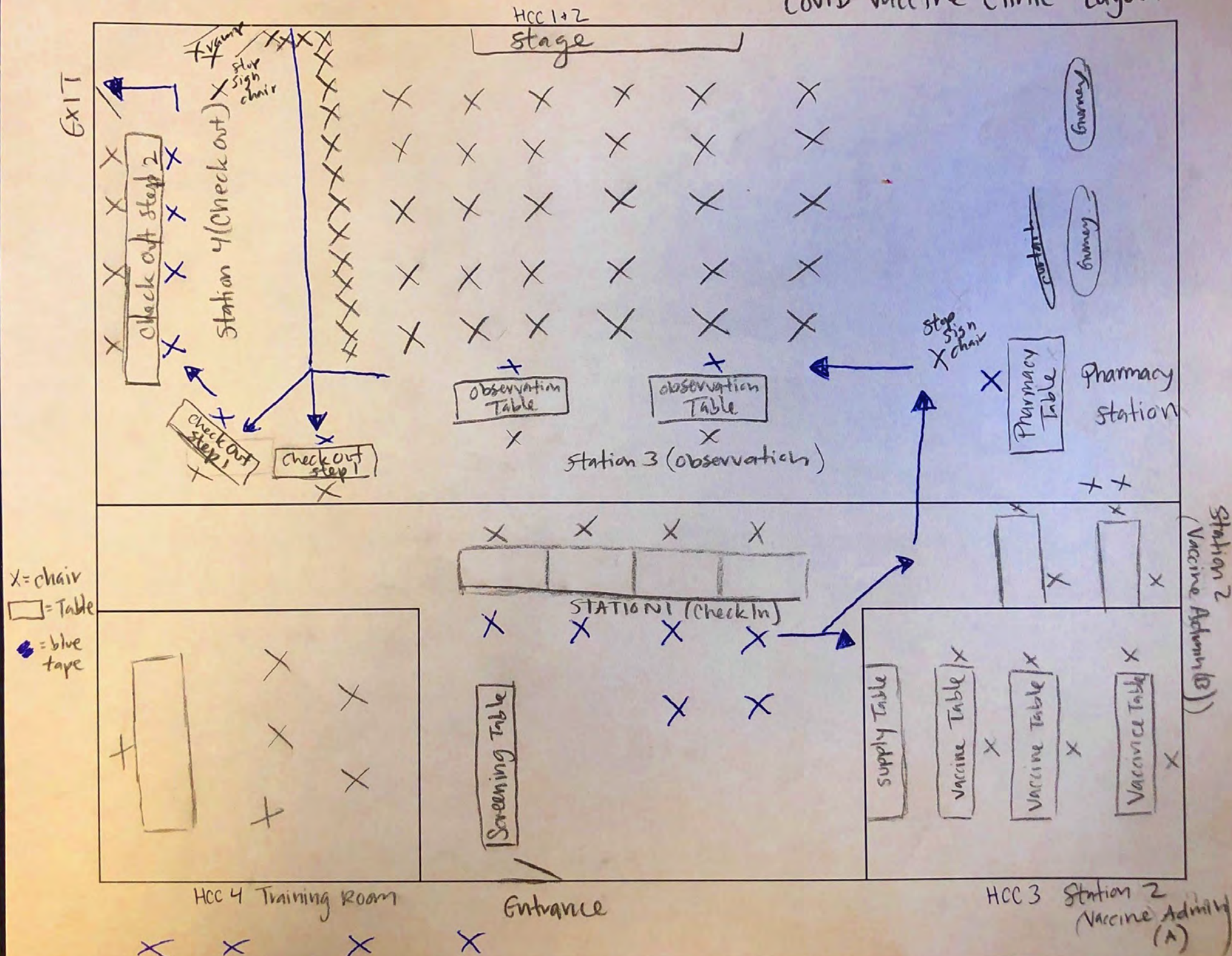
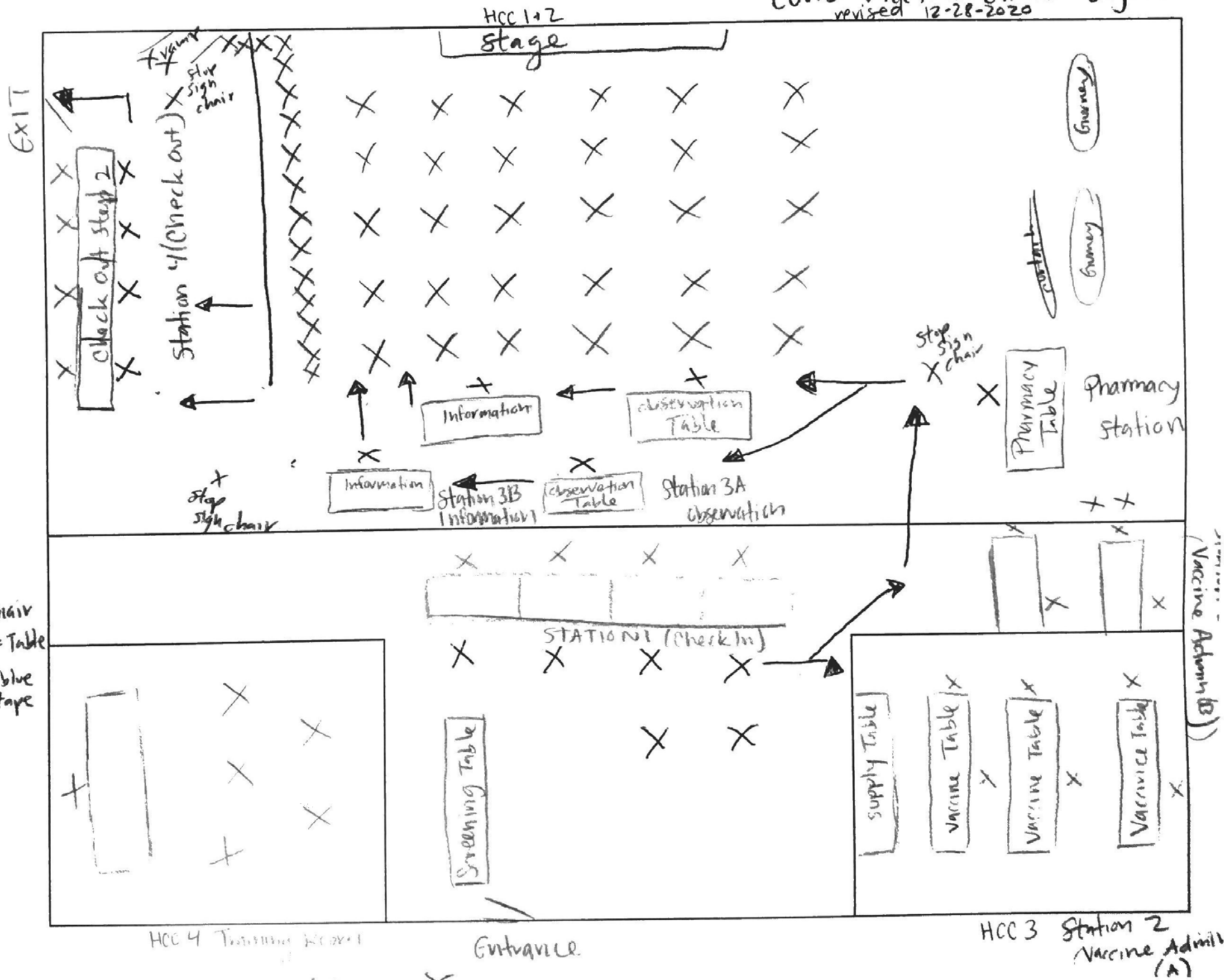


