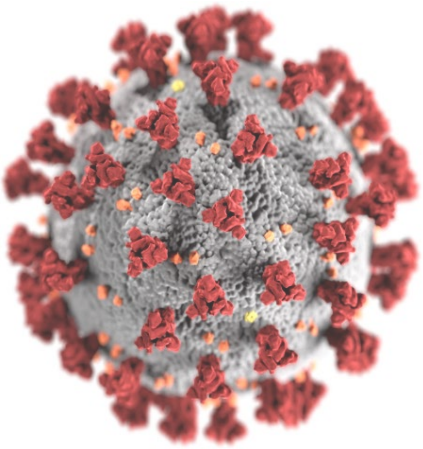

COVID-19 PHASE 1A VACCINATION PLANNING

DEPARTMENT OF STATE HOSPITALS

Updated December 23, 2020

Ellen Bachman / Jessica D'Braunstein
DSH Statewide Quality Improvement Program
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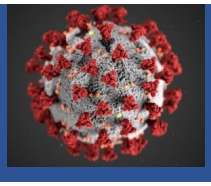
DEPARTMENT OF STATE HOSPITALS
COVID-19 PHASE 1A VACCINATION PLAN



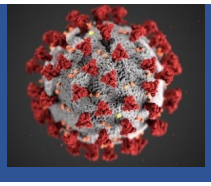
Introduction/Explanation

As is stated in the CDC COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations, immunization with a safe and effective COVID-19 vaccine is a critical component of the strategy to reduce COVID-19-related illnesses, hospitalizations, and deaths and to help restore societal functioning. The goal of the U.S. government is to have enough COVID-19 vaccine for all people in the United States who wish to be vaccinated. Early in the COVID-19 Vaccination Program, there may be a limited supply of COVID-19 vaccine, and vaccination efforts may focus on those critical to the response, providing direct care, and maintaining societal function, as well as those at highest risk for developing severe illness from COVID-19. California's COVID-19 Vaccination Plan, as well as a summary of CA's efforts to plan for COVID-19 vaccine, are both posted at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19Vaccine.aspx .

The intention of this document is to help state departments plan for the phased implementation of COVID-19 vaccine in their facilities. This plan is for Phase 1A, which we expect will focus on immunizing health care personnel. We realize that there are still many unknowns about COVID-19 vaccine. Completion of this template will help to ensure that the foundational planning components for your COVID-19 vaccine response are in place. This is a high-level planning tool that only requires concise responses. Please return this completed template to CDPH by **5:00 pm November 20, 2020**, if at all possible**.** Please send the completed template to **James.Regan@cdph.ca.gov**.

Box size indicates how much we'd like to hear about your plan for the different sections. Boxes will expand if you need to add more text.

Thank you. We look forward to learning about your strategies and plans as we embark on this new and critical vaccine journey.



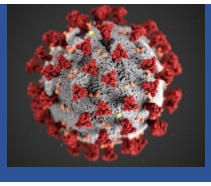
Section 1: COVID-19 Vaccine Phase 1a Staff

A. Please provide the general categories of your department's healthcare personnel according to the linked CDC definition, and the count of health care staff in each of those categories (across all facilities). For the purposes of this survey, the term "staff" or "workers" refers to individuals working or providing services within the facility, regardless of employment status, and not limited to direct patient care. This should include staff, contractors, physicians, students, volunteers, etc. Employment status of full-time, part-time, as needed, or volunteer are irrelevant for this query.

Per the CDC, healthcare personnel (HCP) refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. These HCP may include personnel not directly involved in patient care but potentially exposed to infectious agents that can be transmitted among from HCP and patients.

