

COVID-19



MOBILE VACCINATION UNIT STANDARD OPERATING GUIDELINES

DOCUMENT OVERVIEW

This Standard Operating Guidelines (SOG) defines the steps to be taken for Mobile Vaccination Unit (MVU) operations. The SOG contains information regarding the process of requesting these units along with the logistics associated with deployment, resupply, and recovery.

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PURPOSE

MVUs are intended to help serve communities of high social vulnerability and low vaccine uptake. MVUs have the capability of meeting the needs of the population in hard to reach communities in collaboration with community partners.

DESCRIPTIONS

MOBILE VACCINATION UNIT OPTIONS

VENDOR-STAFFED MVU OPTION

- The vendor-staffed MVUs are contracted through the Ohio Department of Health (ODH) and provide a turnkey option. These units are ready-to-go, full-package solutions that are easily deployed for vaccination efforts.
- Each unit can administer 250 doses of vaccine per day.
- These units can scale up beyond 250 doses per day to meet the needs of the population.
- These units are versatile and can be utilized for walk-in or drive-thru clinics.
- These units may be requested by any enrolled COVID-19 vaccine provider. That provider will be designated as the supervising entity for vaccinations and vaccine management. The vendor identified by ODH will provide licensed personnel to vaccinate individuals following the guidance from the enrolled vaccine provider. Units are fully staffed with vaccinators, administrative personnel, and security through the vendor. All supplies needed to operate a clinic are provided by the vendor except the vaccine and ancillary kits, which will be provided by the supervising provider and ODH.
- MVUs are equipped with proper vaccine storage units, including refrigeration and freezer units. They also include continuous temperature monitoring devices.
- Vaccination services can be administered by the vendor up to eight hours a day, seven days a week.
- Each mobile vaccination site will be set up and torn down by the vendor each day to ensure proper security of assets. Any unused vaccine must be returned to the supervising provider after each clinic. Vaccine transportation will be coordinated between the vendor and supervising provider.



NON-STAFFED MVU OPTION – EQUIPMENT AND SUPPLIES PROVIDED

- The non-staffed MVUs are leased by ODH through an Ohio vendor and are managed by the ODH Receipt, Store, and Stage (RSS) Warehouse.
- Each unit can administer up to 250 doses of vaccine per day.
- The ODH RSS Warehouse supplies all necessary equipment and supplies (including computers, ancillary kits, medical waste containers, adhesive bandages, etc.) for the units (see Attachment 1).
- These units may be requested by any enrolled vaccine provider. That provider will be designated as the supervising entity for vaccine and vaccine management. **As these units do not include staff, providers must establish a staffing plan to operate these units.**
- Cold-storage units (including one medical freezer, one medical refrigerator, and one convenience refrigerator) and a backup generator are supplied on each MVU.
- Temperatures will be recorded manually twice daily on each of the vaccine refrigerators or freezers.



REQUESTING PROCESS

HOW TO REQUEST A MOBILE VACCINATION UNIT

Please follow the steps below to request a MVU.

1. The provider must be an enrolled vaccine provider in Ohio and utilize the Ohio Vaccine Management Solution (VMS) website. The provider must complete an additional Section B form in OH|ID as a mobile vaccination site (i.e. Mobile Unit) prior to requesting an MVU. Providers are responsible for storage, handling, and administration of vaccine, according to ODH policy. Providers are responsible for ensuring the [Centers for Disease Control and Prevention's vaccination best practices are followed](#), including [storage, handling, movement, and administration](#) by product. In the event of a temperature excursion, the provider must contact the ODH COVID-19 Vaccine Provider Call Center at 1-844-963-4829.
 - a. **Facilities who are interested in enrolling in the COVID-19 Vaccination Program can:**
 - i. Visit the OHID webpage: <https://ohid.ohio.gov>.
 - ii. Log-in using provider OHID or create a new account.
 - iii. Request access to the Vaccination Program (COVID-19) application.
 - iv. Complete, sign, and submit all required forms electronically through the application.

