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Guide to Applying to Administer the COVID-19 Vaccine
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Summary:

This guidance is for entities who would like to request vaccine directly from the Department of Public Health to vaccinate their employees. Entities can register for MIIS and request vaccine if they plan to vaccinate more than 200 individuals. Smaller entities are encouraged to work through their local board of health, a local health provider or pharmacy.

Where can I request vaccine to administer among my own employees/residents?

- Please complete [this form](#); a member of the Department of Public Health's Vaccine Unit will be in touch with you shortly to review your request

What are the steps I need to take to operate a vaccination program?

Administrative considerations:

1. Register with the [Massachusetts Immunization Information System \(MIIS\)](#).

- Contact miishelpdesk@state.ma.us

2. Onboard for GUI/Direct Data Entry

- After completing registration, you must submit an onboarding request to initiate the process of connecting and submitting data.
- For step-by-step instructions and screenshots guiding you through the onboarding request process, please view the [Onboarding Request Mini Guide](#).

3. Submit a unique [Massachusetts COVID-19 Vaccine Program \(MCVP\) agreement](#).

- The MCVP Agreement is emailed as a link to contacts associated with the MIIS and State Vaccine Program.

4. Obtain a standing order for your program from a medical professional, such as the physician associated with your practice/board of health.

- State law, M.G.L. c. 94C requires a licensed provider with prescribing authority to issue an order for a COVID-19 vaccine.
 - Authorized ordering providers include, a: physician, osteopath, advanced practice nurse, or physician’s assistant. See MGL Ch. 94C, and 105 CMR 700.00.
 - A standing order is an order issued by a licensed provider, which is not specific to one person, and enable assessment and vaccination of the patient without the need for clinician examination or direct order from the attending provider at the time of the interaction.
- A model standing will be posted to mass.gov/covidvaccine shortly.
- Other Emergency Treatment Standing orders available from the Immunization Action Coalition:
 - [Medical Management of Vaccine Reactions of Adults in a Community Setting](#)
 - [Medical Management of Vaccine Reactions in Children and Teens in a Community Setting](#)

5. Review the terms of compliance with Emergency Use Authorization (EUA) and equitable distribution, including at mass vaccination sites:

- Decisions about which eligible patients receive the COVID Vaccine must comply the terms of the EUAs.
- Criteria for the COVID Vaccine use should be as clear, transparent, and objective as possible, and be based on biological factors related only to the likelihood and magnitude of benefit from the medical resources and should at all times minimize inequitable outcomes.
- Factors that have no bearing on the likelihood or magnitude of benefit, include but are not limited to, race, disability, gender, sexual orientation, gender identity, ethnicity, ability to pay or insurance status, socioeconomic status, English language proficiency, perceived social worth, perceived quality of life, immigration status, incarceration status, homelessness or past or future use of resources.

Site considerations:

6. Ensure you have an appropriate site to perform the vaccination. This site should have the capacity to carry out the best practices below:

- Screen patients for COVID-19 symptoms before and during the visit.
- Maintain physical distance (at least 6 feet apart, where possible).
- Limit and monitor facility points of entry and install barriers to limit physical contact with patients at triage.
- Observe respiratory hygiene (facemasks for staff and face coverings for patients over 2 years of age, if tolerated) and cough etiquette.

- Observe hand hygiene (including providing at least 60% alcohol hand sanitizer for patients).
- Perform enhanced surface decontamination.
- Refer to CDC guidance to prevent the spread of COVID-19 in [health care settings](#), including [outpatient and ambulatory care settings](#).

7. Ensure that you have an adequate location to safely store the vaccine, and can adhere to the below guidelines:

- **Vaccine should be stored according to EUA fact sheet and manufacturer guidelines.**
- Vaccines that can be stored at 2°C to 8°C should be **stored in purpose-built units or pharmaceutical-grade units**. They are designed specifically for the storage of vaccines and often have:
 - Vaccines that must be stored within the -15°C to -50°C range, such as the Moderna COVID-19 vaccine, should be stored in standalone freezers.
 - Vaccines that must be stored in ultra-cold range (-60°C to -80°C), such as the Pfizer COVID-19 vaccine, can be stored in an ultra-cold freezer or using the manufacturer provided thermal shipper (specifically for Pfizer COVID-19 vaccine).
- **It is essential that providers continuously monitor vaccine storage unit temperatures.** Providers must record the following at least twice a day:
 - Minimum and maximum temperature
 - Date/time
 - Name of person checking and recording temperatures
 - Actions taken if a temperature excursion has occurred.
- **In addition, CDC and MDPH require that a digital data logger (DDL) is used.**
 - Provides the most accurate storage unit temperature information by using a buffered probe.
 - Records temperatures continuously.
 - Identifies alarms and how long vaccine storage units have been out of range (temperature excursion).
 - Not all DDLs can measure ultra-cold temperatures. Sites may use monitoring equipment that uses an air-probe or a probe designed specifically for ultra-cold temperatures.

Staff considerations:

8. Identify staff to operate the program and administer the vaccine.

- All staff members who receive vaccine deliveries, handle, or administer vaccines must be trained in vaccine related practices and procedures.
- Staff should be able to ensure the safety and efficacy of vaccines through proper:
 - Benefit and risk communication
 - Vaccine storage/handling and administration
 - Timing and spacing of vaccine doses
 - Screening for contraindications and precautions

- Management of adverse reactions
 - Being able to access and use emergency equipment
 - Current CPR certification
 - Reporting to VAERS (and any additional COVID specific databases)
 - Documentation
- If planning to vaccinate health care workers, review the CDC’s [Clinical Considerations for Vaccination of Healthcare Personnel](#)

9. Ensure you have an adequate supply of PPE to support your program.

- **Surgical Masks**
 - Required: All health care providers (N95 masks not recommended)
- **Eye protection**
 - Required: Areas of moderate/substantial community transmission or if ultra-cold/dry ice is being handled
 - Optional: Areas of minimal/no community transmission
- **Gloves**
 - Required: Latex or similar gloves needed to administer intramuscular or subcutaneous vaccine
 - Required: If ultra-cold or dry ice are being handled, special insulating gloves are needed

Program considerations:

10. Develop a plan to ensure that individuals receive their 2nd dose of the vaccine within the prescribed timeframe:

- Pfizer and Moderna vaccines require 2 doses; the 2nd dose must be the same product as the first dose
- Schedule the 2nd dose for each recipient when administering the first dose
- Develop a system for recalling vaccines for 2nd dose
 - Pfizer doses: at least 21 days apart
 - Moderna doses: at least 28 days apart (pending final FDA guidance from the EUA)
- Provide 2nd dose reminders: Personal vaccination card, email, text or calls, federal VSafe system
- Do not plan to hold COVID-19 vaccine in reserve for 2nd doses; 2nd doses are being withheld by the federal government and will be shipped as needed for the 2nd dose

11. Confirm that you are able to adhere to the [Vaccination Clinic Best Practices Checklist](#)

12. Confirm that you are able to adhere to the [Ten principles for holding safe clinics](#)