The Department of State Hospitals (DSH) manages the California state hospital system, which provides mental health services to patients admitted into five state hospitals. Employees at each of these hospitals provide around-the-clock care, and including psychologists, psychiatrists, social workers, rehabilitation therapists, psychiatric technicians, registered nurses, and other clinical and administrative staff. There are approximately 190 different job classifications at the state hospitals, including hospital police, kitchen staff, custodial staff, warehouse workers, groundskeepers, information technology staff, plant operations staff, spiritual leaders, and other support staff. Additionally, forensic, clinical oversight, and technology services are supported by DSH-Sacramento with a small contingent of staff who provide direct and indirect services in each of the five hospitals.

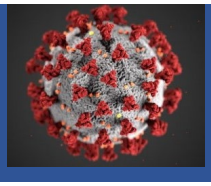
Based on the CDC's definition and instructions above, DSH has evaluated our workforce to not only determine who is eligible to receive the vaccine, but also which employees are most at risk for becoming infected with the Coronavirus and at risk of transmitting the virus to coworkers, patients, and others who work at DSH hospitals. Below is a table that summarizes the Department's total work force. Prioritization of staff by risk category is summarized in Section 1.B.



Department of State Hospitals Employee Count 10/2020 (Filled Positions)								
	DSH-S	DSH-A	DSH-C	DSH-M	DSH-N	DSH-P	HOSPITALS ONLY	DSH TOTAL
# State EE	578	1,950	2,181	1,738	2,373	2,507	10,749	11,327
# Contract EE	0	27	52	6	26	9	120	120
Total EE	578	1,977	2,233	1,744	2,399	2,516	10,869	11,447

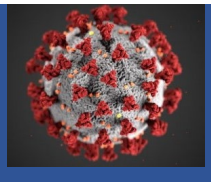
B. Please fill in the table below to estimate the numbers of staff based on risk of exposure to COVID. Responses should be based on individuals, not FTEs, and should include temporary and permanent staff as well as volunteers and contractors, as indicated above. Please include staff across the continuum of care, e.g. ambulatory, urgent care, inpatient, hospice, home health, long term care, rehab services, pharmacy, etc.

Staff by risk category	# of staff	Names of job categories you have included
Highest risk: frontline clinical staff who care for patients in high risk settings or for patients with unknown COVID-19 status. (Could include ambulatory and urgent care staff, respiratory therapists, etc.)	Totals by Hospital: DSH-A: 1352 DSH-C: 1484 DSH-M: 1113 DSH-N: 1647 DSH-P: 1592 DSH-S: 0 Total: 7188	Level of Care Nursing, Nursing Services (ACNS, HSS), Unit Supervisors/SRN, Physician/Surgeons, Psychiatrists, Physician Assistants, RNPs, Police/Fire Services, Environmental Services Staff (Unit based), Respiratory Therapists, Public Health Nurses, POST Services (Physical, Occupational and Speech Therapy), Dental



High risk: frontline clinical staff who provide direct patient care and support staff with risk of exposure to bodily fluids or aerosols. (Could include environmental services staff, phlebotomists, etc.)	DSH-A: 339 DSH-C: 419 DSH-M: 363 DSH-N: 418 DSH-P: 456 DSH-S: 0 Total: 1995	Clinical Staff (SW, PhD, RTs, Dieticians), Chaplains, Program Management, Food Service, Pharmacy, Phlebotomists, Laboratory Technicians Environmental Services Staff (Non-Unit based) Laundry Services, Forensic Evaluators (SAC-based with patient contact)
Moderate risk: staff who have indirect or limited patient contact. (Could include food services, medical records, front desk staff, etc.)	DSH-A: 111 DSH-C: 116 DSH-M: 106 DSH-N: 138 DSH-P: 273 DSH-S: 152* Total: 896	Medical Records staff, Standards Compliance/ Audit staff (if not LOC), Plant Operations, Technology Services, Executive Teams
Low risk: administrative support staff with no routine patient contact.	DSH-A: 175 DSH-C: 214 DSH-M: 162 DSH-N: 196 DSH-P: 195 DSH-S: 37* Total: 979	Accounting, Trust, Human Resources, Other Administrative Support Departments, DSH-Sacramento employees that visit State Hospitals unless specified at higher risk by Supervisor (case-by-case basis
TOTAL:	**11,058**	

* DSH-Sacramento employees included in the list above will receive vaccinations at the nearest state hospital.