# COVID Vaccine Clinic Layout



# COVID Vaccine Clinic Layout

revised 12-28-2020



### COVID Vaccine Clinic Staffing Schedule Sunday mm/dd/yyyy

	0600-1015		1000-1400			
Staff Required	Name	Initials	Name	Initials	Temp Screener	Initials
RN--vaccinator					0600-1015	
RN--vaccinator						
RN--vaccinator					1000-1400	
RN--vaccinator						
RN--vaccinator						
MSMU Instructor						
RN--Obs						
RN--Obs						
Breaks/Assist						
Breaks/Assist						
Breaks/Assist						
Coordinate						

Check-In				
Check-In				
Check-Out				
Check-Out				
Check-Out				
Check-Out				
Breaks				

staff--Runner				
---------------	--	--	--	--

Pharmacist				
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Supervisor		
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## Torrance Memorial COVID 19—Vaccine Clinic Schedule January 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		29 (Pfizer) Vaccine Clinic <b>B—1st Dose</b> 6am-2pm	30 (Pfizer) Vaccine Clinic <b>B—1st Dose</b> 6am-2pm	31	1	2
3	4	5 (Pfizer) Vaccine Clinic <b>C—1st Dose</b> 6am-12pm	6	7	8 (Pfizer) Vaccine Clinic <b>D—1st Dose</b> 8am-4pm	9
10 (Pfizer) Vaccine Clinic <b>A—2nd Dose</b> 6am-2pm	11 (Pfizer) Vaccine Clinic <b>A—2nd Dose</b> 6am-2pm	12 (Pfizer) Vaccine Clinic <b>A—2nd Dose</b> 6am-2pm	13 (Pfizer) Vaccine Clinic <b>A—2nd Dose</b> 6am-2pm	14 (Pfizer) Vaccine Clinic <b>A—2nd Dose</b> 6am-2pm	15	16
17	18 (Pfizer) Vaccine Clinic <b>B—2nd Dose</b> 6 hours	19 (Pfizer) Vaccine Clinic <b>B—2nd Dose</b> 6 hours	20 (Pfizer) Vaccine Clinic <b>B—2nd Dose</b> 6 hours	21 (Pfizer) Vaccine Clinic <b>E—1st Dose</b> 8am-4pm	22 (Pfizer) Vaccine Clinic <b>F—1st Dose</b> 8am-4pm	23
24	25 (Pfizer) Vaccine Clinic <b>C—2nd Dose</b> 6am-9am	26	27 (Pfizer) Vaccine Clinic <b>C—2nd Dose</b> 6am-9am	28	29 (Pfizer) Vaccine Clinic <b>D—2nd Dose</b> 8am-4pm	30
31						

\*TMMC ,TMPN physicians and employees; Select community healthcare partners

~TMMC ,TMPN physicians and employees only

## Torrance Memorial COVID 19—Vaccine Clinic Schedule February 2021


Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11 (Pfizer) Vaccine Clinic <b>E—2nd Dose</b> 8am-4pm	12 (Pfizer) Vaccine Clinic <b>F—2nd Dose</b> 8am-4pm	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

\*TMMC ,TMPN physicians and employees; Select community healthcare partners

~TMMC ,TMPN physicians and employees only

## STANDARD OPERATION PROCEDURE

**AREA & SHIFT:** OPSOP Revised: 1-7-2021  
**OPERATIONAL PROCESS:** Credentials

STEP	MAIN PROCESS	RESPONSIBLE	TIMING	ILLUSTRATIONS
1	<p>Verify the following with the staff/ patient:</p> <ul style="list-style-type: none"> <li>Appointment</li> </ul> <p><b>(NO WALK-INS. NO WAIT-LISTS)</b></p> <p><b>AND</b></p> <p>Have the staff/patient present <u>one</u> of the following identification forms to you:</p> <ul style="list-style-type: none"> <li>Health Care Worker employee badge with photo</li> <li>Professional license <b>AND</b> a photo ID</li> <li>Signed letter from employer on facility letterhead <b>AND</b> a photo ID</li> <li>Payment stub from healthcare provider with your name <b>AND</b> a photo ID</li> </ul> <p>*If a TMMC/ TMPN forgot their badge direct them to station 1 after screening.</p>	Staff		 <p>The illustration shows a sign with the word "ATTENTION" in large blue letters. Below it, the text reads: "If you are receiving a COVID Vaccine today, you MUST have an Appointment (NO WALK-INS, NO WAIT-LISTS)". Underneath, it says "AND You must present <u>one</u> of the following identification forms:" followed by a bulleted list: "• Health Care Worker employee badge with photo", "• Professional license <b>AND</b> a photo ID", "• Signed letter from employer on facility letterhead <b>AND</b> a photo ID", and "• Payment stub from healthcare provider with your name <b>AND</b> a photo ID".</p>
2	Direct staff/patient to the Screening Station	Staff		
3	Repeat steps 1-2 until shift is completed	Staff		







