

Guide to On & Off-Site Clinics

1. Huddle (5 minutes after shifts starts)

- a. Introduce yourself to each other and identify who will be doing which duties. We have a lot of temporary staff that will be going to all sites and will want to get to know each other.
- b. Establish the workflow. Ensure there is social distancing while people are being seen. If possible, identify the entrance and exit of the clinic flow and observation area. We would like to see if the patients can go in one area and exit a different door. Then for the observation area the same if possible.
- c. Identify lead nurse and office support for the day. This helps for all to be able to know who they can go to for questions.
- d. Map out who and when will cover lunches and breaks
- e. Educate all on where the emergency supplies are (Epi pens and Benadryl)

2. Registration/screener

- a. We will need to do paper charting until the online is up and working – If the patients do not bring the encounter form filled out then we will need to provide the encounter form and if they did not bring a copy of their insurance card with them then we will need to make a copy. Clip boards can be given to patient if they need to fill out the forms.
- b. Stamp COVID immunization card with the SLCoHD logo and date stamp on it. Fill out their name and DOB This needs to be legible. Then give the card to the patient so they can give the card to the vaccinator to then fill out the lot number and brand name.
- c. If there are separate screeners, they can check to make sure all paperwork is filled out legibly and completely. Otherwise, the registration staff will do this part.
- d. You will need to identify how the vaccinator will know who is next to receive the vaccine or take to the next available vaccinator. Each site will need to determine best way the flow will be handled.
- e. Give the EUA fact sheet to each person.
- f. Forms may need to be printed by each site the first few days until we get the encounter form and the EUA forms printed.

3. Nurse/vaccinator (RN, LPN, AEMT, MD, CMA, Nurse apprentice (has temporary license)):

- a. Double-check paperwork. If screening questionnaire is not done, complete prior to vaccination.
- b. Be sure to write the lot number and brand on front part of vaccine card, write the return date on the back side of the card (28 days with the Moderna). Write the time that vaccine was given to them on the top right side on the front of the card, so they know when their 15-minute observation time is up. This needs to be legible.
- c. Educate patient on normal symptoms they may experience and to seek urgent care if the experience Hives or difficulty breathing. Advise that we want them to be observed for 15 minutes after the vaccination. Advise we want them to return to our Local Health Department sites to receive the same brand of vaccine they received on their first vaccination. After the vaccine direct them to the observation area.
- d. 2 hours prior to shift ending- lead nurse to identify how much vaccine is in (open bottles) will need to share open bottle to ensure no waste. If there may be extra doses needing be given, then you will need to recruit other staff in the building or other off-site staff who need to be vaccinated.
- e. Vaccine Encountering- to be done by nurse/vaccinator. Some of the temporary staff will not have access to the ezEMRx and so Health Department staff with access will need to enter in the

data that day. We are required to enter into the system within 24 hours if possible but we do have 72 hours.

- f. End of shift a tally of how many vaccines will need to be recorded in Smart sheets. An e-mail will be sent to lead nurse to enter in. Once the online version is up and going then we may not need to do this.
- g. End of day duties is to look at the next day schedule and place that about/more of the vaccine in the fridge so it can thaw overnight.

4. Observation area: (staffed by RN, LPN, AEMT, MD, CMA, Nurse apprentice)

- a. Staff will have standing orders for Epi and anaphylactic readily available with the epi pens and Benadryl (supplies).
- b. Can rotate during the day with the vaccinator position.
- c. Know the address of the location they are working at in case need to call 911.
- d. Establish a flow so patients can socially distance and enter and exit different door if possible.

STANDING ORDERS

ANAPHYLACTIC EMERGENCY ORDERS

1. **INDICATIONS:** **ANAPHYLACTIC REACTION OCCURRING AFTER VACCINATION**

Presentation of sudden or gradual onset of generalized itching, erythema (redness), urticaria (hives), angioedema (swelling of the lips, face, or throat), severe bronchospasm (wheezing), shortness of breath, shock, abdominal cramping, or cardiovascular collapse.

2. **TREATMENT:**

1. Call 911
2. Escort client to appropriate place for direct observation
3. Have client lay down
4. obtain vital signs
5. Administer 6-12 liters of Oxygen via mask as needed for respiratory support
6. Give Epinephrine as follows:

EPIPEN 1:1000 USP (0.3ML)

- **Greater than 66 lbs.**
- Dosage: **Single dose of 0.3mg**
- Route: Intramuscular (IM)
- Do not give in the buttock or intravenously

EPIPEN JR 1:2000 USP (0.3ML)

- **Children 33-66 lbs.**
- Dosage: **Single dose of 0.15 mg**
- Route: Subcutaneous (SQ) or Intramuscular (IM)
- Do not give in the buttock or intravenously

7. Adults: Administer 50mg of Benadryl IM x1
8. Implement Rescue Breathing or CPR as needed, until help arrives
9. **Children \leq 32 lbs. do not use EpiPen or Benadryl, call 911, Implement rescue breathing or CPR as needed, until help arrives.**

*Do not refrigerate EPIPEN or EPIPEN JR.

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