Section 2: COVID-19 Vaccine Phase 1a Facilities

A. Please review the attached spreadsheet of health care facilities that are operated by your department. If changes are required, please note those changes below.

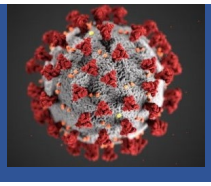
DSH has reviewed the State Agency – Facility Information Sheet for accuracy and has selected and provided the name of the employees who will serve as the Single Point of Contact (SPOC) for managing the Vaccine Administration Plan locally at each of the State Hospitals for both Employee and Patient vaccination campaigns.

DSH-Sacramento staff in positions that require on-site visits to the State Hospitals will be provided vaccination coverage under their local/closest State Hospital with prioritization of staff by risk category summarized in Section 1.B or as otherwise determine by their Supervisor. Totals for staff that fall into these categories have been reflected in that Section.

B. In the attached spreadsheet, there is a dropdown with options to select your preferred allocation source for doses of vaccine each of your department's health care facilities. If any of your department's facilities are planning to receive allocations from a source other than the state's allocation, please provide a short explanation below. See further explanation in Tab 1 of the attached spreadsheet.

DSH is planning to use a contracted occupational healthcare provider (Mobile Med) for Phase 1a (Employee) vaccination services at three of the five State Hospitals, DSH-Atascadero, DSH-Coalinga, and DSH-Patton, with vaccine supply coming from the State Allocation. The other two hospitals will use in house staff to manage vaccination administration. DSH will coordinate ordering and vaccine shipment through the DSH Vaccination Executive Sponsor and the Task Force Liaison. Vaccine will be stored at each hospital.

Upon initiation of the patient vaccination campaign, DSH will continue its contract with Mobile Med for employee vaccination services at three hospitals while taking on direct responsibility for patient vaccinations at all five hospitals. DSH will complete the Vaccination Provider Agreement and obtain vaccine supplies from the State Allocation for the employee and patient vaccination campaigns – initiating ordering, shipment, storage, vaccine administration, and reporting processes for patient vaccinations at the five State Hospitals.



Since submitting our original Phase 1A Vaccination Plan, DSH-Napa received Pfizer vaccine from Napa County Public Health. This allocation has been reported to CDPH.

Section 3: COVID-19 Vaccine Administration Plan Outline

A. Who is your agency's lead to plan and coordinate COVID vaccination administration of staff across all your healthcare facilities?

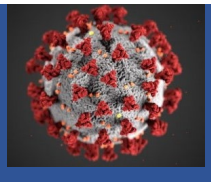
Executive Sponsor:
Name: Ellen Bachman
Title: Deputy Director - Statewide Quality Improvement Program
Email: Ellen.Bachman@dsh.ca.gov
Phone: (916) 261-1819

COVID-19 Vaccine Task Force Liaison:
Name: Jessica D'Braunstein
Title: Chief, Statewide Quality Improvement
Email: Jessica.Dbraunstein@dsh.ca.gov
Phone: (916) 838-7528

B. Please list the medical entity that will be responsible for signing the Federal COVID-19 Vaccination Program Provider Agreement once it is finalized. The current draft of the provider agreement can be found here. An explanation on the Provider Agreement and a table with options are listed below.

DSH will be the medical entity responsible for the vaccination of all employees and patients residing at the five state hospitals. Dr. Katherine Warburton, Medical Director, and Stephanie Clendenin, Director, will be responsible for signing the Federal COVID-19 Vaccination Program Provider Agreement on behalf of all five state hospitals. The contract provider Mobile Med will be responsible for some aspects of vaccine administration and data entry.

