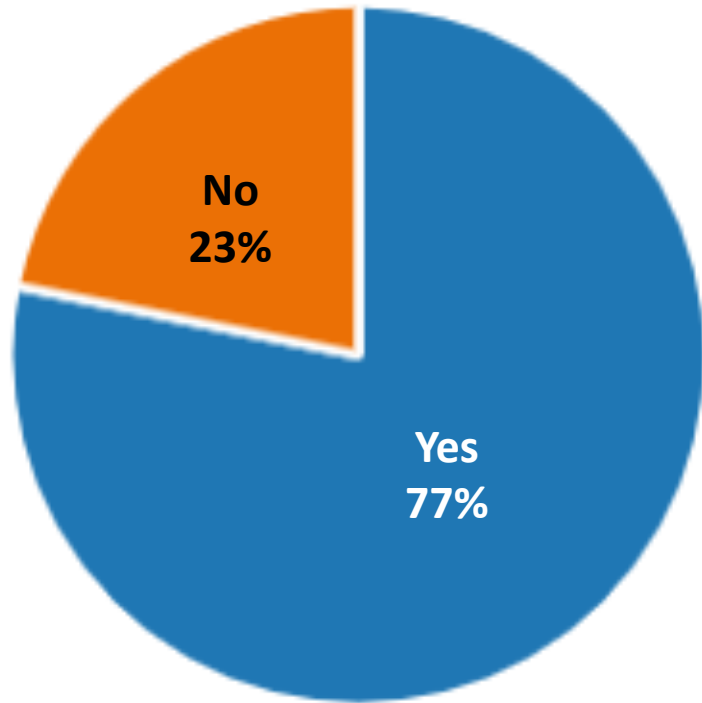
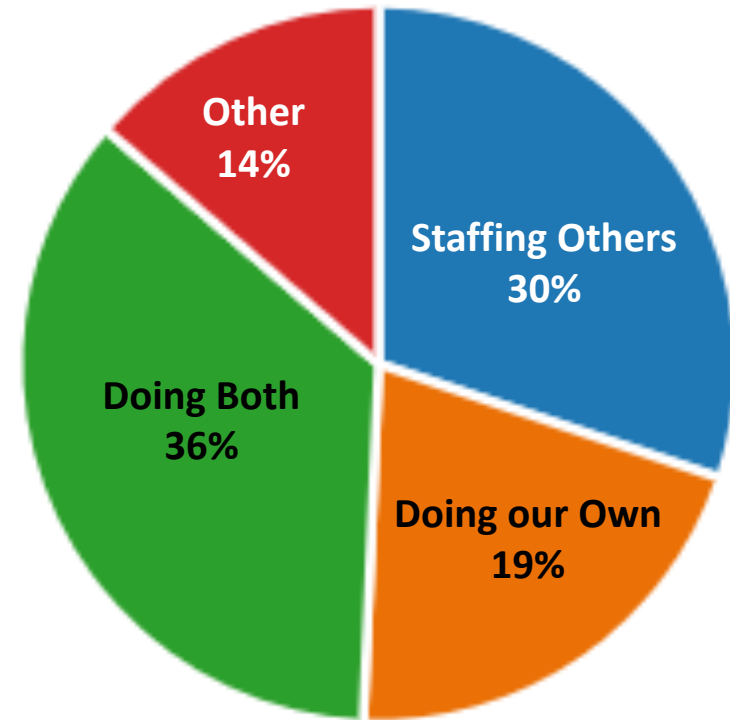


**Is your agency participating in administering COVID vaccines to the public?**



**If Yes, are you staffing other clinics, or doing your own?**



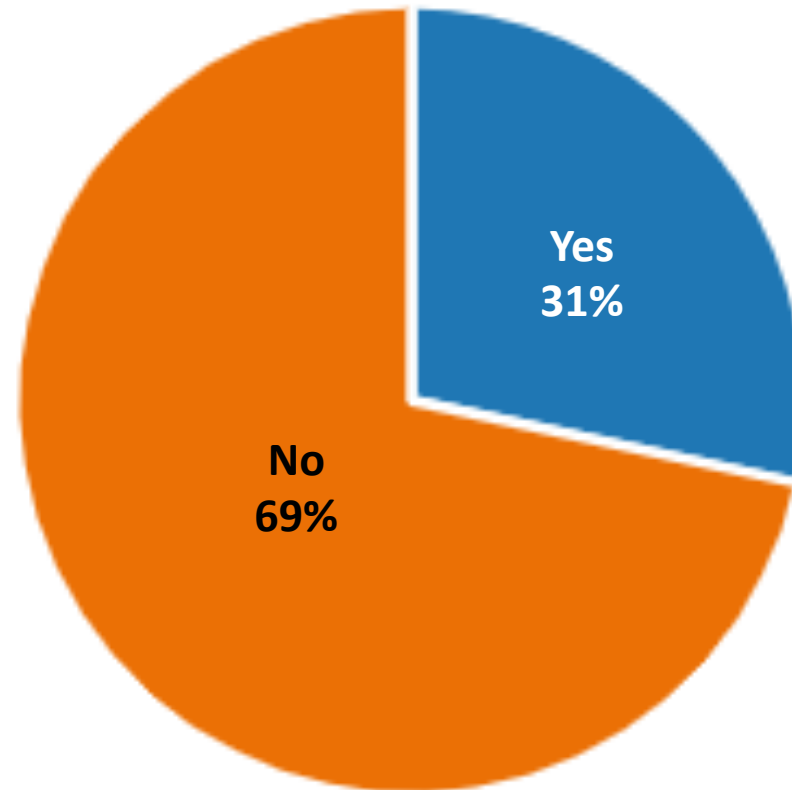
# What has been your #1 "Ah Ha" moment regarding participating in COVID vaccine administration?

