



Community Health Worker Desk Aid for Vaccine Appointment Scheduling

Purpose:

The purpose of this document is to provide Community Health Workers (CHWs) with a step-by step-guide to help schedule COVID-19 vaccination appointments to eligible community members based on eligibility requirements outlined [here](#) (as of 01/23/21). **Information is subject to change.**

Current eligible populations:

- Healthcare workers and all others in [Phase 1A, Tiers 1-3](#)
- Persons aged 65 years old and older in [Phase 1B, Tier 1](#)

Project SAVE Vaccination Pilot Sites:

Block of appointments available for CHWs from 9:30AM – 12:30PM

- South Region Live Well Center at Chula Vista
- National City MLK Community Center
- Imperial Beach Mar Vista High School
- Southwestern College - San Ysidro

Eligible Zip Codes in South Region:

Chula Vista • National City • Imperial Beach • San Ysidro

91902, 91910, 91911, 91913, 91914, 91915, 91932, 91950, 92118, 92135, 92154, 92155, 92173

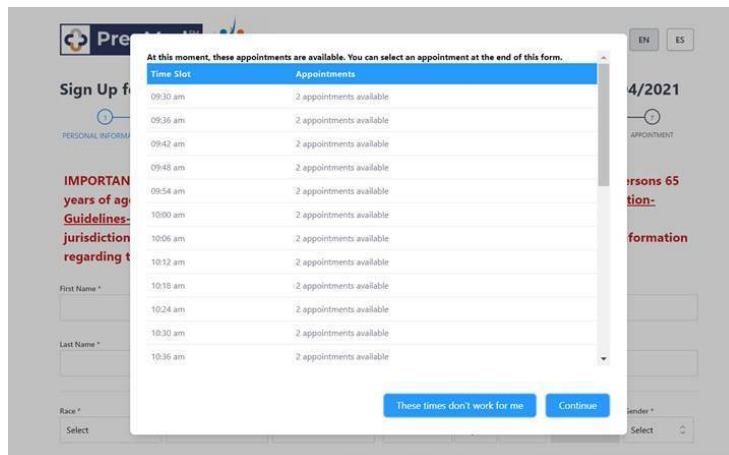
Instructions:

PLEASE NOTE: It is recommended to use Google Chrome or Microsoft Edge, NOT Internet Explorer.

Scheduling a Vaccination Appointment

1. For the latest available links, check our TEAMS channel “Posts” Tab (click here) for PDF
2. Open “CHW COVID-19 Vaccine Weekly Appointment” Excel File (you will receive this from Program Lead)
3. Select site and date (each link is unique)
4. Click link and you will be re-directed to Prep Mod
5. Fill out form for individual in-person or over the phone

NEW! You are now able to see how many appointments and at what times are available so when you get to the end of the registration, they can be confident the appointment will be available to complete the registration.



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Scheduling Assistance for Vaccine Equity

Prep Mod: Scheduling Tips

1. Personal Information

- Fill all required fields, including email address
- Click **Save and Continue**

NOTE: Vaccination clinics are currently only for individuals that fall in Phase 1a (<https://covid19.ca.gov/vaccines/>). Please contact your local health department for more information regarding future vaccine rollout.

First Name * Middle Initial
Last Name * Mother's Maiden Name *
Race * Ethnicity * Occupation * Date Of Birth * Age Gender *
Email Address * Retype Email Address * Primary Phone Number * Phone Number Type
Address * City * State * Zip Code *
County *
Save and Continue -->

2. Health Insurance

- Select **Insurance Type** to proceed – no additional information is required
- Click **Save and Continue**

The vaccine is being provided at no cost by the government. Your insurance will be charged for the costs of administering your vaccination.

Insurance Type *
Private Insurance
Medicaid/Medical Assistance
Medicare
No Insurance
Insurance Company Name
Group Number
Medical Assistance Number, Recipient Number, or any other number on card
Policy Holder First Name
Policy Holder Last Name
Policy Holder Date of Birth
Policy Holder Relation to Client
Upload the FRONT of your insurance card Browse...
Upload the BACK of your insurance card Browse...
or drag and drop
Back **Save and Continue -->**

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3. Health Questions

- a. Please ensure to select all that apply. This will help vaccination site staff determine how much time the person receiving the vaccine must be monitored on-site for allergic reactions (may vary from 15- to 30-minutes).
- b. Click **Save and Continue**

PrepMod™

Sign Up for Vaccinations - HHS - Martin Luther King COVID 19 POD National City on 02/09/2021

PERSONAL INFORMATION HEALTH HISTORY HEALTH QUESTIONS ADD FAMILY REQUEST FOR SERVICE REVIEW APPROVEMENT

Click here to review the Pfizer-BIONTECH COVID-19 Fact Sheet: <https://www.fda.gov/media/144414/download>