The Federal COVID-19 Vaccination Program Provider Agreement should be used for your reference only, and to assist with the information gathering which will be required as part of the organization's enrollment process. All California healthcare providers will be registering and enrolling via an online provider enrollment system. As part of the enrollment process, organizations must identify key roles, listed in the table below, who will agree to conditions of participation in the federal COVID-19 vaccination program on behalf of the organization,

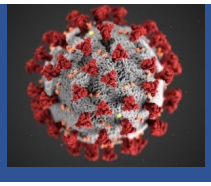


and any individual organization locations which will be receiving and/or ordering COVID-19 vaccines. In addition, each site must identify a Medical Director or Pharmacy Director who will complete an attestation of proper vaccine storage and equipment, and sign on behalf of that location.

Note: Organizations approved by CDPH to redistribute COVID-19 vaccine, constituent products, or ancillary supplies must also sign, agree to, and comply with all conditions listed in the CDC COVID-19 Vaccine Redistribution Agreement.

Options **Who will be the immunizer of the state agency's frontline healthcare staff?**	**Who signs the federal Provider Agreement Part A* on behalf of the enrolled Organization?**	**Who signs the federal Provider Agreement Part B* on behalf of each organization location?**	**Who signs the CDC Supplemental COVID-19 Vaccine Redistribution Agreement on behalf of the enrolled organization, when approved by CDCPH?**
1. State facilities' health care providers vaccinate their own staff.	State agency's Chief Medical Officer and Chief Executive (or fiduciary) Officer	Medical Director or Pharmacy Director	State agency's Chief Medical Officer and Chief Executive (or fiduciary) Officer
2. Outside occupational health practice contracted by the state agency.	Occupational health group's Medical Director and Chief Executive (or fiduciary) Officer	Medical Director or Pharmacy Director	Occupational health group's Medical Director and Chief Executive (or fiduciary) Officer
3. State agency uses a pharmacy to immunize in drug stores or at each state facility.	Pharmacy chain's Medical Director and chief executive (or fiduciary) officer	Pharmacy Director	Pharmacy chain's Medical Director and Chief Executive (or fiduciary) Officer
4. Mass vaccinator contracted by the state agency.	Mass vaccinating company's Medical Director and Chief Executive (or fiduciary) Officer	Medical Director or Pharmacy Director	Mass vaccinating company's Medical Director and Chief Executive (or fiduciary) Officer
5. Federal Long-Term Care partnership with pharmacies (only for long-term care facilities).	CDC will arrange		CDC will arrange
6. Other options.			

*Part A of the Agreement is filled out once, but Part B must be completed for each organization location.



C. Describe your process to follow up with facilities who may not be meeting ordering, storage, inventory, or reporting requirements.

DSH will be responsible for ordering, storage, inventory, and reporting requirements in collaboration with our contract provider, Mobile Med. DSH and Mobile Med are designing scheduling and electronic health record keeping provisions that build upon current services and processes provided through our Mobile Med COVID-19 testing contract.

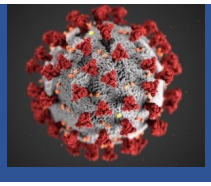
DSH in collaboration with Mobile Med will manage the Phase 1a vaccination campaign through designation of a single point of contact (SPOC) for each hospital as well as a centralized leadership team. Through the existing weekly status meetings with Mobile Med, they (as the vaccine administrator) will report trend data back to DSH senior leadership, and through that process can ensure full compliance, in addition to being able to request assistance with course correction when necessary. DSH's Employee Health Record (EHR) currently in use for COVID testing administration and tracking will assist with employee vaccination data tracking and reporting. The EHR system, called Channel-19 from Enterprise Health will be leveraged further for the tracking of vaccination completion percentages, progress data, and multi-dose administration.

DSH has established an Internal Steering Committee with Subcommittees comprised of membership from each of the State Hospitals reporting up to the Steering Committee to address various planning aspects for both Phase 1a and future phases, and meetings are ongoing.