## STANDARD OPERATION PROCEDURE

**AREA & SHIFT:** All Shifts

SOP Revised: 12-21-2020

**OPERATIONAL PROCESS:** Entry Screening Torrance Medical Center for COVID Vaccine Staff/Physicians

STEP	Medical Center Personnel	Yes response	No response	ILLUSTRATIONS
1	<b>Ask <u>All</u>:</b> Do you have any symptoms of Covid-19?	Deny Entry		   
2	<b>Masks REQUIRED.</b> Valve, gaiter, or bandana masks are not adequate. Provide mask to enter. If refuses to remove, request that approved mask be placed over current mask.	provide mask	Deny Entry	
3	<b>Use thermal camera or handheld unit to obtain body surface temperature upon entry.</b> *Follow Steps 3a-3c.	Above <u>100F orally or 99F surface</u> Deny Entry		
3a	To use handheld thermometer and turn on device towards "body" mode. Hold thermometer about 1 inch from temple, make sure skin is clear of hair, clothing, eye, or head wear.			
3b	If handheld thermometer confirms high surface temperature, allow person to wait to side in cool environment for 3-5 minutes, and re-check. If normal, allow entry.			
3c	<b>POSITIVE TEMPERATURE SCREENING:</b> If person's secondary temperature screening is still positive, advise to seek care with MD, ED, or Employee Health.	Deny Entry		
4	Check for <b>TMMC or TMPN Badge</b> *If a TMMC Physician has <u>no badge</u> follow step 4a *If TMPN Physician has <u>no badge</u> follow step 4b			
4a	Direct TMMC Physician to Station 1 to check if Physician is on the Physician Roster			
4b	Direct TMPN Physician to Station 1 to check if Physician is in Outlook			
5	Repeat steps 1-4b until shift is completed			

# STANDARD OPERATION PROCEDURE

**AREA & SHIFT: Station 1**

SOP Revised: 1-7-2021

**OPERATIONAL PROCESS: Check In**

**Average Cycle Time: 40.6 seconds**

STEP	MAIN PROCESS	RESPONSIBLE	TIMING	ILLUSTRATIONS
1	<p>If a TMMC/TMPN staff has no badge, they will be directed to station 1.</p> <p>*If a <b>TMMC Physician</b> has <u>no badge</u> follow step 1a</p> <p>*If a <b>TMPN Physician</b> has <u>no badge</u> follow step 1b</p> <p>*If a <b>TMMC staff</b> has <u>no badge</u> follow step 1c</p> <p>*Skip Steps 1-1c if it does not apply to you yet.</p>	Check In Staff		
1a	<p>Verify the following for a <b>TMMC Physician</b>:</p> <ul style="list-style-type: none"> <li>○ Verify ID with driver's license</li> <li>○ Validate that the Physician is on the Physician Roster (search in TMI)</li> </ul> <p>Skip to step 2 once verified/validated</p> <p>*If TMMC Physician cannot verify ID or an employee, contact supervisor for the day (Chris or Leah approval needed) <b>NO EXCEPTIONS!</b></p>	Check In Staff		
1b	<p>Verify the following for a <b>TMPN Physician</b>:</p> <ul style="list-style-type: none"> <li>○ Verify ID with driver's license</li> <li>○ Validate that the Physician is in Outlook (using global lookup)</li> </ul> <p>Skip to step 2 once verified/validated</p> <p>*If TMPN Physician cannot verify ID or an employee, contact supervisor for the day (Chris or Leah approval needed) <b>NO EXCEPTIONS!</b></p>	Check In Staff		
1c	<p>Verify the following for a <b>TMMC staff</b>:</p> <ul style="list-style-type: none"> <li>○ Verify ID with driver's license</li> <li>○ Validate that the staff is in Outlook (using global lookup)</li> </ul> <p>Skip to step 2 once verified/validated</p> <p>*If TMPN Physician cannot verify ID or an employee, contact supervisor for the day (Chris or Leah approval needed) <b>NO EXCEPTIONS!</b></p>	Check In Staff		

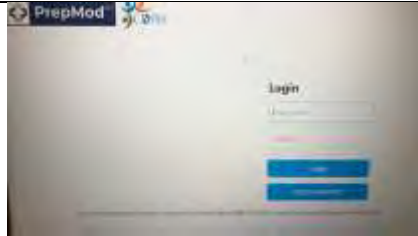

## STANDARD OPERATION PROCEDURE

**AREA & SHIFT: Station 1**

SOP Revised: 1-7-2021

**OPERATIONAL PROCESS: Check In**

**Average Cycle Time: 40.6 seconds**

STEP	MAIN PROCESS	RESPONSIBLE	TIMING	ILLUSTRATIONS
2	Sign into PrepMod on laptop	Check In Staff		
3	<p>Verify on the Registration list (arranged chronologically by appointment time) <u>or</u> PrepMod (if not listed) the following information for staff/patient:</p> <ul style="list-style-type: none"> <li>appointment time (*If later than 1 hour to their appointment, contact supervisor)</li> <li>1st <b>or</b> 2<sup>nd</sup> COVID vaccine dose</li> <li>first and last name</li> <li>date of birth</li> <li>valid TMMC badge matches listed name</li> <li>clearly mark “check in” on the same row as the matching name</li> </ul> <p>* If TMMC staff/ Physician is not listed or in PrepMod, contact supervisor for the day (Chris or Leah approval needed) <b>NO ADD ONS!</b></p>	Check In Staff		
4	Provide a hard copy of EUA Fact Sheet to staff/physician	Check In Staff		