1. Please note if the provider has previously enrolled with the program and is submitting an application for use of the MVU, the provider will only need to complete a Section B under their original application. The provider can do this by selecting Section B in the application, finding "Organization Name-TDDD" and entering the information regarding the MVU.

A regional coordinator will connect to the Bureau of Infectious Diseases (BID) via covidvaccine@odh.ohio.gov to confirm that the location is to be added to VMS account.

2. To initiate the request process, the provider must complete the following survey: <https://www.surveymonkey.com/r/ODHMOVURequest>
3. If approved, a regional coordinator will contact the provider POC for arrangements for pickup of MVU and next steps.
4. Depending on availability and schedule, ODH may utilize one unit for multiple locations.

EXPECTATIONS OF UNIT USE

PROVIDER/REQUESTING ENTITY

- The provider/requesting entity must provide a schedule of clinics two weeks prior to the first scheduled clinic in which the MVU will be used.
 - If additional clinics are requested to be added to the schedule, those clinics must be approved by the ODH Equity Team at least one week before the proposed clinic date.
- All vaccine for the proposed clinics must be provided by the authorized provider and should not be transferred from or to another provider.
- The provider must utilize the VMS or another ImpactSIIS compatible system to schedule appointments and report information using the newly created mobile clinic facility ID.
- If not using VMS, the provider must ensure the vaccinations administered at the mobile unit are tied to the newly created mobile clinic facility ID.
- Once the provider receives the new facility ID through the Section B form, the provider must ensure that vaccination administration data is reported via the proper facility ID into ImpactSIIS.
- The provider must provide a licensed driver to mobilize the unit throughout the duration of the deployment. A CDL is not required to operate the unit.
- The provider must arrange for pick up and return of the MVU to and from the ODH RSS Warehouse or transferring to another provider.
- Prior to obtaining the MVU, the provider must watch the instruction video on the mechanics of properly operating the vehicle.
- The provider must sign the Bill of Lading (BOL) (see Attachment 1) upon receipt of the vehicle and return to the ODH RSS Warehouse.
- **Liability for damages resulting from unauthorized use of the vehicle are the responsibility of the provider.** The provider must notify ODH of any damages during deployment.
- The provider must identify an address of a secure location for the MVU when not in use.
- The provider must ensure the MVU is completely fueled using the provided ODH fuel card before returning the unit to the ODH RSS Warehouse or transferring to another provider. All fuel receipts must be provided to ODH upon return of the unit.
- The provider must store the supplied vaccine and EpiPens in accordance with the manufacturer's specifications inside a secure building, providing proper cold chain management and temperature control. The provider must log temperature of the refrigeration units twice daily and retain temperature logs (see Attachment 2).

- The provider must dispose of all trash and biohazardous materials, including empty vials of vaccine, diluent, and infectious waste prior to returning the unit to the ODH RSS Warehouse or transferring to another provider.
- The requesting agency will be responsible for advertising the event and engaging community partners to promote vaccination and attendance.
- The requesting agency will need to provide signs for the units including registration, vaccination, and general vaccination event signage.

OHIO DEPARTMENT OF HEALTH

- ODH must ensure the MVU is completely fueled and the ODH fuel card is provided before deployment to a provider.
- ODH will train the provider on fuel card use and location of vehicle documentation.
- Should an accident occur, refer to roadside assistance information located inside of the unit.
- If maintenance of the vehicle is required during deployment, ODH must arrange for the repair of the MVU. The provider must coordinate with ODH for scheduling maintenance.

MOBILE VACCINATION UNIT DEPLOYMENT

BILL OF LADING AND MEMORANDUM OF USE AGREEMENT DOCUMENT

The BOL from the inventory management and tracking system (IMATS) will be prepared to accompany the MVU to the requesting entity no matter how the MVU is delivered.

Chain of Custody

The BOL will function as a Chain of Custody document.

