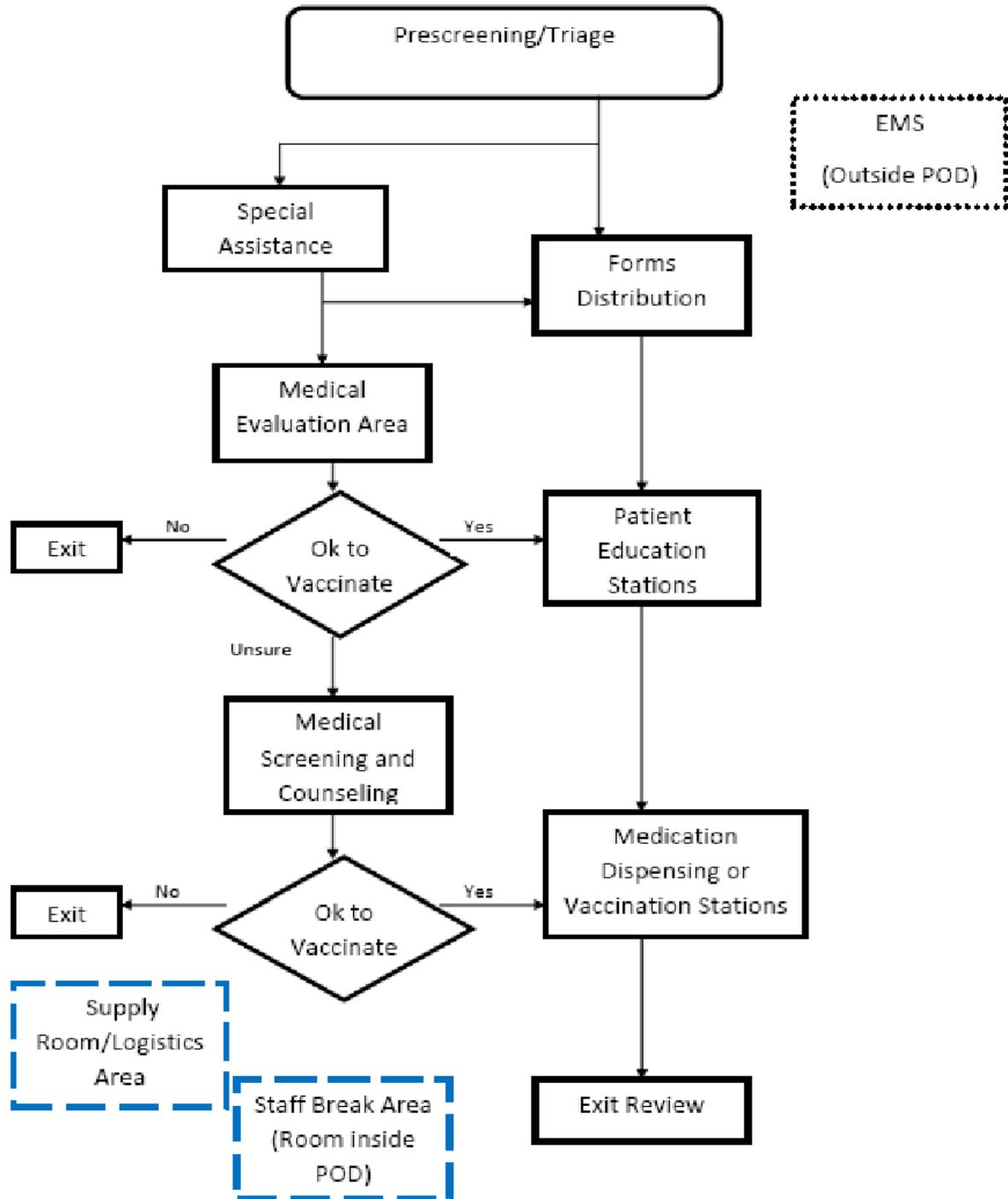


Appendix B - BRDHD POD Flowchart and Checklists

POD Flow Chart



BRDHD POD CHECKLIST-Pill Specific

Electronic Equipment

<input type="checkbox"/> Computers/Laptops	<input type="checkbox"/> Internet Access
<input type="checkbox"/> Printer/scanner	<input type="checkbox"/> Toner for Printer
<input type="checkbox"/> Cell phone	<input type="checkbox"/> Cell Phone Charger
<input type="checkbox"/> Extension cords	<input type="checkbox"/> Handheld Radios/Walkie Talkies
<input type="checkbox"/> AM/FM Radio and batteries	<input type="checkbox"/> Calculators
<input type="checkbox"/> Power Strip	<input type="checkbox"/> Dc to AC car adaptors
<input type="checkbox"/> Portable Generator	<input type="checkbox"/> Camera and batteries
<input type="checkbox"/> DVD or VCR players	<input type="checkbox"/> Photocopiers
<input type="checkbox"/> Televisions	<input type="checkbox"/> Fax Machine
<input type="checkbox"/> Mobile Satellite Radio	<input type="checkbox"/> Other