## STANDARD OPERATION PROCEDURE

**AREA & SHIFT: Station 1**

SOP Revised: 1-7-2021

**OPERATIONAL PROCESS: Check In**

**Average Cycle Time: 40.6 seconds**

STEP	MAIN PROCESS	RESPONSIBLE	TIMING	ILLUSTRATIONS
5	Provide a Vaccine Administration form to staff/physician and have them fill it out. * Provide a clean pen	Check In Staff		
6	Have staff/patient place pen in the dirty bin *Clean dirty pens when bin is full of Sani wipes (USE GLOVES)	Check In Staff		
7	Direct staff/patient to Station 2 A or B	Check In Staff		
8	Repeat Steps 1-7 until shift is completed	Check In Staff		

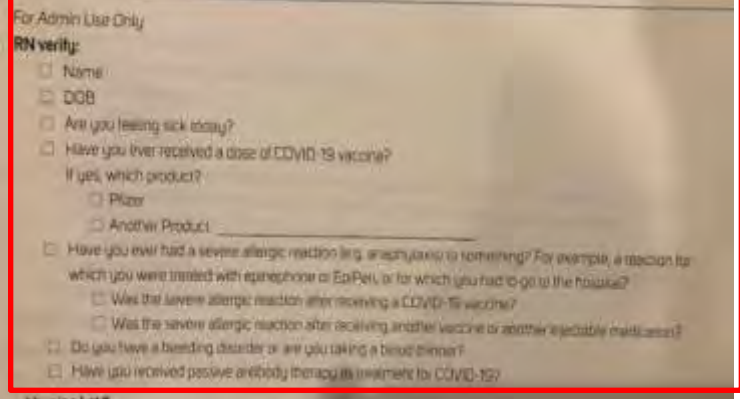
# STANDARD OPERATION PROCEDURE

**AREA & SHIFT: Station 2**

SOP Revised: 1-7-2021

**OPERATIONAL PROCESS: Vaccine Administration**

**Average Cycle Time: 3 minutes and 7 seconds**

STEP	MAIN PROCESS	RESPONSIBLE	TIMING	ILLUSTRATIONS
1	Ask for the Vaccine Administration form from staff/patient	RN Staff		
2	Have the staff/ patient sit on a chair provided	RN Staff		
3	Verify with the staff/patient and check off on the Vaccine Administration form the following information: <ul style="list-style-type: none"> <li>Name</li> <li>date of birth</li> <li>screening questions *if “yes” to any of the health screening questions, place sticker on Vaccine Administration Form to denote person must be observed for 30 minutes.</li> </ul>	RN Staff		
4	Confirm injection site choice (Left Shoulder or Right Shoulder) *Access weight uses 1 1/2" needle for men >260lbs women >200lbs	RN Staff		
5	Use hand hygiene and apply gloves for PPE	RN Staff		
6	Identify injection site using three finger width below the acromion process in the center of the Deltoid muscle	RN Staff		
7	Using an alcohol wipe, clean a 2-3-inch circle for 30 seconds. Allow to completely dry for 30 seconds	RN Staff	1 minute	
8	While drying, inspect the vaccine dose for: <ul style="list-style-type: none"> <li>A consistent off-white color</li> </ul>	RN Staff		



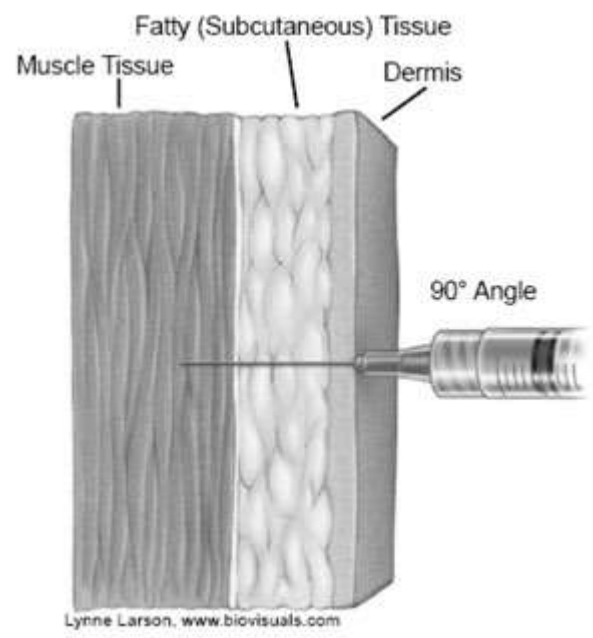
# STANDARD OPERATION PROCEDURE

**AREA & SHIFT: Station 2**

SOP Revised: 1-7-2021

**OPERATIONAL PROCESS: Vaccine Administration**

**Average Cycle Time: 3 minutes and 7 seconds**

STEP	MAIN PROCESS	RESPONSIBLE	TIMING	ILLUSTRATIONS
	<ul style="list-style-type: none"> <li>Dose of 0.3 mL</li> <li>No particulates in the solution</li> </ul>			
9	Administer COVID vaccine Intramuscular: <ul style="list-style-type: none"> <li>Holding the needle approximately 1 inch from site</li> <li>Insert quickly at a 90-degree angle</li> <li>Inject using steady pressure</li> <li>Withdraw the needle at the same angle of insertion</li> </ul>	RN Staff		
10	Leave needle attached to syringe and dispose in sharps container	RN Staff		
11	Place cotton ball over the injection site and apply pressure for 5 seconds	RN Staff	5 seconds	
12	Remove cotton ball and apply a band aid over the injection site	RN Staff		
13	Dispose of gloves and perform hand hygiene.	RN Staff		

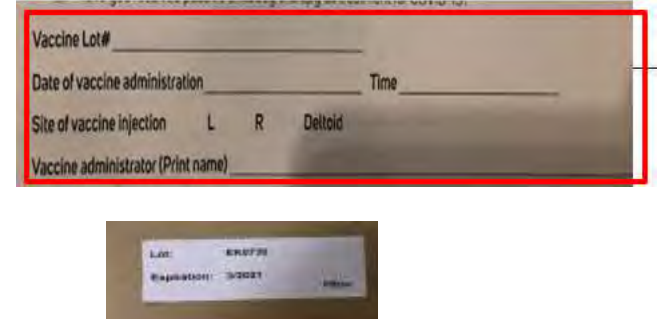
## STANDARD OPERATION PROCEDURE

**AREA & SHIFT: Station 2**

SOP Revised: 1-7-2021

**OPERATIONAL PROCESS: Vaccine Administration**

**Average Cycle Time: 3 minutes and 7 seconds**





STEP	MAIN PROCESS	RESPONSIBLE	TIMING	ILLUSTRATIONS
14	Complete Vaccine Administration form for the following fields: <ul style="list-style-type: none"> <li>o date administered</li> <li>o time administered (use e-time)</li> <li>o site of injection</li> <li>o name of vaccine administrator</li> <li>o document vaccine lot number (label provided by Pharmacy)</li> </ul>	RN Staff		
15	Give the Vaccine Administration form back to staff/patient	RN Staff		
16	Direct staff/patient to station 3	RN Staff		
17	Repeat Steps 1-16 until shift is completed	RN Staff		

