Large-Scale Vaccination Implementation Exercise Starter Kit

Sample Facilitator Guide | December 2020

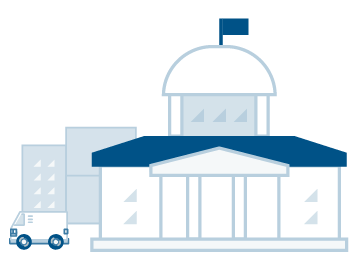


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Large-Scale Vaccination Implementation Exercise Starter Kit— Facilitator Guide

The medical and science communities have been working diligently to develop multiple vaccines to Coronavirus Disease 2019 (COVID-19) as the nation is experiencing a pandemic that has already caused over 300,000 deaths in the United States. The Federal Emergency Management Agency (FEMA) mission is helping people before, during and after disasters.

As the nation continues to respond and recover from COVID-19, emergency managers must begin to plan for the release and distribution of COVID-19 vaccinations while continuing to operate under a locally executed, state-managed, and federally supported approach to the pandemic. State, local, tribal, and territorial (SLTT) officials, along with the private sector and nongovernmental organizations (NGOs), must partner to distribute the vaccinations efficiently during the initial limited release as well as the larger public release, targeting specific populations that include medical professionals, first responders and essential staff.

To assist SLTT officials in preparing for the distribution of multiple vaccines, FEMA developed this Exercise Starter Kit (ESK) with sample documents that SLTT governments can use to conduct their own workshop on large-scale vaccination implementation. The questions and considerations in the ESK use the Centers for Disease Control and Prevention (CDC) guidelines, Department of Health and Human Services (HHS) Operation Warp Speed guidance on the release of a safe and effective vaccine(s) and FEMA’s COVID-19 policies and procedures guidance.

This facilitator guide provides planning considerations and discussion questions to help guide conversations and decisions around conducting operations tailored to your organization’s unique needs and missions. The kit also includes sample exercise conduct slides that are scalable and flexible to meet the jurisdiction’s needs.

**Review this document and tailor the material to meet the needs of your specific organization.**

\*\*\*\* This workshop is based on COVID-19 vaccine guidance as of December 2020. This information is subject to change, as are the reference materials cited. Please ensure use of up to date guidance.\*\*\*\*

Workshop Conduct Recommendations

* This workshop is intended to be guided by a facilitator and delivered remotely, either via webinar or conference call.
* Use this facilitator guide in conjunction with the associated **sample conduct slides**:
  + The items in this facilitator guide *highlighted in blue italics* do not appear on the conduct slides. These are directions to the facilitator and additional questions or topics for consideration to help navigate the discussion with participants.
  + Update the content that is highlighted in red for individual deliveries of this workshop.
  + Update the slide numbers in this guide after the conduct slides are final (with their blue instruction slides removed).
* These sample materials are designed for a two- to four-hour discussion-based workshop; however, dividing content into multiple workshop sessions may be a better approach for your organization as your needs determine the workshop’s duration and structure.
* This workshop is designed for remote delivery. Test all technology in advance and check that it is ready on the day of the meeting.
* Options for flexible delivery of this workshop include:
  + A streamlined session that eliminates areas that other planning efforts have addressed.
  + One session, either a plenary session or in breakout groups, to address all exercise objectives.
  + An overview meeting for the entire planning team, followed by smaller team meetings, organized by topic. Once all team meetings are complete, hold a concluding plenary session to share and deconflict plans for each topic.
  + An overview meeting for the entire planning team followed by a series of plenary sessions by topic.
* Recommended participants in this workshop include all partners who may have a role in distributing the COVID-19 vaccination, including but not limited to SLTT organizational leadership, representatives from health and safety, security offices, continuity managers, human resources, facilities, external affairs, budget/financial officers, contracting, legal counsel, or other leadership and staff, as appropriate. **Successful planning and implementation depend upon participation from key leadership and decision-makers as well as representatives throughout the organization**.
* Before the workshop, participants should review:
  + CDC’s “8 Things to Know about Vaccine Planning”: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/8-things.html>;
  + CDC COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations at <https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf>;
  + CDC Early COVID-19 Vaccination Program Action Items for Jurisdictions checklist at <https://int.nyt.com/data/documenttools/early-covid-19-vax-action-items-8-27-2020-final/935b1bd03afcefff/full.pdf>;
  + FEMA Coronavirus resource website, Bringing Resources to State, Local, Tribal & Territorial Governments at <https://www.fema.gov/disasters/coronavirus/governments>; and
  + HHS Fact Sheet: Explaining Operation Warp Speed: <https://www.hhs.gov/coronavirus/explaining-operation-warp-speed/index.html>.
* Consider sending the conduct slides (once they have been customized) to participants in advance. This helps familiarize participants with the questions and prepare them for the discussion. You can distribute questions to different groups of participants to address each of the topics.