General Supplies

<input type="checkbox"/> BRDHD All Hazard Plan	<input type="checkbox"/> Paper Clips	<input type="checkbox"/> tables
<input type="checkbox"/> Drinking water/cups	<input type="checkbox"/> Scotch tape	<input type="checkbox"/> Chairs
<input type="checkbox"/> Food/ drinks for staff	<input type="checkbox"/> Duct tape	<input type="checkbox"/> Paper
<input type="checkbox"/> Pens, Pencils, Red pens	<input type="checkbox"/> Envelopes	<input type="checkbox"/> Hand Sanitizer
<input type="checkbox"/> ID badges for volunteers	<input type="checkbox"/> Trach cans	<input type="checkbox"/> Pencil Sharpener
<input type="checkbox"/> Scissors/ box cutter	<input type="checkbox"/> Highlighters	<input type="checkbox"/> File boxes
<input type="checkbox"/> Employee/volunteer sign-in sheet	<input type="checkbox"/> Paper towels	<input type="checkbox"/> Clipboards
<input type="checkbox"/> Flashlights/ batteries	<input type="checkbox"/> Ziplock bags	<input type="checkbox"/> Trash bags
<input type="checkbox"/> Scissors/ box cutter	<input type="checkbox"/> Tissues	<input type="checkbox"/> Rubber bands

<input type="checkbox"/> Stapler/ Staples	<input type="checkbox"/> Blue or Orange vests	<input type="checkbox"/> Cleaning supplies
<input type="checkbox"/> Post-it-notes	<input type="checkbox"/> Extra batteries	<input type="checkbox"/> Labels
<input type="checkbox"/> Receipt book	<input type="checkbox"/> First Aid Tents	<input type="checkbox"/> Other
<input type="checkbox"/> Copies of Informational video	<input type="checkbox"/> Name Tents	<input type="checkbox"/> Table Pads
<input type="checkbox"/> Easels with Paper	<input type="checkbox"/> Markers	<input type="checkbox"/> Dry Erase boards
<input type="checkbox"/> Dry Erase markers and Erasers	<input type="checkbox"/> Other	<input type="checkbox"/> other

Crowd Management and Triage Supplies

<input type="checkbox"/> Directional and parking signs	<input type="checkbox"/> Traffic Cones	<input type="checkbox"/> Bullhorn
<input type="checkbox"/> Toys/stickers	<input type="checkbox"/> Queue Partitions	<input type="checkbox"/> Pedestal Signs for clinic flow/stations
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

Medical/ Emergency Supplies

<input type="checkbox"/> Privacy Screens	<input type="checkbox"/> Bio-hazard bags	<input type="checkbox"/> Masks
<input type="checkbox"/> Scales	<input type="checkbox"/> Spill Kit	<input type="checkbox"/> Smelling salts?
<input type="checkbox"/> Standing orders	<input type="checkbox"/> Alcohol Wipes	<input type="checkbox"/> Gloves (various sizes)
<input type="checkbox"/> Protective masks	<input type="checkbox"/> Acetone	<input type="checkbox"/> Stethoscope
<input type="checkbox"/> Thermometers	<input type="checkbox"/> Blood Pressure cuff	<input type="checkbox"/> Band-Aids

<input type="checkbox"/> Gauze	<input type="checkbox"/> Adhesive tape	<input type="checkbox"/> Spray bottle with bleach
<input type="checkbox"/> Cotton balls	<input type="checkbox"/> Aspirin, Tylenol,	<input type="checkbox"/> Wheelchair
<input type="checkbox"/> CD Manuel	<input type="checkbox"/> Red Book	<input type="checkbox"/> Other

Ambulance on Standby

Information/ Training Tools

<input type="checkbox"/> Just-in-time training for Staff/volunteers	<input type="checkbox"/> Informational Videos and audio
<input type="checkbox"/> Job Action Sheets	<input type="checkbox"/> Informational Handouts/ Fact Sheets
<input type="checkbox"/> Drug Fact Sheets (multiple languages)	<input type="checkbox"/> Other

BRDHD POD CHECKLIST-Smallpox Vaccine Specific

Electronic Equipment

<input type="checkbox"/> Computers/Laptops	<input type="checkbox"/> Internet Access
<input type="checkbox"/> Printer/scanner	<input type="checkbox"/> Toner for Printer
<input type="checkbox"/> Cell phone	<input type="checkbox"/> Cell Phone Charger
<input type="checkbox"/> Extension cords	<input type="checkbox"/> Handheld Radios/Walkie Talkies
<input type="checkbox"/> AM/FM Radio and batteries	<input type="checkbox"/> Calculators
<input type="checkbox"/> Power Strip	<input type="checkbox"/> Dc to AC car adaptors
<input type="checkbox"/> Portable Generator	<input type="checkbox"/> Camera and batteries
<input type="checkbox"/> Refrigerator/Cooler for Vaccine	<input type="checkbox"/> Photocopiers
<input type="checkbox"/> DVD or VCR players	<input type="checkbox"/> Televisions
<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Other

General Supplies

<input type="checkbox"/> tables	<input type="checkbox"/> Paper Clips	<input type="checkbox"/> BRDHD All Hazard Plan
<input type="checkbox"/> Chairs	<input type="checkbox"/> Scotch tape	<input type="checkbox"/> Drinking water/cups
<input type="checkbox"/> Paper	<input type="checkbox"/> Duct tape	<input type="checkbox"/> Food/ drinks for staff
<input type="checkbox"/> Pens, Pencils, Red pens	<input type="checkbox"/> Envelopes	<input type="checkbox"/> Hand Sanitizer
<input type="checkbox"/> Pencil Sharpener	<input type="checkbox"/> Trach cans	<input type="checkbox"/> ID badges for volunteers
<input type="checkbox"/> Trach bags	<input type="checkbox"/> Highlighters	<input type="checkbox"/> File boxes
<input type="checkbox"/> Employee/volunteer sign-in sheet	<input type="checkbox"/> Paper towels	<input type="checkbox"/> Clipboards