Entity acknowledgment

The receiving entity will acknowledge receipt of the requested MVU(s) by signatures on the **Bill of Lading** (see Attachment 1).

Signed copies of the **BOL** will be returned to the ODH RSS Warehouse for record-keeping purposes.

If a signed **BOL** is not returned to the ODH RSS Warehouse, an ODH RSS responder will contact the WebEOC mission POC at the requesting entity to obtain a signed copy of the **BOL**.

Information about the state's shipping insurance [both to and from the requesting provider(s)]

- The state's property insurance will provide coverage for state-owned property while in transit (both ways).
- The limit per occurrence for property in transit is \$25,000,000.
- The deductible per occurrence is \$10,000.
- Should a loss occur, the Department of Administrative Services (DAS) would file a claim under the property insurance for any amount over the \$10,000 deductible. The carrier will determine if there is any avenue of recovery from the common carrier or the hospital.

- Should a loss occur, damaged property should not be disposed of without consent from the carrier to do so. Please enter the loss in the risk management portal ASAP.

Insurance Coverage

The DAS Office of Risk Management is responsible for the administration of the state self-insured vehicle liability program. This program provides coverage when a state vehicle is operated by an authorized operator of the Receiving Organization and providing the "loss" occurred during the course of state business. There is no coverage under this program for personal effects, either owned by the Authorized Operator or the state, while contained or transported in any vehicle covered under this program. The following circumstances, including but not limited to, when operating a state vehicle or equipment will result in immediate termination of coverage for a period of three (3) years from the date of incident. An accident does not have to occur to result in termination of coverage.

- a. Driving without a valid driver's license
- b. Failure to stop after accident
- c. Failure to take a field sobriety or blood alcohol test
- d. Fleeing from police
- e. Operating while under license suspension or revocation
- f. Operating while under the influence of alcohol or drugs
- g. Operating without the consent of the owner
- h. Reckless operation
- i. Street or drag racing
- j. Using state vehicle in committing a felony
- k. Vehicular homicide

Authorized Vehicle Use

1. Only authorized operators of the Receiving Organization shall operate state-owned or leased vehicles.
2. State vehicles are highly visible to the public and their use is scrutinized. Poor driving manners and inappropriate use reflect on all state employees. All authorized operators shall exercise the highest degree of prudence and courtesy while driving state vehicles and must operate state vehicles in a manner that reflects concern for safety and courtesy toward the public.
3. The following are allowable activities when using a state-owned or leased vehicle:
 - a. Travel between the place where the state vehicle is dispatched and the place where the official state business is performed.
 - b. When on official travel status between the place of state business and a place of temporary lodging.
 - c. When on official travel status and not within reasonable walking distance, between either of the above places to obtain meals, places to obtain medical assistance (including drug store), and similar places required to sustain the health, welfare or continued efficient performance of the driver, exclusive of places of entertainment.
 - d. Transport of other employees, consultants, contractors, or commercial firm representatives and guests of the state when they are on official state business.
 - e. Transport of any persons or items in a true emergency (i.e., one that involves a life threatening or similar extreme situation).
 - f. Travel between the place of dispatch or place where state business is performed to the operator's personal residence when specifically authorized by ODH.
 - g. Obtaining services to maintain the vehicle (e.g., oil changes, car washes, engine maintenance).

Unauthorized Vehicle Use

The following are NOT permitted when using a state-owned or leased vehicle:

1. Personal use.
2. Violating applicable state and local motor vehicle laws.
3. Travel or tasks which are beyond the vehicle's rated capability or capacity.
4. Transportation of family, friends, associates, or other persons who are not authorized or serving the interests of the state.
5. Transportation of animals.
6. Transportation of cargo that has no relation to the performance of official state business.
7. Transportation of acids, alcohol, explosives, weapons, ammunition, or highly flammable material, except in the course of ODH business and in compliance with all applicable local, state, and federal laws.
8. Transportation of any item or equipment projecting from the side, front, or rear of the vehicle in a way which constitutes an obstruction to safe driving or a hazard to pedestrians or other vehicles.
9. Transportation of employees from the normal place of business to restaurants or other places while not on official state business.
10. Attending sporting events, including hunting and fishing, which are not in the furtherance of state business.
11. Extending the length of time the vehicle is in the possession of the Receiving Organization beyond that which is authorized to complete the official purpose of the trip.
12. Operating a state vehicle while under the influence of alcohol, drugs, or other impairment.
13. Operating a state vehicle without a valid operator's license or while said license is under suspension or revocation.
14. Operating a state vehicle when insurance coverage has been suspended or terminated by the DAS Office of Risk Management.
15. Smoking while in a state vehicle.
16. Use of personal fuel reward accounts are not permitted and accumulated benefits from these reward points is considered an Ethics policy violation.
17. Use of any handheld mobile communication device (e.g., cell phones, tablets) while the vehicle is in motion (a mobile device can be used inside the state vehicle if parked).

Security

Providers should coordinate with local law enforcement for security and safety concerns associated with transport and administration of the vaccine, if necessary.

Providers should ensure the vehicle is locked and staged in secure location when not in use.

MOBILE VACCINATION UNIT RESUPPLY

REQUESTING SUPPLIES

- If additional supplies or resupply is required for the MVU, a resource request must be submitted through [the assigned regional coordinator](#) (see Attachment 3 for a list of supplies).
- Supplies will be shipped during normal business hours (M-F) or next-day delivery directly to the requesting provider via UPS; shipments will not occur on holidays or weekends.

MOBILE VACCINATION UNIT RECOVERY

RETURN TO THE ODH RSS

- Prior to returning the unit, the provider must remove all vaccine from the unit and store according to manufacturer recommendations. No vaccine may be stored in the MVU overnight or when not in use.
- All empty vials of vaccine, diluent, and infectious waste is to be disposed of properly before the MVU is returned to ODH.
- The interior of the unit must be properly cleaned and sanitized before returned to ODH following the aseptic process for sanitizing surfaces.
- The provider must provide a completed inventory list of remaining supplies within the MVU to the ODH RSS Warehouse upon return of the vehicle. The inventory list is provided within the MVU prior to transport to the provider.
- The provider must send the final administration report and completed evaluation to their regional contact.
- The requesting provider will return the unit(s) to the ODH RSS Warehouse. Return must be coordinated with the ODH RSS Warehouse during regular business hours Monday through Thursday. Coordination with the warehouse will occur through the regional contact.

ATTACHMENTS

ATTACHMENT 1 – BILL OF LADING



Bill of Lading for Mobile Vaccination Units

Bill of Lading Reference #: _____

The Originating Site will initiate this form for each shipment.

The final receiving organization will forward the original BOL with all signatures to the Originating Site.

Send original to: _____

| | | | |
|---|--|--------------------------|--|
| Ship To: | | Address: | |
| Incident Name: | | Date of Shipment: | |
| Approved Purpose for Resource Utilization: | | | |

| Item # | Description | QTY | UOM | Qty per UOM | Lot/Serial | Exp Date |
|--------|-------------|-----|-----|-------------|------------|----------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

Signor asserts that they are an authorized agent of Receiving Organization; assumes on behalf of the Receiving Organization custody and responsibility for the order; acknowledges receipt of the above-listed order; acknowledges that the order is undamaged and fit for purpose; agrees to abide by terms and conditions of applicable Standard Operating Guidelines or agreements with the State of Ohio as well as applicable federal and state laws. Signor acknowledges receipt of items and quantities listed on the individual packing list attached to the shipment; if a discrepancy is found the Receiving Organization must notify the Ohio Department of Health immediately. In the event any portion of the order is utilized prior to approval of the relevant request, the Receiving Organization may be financially liable for any portion of the order used without authorization, including any resulting damages or loss. Signor acknowledges all utilization must occur in accordance with the approved purpose stated above; the Receiving Organization is obligated to reimburse the State of Ohio for any damage, loss, and utilization not properly documented or outside the approved purpose. Signor will return to the State of Ohio any and all unused and unspoiled material upon demand by the State of Ohio. If not returned upon demand, Signor obligates its Receiving Organization to reimburse the State of Ohio the replacement cost of said order.