REMINDER: Any changes made to the sample conduct slides must also be reflected in this facilitator guide.

Facilitator Instruction Table

NOTE: Add slide numbers after the conduct slides are finalized (with the blue instruction slides removed).

|  |  |  |  |
| --- | --- | --- | --- |
| Slide # | Time | Slide Title/Content | Facilitator Notes |
| **[Insert slide #]** |  | **Title Slide** |  |
|  |  |  | **WELCOME AND INTRODUCTIONS [Insert Time]** |
| **[Insert slide #]** | **[insert time]** | **Welcome and Introductions** | When participants are ready:   * Provide initial remarks. * Explain that this workshop facilitates a discussion with SLTT leadership, private partners, NGOs, and other partners around coordination of a large-scale vaccination implementation for the COVID-19 pandemic. * Introduce yourself as the facilitator and explain that you are will keep the discussion focused on the objectives and explore all issues within the time allotted. * Explain that this ESK helps SLTT governments evaluate current COVID-19 large-scale vaccination plans and procedures. * Introduce any additional speakers and allow time for welcoming remarks. * With small participant groups, allow time for participants to introduce themselves. * Address specific protocols for virtual delivery (e.g., muting microphone when not speaking, using a “raise hand” feature) to provide an effective virtual meeting. * Review platform specifics (raising hand, chat box) |
|  |  |  | **WORKSHOP SCHEDULE [Insert Time]** |
| **[Insert slide #]** | **[Insert Time]** | **Workshop Schedule** | Briefly go over the agenda and workshop schedule:   * Welcome and introductions * Workshop schedule * Workshop overview * Scene setter * Facilitated discussion * Action items and takeaways * Closing remarks |
|  |  |  | **WORKSHOP OVERVIEW [Insert Time]** |
| **[Insert slide #]** | **[Insert Time]** | **Workshop Overview** | Provide an overview of the workshop:   * **Purpose**: Provide [your organization name] an opportunity to discuss and build strategies and capabilities for a large-scale vaccination release in a pandemic environment   Explain that the Large-Scale Vaccination Implementation Exercise Starter Kit (ESK) provides SLTT partners with considerations to discuss internally, and discussion questions for coordinating large-scale vaccination implementation during a pandemic. Planners need to remain flexible to continually reassess conditions, the implications of new vaccine information, public health recommendations, and additional guidance.   * Scope:   + This will be a [insert time] discussion-based workshop     - Explain the structure of the workshop if you have decided to conduct a plenary session, multiple sessions, or breakouts, etc.   + Following an overview of the current situation, participants will engage in a discussion based on the release of one or two COVID-19 vaccinations   + Discussion questions are organized based around three topics: **SLTT Coordination**, **Program Infrastructure**, and **Public Messaging**   Explain that this ESK provides SLTT partners the opportunity to identify and discuss capabilities and challenges in a large-scale vaccination distribution.  Inform participants that today’s workshop will help validate current capabilities and explore the challenges to prepare for the distribution of a COVID-19 vaccine.  Ask whether participants have any questions. |
| **[Insert slide #]** | **[Insert Time]** | **Workshop Objectives** | Review the workshop objectives.   1. **SLTT Coordination**: Validate the mechanisms to integrate SLTT decision-making and processes during large-scale vaccination implementation 2. **Program Infrastructure**: Explore SLTT and partner abilities to store, distribute, dispense and/or report one or more COVID-19 vaccines. 3. **Public Messaging**: Explore SLTT and partner abilities to effectively communicate to critical populations when faced with challenges such as vaccine hesitancy and misinformation |
| **[Insert slide #]** | **[Insert Time]** | **Workshop Guidelines** | Review the workshop guidelines with participants. Tell participants that identifying issues is not as valuable as making suggestions and recommending actions that could improve efforts; problem-solving should be the focus.   * The desired outcome from this workshop is a large-scale vaccination implementation strategy tailored to our unique needs and missions * This is an open, no-fault environment – varying viewpoints, even disagreements, are expected * Please base your responses on any current guidance and plans, policies, procedures, capabilities and resources * Consider different approaches and suggest improvements * There is no “hidden agenda” nor any trick questions   [Insert additional guidelines as appropriate] |
|  |  |  | **SCENE SETTER [Insert Time]** |