<input type="checkbox"/> Rubber bands	<input type="checkbox"/> Ziplock bags	<input type="checkbox"/> Emergency Phone numbers
<input type="checkbox"/> Scissors/ box cutter	<input type="checkbox"/> Tissues	<input type="checkbox"/> Cleaning supplies
<input type="checkbox"/> Stapler/ Staples	<input type="checkbox"/> Blue or Orange vests	<input type="checkbox"/> Flashlights/ batteries
<input type="checkbox"/> Post-it-notes	<input type="checkbox"/> Extra batteries	<input type="checkbox"/> Labels
<input type="checkbox"/> Receipt book	<input type="checkbox"/> First Aid Kits	<input type="checkbox"/> Copies of informational Videos
<input type="checkbox"/> Table pads	<input type="checkbox"/> Table Tents	<input type="checkbox"/> Other

Crowd Management and Triage Supplies

<input type="checkbox"/> Queue partitions	<input type="checkbox"/> Signs for Parking and directions
<input type="checkbox"/> Pedestal signs for Clinic Flow/Stations	<input type="checkbox"/> Cones/Barricades
<input type="checkbox"/> Bullhorn	<input type="checkbox"/> Toys/stickers
<input type="checkbox"/> Audio player with speakers	<input type="checkbox"/> Other

Medical/ Emergency Supplies

<input type="checkbox"/> Vaccine	<input type="checkbox"/> Bio-hazard bags	<input type="checkbox"/> Sharp Containers
<input type="checkbox"/> Syringe with needles	<input type="checkbox"/> Spill Kit	<input type="checkbox"/> Smelling salts?
<input type="checkbox"/> Standing orders	<input type="checkbox"/> Alcohol Wipes	<input type="checkbox"/> Gloves (various sizes)
<input type="checkbox"/> Protective masks	<input type="checkbox"/> Acetone	<input type="checkbox"/> Stethoscope
<input type="checkbox"/> Thermometers	<input type="checkbox"/> Blood Pressure cuff	<input type="checkbox"/> Band-Aids

<input type="checkbox"/> Gauze	<input type="checkbox"/> Adhesive tape	<input type="checkbox"/> Spray bottle with bleach
<input type="checkbox"/> Cotton balls	<input type="checkbox"/> Aspirin, Tylenol,	<input type="checkbox"/> Bifurcated Needles
<input type="checkbox"/> Rectangle Band-Aids	<input type="checkbox"/> Masks	<input type="checkbox"/> Wheelchair
<input type="checkbox"/> Scales	<input type="checkbox"/> Drape Cloths	<input type="checkbox"/> Privacy Screens
<input type="checkbox"/> Red Book	<input type="checkbox"/> Pink Book	<input type="checkbox"/> Other

Ambulance on Standby

Information/ Training Tools

<input type="checkbox"/> Just-in-time training for Staff/volunteers	<input type="checkbox"/> Informational Videos and audio
<input type="checkbox"/> Job Action Sheets	<input type="checkbox"/> Informational Handouts/ Fact Sheets
<input type="checkbox"/> Drug Fact Sheets (multiple languages)	<input type="checkbox"/> Reconstitution Instructions
<input type="checkbox"/> Vaccine Administration Guide	<input type="checkbox"/> Vaccine Storage Instructions
<input type="checkbox"/> Other	<input type="checkbox"/> Other

BRDHD POD CHECKLIST-Flu Vaccine Specific

Electronic Equipment

<input type="checkbox"/> Computers/Laptops	<input type="checkbox"/> Internet Access
<input type="checkbox"/> Printer/scanner	<input type="checkbox"/> Toner for Printer
<input type="checkbox"/> Cell phone	<input type="checkbox"/> Cell Phone Charger
<input type="checkbox"/> Extension cords	<input type="checkbox"/> Handheld Radios/Walkie Talkies
<input type="checkbox"/> AM/FM Radio and batteries	<input type="checkbox"/> Calculators
<input type="checkbox"/> Power Strip	<input type="checkbox"/> Dc to AC car adaptors
<input type="checkbox"/> Portable Generator	<input type="checkbox"/> Camera and batteries
<input type="checkbox"/> Refrigerator/Cooler for Vaccine	<input type="checkbox"/> Photocopiers
<input type="checkbox"/> DVD or VCR players	<input type="checkbox"/> Televisions
<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Other

General Supplies

<input type="checkbox"/> tables	<input type="checkbox"/> Paper Clips	<input type="checkbox"/> BRDHD All Hazard Plan
<input type="checkbox"/> Chairs	<input type="checkbox"/> Scotch tape	<input type="checkbox"/> Drinking water/cups
<input type="checkbox"/> Paper	<input type="checkbox"/> Duct tape	<input type="checkbox"/> Food/ drinks for staff
<input type="checkbox"/> Pens, Pencils, Red pens	<input type="checkbox"/> Envelopes	<input type="checkbox"/> Hand Sanitizer
<input type="checkbox"/> Pencil Sharpener	<input type="checkbox"/> Trach cans	<input type="checkbox"/> ID badges for volunteers
<input type="checkbox"/> Trach bags	<input type="checkbox"/> Highlighters	<input type="checkbox"/> File boxes
<input type="checkbox"/> Employee/volunteer sign-in sheet	<input type="checkbox"/> Paper towels	<input type="checkbox"/> Clipboards