The Subcommittees include:

- Vaccine Ordering/Storage - (pharmacy, logistics/administration) to coordinate and manage administration supply kits, tracking/monitoring of vaccine, and reasons for wasted product.
- Data Tracking (internal tracking for dosage timelines and external reporting - may be 2 sub-teams)
- Vaccine Administration - (pharmacy, public health, nursing)
- Communication (consent/declination process; messaging; staff and patient education)

Plans for ongoing monitoring are to have lead personnel from each hospital on the subcommittees report up to the Hospital SPOC and Steering Committee. Each hospital will utilize tracking and monitoring systems to report to the SPOC and Steering Committee to manage challenges, communication, education, and outreach to employees.



D. Describe your plan to assess cold storage capacity for your department's facilities (including ultra-cold storage capacity).

The DSH hospital pharmacies will assess and manage cold storage capacity for vaccine stock.

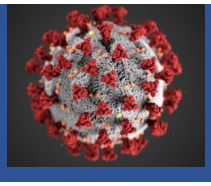
DSH conducted initial Inspections in consultation with the Pharmacy SPOCs, Technology Services Division and Plant Operations at the five hospitals. DSH determined that all the hospital pharmacies can adequately accommodate the K205ULT freezer with minimal to no impact. DSH communicated this information to the Vaccine Task Force's Logistics Team on 10/29/2020 and confirmed the request for CDPH to proceed with the order of five K205ULT freezers along with the data logger WiFi trackers to provide remote monitoring of the freezer temperatures.

In addition to the ultra-cold storage capacity assessment, DSH evaluated support equipment needs to ensure safe storage and transport of the vaccine to vaccination sites within each hospital. Sourcing for some of the equipment has been challenging due to supply shortages. If we have challenges obtaining additional insulated transport containers, totes, and data loggers, DSH is working with the hospital Pharmacy Managers to identify alternative solutions. DSH is building in contingency plans for a rapid approach to administration and/or centralized vaccination clinics and local dry ice contracts should ultra-cold storage equipment not be in place prior to receipt of the vaccine.

Given the storage and handling guidelines for the Pfizer vaccine, DSH determined each hospital requires the following equipment:

- 1 K205ULT Freezer.
- Data logger for remote monitoring of temperature on ultra-low temperature freezer.
- Backup/secondary data loggers for shipper container and insulated transport containers.
- Temporary use of shipper container with dry ice supply contracts as contingency plan should vaccine arrive prior to ULT freezers. (With re-icing, the vaccine can be kept in container for up to approximately 13-14 days).
- Insulated transport containers and totes (amount varies by individual hospital's needs).

Pharmacy personnel and staff designated to administer vaccines will receive training and instruction to ensure that ultra-cold storage temperatures and other handling requirements according to the manufacturer's guidelines are preserved at each access point from receipt to administration.



The initial inspections and resource needs identification described above were performed before DSH made the decision to contract with Mobile Med for Phase 1a. As of result of this change, DSH identified additional ultra-low cold storage equipment needs. DSH evaluated current testing sites at the State Hospitals for expansion to accommodate vaccine administration to employees by Mobile Med, assessing the physical location and critical infrastructure (electrical, information technology, and security). As a result, one SU105UE Stirling ultracold freezer unit was ordered for each hospital through CDPH, with anticipated delivery in late January or early February 2021.

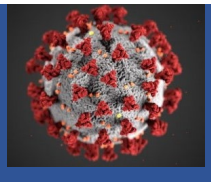
E. Describe how your agency will identify the staff being offered vaccination, and schedule first and second dose appointments with the vaccinator?

All employees and contract providers at DSH hospitals will be eligible for the COVID-19 vaccine, with individuals who provide direct patient care services having the highest priority. Some DSH-Sacramento employees who are based at hospitals or visit hospitals as part of their responsibilities will also be eligible for the COVID-19 vaccine. Each hospital will generate a master list of employees that will be updated at least monthly to identify and track vaccination status of each employee, including declinations. This list will include employee classification, assignment, and priority risk status.