| Transferred Material From <small>(Print Name)</small> | Organization/Location | Signature | Date <small>(MM/DD/YYYY)</small> | Time <small>(24-Hour)</small> |
|--|-----------------------|-----------|-------------------------------------|----------------------------------|
| | | | | |

| Carrier Representative <small>(Print Name)</small> | Carrier Name | Signature | Date <small>(MM/DD/YYYY)</small> | Time <small>(24-Hour)</small> |
|---|--------------|-----------|-------------------------------------|----------------------------------|
| | | | | |

| Material Received By <small>(Print Name)</small> | Receiving Organization/Location | Signature | Date <small>(MM/DD/YYYY)</small> | Time <small>(24-Hour)</small> |
|---|---------------------------------|-----------|-------------------------------------|----------------------------------|
| | | | | |

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Temperature Log for Refrigerator – Celsius

DAYS 16–31

Month/Year _____ PIN or other ID # _____ Page 2 of 3

Facility Name _____

Monitor temperatures closely!

1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
2. Document min/max once each workday, preferably in the morning and document current temps twice, at beginning and end of each workday.
3. Put an "X" in the row that corresponds to the freezer's temperature.
4. If any out-of-range temp, see instructions to the right.
5. After each month has ended, save each month's log for 3 years.

Take action if temp is out of range – too warm (above 8°C) or too cold (below 2°C).

1. Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do not discard vaccines unless directed to by your state/local health department and/or the manufacturer(s).
2. Record the out-of-range temps and the room temp in the "Action" area on the bottom of the log.
3. Notify your vaccine coordinator, or call the immunization program at your state or local health department for guidance.
4. Document the action taken on the "Vaccine Storage Troubleshooting Record" on page 3.

| Day of Month | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|--|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Staff Initials | | | | | | | | | | | | | | | | |
| Exact Time | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| | | | | | | | | | | | | | | | | |
| Min/Max Temp in Unit (since previous reading) | | | | | | | | | | | | | | | | |
| Danger! Temperatures above 8°C are too warm! Write any out-of-range temps and room temp on the lines below and call 1-844-963-4829 immediately! | | | | | | | | | | | | | | | | |
| TEMPERATURES | 8°C | | | | | | | | | | | | | | | |
| | 7°C | | | | | | | | | | | | | | | |
| | 6°C | | | | | | | | | | | | | | | |
| |  Aim for 5°C | | | | | | | | | | | | | | | |
| ACCEPTABLE | 4°C | | | | | | | | | | | | | | | |
| | 3°C | | | | | | | | | | | | | | | |
| | 2°C | | | | | | | | | | | | | | | |
| Danger! Temperatures above 8°C are too warm! Write any out-of-range temps and room temp on the lines below and call 1-844-963-4829 immediately! | | | | | | | | | | | | | | | | |
| ACTION | Write any out-of-range temps (above 8°C or below 2°C) here: | | | | | | | | | | | | | | | |
| | Room Temperature | | | | | | | | | | | | | | | |

If you have a vaccine storage issue, also complete "Vaccine Storage Troubleshooting Record" found on page 3.