<input type="checkbox"/> Rubber bands	<input type="checkbox"/> Ziplock bags	<input type="checkbox"/> Emergency Phone numbers
<input type="checkbox"/> Scissors/ box cutter	<input type="checkbox"/> Tissues	<input type="checkbox"/> Cleaning supplies
<input type="checkbox"/> Stapler/ Staples	<input type="checkbox"/> Blue or Orange vests	<input type="checkbox"/> Flashlights/ batteries
<input type="checkbox"/> Post-it-notes	<input type="checkbox"/> Extra batteries	<input type="checkbox"/> Labels
<input type="checkbox"/> Receipt book	<input type="checkbox"/> First Aid Kits	<input type="checkbox"/> Copies of informational Videos
<input type="checkbox"/> Table pads	<input type="checkbox"/> Table Tents	<input type="checkbox"/> Other

Crowd Management and Triage Supplies

<input type="checkbox"/> Queue partitions	<input type="checkbox"/> Signs for Parking and directions
<input type="checkbox"/> Pedestal signs for Clinic Flow/Stations	<input type="checkbox"/> Cones/Barricades
<input type="checkbox"/> Bullhorn	<input type="checkbox"/> Toys/stickers
<input type="checkbox"/> Audio player with speakers	<input type="checkbox"/> Other

Medical/ Emergency Supplies

<input type="checkbox"/> Vaccine	<input type="checkbox"/> Bio-hazard bags	<input type="checkbox"/> Sharp Containers
<input type="checkbox"/> Syringe with needles	<input type="checkbox"/> Spill Kit	<input type="checkbox"/> Smelling salts?
<input type="checkbox"/> Standing orders	<input type="checkbox"/> Alcohol Wipes	<input type="checkbox"/> Gloves (various sizes)
<input type="checkbox"/> Protective masks	<input type="checkbox"/> Acetone	<input type="checkbox"/> Stethoscope
<input type="checkbox"/> Thermometers	<input type="checkbox"/> Blood Pressure cuff	<input type="checkbox"/> Band-Aids

<input type="checkbox"/> Gauze	<input type="checkbox"/> Adhesive tape	<input type="checkbox"/> Spray bottle with bleach
<input type="checkbox"/> Cotton balls	<input type="checkbox"/> Aspirin, Tylenol,	<input type="checkbox"/> Pink Book
<input type="checkbox"/> Rectangle Band-Aids	<input type="checkbox"/> Masks	<input type="checkbox"/> Wheelchair
<input type="checkbox"/> Scales	<input type="checkbox"/> Drape Cloths	<input type="checkbox"/> Privacy Screens
<input type="checkbox"/> Red Book	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Information/ Training Tools

<input type="checkbox"/> Just-in-time training for Staff/volunteers	<input type="checkbox"/> Informational Videos and audio
<input type="checkbox"/> Job Action Sheets	<input type="checkbox"/> Informational Handouts/ Fact Sheets
<input type="checkbox"/> Drug Fact Sheets (multiple languages)	<input type="checkbox"/>
<input type="checkbox"/> Vaccine Administration Guide	<input type="checkbox"/> Vaccine Storage Instructions
<input type="checkbox"/> Other	<input type="checkbox"/> Other

The Logistics Section Chief should designate staff to procure and deliver the needed supplies to each POD.

Drive-Thru POD Checklist

Health Department will provide

Electronic Equipment

<input type="checkbox"/> Computers/Laptops	<input type="checkbox"/> Other
<input type="checkbox"/> Printer/scanner/ Photocopiers	<input type="checkbox"/> Toner for Printer
<input type="checkbox"/> Cell phone (Personal)	<input type="checkbox"/> Cell Phone Charger
<input type="checkbox"/> Extension cords	<input type="checkbox"/> Handheld Radios/Walkie Talkies

<input type="checkbox"/> AM/FM Radio and batteries	<input type="checkbox"/> Calculators
<input type="checkbox"/> Power Strip	<input type="checkbox"/> DC to AC car adaptors
<input type="checkbox"/> Portable Generator	<input type="checkbox"/> Camera and batteries
<input type="checkbox"/> Refrigerator/Cooler for Vaccine	<input type="checkbox"/> Document Scanners

General Supplies

<input type="checkbox"/> Paper; different colors	<input type="checkbox"/> Paper Clips	<input type="checkbox"/> BRDHD All Hazard Plan or POD Book
<input type="checkbox"/> Pens, Pencils, Red pens, Sharpies	<input type="checkbox"/> Scotch tape	<input type="checkbox"/> Drinking water/cups
<input type="checkbox"/> Pencil Sharpener	<input type="checkbox"/> Duct tape	<input type="checkbox"/> Coolers of Food/ drinks for staff
<input type="checkbox"/> Trach bags	<input type="checkbox"/> Envelopes	<input type="checkbox"/> Hand Sanitizer
<input type="checkbox"/> Employee/volunteer sign-in sheet	<input type="checkbox"/> Trach cans - Small trash cans (ask EM) 4 for vaccination and 2 for Reg	<input type="checkbox"/> ID badges for volunteers
<input type="checkbox"/> Rubber bands	<input type="checkbox"/> Highlighters	<input type="checkbox"/> File boxes
<input type="checkbox"/> Scissors/ box cutter	<input type="checkbox"/> Paper towels	<input type="checkbox"/> Clipboards
<input type="checkbox"/> Stapler/ Staples	<input type="checkbox"/> Ziplock bags	<input type="checkbox"/> Emergency Phone numbers
<input type="checkbox"/> Post-it-notes	<input type="checkbox"/> Tissues	<input type="checkbox"/> Cleaning supplies
<input type="checkbox"/> Receipt book - 2	<input type="checkbox"/> Labeled Blue or Orange vests	<input type="checkbox"/> Flashlights/ batteries
<input type="checkbox"/> Table pads	<input type="checkbox"/> Extra batteries	<input type="checkbox"/> Labels
<input type="checkbox"/> Supplies for Hand washing station supplied by HEART	<input type="checkbox"/> Table Tents	<input type="checkbox"/> Other – Sugary drinks and Peanut Butter crackers for clients

