
 <p><b>PHILIPPINE HEART CENTER INCIDENT COMMAND POST</b></p>	Document Type	Document Code: GL-ICP-071
	<b>GUIDELINES</b>	Effective Date: FEBRUARY 2021
	Document Title	Revision Number: 0
	<b>COVID-19 VACCINATION</b>	Page: 2 of 13

## I. STATEMENT OF THE POLICY

This guideline is adapted from “The Philippine National Deployment and Vaccination Plan for COVID-19 Vaccines” and will serve as guidance in the vaccination program of eligible and pre-registered PHC active employees, retired personnel, visiting consultants, outsourced employees (security personnel and janitors), private clinic secretaries, and COA staff assigned at the PHC.

## II. COVID-19 VACCINATION TEAM

ICP Commander:	Deputy Executive Director, Medical Services
Over-all in Charge:	Head, Occupational Health
Planning:	Head, Information Management System
Logistics:	DM, Administrative Services
Documentation:	Head, Corporate Planning
Vaccine Administration Teams:	
Infection Prevention and Control Measures:	Infection Prevention and Control Team Security Personnel
Vaccination Schedule Scheme:	Head, Infection Prevention and Control
Registration:	Human Resource Management Division
Pre-Vaccination Counselling:	Deputy Executive Director, ETRS
Screening:	Chief Fellows (Cardiology and Pulmonology)
Vaccination:	Deputy Executive Director, Nursing Service Head Nurse Head, Pharmacy
Post-Vaccination Monitoring:	DC, Emergency Care Services Infirmarian DC, Critical Care HN, Infirmary HN, Emergency Room
Support Services:	Head, Waste Management Head, Janitorial Services Head, Cafeteria

 <p><b>PHILIPPINE HEART CENTER INCIDENT COMMAND POST</b></p>	Document Type	Document Code: GL-ICP-071
	<b>GUIDELINES</b>	Effective Date: FEBRUARY 2021
	Document Title	Revision Number: 0
	<b>COVID-19 VACCINATION</b>	Page: 3 of 13

### III. POLICY GUIDELINES

1. The Philippine Heart Center will administer COVID-19 vaccines to eligible and pre-registered vaccinees in five (5) days. Extended hours of vaccination will be implemented to start from 7:00 AM up to 7:00 PM.
2. Ineligible for vaccination will be the following:
  - 2.1 With allergy to Polyethylene Glycol (PEG) or polysorbate
  - 2.2 With severe allergic reaction after the first dose of the vaccine
3. Deferral of vaccination will be the following cases:
  - 3.1 With COVID-19 like signs and symptoms
  - 3.2 Individuals diagnosed with COVID-19 and is currently completing quarantine/isolation
  - 3.3 Individuals identified with high risk exposure to a COVID-19 case and who is currently completing quarantine or isolation
  - 3.4 Previously diagnosed with COVID-19 for the last 90 days
  - 3.5 Received any vaccine in the past 2 weeks.

\*Vaccination will be done once cleared and will be scheduled on the next batch of vaccination or once available.

4. The Dr. Avelino P. Aventura (DAPA) Hall shall be designated as vaccination site.
  - 4.1 The DAPA Hall will have the following areas (***Please See Annex A. Floor Plan***).

#### 4.1.1 Waiting Area


The waiting area shall be prepared for vaccinees waiting for their vaccination turn. Security Personnel will be designated as Safety Officers for the entire vaccination site and post vaccine monitoring area.

#### 4.2.2 Registration Area

The area where the vaccinee's information and documents are checked and submitted. Each vaccination team will have their respective areas in the registration area. Equipment needed to scan the QR and Bar codes will be available in this area. Personnel from the Human Resource Management Division will be assigned at the Registration Area.

#### 4.2.3 Health Education/ Counselling Area

There will be one health education area for the whole vaccination site. In this area, IEC materials, such as leaflets and brochures will be made available. For additional health education information, a projector and screen will be setup

 <p><b>PHILIPPINE HEART CENTER INCIDENT COMMAND POST</b></p>	Document Type	Document Code: GL-ICP-071
	<b>GUIDELINES</b>	Effective Date: FEBRUARY 2021
	Document Title	Revision Number: 0
	<b>COVID-19 VACCINATION</b>	Page: 4 of 13

in this area. Doctors and Nurses from ETRS will provide leaflets and brochures to be given to the vaccinees, and video material to be projected on a screen available in the Health Education Area.

#### 4.2.4 Screening Area

Since the screening procedure may take longer compared with other areas, six (6) screening stations (one per team) will be set up. Fellows, and Nurses will conduct screening, including history-taking, physical examination and taking of vital signs of vaccinees, before signing of Final Consent prior to actual vaccination.