DSH is considering the development and use of COVID-19 vaccination consent and declination forms to aid in tracking that each employee has been offered and either received or declined vaccination. This process is to be established through the Vaccine Administration Subcommittee in coordination with Mobile Med services provisions.

To manage employee scheduling, DSH and Mobile Med will expand upon the existing scheduling systems established for COVID-19 Employee Testing. This includes a scheduling application through Mobile Med's Channel 19 and Enterprise Health electronic healthcare record systems. These applications will facilitate scheduling of the second appointment at the time the first appointment is made, with tracking of both appointments to ensure completion and coordination of scheduling. The scheduling system includes the capability for reminder notices to the employee, their supervisors, and other departments as deemed necessary.

DSH will initiate a vaccine campaign, including an online survey to determine employee interest in obtaining the COVID-19 vaccine. The employee interest data will assist with estimating the number of employees likely to accept the



vaccine by risk category and will guide development of targeted awareness and education efforts, including but not limited to announcement icons on each DSH hospital intranet site, FAQs, and a link to the DSH vaccination plan to provides transparency and build confidence in the DSH strategy. Awareness and educational outreach also will include links to CDC and CDPH resource materials.

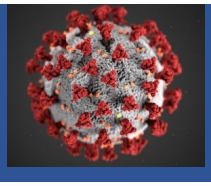
F. Describe your plan for tracking second dose intervals and administering second doses to health care staff.

DSH in collaboration with Mobile Med will expand upon the existing scheduling systems established for COVID-19 Employee Testing as described in the previous section. Tracking of second dose intervals will be managed in accordance with the vaccine manufacturer's guidelines. Second dose appointments will be scheduled at the time the first appointment is made, with tracking of both appointments to ensure completion and coordination of scheduling. The existing schedule system includes reminder notices to the employee, their supervisors, and other departments as deemed necessary.

G. Describe how your agency's COVID vaccine coordinator will monitor that targeted staff are offered and accept dose 1 and dose 2, and use lessons learned to improve the program for future phases.

Each hospital will have a master list of staff by risk category and will offer the vaccine to those in the highest risk level first, followed by the high risk group, then moderate and low risk groups as vaccine supply allows. Reports received through Mobile Med as well as internal tracking and monitoring systems will be used to track offer/acceptance of dose 1 and dose 2 of the vaccination for targeted employees by risk level, with ongoing outreach to improve vaccination rates. The Data Tracking Subcommittee will evaluate reporting and tracking needs and may consider development and use of COVID-19 consent and declination forms to aid in the process.

If a declination or waiver process is used, it will require clear parameters and detailed documentation. The scheduling and monitoring process outlined elsewhere in this document should be highly effective in capturing the objective data on the program efficacy, and the weekly meetings with Mobile Med will enable constant tracking at the Department level.



H. Describe how your agency plans to communicate your COVID-19 vaccine administration plans to staff, residents/inmates, and other stakeholders.

Education will be a crucial element for outreach to DSH employees. Lessons learned through the startup of the COVID-19 testing protocol will be applied to the vaccination campaign. DSH plans to utilize our Office of Communications to develop consistent messaging for Department-wide usage/distribution. A large outreach program using multiple DSH's resources (employee newsletter, email blasts, screensaver reprogramming, signage, etc.) is planned to encourage vaccination and build employee awareness. Outreach to collective bargaining units is also planned.

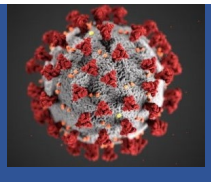
Prior to COVID-19 vaccination clinics, employees will be informed of the availability of the COVID-19 vaccine and that it will be offered at no cost; reasons employees should be vaccinated; CDC recommendations; and information on how employee COVID-19 clinics will be run concurrent with our ongoing Influenza vaccination campaign.