<input type="checkbox"/> Premade signs for vaccinators to know what vaccine to use?	<input type="checkbox"/>	<input type="checkbox"/> Other
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Crowd Management and Triage Supplies

<input type="checkbox"/> Pedestal signs for Clinic Flow/Stations	<input type="checkbox"/> Signs for Parking and directions
<input type="checkbox"/> Bullhorn (Megaphones)	<input type="checkbox"/> Toys/stickers/dog treats
<input type="checkbox"/> Other	<input type="checkbox"/> Other

Medical/ Emergency Supplies

<input type="checkbox"/> Vaccine	<input type="checkbox"/> Bio-hazard bags	<input type="checkbox"/> Sharp Containers
<input type="checkbox"/> Syringe with needles	<input type="checkbox"/> Spill Kit	<input type="checkbox"/> Smelling salts?
<input type="checkbox"/> Standing orders	<input type="checkbox"/> Alcohol Wipes	<input type="checkbox"/> Gloves (various sizes)
<input type="checkbox"/> Gloves; various sizes	<input type="checkbox"/> Acetone?	<input type="checkbox"/> Stethoscope
<input type="checkbox"/> Thermometers	<input type="checkbox"/> Blood Pressure cuff	<input type="checkbox"/> Band-Aids
<input type="checkbox"/> Gauze	<input type="checkbox"/> Adhesive tape	<input type="checkbox"/> Spray bottle with bleach
<input type="checkbox"/> Cotton balls	<input type="checkbox"/> Aspirin, Tylenol, etc	<input type="checkbox"/> Pink Book
<input type="checkbox"/> Rectangle Band-Aids	<input type="checkbox"/> Masks	<input type="checkbox"/> Gowns/Lab Coats
<input type="checkbox"/> Red Book	<input type="checkbox"/> Drape Cloths	<input type="checkbox"/> Face Shields
<input type="checkbox"/> Medical Screening forms/ registration forms	<input type="checkbox"/> ER Kit	<input type="checkbox"/> First Aid boxes
<input type="checkbox"/> Other – Nursing Kit	<input type="checkbox"/> Other – Portable refrigerators (3 or 6)	<input type="checkbox"/> Other

Information/ Training Tools

<input type="checkbox"/> Just-in-time training for Staff/volunteers	<input type="checkbox"/> Job Action Sheets
<input type="checkbox"/> Vaccine Fact Sheets (multiple languages)	<input type="checkbox"/> Informational Packets in different languages /Informational Handouts/ Fact Sheets
<input type="checkbox"/> Vaccine Administration Guide	<input type="checkbox"/> Vaccine Storage Instructions
<input type="checkbox"/> Other	<input type="checkbox"/> Other

Staffing

<input type="checkbox"/> Vaccinators	<input type="checkbox"/> Vaccine Manager
<input type="checkbox"/> Clerical/Billing	<input type="checkbox"/> Logistics
<input type="checkbox"/> IC	<input type="checkbox"/> Operations
<input type="checkbox"/> Safety officer	<input type="checkbox"/> Infection Control
<input type="checkbox"/> Exit Reviewer	<input type="checkbox"/> Compliance
<input type="checkbox"/> Finance	<input type="checkbox"/> Other

Emergency Management will provide

Electronic Equipment

<input type="checkbox"/> Extension cords	<input type="checkbox"/> Internet Access (location)
<input type="checkbox"/> Power Strip	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Portable Generator or access to electrical hook up	<input type="checkbox"/> Other

General Supplies

<input type="checkbox"/> tables	<input type="checkbox"/> Trach cans	<input type="checkbox"/> Trach bags
<input type="checkbox"/> Chairs	<input type="checkbox"/> Emergency Phone numbers	<input type="checkbox"/> Drinking water/cups
<input type="checkbox"/> First Aid Tents	<input type="checkbox"/> ID badges for volunteers	<input type="checkbox"/> Coolers of Food/ drinks for staff
<input type="checkbox"/> Hand Sanitizer	<input type="checkbox"/> Transport vehicles (golf carts, etc.)	<input type="checkbox"/> Station tents
<input type="checkbox"/> Cooling Fans or Space heaters	<input type="checkbox"/> Other – Sugary drinks and Peanut Butter crackers for clients	<input type="checkbox"/> Ambulance
<input type="checkbox"/> Staff and supplies for First Aid station	<input type="checkbox"/> Portable toilets	<input type="checkbox"/> Other

Crowd Management and Triage Supplies

<input type="checkbox"/> Cones/Barricades	<input type="checkbox"/> Bullhorn
<input type="checkbox"/> Toys/stickers/dog treats	<input type="checkbox"/> Other

Staffing

<input type="checkbox"/>		<input type="checkbox"/>	Runners
<input type="checkbox"/>	Traffic Controllers	<input type="checkbox"/>	Security
<input type="checkbox"/>	Staff for First Aid station	<input type="checkbox"/>	Medical (EMT) at Exit Review
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other

Other Partners

Get From HEART

<input type="checkbox"/>	Small Support trailer (Cots and other supplies)	<input type="checkbox"/>	IMT Kits
<input type="checkbox"/>	A-frame signs (both the pre-printed and blank)	<input type="checkbox"/>	iPads
<input type="checkbox"/>	Hand Washing station	<input type="checkbox"/>	Other – Mobile Sat Radio
<input type="checkbox"/>		<input type="checkbox"/>	

