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SBAR
ORLANDO HEALTH INC.

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SITUATION

Vaccine candidates being developed by AstraZeneca, Johnson & Johnson, Moderna, and Pfizer, are expected to be available for mass production between November 2020 and June 2021. **Pfizer is targeting initial distribution as soon as the week of Thanksgiving 2020.** Initial vaccines will likely be made available under the FDA Emergency Use Authorization (EUA) provisions. Under EUA provisions, the vaccine cannot be mandated for use in healthcare workers. Some of the vaccines have stringent cold chain requirements (storage at -80 degrees Celsius) that complicate storage and distribution.

BACKGROUND

Substantial resources are being invested in the development of a COVID-19 vaccine. Once available, the initial supply will be unlikely to meet demand. The CDC's Advisory Committee on Immunization Practices (ACIP) has suggested a framework for allocation administration prioritized to maximize benefits and minimize harms. During the initial phase of distribution, the vaccines will be prioritized to healthcare workers.

ASSESSMENT

Given the limitations in supply and storage, as well as complex administration requirements, a coordinated enterprise wide plan for distribution to team members is essential.

Based on vaccine availability the following distribution timeline is possible:

December 2020: Orlando Health Team Members and Medical Staff in categories 1 and 2 above.
January 2021: Orlando Health Team Members and Medical Staff in categories 3 and 4 above.
April 2021: Medically vulnerable groups (age, health condition, crowded living).
May 2021: Essential service workers (schools, shelters).
June 2021: Public at increased risk.
July 2021: General public.

RECOMMENDATION

A multidisciplinary group has convened to develop a recommended approach for vaccination of the OHI workforce.

1) Use the ACIP recommended distribution hierarchy to determine allocation of vaccine to OHI team members.
    a. TIER 1: Those at highest risk of exposure and essential to providing care to the most vulnerable populations.
        i. Team members/medical staff assigned to ED, ICU, COVID units and respiratory therapy.
        ii. Consider early vaccination for other healthcare workers that frequently enter high-risk areas such as environmental services, supply chain, dialysis, food and nutrition, and pharmacy.
    b. TIER 2: Team members/providers with highest risk of complications from COVID-19.
        i. Self-identified high-risk medical conditions including obesity, diabetes, cardiovascular disease, and age ≥65 years.
    c. TIER 3: Remaining team members and medical staff with direct patient care contact.

   d. TIER 4: Remaining team members and medical staff without direct patient care contact.
2) Develop a COVID-19 vaccination program communication plan.
   a. Develop a thorough list of FAQs.
   b. Deploy a workforce survey to ascertain interest in being vaccinated.
   c. Deploy a cascading communication plan.
   d. Develop sample questions to imbed in the daily team member updates.
3) Proactively address employee relations issues.
   a. Ensure team members are clear the COVID vaccination is voluntary in accordance with the EUA.
   b. Limit vaccination to no more than 25% of any department in the same week to ensure vaccination side effects do not limit workforce availability.
   c. Consider paid time off and restricted use of discipline for those who have vaccine-related reaction absences.
4) Define logistical steps to distribute vaccine.
   a. Execute CDC Vaccination Agreement for all Acute Care locations (including Occupational Health).
   b. Assign oversight of COVID vaccine program to administration Occupational Health.
   c. Create a unique cost center to charge labor and ancillary supply expenses to.
   d. Develop a COVID Immunizer Strike Force with support from pharmacist immunizers (as feasible).
   e. Assign responsibilities for vaccine acquisition, storage and dispensing to Orlando Health Pharmacy Services.
      i. Maintain strict chain of custody
      ii. Centralized procurement
      iii. Centralized government reporting (quasi automated) via Florida SHOTS