Click here to review the Moderna COVID-19 Fact Sheet: <https://www.fda.gov/media/144633/download>

You must complete all fields with a star *

Do any of the following apply to you? *

Is this your first or second COVID-19 vaccination? *

Do you have any of the following chronic health conditions? *

- Cancer
- Chronic Kidney Disease
- COPD (Chronic Obstructive pulmonary disease)
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 kg/m2 or higher but < 40 kg/m2)
- Severe Obesity (BMT >= 40 kg/m2)
- Pregnancy
- Sickle Cell disease
- Smoking
- Type 2 diabetes mellitus *

Have you previously received a COVID-19 vaccine? *

Have you had a severe allergic reaction (e.g., anaphylaxis) to a COVID-19 vaccine, a component of the COVID-19 vaccine (including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures) or Polysorbate? *

Have you had a severe allergic reaction (e.g., anaphylaxis) to another vaccine (not including Pfizer-BioNTech or Moderna Vaccine) or any other injectable medication? *

Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies? *

Do you have a bleeding disorder or are you taking a blood thinner? *

Are you feeling sick? *

Do you have a fever? *

Could you become pregnant in the next several weeks? *

Are you pregnant? *

Have you received another vaccine in the last 14 days? *

Are you breastfeeding (nursing)? *

Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, polysorbate, or any vaccine or injectable medication? This would include food, pet, environmental, or oral medication allergies *

Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19? *

Have you had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19? *

IMPORTANT

If you receive Pfizer-BIONTECH's vaccine, you should receive a second vaccination three weeks (21 days) later.

If you receive Moderna's vaccine, you should receive a second vaccination

Back Save and Continue

4. Add Family

- a. Will automatically skip this section – no additional action is required

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Scheduling Assistance for Vaccine Equity

5. Consent for Services

- a. Fill all required fields
- b. Although given the option to choose preferred COVID-19 vaccine (Pfizer-BioNTech or Moderna), it is recommended to select both options as vaccine availability is dependent on vaccination site Signature Section
- c. **If in-person**, have individual fill out
- d. **If over the phone**, type in their name

IMPORTANT: For tracking purposes, please complete “Responsible Party” section.

- i. **Responsible Party- select OTHER**
 - 1. **FIRST NAME: CHW- [first name last name]**
 - 2. **LAST NAME: [organization]**

To view the Immunization Registry Notice [Click here](#)

Consent for Vaccination - You Must Sign This to Receive this Service

In signing this form, I give permission to be vaccinated and understand that my vaccination will be entered into my local California Immunization Registry (CAIR2, HealthFutures or SIDR). You Must Sign This to Receive this Service:

- (1) The information I provided is correct.
- (2) I have been provided with the Emergency Use Authorization (EUA) fact sheet.
- (3) I accept the COVID-19 vaccination.

SIGN MY NAMETYPE MY FULL NAME

Please sign your name here with your finger or a mouse *

[Clear](#)

Date
02/12/21

Relationship to Patient * First Name * Last Name *

Other CHW YOUR ORGANIZATION

[Back](#) [Save and Continue -->](#)

6. Review



Review Your Details

Please review all of the details you have entered. To make any corrections, please click [Back](#) to return to previous screens.

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7. Appointment

- a. If appointments are available, select time to schedule COVID-19 Vaccine Appointment. Confirmation email will be sent. **PLEASE NOTE:** It is recommended but not required to have your confirmation email with you at the time of your appointment.
- b. If appointments are **NOT** available, please select a new link with a different date and/or site location and begin the process again.

Reminders: Day of Appointment

1. Community member will be required to wear a mask and adhere to social distancing guidelines for the duration of their visit.
2. Prior to their vaccination, they will receive a health screening.
3. At the time of their appointment, they must present photo ID/documentation that establishes they meet the eligibility requirements outlined [here](#) (as of 01/23/21) to receive a COVID-19 vaccination.

Information is subject to change.

- a. In addition to an employee ID badge, other accepted documents for Phase 1A healthcare worker identification include:
 - i. Professional license **AND** a photo ID; or,
 - ii. Signed letter from your employer on facility letterhead **AND** a photo ID; or
 - iii. Payment stub or timesheet from your healthcare employer or in-home supportive services **AND** a photo ID.
4. After their vaccine has been administered, they will be asked to remain at the location for a 15-minute to 30-minute observation period.
5. Before leaving, they will be provided a vaccination card or link with the date of their next dose.

For the latest vaccination information, visit www.coronavirus-sd.com/vaccine

For additional COVID-19 vaccination appointments visit vaccinationsuperstationsd.com