## What advice would you give to other EMS agencies considering getting involved in vaccine administration?

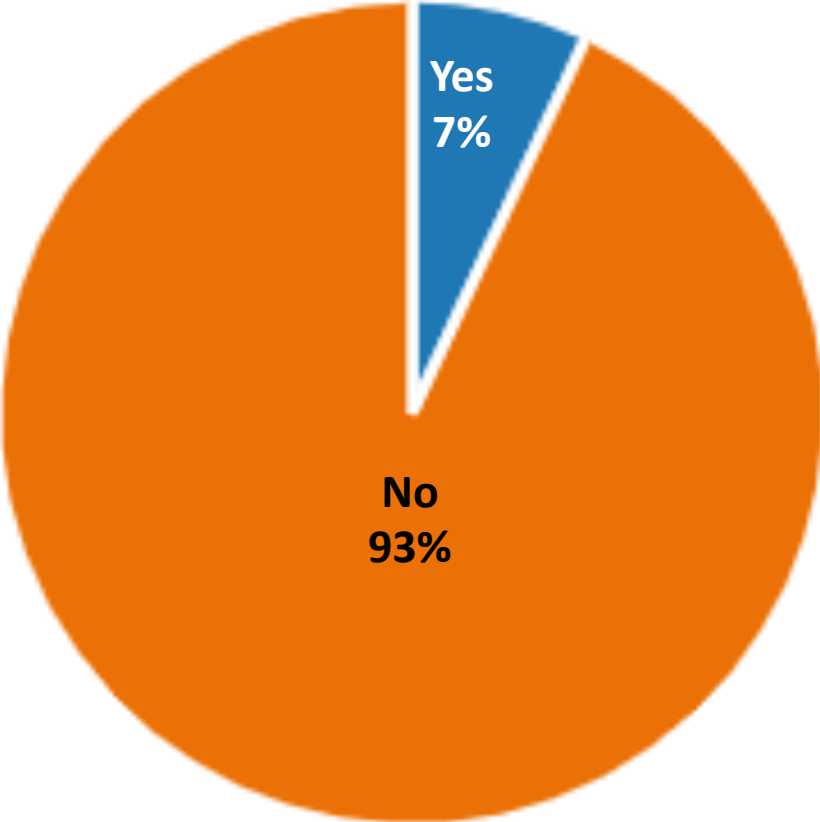
- Paperwork and logistics are the time consuming part, not the actual vaccine administration.
- Figure out the reporting before you start. We went through 3 different revisions of the permission paperwork before we got it down to 1 piece of paperwork. Also, if you are using electronic reporting, practice first. Otherwise the first few clinics will take longer than necessary.
- Registration and scheduling have to be very organized and clearly communicated to the public.
- Bureaucratic road blocks.
- Prove our value, get involved.
- It is imperative to have an understanding of how much vaccine is available, in order to accurately and adequately staff the clinic. It is also important to ensure that minimum staffing is achieved to reduce back-ups and increased wait times.
- lack of prehospital involvement in the planning of vaccine administration, overlooking a huge resource but training pharmacy techs instead.
- Train with DPH or hospital systems to learn how to effectively manage large crowds with minimal staffing, immunization documentation, CMS roster billing.
- Being prepared for the data entry and logistics of hosting the clinics ahead of time. The more work is done prior to hosting a clinic, the better and smoother the clinic runs.
- Work closely with your Local Public Health officials to work and plan for EMS involvement in vaccine administration.
- Stay focused on making a positive and compassionate impression with the public.
- It is positive interaction that can lead to increased public confidence in future areas.
- Excellent PR for a public agency - highly visible to public and elected officials. Highlights the value of EMS outside medical transportation.