VAERS Form

WEBSITE: www.vaers.hhs.gov E-MAIL: info@vaers.org

FAX: 1-877-721-0366

 VACCINE ADVERSE EVENT REPORTING SYSTEM 24 Hour Toll-Free Information 1-800-822-7967 P.O. Box 1100, Rockville, MD 20849-1100 PATIENT IDENTITY KEPT CONFIDENTIAL				<i>For CDC/FDA Use Only</i> VAERS Number _____ Date Received _____	
Patient Name: Last _____ First _____ M.I. _____ Address _____ _____ _____ City _____ State _____ Zip _____ Telephone no. (____) _____		Vaccine administered by (Name): _____ Responsible Physician _____ Facility Name/Address _____ _____ _____ City _____ State _____ Zip _____ Telephone no. (____) _____		Form completed by (Name): _____ Relation <input type="checkbox"/> Vaccine Provider <input type="checkbox"/> Patient/Parent to Patient <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other Address (if different from patient or provider) _____ _____ _____ City _____ State _____ Zip _____ Telephone no. (____) _____	
1. State	2. County where administered	3. Date of birth mm / dd / yy	4. Patient age	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Date form completed mm / dd / yy
7. Describe adverse event(s) (symptoms, signs, time course) and treatment, if any				8. Check all appropriate: <input type="checkbox"/> Patient died (date mm / dd / yy) <input type="checkbox"/> Life threatening illness <input type="checkbox"/> Required emergency room/doctor visit <input type="checkbox"/> Required hospitalization (____ days) <input type="checkbox"/> Resulted in prolongation of hospitalization <input type="checkbox"/> Resulted in permanent disability <input type="checkbox"/> None of the above	
9. Patient recovered <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				10. Date of vaccination mm / dd / yy Time _____ AM _____ PM	11. Adverse event onset mm / dd / yy Time _____ AM _____ PM
12. Relevant diagnostic tests/laboratory data					
13. Enter all vaccines given on date listed in no. 10					
Vaccine (type)		Manufacturer	Lot number	Route/Site	No. Previous Doses
a. _____		_____	_____	_____	_____
b. _____		_____	_____	_____	_____
c. _____		_____	_____	_____	_____
d. _____		_____	_____	_____	_____
14. Any other vaccinations within 4 weeks prior to the date listed in no. 10					
Vaccine (type)		Manufacturer	Lot number	Route/Site	No. Previous doses
a. _____		_____	_____	_____	_____
b. _____		_____	_____	_____	_____
15. Vaccinated at: <input type="checkbox"/> Private doctor's office/hospital <input type="checkbox"/> Military clinic/hospital <input type="checkbox"/> Public health clinic/hospital <input type="checkbox"/> Other/unknown			16. Vaccine purchased with: <input type="checkbox"/> Private funds <input type="checkbox"/> Military funds <input type="checkbox"/> Public funds <input type="checkbox"/> Other/unknown		17. Other medications
18. Illness at time of vaccination (specify)			19. Pre-existing physician-diagnosed allergies, birth defects, medical conditions (specify)		
20. Have you reported this adverse event previously? <input type="checkbox"/> No <input type="checkbox"/> To health department <input type="checkbox"/> To doctor <input type="checkbox"/> To manufacturer			<i>Only for children 5 and under</i> 22. Birth weight _____ lb. _____ oz. 23. No. of brothers and sisters _____		
21. Adverse event following prior vaccination (check all applicable, specify)				<i>Only for reports submitted by manufacturer/immunization project</i> 24. Mfr./imm. proj. report no. _____ 25. Date received by mfr./imm.proj. _____	
<input type="checkbox"/> In patient <input type="checkbox"/> In brother or sister		Adverse Event	Onset Age	Type Vaccine	Dose no. in series
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
26. 15 day report? <input type="checkbox"/> Yes <input type="checkbox"/> No			27. Report type <input type="checkbox"/> Initial <input type="checkbox"/> Follow-Up		
Health care providers and manufacturers are required by law (42 USC 300aa-25) to report reactions to vaccines listed in the Table of Reportable Events Following Immunization. Reports for reactions to other vaccines are voluntary except when required as a condition of immunization grant awards.					

Form VAERS-1 (FDA)

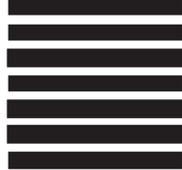
"Fold in thirds, tape & mail — DO NOT STAPLE FORM"



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES
OR APO/FPO

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1895 ROCKVILLE, MD

POSTAGE WILL BE PAID BY ADDRESSEE



VAERS
P.O. Box 1100
Rockville MD 20849-1100



DIRECTIONS FOR COMPLETING FORM

(Additional pages may be attached if more space is needed.)

GENERAL

- Use a separate form for each patient. Complete the form to the best of your abilities. Items 3, 4, 7, 8, 10, 11, and 13 are considered essential and should be completed whenever possible. Parents/Guardians may need to consult the facility where the vaccine was administered for some of the information (such as manufacturer, lot number or laboratory data.)
- Refer to the Reportable Events Table (RET) for events mandated for reporting by law. Reporting for other serious events felt to be related but not on the RET is encouraged.
- Health care providers other than the vaccine administrator (VA) treating a patient for a suspected adverse event should notify the VA and provide the information about the adverse event to allow the VA to complete the form to meet the VA's legal responsibility.
- These data will be used to increase understanding of adverse events following vaccination and will become part of CDC Privacy Act System 09-20-0136, "Epidemiologic Studies and Surveillance of Disease Problems". Information identifying the person who received the vaccine or that person's legal representative will not be made available to the public, but may be available to the vaccinee or legal representative.
- Postage will be paid by addressee. Forms may be photocopied (must be front & back on same sheet).