| **[Insert slide #s]** | **[Insert Time]** | **Scene Setter** | Review the current situation and status of the organization.  Highlight that this portion of the workshop focuses on the current COVID-19 vaccination information.  Include current information regarding the pandemic outbreak, using the following website links:   * + CDC Coronavirus (COVID-19) Website   <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>   * + [www.Coronavirus.gov](http://www.coronavirus.gov/)   + FEMA’s Pandemic Resource Page for SLTT Partners <https://www.fema.gov/disasters/coronavirus/governments>   + [COVID-19 Fact Sheets and Guidance](https://www.fema.gov/coronavirus/fact-sheets) <https://www.fema.gov/disasters/coronavirus/fact-sheets>   [Provide specific information regarding the status of jurisdictions or areas where your organization has facilities, as appropriate.]  [Provide specific information regarding the status of your organization.]  Explain that the CDC has released the COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations (<https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf>).  This resource:   * Helps SLTT officials, health professionals, emergency managers and partners prepare and plan for the distribution of multiple COVID-19 vaccinations. * Builds understanding of large-scale vaccination coordination:   + Pandemic vaccination planning is a combined state and local responsibility that requires close collaboration between public health, external agencies and community partners.   + Depending on the specific jurisdiction’s governance structure, the jurisdiction may play a key role in ensuring readiness at all levels.   + It is imperative that state and local jurisdictions, as well as tribal and territorial organizations and their planning partners, clearly understand each other’s roles and responsibilities in the COVID-19 vaccination implementation. * Provides scenarios for more realistic planning. Appendix B of the Playbook provides three hypothetical scenarios with variations in product availability, number of allocated vaccine doses, storage and handling requirements and administration by theoretical vaccine product. These scenarios may be helpful in conducting workshops or exercises.   This ESK uses Scenarios A and B for jurisdictions to discuss the various challenges and resource requirements that either scenario would create.   * The two-dose vaccines are available for procurement and distribution in limited amounts * In anticipation, emergency management and public health partners begin implementing vaccination plans that account for data collection and communication, public messaging, interagency coordination, and logistics for arranging personnel, facilities and cold chain infrastructure * As operations are underway, state governors, local, tribal, and territorial leaders and their staffs are invited to an Operation Warp Speed (OWS) briefing that informs them the specific date to expect vaccine availability and in what quantities   Explain- The availability assumptions are likely to be adjusted, however, the CDC released and provided information that was used for this workshop. The CDC releases three scenarios in the COVID-19 Vaccination Program Interim Playbook. You can choose any of the three you choose. The only difference is which vaccine is released for scenario 1 and 2, and then scenario 3 is that both vaccinations are released AT THE SAME TIME.  Review Scenario **CHOSEN FOR YOUR EVENT** – Review slides  **Scenario 1 – Release of Vaccine A Only**   * Three separately acquired components * Ultra-cold (-70° C), for large sites only, mixing on-site is required * Requires two doses 21 days apart (same brand) * Availability Assumptions   + End of Dec 2020: ~10–20M doses   + End of Jan 2021: 20–30M   **Scenario 2- Release of Vaccine B only**   * Two separately shipped components, central distribution capacity required (-20°C), no on-site mixing required (-20°C) * Requires two doses 28 days apart (same brand) * Availability Assumptions   + End of Dec 2020: ~10M doses   + End of Jan 2021: ~15M   **Scenario 3- Release of Vaccines A and B simultaneously**   * + Two different vaccines (vaccines A and B as outlined) are released at the same time by different companies.   + Each vaccine has different handling, storage and second dose requirements, and those who receive the vaccines must get both doses of the same vaccine.   + **Note that this is a highly likely scenario, and that both vaccines require two doses 24-28 days apart and it must be the same brand.** |
|  |  |  | **FACILITATED DISCUSSION [Insert Time]** |
