC) is the co-lead and coordinator for ESF-2 and works closely with industry using nationally available assets. The RRCC ESF-2 staff can assist with SLTT requirements for telecommunications industry in coordination with the NCC.</td></tr>
<tr><td></td><td colspan="2">Actions</td></tr>
<tr><td></td><td colspan="2">• Identify local, state, tribal, territorial, insular area, and federal communications requirements for CVC locations for internal and external stakeholders
<table>
<tr><th>Type</th><th>Potential Requirement</th></tr>
<tr><td>Data</td><td>• Public Internet
• Satellite as alternate to public Internet
• VoIP*
• Access to medical tracking databases and reporting via public Internet and user-provided VPN</td></tr>
<tr><td>LMR</td><td>• Land Mobile Radio (LMR) subscriber units+</td></tr>
<tr><td>Equipment</td><td>• Wi-Fi router
• VoIP*
• POTS+
• Cellular Phone+
• Cradle Point and MiFi+
• Large-format printer / copier+
• Power generation / UPS</td></tr>
<tr><td>Services</td><td>• LMR+
• POTS+
• Cellular phone+
• Large format copier / printer+
• VPN</td></tr>
<tr><td>Personnel</td><td>• IT support
• Communications Coordination and Support</td></tr>
<tr><td>Public Information</td><td>• Site locations to public and scheduling</td></tr>
</table>
*Requires both data and equipment / +Requires both service and equipment</td></tr>
</table>

✓	Actions
	Refer to relevant Disaster Emergency Communications (DEC) Division Regional Emergency Communications Plans (RECP) for summary of state communications capabilities, potential requirements, and key points of contact for coordinating requirements and solution for communications needs at federally supported CVCs
	Coordinate establishment, maintenance, and operation of required voice, video, and data communications systems by: • Provisioning required fixed, mobile, and commercial communications capabilities for stakeholders • Coordinating the acquisition and delivery of communications capabilities necessary to meet one or more responding agencies' CVC support requirements
	Coordinate provisioning of communications resources using the following priorities to meet CVC requirements: • Existing communications capabilities at CVC site • Metropolitan/local capabilities • STT capabilities • Wraparound service contracts for telecommunications services • Supplemental commercial/private sector communications services and FirstNet Authority • Federal communications support capabilities
	Coordinate with FEMA's OCIO to: • Provide IT support, secure network access and connections between CVC location and regional/national-level IT systems • Coordinate IT requirements in support of CDC COVID-19 reporting requirements
	• Coordinate commercial telecommunications requirements for CVC locations with CISA/NCC/ESF2
	• Coordinate with the State Spectrum office, FEMA Spectrum Management Office, NTIA and FCC frequency managers for frequency usage and frequency assignments to CVC locations as needed
	Ensure communications reach the RRCC, STT entities, and other stakeholders, as required
	Coordinate with CDC/HHS/state public health offices to ensure communications systems utilized comply with HIPAA and security regulations • Public Wi-Fi will be utilized by CVC staff for transmission of CDC reporting requirements • Public Wi-Fi and land mobile radio (LMR) should not be used for transmission of HIPAA data over open transmissions
	Coordinate with appropriate departments, agencies, and industry partners to ensure temporary redundancy of local communications infrastructure, systems, and power sources as needed
	RRCC will submit Resource Request Form (RRF) for STT partners for communication requirements that cannot be sourced locally • All validated STT communications related resource requests are sent via the respective RRCC through FEMA's WebEOC to the Resource Request Board • FEMA Disaster Emergency Communications Division (DECD) may employ its mobile tactical resources and Command Control (C2) communications capabilities in support of CVC operations. DECD's resources are a national level asset requested via the WebEOC resource request process described above

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 Analysis
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

Administered – Amount of doses that have been removed from inventory, prepared and reported as administered to a recipient. Administration includes first and second does that have been reported. (How much supply a jurisdiction has used)
System of Record: Jurisdiction Immunization Information Systems (IIS), Federal Agency Central Systems, Commercial Pharmacy Central Systems, and the CDC's Vaccine Administration Management System (VAMS)
Operations systems: CDC's Data Clearing House, CDC's IZ Data Lake, Tiberius (Visualizations)

Allocation – Represents the total federal allocation to jurisdictions. For Pfizer and Moderna vaccines, allocations are split into two: 1) First dose quantities that have already been released to the US Government and are under federal control at the time of allocation; and 2) Additional doses that are still being manufactured and are not under federal control at the time of allocation. These doses are allocated but released at a future date (i.e., projected second dose supply). (How much supply will be made available to a jurisdiction)
System of Record: Tiberius *Operations system:* Tiberius

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

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

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) – CVCs are locations established to administer vaccines. The CVC site refers to the facility, including parking and support areas, 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.

Delivered - Amount that has been physically dropped off at a provider's location, fulfilling the VTrckS order. *System of Record:* Tiberius, based on delivered data received from 3rd Party Logistics carriers (FedEx and UPS). *Operations system:* VaccineFinder (Records Provider Inventory after delivery and as reported by the Provider)

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 – 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 shelter, and with appropriate staffing.

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.

Ordered - Amount requested on a valid order in VTrckS and transmitted by the US Government to a distributor for fulfillment. (How much supply a jurisdiction ordered).
System of Record: VTrckS *Operations system:* Tiberius (visualized)

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.

Shipped – Shipped is the quantity of doses picked up by a courier service and reported in VTrckS (How much supply that has been sent, including supply in transit to a jurisdiction).
System of Record: VTrckS *Operations system:* Tiberius

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.

Wasted - Describes the number of doses lost for any reason, including expiration, temperature excursion, breakage, contamination or anything else that prevents a provider from successfully administering the product. (How much supply was lost)
System of Record: VTrckS**,** Vaccine Provider Ordering Portal (VPOP)
*Operations system***:** Tiberius (Visualization)

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.

Community Vaccination Centers Playbook
Feedback Form

FEMA would like your feedback on the Community Vaccination Centers Playbook. Please utilize the template provided below to record suggested revisions. The form should either be attached to or pasted into the body of an email addressed to **FEMA-NRCC-Playbook@fema.dhs.gov**. The CVC Playbook Crisis Action Planning Team will collect all feedback and publish revised versions of the CVC Playbook on a bi-weekly basis. *Required Fields.

Name*:

Email*:

Phone :

Location of suggested revision*:

Data/Addtion/Revision:

Please email **FEMA-NRCC-Playbook@fema.dhs.gov** if you have any questions.