SPECIFIC INSTRUCTIONS

Form Completed By: To be used by parents/guardians, vaccine manufacturers/distributors, vaccine administrators, and/or the person completing the form on behalf of the patient or the health professional who administered the vaccine.

- Item 7: Describe the suspected adverse event. Such things as temperature, local and general signs and symptoms, time course, duration of symptoms, diagnosis, treatment and recovery should be noted.
- Item 9: Check "YES" if the patient's health condition is the same as it was prior to the vaccine, "NO" if the patient has not returned to the pre-vaccination state of health, or "UNKNOWN" if the patient's condition is not known.
- Item 10: Give dates and times as specifically as you can remember. If you do not know the exact time, please
- and 11: indicate "AM" or "PM" when possible if this information is known. If more than one adverse event, give the onset date and time for the most serious event.
- Item 12: Include "negative" or "normal" results of any relevant tests performed as well as abnormal findings.
- Item 13: List ONLY those vaccines given on the day listed in Item 10.
- Item 14: List any other vaccines that the patient received within 4 weeks prior to the date listed in Item 10.
- Item 16: This section refers to how the person who gave the vaccine purchased it, not to the patient's insurance.
- Item 17: List any prescription or non-prescription medications the patient was taking when the vaccine(s) was given.
- Item 18: List any short term illnesses the patient had on the date the vaccine(s) was given (i.e., cold, flu, ear infection).
- Item 19: List any pre-existing physician-diagnosed allergies, birth defects, medical conditions (including developmental and/or neurologic disorders) for the patient.
- Item 21: List any suspected adverse events the patient, or the patient's brothers or sisters, may have had to previous vaccinations. If more than one brother or sister, or if the patient has reacted to more than one prior vaccine, use additional pages to explain completely. For the onset age of a patient, provide the age in months if less than two years old.
- Item 26: This space is for manufacturers' use only.

LHD Guidance for Medical Material Requests from Healthcare Facilities

1. A healthcare facility identifies they are likely to deplete a medical material resource before re-supply can occur by their vendor.
2. The healthcare facility notifies the Local Health Department (LHD) Planner/Coordinator of their impending medical material shortage.
3. LHD is to verify with the healthcare facility that they have explored other options (other vendors or other brands, and are attempting to utilize conservation strategies).
4. LHD Planner/Coordinator or other LHD designee will fill out the Healthcare Facility Medical Material Request Form on behalf of the requesting facility.
5. LHD contacts and provides the Local Emergency Manager (EM) with the request.
6. If the request is filled locally, the completed request should be emailed by the LHD to the KDPH DOC at (chfsdphdoc@ky.gov) or faxed to (502-696-5852) (Reference Countermeasures Section in the subject line of email or fax) and no further action is required.
7. If the request cannot be filled locally, the Local EM will then send the request to the Commonwealth Emergency Management Operations desk. KYEM, via WebEOC, will then send the request to the KDPH DOC for review to be filled (if possible). The local HD should also email the request to the KDPH DOC at (chfsdphdoc@ky.gov) or fax to (502-696-5852) (Reference Countermeasures Section in the subject line of email or fax).
8. KYEM will coordinate with KDPH to determine if the requested resources are available in the state.
9. KYEM will coordinate with KDPH, the LHD and the Local EM to arrange movement of medical material to fill the request.

Notes for Local Health Departments:

1. Healthcare facilities should be made aware that PPE requests from local healthcare facilities (which are filled by the state) most likely will be filled with a different brand of PPE than requested. As a result, fit testing may need to take place for N-95 requests.
2. If you have questions concerning the Medical Material Request process or how to fill out the form, please direct them to the KDPH DOC mailbox at chfsdphdoc@ky.gov or call the KDPH DOC at 888-398-0013.
3. The exact number of items should be requested rather than case/box quantities which may vary by manufacturer.
4. Please rename the completed Medical Material Request Form that you will email or fax to KDPH and EM with the requesting facility name and date. (ie. Norton Healthcare 12-01-09)
5. Additional contact information: KDPH DOC: chfsdphdoc@ky.gov, KDPH DOC Phone: 888-398-0013, KDPH DOC Fax 502-696-5852, KDPH Office Phone: 502-564-7243, KYEM Phone: 800-255-2587, KYEM Fax: 502-607-1614, KYEM Email: int-dutyoff@ng.armymil

HEALTHCARE FACILITY REQUEST FOR MEDICAL MATERIAL ASSISTANCE FORM

Date:

KDPH USE ONLY – Request Number

Requesting Facility Information

Facility Name:

Facility Type: select one (click on box and select from drop down list) Please specify other

Facility Point of Contact (POC):

Facility POC Phone Number:

Facility Shipping Address

Address 1:

Address 2:

City:

State:

Zip Code:

Local Health Department (LHD) Information

LHD Completing Form:

LHD Point of Contact (POC):

LHD POC Phone Number:

Requested Item (Only request one type of item per form)

Item: select one Description:

Amount (exact number of items requested, not box or case quantity):

Is it estimated that the requesting facility has less than 72 hours of the requested item remaining (check one)?