| **[Insert slide #]** | **[Insert Time]** | **Discussion Questions: SLTT Coordination**  **(1 of 4)** | Explain to participants that this section should focus on the coordination between SLTT and partners for vaccine administration.  Review the following workshop discussion questions with participants.  Add, tailor or augment suggested questions as appropriate for your organization.   1. Can you share any vaccination plans or strategies currently in place?    1. Does the existing plan or strategy outline roles and responsibilities? 2. What coordination partners have been identified for the release and distribution of COVID-19 vaccinations? 3. What will be the specific roles and responsibilities of following organizations (as identified in the vaccination plan, or as assumed if no plan exists)?    1. State/Tribal public health    2. State/Tribal emergency management    3. National Guard    4. Private sector 4. How would they work together (unity of effort) in this scenario? |
| **[Insert slide #]** | **[Insert Time]** | **Discussion Questions: SLTT Coordination**  **(2 of 4)** | Review the following workshop discussion questions with participants.  Add, tailor or augment suggested questions as appropriate for your organization.   1. Does your jurisdiction have a vaccine coordination/planning team?    1. If so, does the coordination team include representation from the immunization program, preparedness program, legal affairs, media/public affairs and crisis and emergency risk communication? 2. How will SLLT partners receive vaccine availability information, and who will they receive it from?    1. Who is responsible for coordinating to receive and distribute vaccine availability information? 3. How will state-level personnel monitor activities at the local level to confirm the COVID‑19 vaccination program is implemented in adherence with federal guidance and requirements and that access is equitable? |
| **[Insert slide #]** | **[Insert Time]** | **Discussion Questions: SLTT Coordination**  **(3 of 4)** | Review the following workshop discussion questions with participants.  Add, tailor or augment suggested questions as appropriate for your organization.   1. Who will coordinate with groups likely to receive initial vaccinations, and how will this occur? 2. Does the release of vaccinations have a centralized method of information coordination ? 3. How will information be coordinated with representatives from other sectors of the community, such as health systems, pharmacies, long-term care/assisted living facilities, education, corrections, and other key organizations? |
| **[Insert slide #]** | **[Insert Time]** | **Discussion Questions: SLTT Coordination**  **(4 of 4)** | Review the following workshop discussion questions with participants.  Add, tailor or augment suggested questions as appropriate for your organization.   1. Is a strategy in place for maintaining vaccination level accountability and reporting (i.e., how many available, how many used and who the vaccines have been provided to)?    1. What agency would maintain a tracking database?    2. Would you utilize the HHS Immunization Gateway? 2. Who would coordinate/provide security for vaccination sites and transport? 3. What are the most critical issues to address in the coordination process in [your jurisdiction]? |
| **[Insert slide #]** |  |  | **BREAK [Remove or adjust timing as needed]** |
| **[Insert slide #]** | **[Insert Time]** | **Discussion Questions: Program Infrastructure**  **(1 of 5)** | Explain to participants that this section should focus on actual program implementation and required infrastructure for the vaccine administration.  Review the following workshop discussion questions with participants.  Add, tailor or augment suggested questions as appropriate for your organization.   1. How will you identify the populations to receive the vaccinations at each phase of the vaccinations release?    1. Who has approval authority for building out these populations lists?    2. Will you use the Critical Populations list from Section 4 of the COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations? 2. How will you estimate the sizes of populations to receive first available doses? 3. What resources and capabilities are required to determine the key groups and estimate the number of vaccines needed for these groups? 4. What challenges do you foresee in identifying and coordinating with these groups? 5. Have you pre-identified sites with ultra-cold storage capabilities? |
| **[Insert slide #]** | **[Insert Time]** | **Discussion Questions: Program Infrastructure**  **(2 of 5)** | Review the following workshop discussion questions with participants.  Add, tailor or augment suggested questions as appropriate for your organization.   1. Who is responsible for identifying vaccination locations? 2. Is the responsible party considering:    1. How the locations selected can impact/reach target populations?    2. Cold chain requirements and the technology needed at sites to meet reporting requirements for vaccine supply and uptake?    3. The ability of the public to access the site (e.g., parking for personal vehicles or nearby public transportation)?    4. If the vaccinations can be given in a drive-through manner such as for testing:       1. Does the site have ample space for drive-through operations?       2. Is space available if a recipient needs to stay for a 15-30-minute evaluation? |
