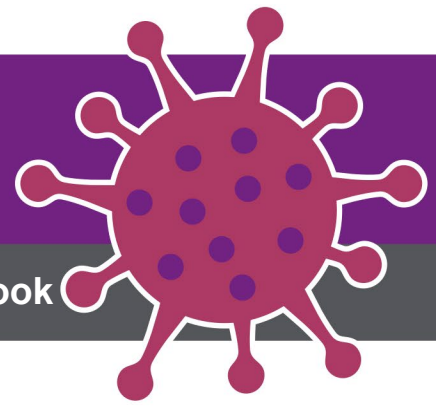


# CORONAVIRUS DISEASE 2019 (COVID-19)



This document is part of the **COVID-19 Vaccine Operations Guidebook**



**Audience:** COVID-19 Vaccine Clinics

**Revision Date:** 3/2/2021

**Version:** # 4

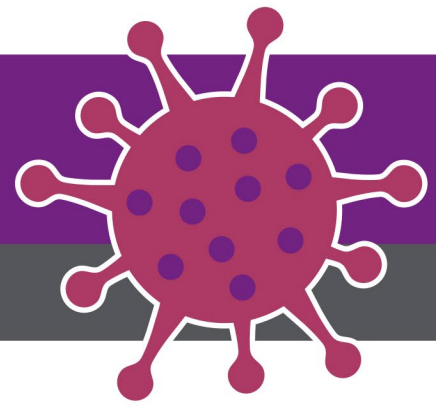
**COVID-19 Response Team Owner:** MGPS Vaccine Operations

## PEOPLE Part 1 – Vaccine Huddles

### Summary of Changes in this Version

- Added below bullet to start of shift huddle checklist
  - Determine vaccine manufacturer of doses being administered and whether a second dose/appointment is needed

# CORONAVIRUS DISEASE 2019 (COVID-19)



## Vaccination Huddles and Anaphylaxis Management



**Audience:** COVID-19 Vaccine Clinics

**Revision Date:** 3/2/2021

**Version:** 4

**Incident Command Owner:** Vaccine Operations

**Date of Last Review:** 3/2/2021 Updated to review vaccine manufacturer

### COVID-19 Vaccination Huddles

The huddle should be conducted by the clinic's operations lead in the presence of all clinic participants.

#### **At the start of shift:**

- Review schedules, staffing, timing of breaks
- Introduce participants' name, role outside of this clinic, and assignment within this clinic
  - Ensure some CPR-trained staff are assigned to the patient post-vaccination holding area
- Determine vaccine manufacturer of doses being administered and whether a second dose/appointment is needed
- Review patient-facing scripting
- Review plans for identifying and managing patients with risk factors for an adverse event such as (i) a history of syncope with vaccination; (ii) bleeding tendencies; or (iii) allergy or anaphylactic reaction history. See: [ACIP Adverse Reactions Guidelines for Immunization | Recommendations | CDC](#)
  - Take appropriate measures to prevent injuries if a patient becomes weak or dizzy or loses consciousness. Vaccinations should be administered with patients seated or lying down.
  - Soreness, redness, itching, or swelling at the injection site can be managed by a cold compress. Monitor the patient for additional signs of allergic reaction.
  - Bleeding at injection sites can be managed by applying firm pressure with gauze and elevating the arm above the heart level.
- Review of presence and location of supplies/equipment including emergency supplies
  - Review proper needle technology specific to clinic to avoid needle stick injuries
  - Anaphylaxis kit: 3 epinephrine autoinjectors (Epi-pens) or epinephrine kits provided by health ministry pharmacy. Additional supplies for IV therapy and nebulizers may be included based on vaccination location and staffing.
  - Full oxygen tank with accompanying tubing, mask, nasal cannula

- Devices for assessing vital signs: blood pressure cuff, pulse oximeter
- CPR mask
- Gurney

**At the end of shift:**

- Debrief what went well and what could be improved
- Restock supplies
- Report any adverse events

## Basic Anaphylaxis Management

\*All COVID-19 Vaccination sites must have these basic capabilities and have staff assigned to each role.

Anaphylaxis Recognition	
<p>The most common signs and symptoms are cutaneous (e.g., sudden onset of generalized urticaria, angioedema, flushing, pruritus). 10 to 20% of patients with anaphylaxis present with no skin findings</p>	<p>Danger signs: rapid progression of symptoms, respiratory distress (e.g., stridor, wheezing, dyspnea, increased work of breathing, persistent cough, cyanosis), vomiting, abdominal pain, hypotension, dysrhythmia, chest pain, collapse.</p>
Activation of Emergency Response	Process for initiating emergency response:
<p>For ambulatory settings, call 911. In acute settings, follow local Ministry protocol for rapid response.</p>	
<p>Monitor airway, breathing, circulation (ABCs) and initiate CPR if warranted.</p>	<p>List clinic staff who are BLS/ACLS certified:</p>
Treatment	Names and Roles of Individual(s) Trained in Administering Epinephrine
<p><b>The first and most important treatment in anaphylaxis is <u>epinephrine</u>. There are NO absolute contraindications to epinephrine in the setting of anaphylaxis.</b></p> <p>IM epinephrine: Give epinephrine 0.3 mg / 0.3 ml IM for adults according to ministry availability either via EpiPen (see poster) <b>OR</b> via pre-filled syringe <b>OR</b> via anaphylaxis epinephrine kit per instructions. *A second 0.3 mg / 0.3 ml IM dose of epinephrine can be given five minutes after the initial dose under medical guidance.</p>	
Basics of Anaphylaxis Management	
<p>Place patient in a recumbent position, if tolerated, and elevate lower extremities above heart level.</p>	
<p>Administer oxygen: Give 8 to 10 L/minute via facemask or up to 100% oxygen as needed to maintain oxygen saturation levels &gt;92%</p>	
<p>Document reaction signs and symptoms, vital signs, and care administered with times</p>	
<p>After any emergency, call to restock any emergency supplies used</p>	

## Advanced Anaphylaxis Management

\*The interventions below should be provided under the direction of a physician or advanced practice provider if the site has IV therapy and nebulizer capabilities.

Advanced Anaphylaxis Management	
<p>Insert IV line*</p> <p>Normal saline rapid bolus: treat hypotension with a rapid infusion of 1 to 2 liters.</p>	
<p>Administration of bronchodilator*</p> <p>For bronchospasm resistant to IM epinephrine, give albuterol 2.5 to 5 mg in 3 mL saline via nebulizer or 2 puffs via MDI. Repeat as needed.</p>	
<p>Adjunctive Therapies: Administration of IV Medications Adjunctive Therapies*</p> <p>For relief of urticaria and itching:</p> <p>Consider giving diphenhydramine 25 to 50 mg IV (given over 5 minutes)</p> <p>H2 antihistamine:</p> <p>Consider infusing famotidine 20 mg IV over 2 minutes.</p>	
<p>After any emergency, call to restock any emergency supplies used.</p>	

[ACIP General Best Guidance for Immunization - General Best Practice Guidelines for Immunization: Preventing and Managing Adverse Reactions 68 \(cdc.gov\)](#)