# STANDARD OPERATION PROCEDURE

AREA & SHIFT: ALL AREAS

SOP Revised: 12/11/20

## OPERATIONAL PROCESS: COVID19 Vaccine – Pharmacy Process

STEP	MAIN PROCESS	IMPORTANT	ILLUSTRATIONS
1.	ENROLLMENT		
	COVIDReadi		
	CAIRS, IIS		
	PrepMod		
2.	Pfizer mRNA Vaccine		
a	Ordering	CDPH receipt log	
b	Receiving – maintain cold chain		
c	Handling ( <a href="http://www.osha.gov">www.osha.gov</a> ): <ul style="list-style-type: none"><li>• cryogenic gloves, eye protection</li><li>• do not store dry ice in confined areas – can cause O2 deficient environment</li><li>• do not place cryogen on tile or laminated counters</li><li>• never store cryogen in sealed airtight container at temp above boiling point of cryogen – can lead to explosion</li></ul>	Pending update from Pfizer	
d	Storage: <div>Ultra-low-temperature freezers, which are commercially available and can extend shelf life for <b>up to 6 months</b></div> <div>Refrigeration units that are commonly available in hospitals can be store for 5 days at refrigerated <b>2-8°C conditions</b></div> <div>Pfizer thermal shippers can be used as temporary storage units by refilling with dry ice every 5 days for <b>up to 30 days of storage</b></div>	PROTECT FROM LIGHT	

# STANDARD OPERATION PROCEDURE

AREA & SHIFT: ALL AREAS

SOP Revised: 12/11/20

## OPERATIONAL PROCESS: COVID19 Vaccine – Pharmacy Process

STEP	MAIN PROCESS	IMPORTANT	ILLUSTRATIONS
	After storage for up to 30 days in Pfizer thermal shipper, can transfer vials to <b>2-8°C</b> storage conditions for an additional 5 days, for a total of 35 days. Once thawed and stored under 2-8°C conditions, the vials cannot be re-frozen or stored under frozen conditions		
e	<u>Packaging:</u>  1 CARTON has 195 Multiple Dose Vials (MDV) (containing 975 doses) NDC 59267-1000-2  1 CARTON has 25 MDV (containing 125 doses) NDC 592671000-3  <b>Each vial</b> (after dilution) <b>contains 5 doses</b> of 0.3ml NDC 59267-1000-1		
3	<b>Moderna mRNA Vaccine</b>		
a	<u>Ordering</u>		
b	<u>Receiving</u>		
c	<u>Handling</u>		
d	<u>Storage</u>		
e	<u>Packaging:</u>  1 CARTON has 10 MDV (containing 100 doses) NDC 80777-273-99  <b>Each vial contains 10 doses</b> of 0.5ml NDC 80777-273-10		



# STANDARD OPERATION PROCEDURE

AREA & SHIFT: ALL AREAS

SOP Revised: 12/11/20

OPERATIONAL PROCESS: COVID19 Vaccine – Pharmacy Process

STEP	MAIN PROCESS		IMPORTANT	ILLUSTRATIONS													
4	DILUTION / DOSE			<p>See full version (Pfizer):</p> <div><div><p>THAWING PRIOR TO DILUTION</p><p>THAWING PRIOR TO DILUTION</p><ul style="list-style-type: none"><li>Thaw vials of Pfizer-BioNTech COVID-19 Vaccine before use (other lot).</li><li>Following storage in their original refrigeration (2°C to 8°C (36°F to 46°F)), a number of vials may take up to 3 hours to thaw, and thawed vials can be stored in the refrigerator for up to five days (120 hours).</li><li>Following transfer to an accurate temperature (up to 25°C (77°F)) for 30 minutes.</li><li>Using either the mixing method, each vial must receive appropriate before dilution instructions for dilution within 3 hours.</li></ul><p>DILUTION</p><ul style="list-style-type: none"><li>Before dilution, avoid excessive and gentle 30 mixes.</li><li>Do not dilute.</li><li>Transfer the liquid to the vial prior to dilution. The liquid is a white to off-white suspension and may contain visible, non-flocculent, non-precipitable particles.</li><li>Do not use if liquid is discolored or if other particles are observed.</li></ul><p>PREPARATION OF INDIVIDUAL 0.3 ml DOSES OF PFIZER-BIONTECH COVID-19 VACCINE</p><ul style="list-style-type: none"><li>Using aseptic technique, withdraw the full strength (0.3 ml) of the Pfizer-BioNTech COVID-19 Vaccine.</li><li>Subcutaneous Administration.</li></ul></div></div> <table><tr><td></td><td><b>Pfizer-BioNTech COVID-19 Vaccine mRNA</b></td><td><b>Moderna COVID-19 Vaccine mRNA</b></td></tr><tr><td>DOSE</td><td>Two 30mcg (0.3ml) intramuscularly 21 days apart (+/- 2days )</td><td>Two 100mcg (0.5ml) intramuscularly 28 days apart (+3-4days?)</td></tr><tr><td>DILUTION</td><td>MUST be thawed to room temp and diluted prior to use  Dilute each vial with 1.8ml sterile 0.9% NS to produce 5 doses of 0.3ml (*See Pfizer dilution instructions*)</td><td>None</td></tr><tr><td>STORAGE (DILUTED)</td><td>Use within 6 hours (after dilution) when stored at 2°C to 25°C (35°F to 77°F)</td><td>Use within 12 hours (at room temp) <b>OR</b> Within 6 hours (after first use) when stored at 2°C to 25°C (35°F to 77°F).</td></tr></table>		<b>Pfizer-BioNTech COVID-19 Vaccine mRNA</b>	<b>Moderna COVID-19 Vaccine mRNA</b>	DOSE	Two 30mcg (0.3ml) intramuscularly 21 days apart (+/- 2days )	Two 100mcg (0.5ml) intramuscularly 28 days apart (+3-4days?)	DILUTION	MUST be thawed to room temp and diluted prior to use  Dilute each vial with 1.8ml sterile 0.9% NS to produce 5 doses of 0.3ml (*See Pfizer dilution instructions*)	None	STORAGE (DILUTED)	Use within 6 hours (after dilution) when stored at 2°C to 25°C (35°F to 77°F)	Use within 12 hours (at room temp) <b>OR</b> Within 6 hours (after first use) when stored at 2°C to 25°C (35°F to 77°F).	
		<b>Pfizer-BioNTech COVID-19 Vaccine mRNA</b>	<b>Moderna COVID-19 Vaccine mRNA</b>														
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	DILUTION	MUST be thawed to room temp and diluted prior to use  Dilute each vial with 1.8ml sterile 0.9% NS to produce 5 doses of 0.3ml (*See Pfizer dilution instructions*)	None														
STORAGE (DILUTED)	Use within 6 hours (after dilution) when stored at 2°C to 25°C (35°F to 77°F)	Use within 12 hours (at room temp) <b>OR</b> Within 6 hours (after first use) when stored at 2°C to 25°C (35°F to 77°F).															
See *Vaccine Preparation_Pfizer_BioNTech*																	