Yes No

Has the requesting facility placed an order for the item through the commercial market (check one)?

Yes No

If yes, can it be documented (check one)?

Yes No If yes, vendor name:

Estimated delivery date of item, if available:

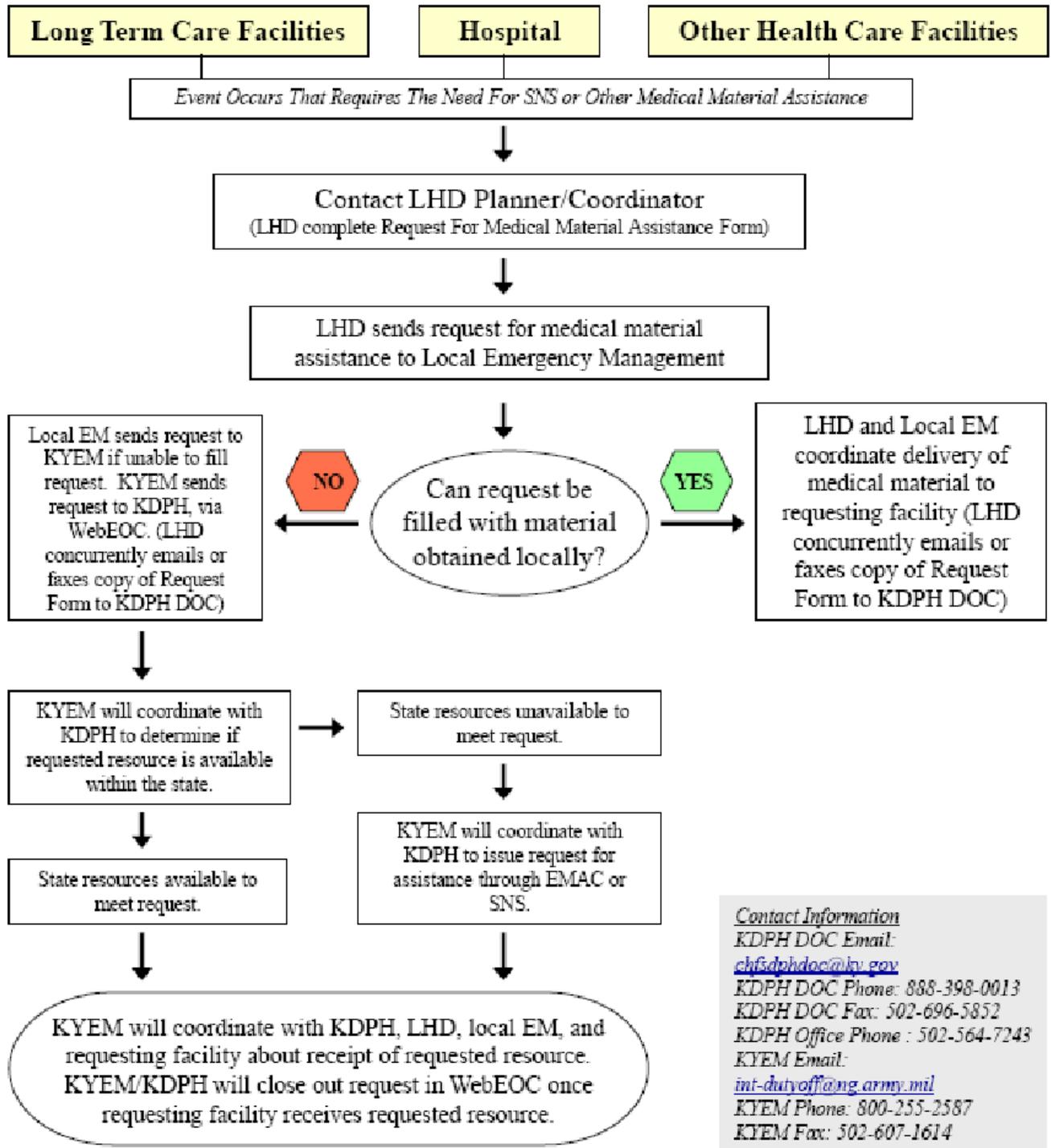
Action taken on request (check one) (To be completed by Local Health Department)

Requesting facility received materials from local resources. No further action required. (LHD, email copy of this form to KDPH DOC at chfsdphdoc@ky.gov – if unable to email, fax to 502-564-4387).

Local resources not available to meet request. (LHD, send copy of this form to local emergency management office and email copy to KDPH DOC at chfsdphdoc@ky.gov – if unable to email, fax to 502-564-4387).

Important note: KDPH cannot guarantee that facility will receive the brand or size of item requested. State stockpile may contain similar items from different manufactures than the requesting facility customarily orders from. (Please save completed Request for Medical Material Assistance Form as requesting facility name and date.)

HEALTHCARE FACILITY REQUEST FOR MEDICAL MATERIAL ASSISTANCE FLOW CHART



Contact Information
 KDPH DOC Email: chfsdphdoc@ky.gov
 KDPH DOC Phone: 888-398-0013
 KDPH DOC Fax: 502-696-5852
 KDPH Office Phone : 502-564-7243
 KYEM Email: int-dutyoff@ng.army.mil
 KYEM Phone: 800-255-2587
 KYEM Fax: 502-607-1614

NOTE: (For receipt of PPE from state stockpile) The expectation is that once PPE is available again through the commercial market the requesting facility will re-supply the state cache with the number and type of PPE received.

**Requesting healthcare facility must provide with request the following information: Facility Name, Contact Person, Contact Phone #, Requested item/s by type and amount.*