| **[Insert slide #]** | **[Insert Time]** | **Discussion Questions: Program Infrastructure**  **(3 of 5)** | Review the following workshop discussion questions with participants.  Add, tailor or augment suggested questions as appropriate for your organization.   1. How will you establish trusted administration sites?    1. Who is responsible for the provider agreements with sites?    2. Would a specific agency be responsible for this?    3. Will the locations be accessible to critical populations? 2. Who determines the need for additional vaccination services such as satellite, temporary or off-site clinics to address demand or needs not met? 3. How will vaccinations be transported to sites?    1. Will they be distributed to points of distribution, with the last mile to sites being a jurisdictional responsibility? |
| **[Insert slide #]** | **[Insert Time]** | **Discussion Questions: Program Infrastructure**  **(4 of 5)** | Review the following workshop discussion questions with participants.  Add, tailor or augment suggested questions as appropriate for your organization.   1. How will these sites be staffed?    1. If identifying staff not already deployed to testing and healthcare sites requires staffing from retired medical pools, nursing schools, etc., who is responsible for recruiting and training vaccination program staff and providers?    2. How will you enforce personal protective equipment and social distancing requirements? 2. How will individuals be tracked and reminded to receive their second dose?    1. How will you confirm that second doses are of the same brand?    2. What methods and systems will provide second dose reminders to individuals? 3. What challenges complicate vaccine administration and tracking? |
| **[Insert slide #]** | **[Insert Time]** | **Discussion Questions: Program Infrastructure**  **(5 of 5)** | Review the following workshop discussion questions with participants.  Add, tailor or augment suggested questions as appropriate for your organization.   1. How will you provide vaccine sites with adequate resources to support vaccination efforts?    1. Medical supplies?    2. Medical waste removal?    3. Biosafety cabinet for sites that need to mix vaccines?    4. Backup generators and fuel to avoid losing refrigeration? 2. How will you augment community vaccination programs once the vaccine becomes more widely available?    1. When additional vaccines become available but are not adequate for a complete public rollout, how will you identify additional target populations?    2. What resources and capabilities are required? |
| **[Insert slide #]** |  |  | **BREAK [Remove or adjust timing as needed]** |
| **[Insert slide #]** | **[Insert Time]** | **Discussion Questions: Public Messaging**  **(1 of 5)** | Explain to participants that this section should focus on the public messaging before, during and between vaccination doses.  Review the following workshop discussion questions with participants.  Add, tailor or augment suggested questions as appropriate for your organization.   1. Is a communication plan in place with phases, messages and strategies identified for the early release?    1. Does it also include a messaging strategy as more vaccines become available and other populations are identified for vaccination?    2. If plans are separate and/or have no information coordination, can you form a working group to help identify strategies? 2. Who are the “trusted agents” (i.e., that the public believes put out reliable information) in [your jurisdiction]?    1. Are they being used to build trust in a forthcoming vaccine?    2. How can we use existing partnerships with trusted agents? |
| **[Insert slide #]** | **[Insert Time]** | **Discussion Questions: Public Messaging**  **(2 of 5)** | Review the following workshop discussion questions with participants.  Add, tailor or augment suggested questions as appropriate for your organization.   1. How are the trusted agents getting the information needed to support building trust with the populations they serve?    1. Healthcare and essential workers    2. Vulnerable and culturally diverse populations    3. Populations with accessibility concerns    4. Religious groups 2. Are agencies in [your jurisdiction] using common terminology in public messaging?    1. If not, can you reach an agreement to use a common set of words and phrases for consistent messaging regarding the vaccination release? |