# STANDARD OPERATION PROCEDURE

AREA & SHIFT: ALL AREAS

SOP Revised: 12/11/20

## OPERATIONAL PROCESS: COVID19 Vaccine – Pharmacy Process


STEP	MAIN PROCESS	IMPORTANT	ILLUSTRATIONS
5	<b>Employee Clinic - Pfizer</b>	See *Pharmacist_vaccine shifts and tasks*  See *Info for Rx Counseling*	
a	<u>Evening before clinic</u> : Move number of vials needed per participants registered into refrigerated storage (3min move time). Per manufacturer, 5 doses per vial. Refrigerated vials are stable at 2-8°C for 5 days – Protect from light. Label batch with DATE/TIME of transfer.		
b	<u>Day of clinic</u> : Transport adequate number of refrigerated vials to the clinic in hard cooler filled with ice packs for each 6hrs of clinic. Maintain temperature of 2-8°C using ice packs and log sheet. Also bring along accompanied syringes, needles, alcohol swab, gauze, labels, anaphylaxis kit and PPE.		
c	<u>Once clinic is open</u> : Allow individual vaccine vials to come to room temperature. [AT THIS POINT, vial must be diluted within 2 hours]. Prior to dilution, <u>gently invert</u> vial 10x to confirm the liquid is white to off-white suspension. Then dilute each vial with 1.8ml of sterile 0.9% normal saline to produce 5 doses of 0.3ml/dose. Once diluted, vial will be good for 6 hours at room temperature.		
e	Pharmacist to draw up each single dose for immediate use. Batch individual doses in a brown light protected bag labeled with Pfizer Covid19 Vaccine, Lot#, Exp, and Beyond Use Date/Time. Pharmacist to transfer to station #2.		
e	Any undiluted <i>refrigerated</i> vials remaining in 2-8°C transferred to next clinic (to be used within 5 days if refrigerated)		
f	If any patient experiences a severe adverse effect or anaphylactic reaction, both pharmacists will suspend stations and respond to emergency.		
g	Return any unused supplies including the anaphylaxis kits to pharmacy for the next clinic session in care of pharmacist	See*Instruction for Anaphylaxis Kit*	
6	<b>DOCUMENTATION / REPORTING</b>		
a	<u>Administration</u> PrepMod / Cerner → IIS, CAIRS	<ul style="list-style-type: none"> <li>• Consent</li> <li>• Provide EUA fact sheet to patient</li> <li>• Screening Questions</li> </ul>	

## STANDARD OPERATION PROCEDURE

**AREA & SHIFT: ALL AREAS**

SOP Revised: 12/11/20

**OPERATIONAL PROCESS: COVID19 Vaccine – Pharmacy Process**

STEP	MAIN PROCESS	IMPORTANT	ILLUSTRATIONS
b	<u>Waste</u> MUST report the number of doses of COVID-19 vaccine and adjuvants that were unused, spoiled, expired, or wasted as required by the relevant jurisdiction	Prepmo & Error/waste reporting log	
c	<u>Adverse Events</u>	Vaccine Adverse Event Reporting System (VAERS) website or (1-800-822-7967)  <a href="https://vaers.hhs.gov/index.html">https://vaers.hhs.gov/index.html</a>	

# STANDARD OPERATION PROCEDURE

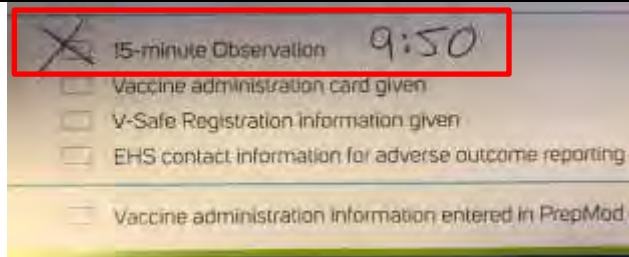
**AREA & SHIFT: Station 3A**

SOP Revised: 1-7-2021

**OPERATIONAL PROCESS: Observation**

**Average Cycle Time 15 min Observation: 15 minutes and 46.6 seconds**

**Average Cycle Time 30 min Observation: 31 minutes and 46.6 seconds**

STEP	MAIN PROCESS	RESPONSIBLE	TIMING	ILLUSTRATIONS
1	Grab staff/patient COVID VACCINE Administration Form	RN Staff		
2	<p>Check mark and write total observation time on the form next to the "15-minute observation"</p> <p><b>Time vaccinated + 15 minutes=Total observation Time</b></p> <p>*If 30 minutes is required (red sticker)</p> <p><b>Time vaccinated + 30 minutes=Total observation Time</b></p>	RN Staff	15 mins. or 30 mins.	
3	Direct staff/patient to Station 3B Information	RN Staff		
4	<p>During the 15- or 30-minutes observations, look for the following:</p> <ul style="list-style-type: none"> <li>○ adverse reaction to the vaccine (refer to EUA fact sheet)</li> </ul> <p>*If Adverse reaction(s) move to step 3</p> <p>*If no Adverse reaction(s) move to step 4</p>	RN Staff		
5	<p>Call for help and additional resources</p> <ul style="list-style-type: none"> <li>○ Continue to monitor</li> <li>○ Call Code Blue</li> <li>○ Call 911</li> </ul>	RN Staff, Pharmacist, other Resources		
6	Repeat steps 1-5 until shift is completed	RN Staff		