Vaccine Storage Troubleshooting Record (check one) Refrigerator Freezer

Use this form to document any unacceptable vaccine storage event, such as exposure of refrigerated vaccines to temperatures that are outside the manufacturers' recommended storage ranges.
 A fillable troubleshooting record (i.e., editable PDF) can also be found at www.immunize.org/clinic/storage-handling.asp.

| Date & Time of Event <small>If multiple, related events occurred, see Description of Event below.</small> | Storage Unit Temperature <small>at the time the problem was discovered</small> | Room Temperature <small>at the time the problem was discovered</small> | Person Completing Report | |
|--|---|---|--------------------------|---|
| Date: | Temp when discovered: | Temp when discovered: | Name: | |
| Time: | Minimum temp: | Maximum temp: | Comment (optional): | Title: Date: |
| Description of Event <i>(If multiple, related events occurred, list each date, time, and length of time out of storage.)</i> <ul style="list-style-type: none"> General description (i.e., what happened?) Estimated length of time between event and last documented reading of storage temperature in acceptable range (2° to 8°C [36° to 46°F] for refrigerator; -50° to -15°C [-58° to 5°F] for freezer) Inventory of affected vaccines, including (1) lot #s and (2) whether purchased with public (for example, VFC) or private funds (Use separate sheet if needed, but maintain the inventory with this troubleshooting record.) At the time of the event, what else was in the storage unit? For example, were there water bottles in the refrigerator and/or frozen coolant packs in the freezer? Prior to this event, have there been any storage problems with this unit and/or with the affected vaccine? Include any other information you feel might be relevant to understanding the event. | | | | |
| | | | | |
| Action Taken <i>(Document thoroughly. This information is critical to determining whether the vaccine might still be viable!)</i> <ul style="list-style-type: none"> When were the affected vaccines placed in proper storage conditions? (Note: Do not discard the vaccine. Store exposed vaccine in proper conditions and label it "do not use" until after you can discuss with your state/local health department and/or the manufacturer[s].) Who was contacted regarding the incident? (For example, supervisor, state/local health department, manufacturer—list all.) IMPORTANT: What did you do to prevent a similar problem from occurring in the future? | | | | |
| | | | | |
| Results <ul style="list-style-type: none"> What happened to the vaccine? Was it able to be used? If not, was it returned to the distributor? (Note: For public-purchase vaccine, follow your state/local health department instructions for vaccine disposition.) | | | | |
| | | | | |

ATTACHMENT 3 – MVU INVENTORY

| Description | Quantity |
|----------------------------|-----------------|
| Alcohol prep pads | 9 boxes of 200 |
| Gauze Sponge 2x2 | 16 boxes of 50 |
| Adhesive bandages | 32 boxes of 100 |
| Epinephrine | 3 boxes of 2 |
| Notepads | 1 box of 16 |
| Pens | 6 boxes of 60 |
| Duct tape | 2 rolls |
| Shipping tape | 2 rolls |
| Office tape | 2 rolls |
| Sharps containers | 2 large |
| Calendars | 2 each |
| Dry erase board | 1 each |
| Surface disinfectant wipes | 12 each |
| Disposable face masks | 4 boxes of 50 |
| Small disposable gloves | 33 boxes of 100 |
| Medium disposable gloves | 20 boxes of 300 |
| Large disposable gloves | 20 boxes of 100 |
| X-Large disposable gloves | 4 boxes of 100 |
| Multi-fold paper towels | 6 packs |
| Chucks | 2 packs of 25 |
| Hand sanitizer | 4 1-gallon jugs |
| Trash bags (50 gallon) | 10 rolls |
| | |
| Trash container | 1 each |
| Metal trash container | 1 each |
| Mesh trash container | 2 each |
| Tote container | 2 each |
| First-aid kit | 1 each |
| Stapler set | 2 each |
| Dry erase set | 1 each |
| Timers | 6 each |
| Thermometers | 2 each |
| Clipboards | 8 each |
| AAA batteries | 4 packs of 4 |
| Markers | 1 pack |
| Water bottles (8 ounces) | 120 each |
| Mini fridge | 1 each |
| AED | 1 each |
| Disinfectant spray | 12 cans |
| Bins | 18 each |
| Broom | 1 each |
| Dust pan | 1 each |
| Canopy | 1 each |
| Traffic cones | 8 each |
| Folding table | 2 each |
| Chairs | 20 each |
| Megaphone | 1 each |
| C batteries | 8 each |
| Surface Disinfectant wipes | 5 each |