

COVID-19 Urgent Care Worker Vaccination Playbook

Options for local Health Departments to effectively distribute vaccine to urgent care workers

Situation: Minimum shipment requirements and lack of integrated infrastructure are making it difficult for local health departments to strategize vaccination for health care workers in urgent care centers, specifically single-site and smaller organizations unaffiliated with a health system.

Background: Urgent Care is a well recognized community-based resource for easily accessible on-demand acute health care. As such, urgent care centers have been at the forefront of COVID-19 testing and treatment since the onset of the pandemic and must be afforded access to the best possible protection in order to continue fulfilling their mission in the safest way possible for employees and the patients they serve. The Pfizer vaccine ships in lots of 975 doses and the Moderna CV-19 vaccine ships in lots of 100 doses, much more than the typical number of personnel that staff a single urgent care location, potentially precluding allocation and use of vaccine at these locations. A coordinated strategy is needed to deploy this vaccine across the spectrum of smaller urgent care programs which many localities appear to have so far not yet addressed. The Urgent Care Association (UCA) via the CDC has provided a list of all urgent care practices in its database to vaccine task force leaders in every state. Local health departments from a few states have already reached out to UCA and our chapter organizations (e.g. NERUCA - northeast US region and CALUCA - California) seeking recommendations for vaccinating urgent care staff.

Assessment: After in-depth discussions with officials in California and New York it is clear that local and state health departments are in need of assistance with vaccinating the urgent care sector. In partnership with NERUCA and CALUCA leaders, UCA has recommended two options for vaccine deployment to urgent care workers in these states. However, since UCA lacks the means to meet individually with every local health department across the country, we believe an easily deployable and compact guidebook should be formulated, which can then be rapidly distributed to public health authorities by UCA or its members.

Recommendation: Local health departments should use the urgent care practice list available through their state vaccine task force leaders, combined with urgent care practices that have already registered as public CV-19 vaccinators, in a collaborative and coordinated effort to share vaccine across all urgent care practices. The COVID-19 Urgent Care Worker Vaccination Playbook that follows describes how this can be accomplished. Due to the logistical difficulties with the Pfizer vaccine, the final recommendations are confined to the Moderna vaccine.

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- I. Finalize County database of urgent care centers
 - a. Define comprehensive list of centers from state vaccine task force. UCA provided these lists to the CDC who provided them to the state Task Force leaders.
 - b. Download list of urgent care centers who have registered in the state to be public vaccinators. Notate this in your master list with color coding, etc.
 - c. Extract the centers on each list that are located in your county by zip code.
 - d. Combine and de-duplicate the list to create your master list.
 - e. *Note: The list should include email key contacts.*

- II. Reduce the list by urgent care affiliation
 - a. If centers are part of a health system, the workers in those centers should be vaccinated through the health system's supply of vaccines.
 - i. Recommend contacting the health systems or the urgent care center main contacts to ensure this is in process
 - ii. Isolate or remove these centers from your list.
 - b. Sort the remaining list by organization name
 - i. If centers appear to be part of a multi-site organization the sharing of vaccine can be easily coordinated by the practice
 - ii. If centers appear to be single site, they will need specific collaborative strategies

- III. Establish baseline worker counts
 - a. Estimate 17 workers, including providers, per location (estimate includes part time and per-diem workers)
 - b. Multiply times number of locations
 - c. Divide by 100 doses for total shipments needed for round 1 using the Moderna vaccine.

- IV. Contact the centers who registered to vaccinate the public to determine:
 - a. Are they willing to be leaders in sharing vaccine with workers in other urgent care centers?
 - b. Key contact for coordinating these efforts
 - c. Readiness to receive, store and share vaccine
 - d. Count of other centers in their zip code - to finalize # of shipments needed to cover all workers

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- V. Contact the centers who did not register to vaccinate the public to inform them of the “hub” centers who are willing to share vaccine.
 - a. Locations and key contacts
 - b. Process for obtaining vaccine (see next section)

- VI. Provide guidance and other paperwork to “hub” and receiving centers
 - a. Reporting requirements for transferring/receiving vaccine
 - b. Transfer requirements and restrictions for maintaining vaccine efficacy
 - c. Other paperwork required by state or county

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Recommendations on Process for Sharing/Transferring Vaccine between Urgent Care Centers

Note: The following is only possible with the Moderna vaccine at this time, as transfer capabilities required to maintain the ultra-cold temperatures for the Pfizer vaccine need highly specific equipment and handling.

Note: The following recommendations include two options – one in which the hub transfers the vaccine to another center who becomes the vaccinator for their own staff, and one in which the hub center remains the vaccinator for all recipients.

Note: The following may be in violation of individual state or county health department directives and should be confirmed with officials prior to implementation.

Note: Vaccine should be shipped directly from the manufacturer to the “hub” center(s). Current guidance indicates vaccine can only be transferred once, so this transfer must be preserved for use between the hub and receiving urgent care center.

Vaccine Transfer Option

Hub centers that wish to transfer vaccine to another center must:

- Establish a process for tracking surplus vaccine available for transfer
- Manage inquiries from centers who wish to receive vaccine
- Follow reporting requirements for tracking vaccine transfers

Centers that wish to receive vaccine transfer from a hub center must:

- **Register as vaccinators in order to report vaccinations of their staff**
- Count staff to be vaccinated in 10-dose increments (1 vial of Moderna vaccine)
- Plan your vaccine administration schedule in detail. Once a Moderna vial is punctured all 10 doses must be administered within 6 hours. If possible, do not plan to vaccinate all of your staff the same day. Also plan to allow time for post-vaccination observation for adverse reactions.
- Contact the “hub” center to reserve their vials
- Confirm ability to keep vaccine at cold temperatures during transport
- Confirm identity of individual who will pick up and transport the vaccine
- Educate transporting individual on proper storage during transport
- Follow proper procedures in vaccinating staff and reporting vaccination

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Vaccine “Share” Option

In this option the hub center would allow healthcare workers from other centers to come directly to their location to be vaccinated.

- Pros:
 - Eliminates the need to track and report vaccine storage
 - Eliminates the possibility of vaccine compromise during transport
 - Does not require receiving center to register as a vaccinator if they do not wish to participate in vaccinating the public
- Cons:
 - Places the burden of vaccination on fewer locations
 - Coverage for administrative costs to hub center must be resolved between the centers or individual insurance for health care worker must be billed
 - Inventory control and assurance of healthcare worker vaccination tracking more difficult

Recommendation:

If the Vaccine Transfer option is possible, it distributes the workload more evenly across the participants, makes tracking more reliable, and ensures oversight of vaccination of health care workers is closest to the source of the worker. Therefore, the Transfer option is recommended over the Share option.

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