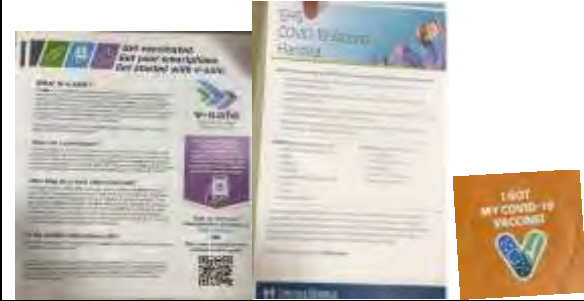

# STANDARD OPERATION PROCEDURE

AREA & SHIFT: Station 3B

SOP Revised: 1-7-2021

OPERATIONAL PROCESS: Information

Average Cycle Time: 54.39 seconds

STEP	MAIN PROCESS	RESPONSIBLE	TIMING	ILLUSTRATIONS
1	Determine what type of COVID Vaccine Clinic is it today: *1 <sup>st</sup> dose COVID Vaccine Clinic skip to step 2 *2 <sup>nd</sup> dose COVID Vaccine Clinic skip to step 3	Staff		
2	Provide the staff/patient with the following documents: <ul style="list-style-type: none"> <li>○ V-SAFE Registration Information Form</li> <li>○ Employee Health Services (EHS) COVID-19 Vaccine Handout</li> <li>○ Sticker</li> </ul> *Skip to step 6.	Staff		
3	Grab the vaccine card from the staff/patient and verify the following on the vaccine card: <ul style="list-style-type: none"> <li>○ First and last name</li> <li>○ Date of birth</li> </ul>	Staff		
4	On the vaccine card (2 <sup>nd</sup> Dose COVID-19 column), complete the following information with the materials provided: <ul style="list-style-type: none"> <li>○ <b><u>Date section:</u></b> STAMP the Date using the inked date stamp</li> <li>○ <b><u>Product name/manufacture/ lot number section:</u></b> Place a “COVID-19 mRNA/Pfizer-BioNTech Lot:” sticker. With a pen write the lot number (refer to pharmacy label provided for lot number)</li> <li>○ <b><u>Healthcare Professional or Clinic Site section:</u></b> Place a “Torrance Memorial Medical Center” sticker</li> </ul> *If NO vaccine card, provide staff/patient a new one. <b>ONLY FILL OUT for 2<sup>nd</sup> Dose COVID-19 Column.</b>	Staff		
5	Return the vaccine card back to the staff/patient	Staff		

**STANDARD OPERATION PROCEDURE****AREA & SHIFT: Station 3B**

SOP Revised: 1-7-2021

**OPERATIONAL PROCESS: Information****Average Cycle Time: 54.39 seconds**

<b>STEP</b>	<b>MAIN PROCESS</b>	<b>RESPONSIBLE</b>	<b>TIMING</b>	<b>ILLUSTRATIONS</b>
6	Inform staff/physician that after total observation time is elapse, head over to Station 4	Staff		
7	Direct staff/physician to sit on an available chair for 15 minutes *Front roll is for 30-minutes Observation Required (Red Sticker)	Staff		
8	Repeat steps 1-7 until shift is completed	Staff		



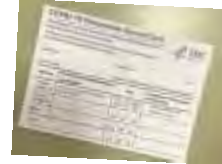

# STANDARD OPERATION PROCEDURE

**AREA & SHIFT: Station 4**

SOP Revised: 1-7-2021

**OPERATIONAL PROCESS: Check Out**

**Average Cycle Time: 36.9 seconds**

STEP	MAIN PROCESS	RESPONSIBLE	TIMING	ILLUSTRATIONS
OP1	Grab the Vaccine administration form from staff/ patient.	Check Out Staff		
2	Verify the following information with the staff/patient: <ul style="list-style-type: none"> <li>o name</li> <li>o date of birth</li> </ul>	Check Out Staff		
3	Determine what type of COVID Vaccine Clinic is it today: <b>*1<sup>st</sup> dose COVID Vaccine Clinic</b> skip to step 4 <b>*2<sup>nd</sup> dose COVID Vaccine Clinic</b> skip to step 6			
4	Provide the staff/patient with the following documents: <ul style="list-style-type: none"> <li>o vaccine card (*Ensure there is a stamp, today's date and signature)</li> </ul> <b>*Remind staff/patient to snap a photo of their vaccination card with their cell phone</b>	Check Out Staff		
5	Inform staff/patient that they will get an email within 1-2 days to sign up for the <b>second part</b> of their vaccine	Check Out Staff		
6	Log into PrepMod	Check Out Staff		
7	Select "Manage Clinics and Users"	Check Out Staff		

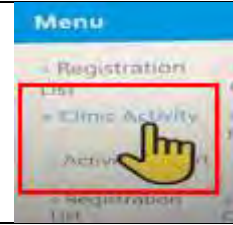
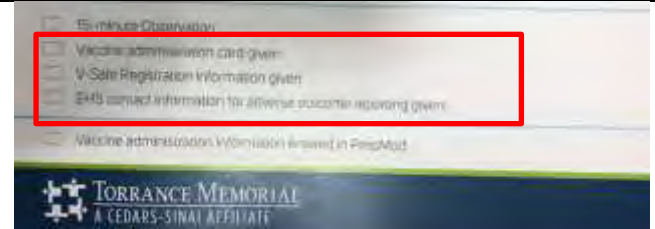


