COVID-19 Vaccine Administration Site and Provider Guidance

Effective Date: March 24, 2021

Authority: ORS 431A.010, ORS 431A.015, ORS 433.441, ORS 433.443.

Applicability: This guidance applies to any person operating a vaccine administration site or staffing a site, where an FDA authorized or approved COVID-19 vaccine is being administered, including pharmacies, health clinics, or other non-health care settings.

Definitions: The following definitions apply to this guidance:

- **“Person operating a COVID-19 vaccination administration site”** means an individual, entity, or state or local government responsible for the operations and activities at a location where COVID-19 vaccine administration is occurring.
- **“Provider”** means:
  - An individual or entity who has signed a CDC COVID-19 Vaccination Program Provider Agreement (enrolled provider); and
  - A person who is administering COVID-19 vaccine.
- **“Staff”** includes employees, contractors and volunteers.

Vaccination Site Operation

A person operating a COVID-19 vaccination administration site is required to:

- Have a designated site coordinator.
- Ensure that providers at the site and the site comply with the Oregon Health Authority’s:
  - COVID-19 Vaccine Management Guide
  - COVID-19 Vaccine Guidance
- Post signs, in conspicuous locations with contact information for the site coordinator, so people know who to contact if there are concerns about the site or services provided.
- Provide people who received their first dose of a vaccine at the site, with the date and time to return for their second dose of a vaccine, if applicable.
• Provide a person who is vaccinated with a vaccine card that shows at a minimum the date of the COVID-19 vaccination, the location of the vaccine administration site, and which vaccine was administered.

• Take all measures necessary to ensure that there are no leftover doses in a vial.
  ▪ A person operating a COVID-19 vaccination administration site:
    ❖ Should ensure that vaccine appointments are booked appropriately so that there are not leftover doses, considering no-show rates and other operational considerations.
    ❖ Establish a waiting list with contact information for people who are eligible for vaccination, and ideally who can arrive at the site with little advance notice.
    ❖ May offer leftover doses in a vial to any age eligible unvaccinated person, regardless of whether the person is currently eligible for vaccination under Oregon’s eligibility criteria, if the steps above have been taken. This SHOULD NOT be a common practice.

A person operating a COVID-19 vaccination administration site, and staff at the vaccination site are prohibited from:

• Asking for, or requiring, proof of eligibility for vaccination during scheduling or at the site.
  ▪ Staff at a COVID-19 vaccination administration site may ask a person seeking to be vaccinated to self-attest that they are in a category that is currently eligible for vaccination and may ask a person what phase or group they fall into for purposes of helping to determine the state’s progress in reaching eligible individuals.

• Restricting COVID-19 vaccine to a subset of eligible people unless vaccine has been allocated to an enrolled provider for the purpose of reaching a specific at-risk and hard to reach population, or the vaccination site is an employer-hosted vaccination clinic, in which case vaccine can be restricted to only those populations or employees.
  ▪ If vaccines are restricted as permitted above, to a subset of those eligible for vaccination, the site must have clear signs at the site, and in other promotional communications, that state who can be vaccinated at the site in accordance with the eligibility categories.

• Asking a person seeking to be vaccinated to provide their social security number.
  ▪ The site may choose to ask for a social security number for purposes of billing insurance, but it must made clear that providing a social security number is optional and will only be used for purposes of insurance billing and is not a condition to receive the vaccine

• Denying a COVID-19 vaccine to someone who is otherwise eligible on the basis that a person:
  ▪ Is uninsured;
  ▪ Is a citizen of another country;
  ▪ Is a resident of another state; or
  ▪ Is a resident of another county.
• Charging a person seeking to be vaccinated for the vaccine or the vaccine administration fee.
  ▪ A provider may bill insurance for the administration fee but cannot charge the person seeking to be vaccinated.

• Requiring a person to provide:
  ▪ Proof of health insurance information (this information may be requested but it cannot be required and it must be made clear that providing the information is optional).
  ▪ Government issued identification.

A person operating a vaccination administration site should, but is not required to:

• At the time of scheduling a vaccination appointment, collect information about whether a person needs accommodations because of a disability or will require interpretation or translation of written documents.

• Have a process for people to sign up for an appointment who do not have access to a computer or the internet.

• Have a process for people to sign up for an appointment who have difficulty using a computer or accessing the internet.

• Inform people in advance which brand of vaccines will be administered at the site.

• Provide clear information that receiving a COVID-19 vaccine will not be considered for purposes of a Public Charge evaluation.

**Re-allocating Inventory**

A provider who has received an allocation of second doses from the Oregon Health Authority should reserve them for a minimum of 6 weeks to ensure that individuals have time to return for their second dose. A vaccine provider may use those second doses as prime doses after waiting a minimum of 6 weeks for people to return for their second dose.

• **Please note** that OHA data shows an additional 4% of individuals receive their second dose during week 7 through week 9, with a statewide second dose completion rate of over 96%.

• Providers should check ALERT to see if individuals have already received their second dose at another location, in which case those doses can be reallocated sooner than 6 weeks.

• If it is determined that there is a need to reallocate unused second doses after 6 weeks, OHA recommends allocating half of the doses to prime doses while reserving the other half as second doses (i.e., for those who receive the reallocated prime doses). Providers should also consider reserving a small number of second doses for people who received a prime dose at a site to which they can’t return (e.g., in a facility where they are no longer a resident or out of state).

• Provider sites are encouraged to monitor and manage their inventories to ensure availability of second doses.
Liability Protection

The federal Public Readiness and Emergency Preparedness Act (PREP Act), provides liability protections for "covered persons" involved in many aspects of the COVID-19 response, and includes persons operating a vaccination administration site, and providers and staff working at vaccination administration sites. For additional information go to: Read more about the PREP Act.

Questions or Concerns?

If you have questions related to COVID-19 vaccines, please send your questions to one of the following, so OHA can assist.

- General vaccine questions: ORCOVID@211info.org
- For help getting a vaccine or for general information, contact: 211
- COVID-19 vaccine provider enrollment: Vaccine.ProviderEnroll@dhsoha.state.or.us
- For complaints related to compliance with this guidance contact us at covidvaccine.complaints@dhsoha.state.or.us, or 877-642-0450 / 503-947-2346

Resources

- OHA COVID-19 Vaccine Website: http://healthoregon.org/covidvaccine
- Traditional Health Care Worker Registry: https://traditionalhealthworkerregistry.oregon.gov/
- Health Care Interpreter Registry: https://hciregistry.dhsoha.state.or.us/
- Visual Communication Tool: https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2314.pdf.
- Healthcare and Face Coverings: Reducing Communication Barriers for Deaf and Hard of Hearing Patients
- FEMA Civil Rights Considerations During COVID-19 Vaccine Distribution Efforts
- HHS Ensuring Language Access and Effective Communication During Response and Recovery: A Checklist for Emergency Responders
- ADA Guidance for Emergency Managers and Local Public Health Authorities
- Communication Cards for People Who Cannot Speak

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhsoha.state.or.us