| **[Insert slide #]** | **[Insert Time]** | **Discussion Questions: Public Messaging**  **(3 of 5)** | Review the following workshop discussion questions with participants.  Add, tailor or augment suggested questions as appropriate for your organization.   1. How do you determine culturally and linguistically responsive communication approaches to reflect the diversity of your communities?    1. For initial populations and the general public in later phases? 2. How can messaging better penetrate a wider range of partners, stakeholders, communications, news, and media outlets? 3. What are the strategies for communicating basic information that may change often (e.g., who can get vaccinated, where is it available, which vaccines are available, how much vaccine has been distributed and new safety and effectiveness data)? |
| **[Insert slide #]** | **[Insert Time]** | **Discussion Questions: Public Messaging**  **(4 of 5)** | Review the following workshop discussion questions with participants.  Add, tailor or augment suggested questions as appropriate for your organization.   1. How can we best communicate with audiences that may be skeptical (or fear) “authorities” such as the government, their employers, etc.? 2. Can we use the first populations vaccinated as ambassadors and spokespersons for later populations (e.g., “I got vaccinated” stickers, #igotvaxxed campaign on social media)? 3. What methods and systems will provide community-wide second dose reminders?    1. Is technology available to do text, email, social media, or other electronic reminders? |
| **[Insert slide #]** | **[Insert Time]** | **Discussion Questions: Public Messaging**  **(5 of 5)** | Review the following workshop discussion questions with participants.  Add, tailor or augment suggested questions as appropriate for your organization.   1. Is a communication plan in place for minority and other populations that tend to be fearful of authority and may be harder to reach with vaccination information? 2. What are some “outside the box” campaigns or strategies to encourage those who are hesitant to get vaccinated?    1. Or for large second dose reminders? 3. What are some messaging strategies to prevent people from crossing brands on their second dose? 4. What resources and capabilities are required for public messaging to penetrate the target audiences? |
| **[Insert slide #]** |  |  | **Break [Remove or adjust timing as needed]** |
| **[Insert slide #]** | **[Insert Time]** | **Action Items and Takeaways** | In the Action Items and Key Takeaways section, prompt participants to review the three checklist topics (SLTT Coordination, Program Infrastructure, and Public Messaging) and identify next steps.  Capture specifics!   * Identify specific and actionable steps your organization needs to take in each topic area. * Prompt the group to identify who (person or group) is responsible for each action. * Agree on a timeline and set up a time to reconvene or report back.   Review the purpose of this segment of the workshop. Ask participants to openly share their thoughts and be respectful of others’ perspectives.  Focus the conversation on identifying the action items in each of the three discussion areas; assigning them to individuals or teams for completion; and agreeing on a timeline and a time to reconvene or report back. For this portion, feedback on the design and conduct of the workshop itself is secondary.  Ensure that everyone has a chance to speak and avoid letting one person control the conversation.   * For each of the three discussion areas, identify:   + Major takeaways   + Actions needed   + Person or group responsible for those actions   + Timeline to reconvene or report back   + Next steps   Following the workshop, participants will move forward and act on all the issues identified during the discussion. |
|  |  |  | **CLOSING REMARKS [Insert Time]** |
| **[Insert slide #]** | **[Insert Time]** | **Closing Remarks** | If a senior leader is slated to deliver closing remarks, invite them to speak. If not, offer closing remarks and thank everyone for their participation. |
|  |  |  | **ADJOURN [Insert Time]** |

Appendix A: “What If” Questions for Additional Discussion

Use these questions if additional discussion is warranted or needed.

1. What if only one facility in the state is capable of the cold storage needed for these vaccinations?
   1. Will your jurisdiction/organization use temporary and satellite vaccination sites?
   2. Who would be responsible for securely transporting the vaccinations to the sites each day?
   3. Are transportation vehicles capable of keeping the vaccines at the correct temperature between locations?
2. What if these satellite locations cannot be used again for the second dose of the same vaccine?
   1. How do you communicate new location information to people who must get their second dose of the correct vaccine at a different location?
   2. How does this change the messaging strategy for second dose reminders?
3. How would a pandemic-related shutdown alter your second dose vaccination plans?
4. What are the impacts if your organization does not receive a shipment on time for scheduled second doses?