# STANDARD OPERATION PROCEDURE

AREA & SHIFT: Station 4

OPERATIONAL PROCESS: Check Out

SOP Revised: 1-7-2021

Average Cycle Time: 36.9 seconds

STEP	MAIN PROCESS	RESPONSIBLE	TIMING	ILLUSTRATIONS
8	Under “Clinics” select today’s “Clinic Activity”	Check Out Staff		
9	Scroll down and search staff/ patient by first or last name	Check Out Staff		
10	Check mark the following in the Vaccine Administration form: <ul style="list-style-type: none"> <li>o vaccine administration card given</li> <li>o V-SAFE Registration information given</li> <li>o EHS COVID-19 Vaccine Handout</li> </ul>	Check Out Staff		
11	Direct staff/patient to exit	Check Out Staff		
12	Input staff/patient information in PrepMod <ul style="list-style-type: none"> <li>o Vaccine Administration date</li> <li>o Vaccine Administration time</li> <li>o Injection site</li> <li>o Name of Vaccine Administrator</li> </ul> <b>*Follow steps 12a- 12d</b>	Check Out Staff		
12a	Click Vaccinated	Check Out Staff		


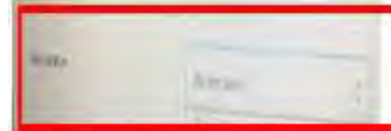

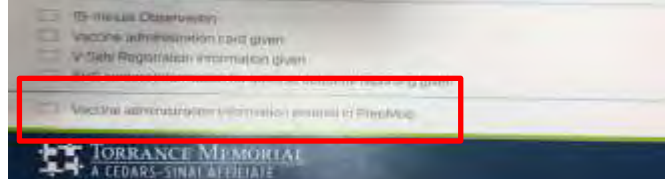
# STANDARD OPERATION PROCEDURE

**AREA & SHIFT: Station 4**

SOP Revised: 1-7-2021

**OPERATIONAL PROCESS: Check Out**

**Average Cycle Time: 36.9 seconds**

STEP	MAIN PROCESS	RESPONSIBLE	TIMING	ILLUSTRATIONS
12b	Fill in the Route, site, and VFC Eligibility	Check Out Staff		
12c	Select Vaccinator Name	Check Out Staff		
12d	Click Update	Check Out Staff		
13	Check mark the following: <ul style="list-style-type: none"> <li>Vaccine Administration entered in PrepMod on the Vaccine Administration form</li> <li>Name on the Registration list</li> </ul>	Check Out Staff		
14	Once information is inputted in PrepMod place completed form in the box provided	Check Out Staff		
15	Repeat steps 1-14 until shift is completed	Check Out Staff		

# ATTENTION



If you are receiving a COVID Vaccine today, you **MUST** have an Appointment (NO WALK-INS. NO WAIT-LISTS)

**AND**

**You must present one of the following identification forms:**

- Health Care Worker employee badge with photo
- Professional license **AND** a photo ID
- Signed letter from employer on facility letterhead **AND** a photo ID
- Payment stub from healthcare provider with your name **AND** a photo ID





# SYMPTOMS SCREENING

**Have you had any of these symptoms  
in the last 24-48 hours?**



**FEVER OR CHILLS  
COUGH**

**NEW LOSS OF TASTE  
OR SMELL**

**SHORTNESS OF  
BREATH OR  
DIFFICULTY BREATHING  
FATIGUE**

**SORE THROAT**

**MUSCLE OR BODY ACHES**

**CONGESTION OR  
RUNNY NOSE**

**HEADACHE**

**NAUSEA OR VOMITING**

**DIARRHEA**

**PLEASE DO NOT ENTER IF YOU HAVE HAD ANY OF  
THESE SYMPTOMS IN THE LAST 24-48 HOURS.**

Contact your Manager and the Employee Health  
COVID Hotline 310-784-6882.

Observation Check Out Times Tables

Current Time	(+) 15 minutes	(+) 30 minutes
00:01	00:16	00:31
00:02	00:17	00:32
00:03	00:18	00:33
00:04	00:19	00:34
00:05	00:20	00:35
00:06	00:21	00:36
00:07	00:22	00:37
00:08	00:23	00:38
00:09	00:24	00:39
00:10	00:25	00:40
00:11	00:26	00:41
00:12	00:27	00:42
00:13	00:28	00:43
00:14	00:29	00:44
00:15	00:30	00:45
00:16	00:31	00:46
00:17	00:32	00:47
00:18	00:33	00:48
00:19	00:34	00:49
00:20	00:35	00:50
00:21	00:36	00:51
00:22	00:37	00:52
00:23	00:38	00:53
00:24	00:39	00:54
00:25	00:40	00:55
00:26	00:41	00:56
00:27	00:42	00:57
00:28	00:43	00:58
00:29	00:44	00:59
00:30	00:45	01:00
00:31	00:46	01:01
00:32	00:47	01:02
00:33	00:48	01:03
00:34	00:49	01:04
00:35	00:50	01:05
00:36	00:51	01:06
00:37	00:52	01:07
00:38	00:53	01:08
00:39	00:54	01:09
00:40	00:55	01:10
00:41	00:56	01:11
00:42	00:57	01:12
00:43	00:58	01:13
00:44	00:59	01:14
00:45	01:00	01:15
00:46	01:01	01:16
00:47	01:02	01:17
00:48	01:03	01:18
00:49	01:04	01:19
00:50	01:05	01:20
00:51	01:06	01:21
00:52	01:07	01:22
00:53	01:08	01:23
00:54	01:09	01:24
00:55	01:10	01:25
00:56	01:11	01:26
00:57	01:12	01:27
00:58	01:13	01:28
00:59	01:14	01:29



# Before you leave have you...



- ✓ ☒ Checked Out
- ✓ ☒ Received your Vaccine Card
- ✓ ☒ Received your V-SAFE Registration Information Form
- ✓ ☒ Received EHS COVID-19 Vaccine Handout
- ✓ ☒ Turned in your Administration Form