Education:
The following are educational topics to be provided as materials become available:

- Benefits of COVID-19 vaccination.
- Potential health risks or consequences of COVID-19 infection and illness for employees, patients & family members
- Detailed information about each type of vaccine that may be provided, including dosage intervals, results of clinical trials, possible side effects.
- Safety of the vaccines.
- Reminder to practice respiratory hygiene and cough etiquette and stay home and away from work if sick.
- Employee responsibility in preventing COVID-19 infection both at home and in the workplace.
- Mandatory return of COVID-19 vaccination declination forms and proof of vaccination if received from an outside provider.

Possible strategies for education:

- Standing agenda at inter-shift meetings on the units and during departmental staff meetings.
- Email messaging and information on hospital intranet sites.
- Brochures and posters distributed throughout the hospital to reach employees, and later patients.
- Hospital mandatory annual update training and new employee orientation to include COVID-19 vaccination education along with influenza vaccination education.



- Develop Department flyers and screen savers on all computers at DSH
- Use of Clinical Response Update WebEx to share information and garner interest through announcements during presentations.

I. Describe any potential barriers you anticipate to COVID vaccination of your frontline staff (and how to address them).

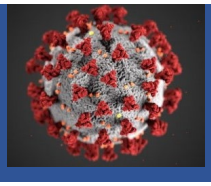
In our initial planning efforts, DSH has identified some potential barriers in vaccinating our employees. These include:

- Employee confidence in the vaccine.
- Not knowing if this is a seasonal vaccine or a one-time vaccine with long-term immunity.
- Potential side effects and concerns that significant side effects could affect attendance/staffing and could deter others from getting vaccinated.
- Whether there are contraindications to receiving the vaccine if the employee has a previous or current COVID-19 infection or known/unknown exposure in between the first and second dose.
- Previous COVID infection or fear of infection from the vaccine could be possible deterrent to getting vaccinated.
- Reliability of staff to come back for administration of second dose.
- Availability of vaccine supply.
- Confidence in reliability of contracted services

The DSH Vaccine Administration Subcommittee and Vaccine Steering Committee will analyze data and monitoring vaccination trends ongoing to identify and address additional barriers.

In identifying potential barriers, DSH has also initiated planning to address them. In addition to the strategies for education listed in the Section above, other potential methods to address barriers include:

- Educating staff on the DSH plan for vaccination services. Provide the plan on the DSH intranet along with FAQs addressing identified barriers with links to additional educational resources.
- Initiating outreach and communication plan early in the process. Communication will need to combat negative social media information about the vaccine.
- Distribution of articles addressing why to get vaccinated and effectiveness of vaccine.
- Providing education on live viruses.



- Providing Vaccine Fact Sheet early, not just at time of administration of the vaccine.
- Re-surveying staff refusals after education.
- Deploy a DSH email address for employees to send questions and the email should be responded within a reasonable agreed timeframe by designated well-informed staff who can triage questions, with elevation of more complex or systemwide issues to the DSH internal Task Force/Steering Committee).
- Incentives for getting vaccinated and keeping second dose appointments – staff recognition events, prize drawings, posting percentage of employees vaccinated by work area to promote friendly competition.

J. Describe any additional vaccine administration information or points of concern that were not captured in other sections of this template.

Initial reports are indicating that there may be potential side effects associated with administration of the vaccine that could mimic COVID-19 symptoms. How this is handled during the daily Healthcare Provider Screenings process will need to be addressed. The possibility of employee absences associated with vaccine side effects coupled with recent surges in COVID-19 infections could adversely affect DSH's healthcare provider workforce and create staffing challenges, as well as additional costs associated with overtime and employee testing. DSH will need to consider this as factor when planning staffing needs. Having additional information on post-vaccine administration infection rates would be helpful in planning for any staffing challenges that could arise during this initial employee vaccination campaign.