**CMS allows ambulance agencies to be reimbursed for vaccine administration.**

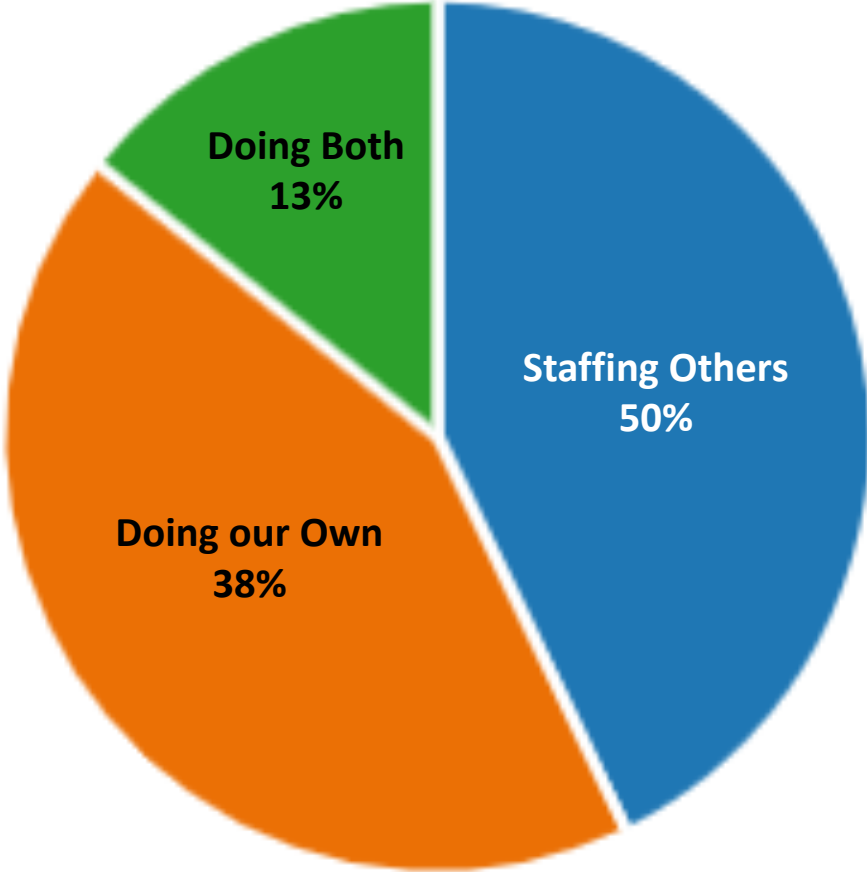
**If you are doing your own clinics, are you planning to bill, or already billing for the vaccine administration?**



Is your agency participating in *monoclonal antibody* (mAb) infusions for the public?



If Yes, are you staffing other infusion centers, or doing your own?

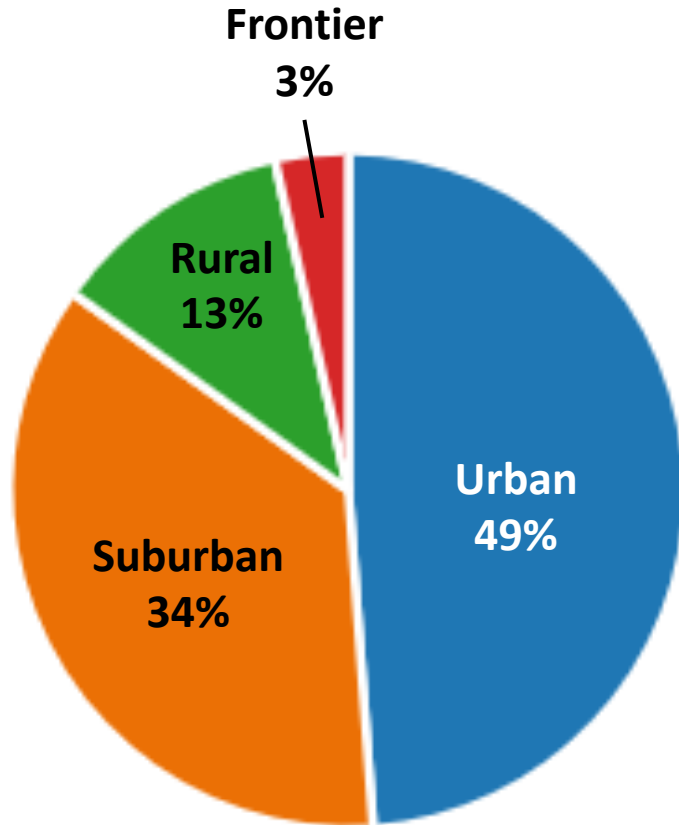


## **What has been your #1 "Ah Ha" moment regarding participating in mAb infusions?**

### **What advice would you give to other EMS agencies considering getting involved in mAb infusions?**

- Be aware of the State's ordering process
- It is an issue of resource management and patient flow
- We do the mAb infusion in place at LTC and LTAC so we don't use resources to move them for the infusion
- We support the in-home infusion for home-bound patients, who cannot get in to an infusion center (we do not staff the infusion centers).
- We are trying to assist filling gaps within the local health care systems because of lack of capacity to meet the growing demand during this pandemic. There were challenges with scope of practice when working in non-urgent areas.

## Service area type



## Rural and Frontier Breakdown

Is your agency participating in administering COVID vaccines to the public?

Yes	64%
No	36%

Are you staffing other clinics, or doing your own??

Doing our Own	44%
Staffing Others	22%
Both	11%
Other	22%

### Tips:

- Know who your Community partners are in assisting with the vaccination program. Your partners vary from one county to another.
- Close collaboration with Public Health has been instrumental
- Planning for employee sick time due to side effects
- Vaccine is coming in very slow to our community.