#### 4.2.5 Vaccination Area

Six (6) vaccination stations will be setup and each vaccinator will have his/her own area. The vaccination area will have an accessible cold chain equipment to store the vaccines in the vaccination site. Trained Nurses and Nurse Assistants will be posted to do the actual vaccination.

#### 4.2.6 Monitoring Area

\*Vaccinees will stay for 5-10 minutes for observation of immediate vaccination reaction.

5. The DAPA (Back) elevator will be dedicated for transport of vaccinees from the DAPA Hall to the ETRS Training Rooms on the 5th Floor of MAB. Four (4) chairs, for the vaccinees to seat, will be provided inside the elevator.
6. Meeting Rooms A and B of ETRS Complex are the designated Post-Vaccination Monitoring Area. Observation of vaccinees post-vaccination will be 30 minutes to one hour. Fellows, and Nurses will be assigned at the DAPA Hall and ETRS Training Rooms A & B.
  - 6.1 One (1) Hour - Persons with history of an immediate allergic reaction of any severity to a vaccine or injectable therapy and persons with history of anaphylaxis due to any cause.
  - 6.2 Thirty (30) Minutes – all other persons
7. An Adverse Event Following Immunization (AEFI) Desk will be setup in the Emergency Room.
8. All throughout the implementation phase, infection prevention and control measures must be practiced. Medical mask and Face shield is a must.
9. For Vaccine Preparation: The following steps will be undertaken by the Pharmacy personnel in every vaccination day:
  - 9.1 Before every vaccination activity, prepare the vaccine carriers and the ice packs.

	Document Type	Document Code: GL-ICP-071
	<b>GUIDELINES</b>	Effective Date: FEBRUARY 2021
	Document Title	Revision Number: 0
	<b>COVID-19 VACCINATION</b>	Page: 5 of 13

9.2 In each vaccine carrier, arrange the frozen ice packs exactly as recommended on the manufacturer's instruction on the inside of the lid. Do not cover the frozen ice packs in paper.

9.3 Prepare re-sealable plastic bags and an extra one for opened/used vials (after the vaccination day).

9.4 Place 20 vaccine vials in one re-sealable plastic bag. The number of vaccines to be used per vaccination team shall be determined prior to the activity.

9.5 Put the resealable plastic with the vaccines in the middle of the vaccine carrier to protect them from damage due to condensation.

9.6 Daily issuances of vaccines should be recorded in the distribution and collection form acknowledged by the vaccination team leader / supervisor.

9.7 At the end of each vaccination day, all vials (unopened, fully or partially used) shall be placed in resealable plastic bags and returned to the same health facility where they received the vaccines in the morning. The facility supervisor shall record the vials received at the end of each vaccination day.

9.8 Health facilities / vaccination distribution points must then keep the unopened usable vials in the cold chain. The vaccines can be used for the next day.

9.9 All opened or unusable vials contained in resealable plastic by twenties (20s) must be kept in a sack and be picked up by the CHD at the end of the vaccination round for disposal.

10. For Vaccine Administration, the following should be done (**see Annex B. Vaccine Administration Process Flow**).


10.1 Prior to the vaccination the vaccinee will be provided with a vaccination date and time schedule and an immunization card with a QR code which he/she will bring to the vaccination post to ensure smooth implementation of the vaccination activity and avoid congestion in the vaccination site/post.

10.2 No walk-in vaccination shall be accommodated since vaccines allocated for the day are sufficiently allocated for the projected number of vaccinations to be conducted in a day.

10.3 Vaccinees should wear comfortable loose clothing.

10.4 Vaccinees who missed their time schedule, will be accommodated towards the end of the vaccination day when vaccination of all those scheduled is done upon the approval of ICP and IPCO.

10.5 Upon arrival at the vaccination site, the vaccinee will wait for his/her turn in the waiting area.

 <p><b>PHILIPPINE HEART CENTER INCIDENT COMMAND POST</b></p>	Document Type	Document Code: GL-ICP-071
	<b>GUIDELINES</b>	Effective Date: FEBRUARY 2021
	Document Title	Revision Number: 0
	<b>COVID-19 VACCINATION</b>	Page: 6 of 13

10.6 Upon entry in the waiting area, the vaccinee's temperature will be checked. The Safety Officer shall ensure that physical distancing measures will be implemented at all times at the waiting area.

10.7 Each vaccinee will be assigned to a specific vaccination team. When his/her turn arrives, he/she will proceed to the vaccination area, and in a stepwise approach, he/she will proceed from the registration area, health education area, screening area, vaccination area, and lastly to the post-vaccination monitoring area.

10.8 At the registration area, the vaccinee will present his/her PHC ID and immunization card for verification and scanning. Vaccination form will be given to each vaccinee.

10.9 The vaccinee will then be directed to the Health Education Area where health educators will present IEC materials and answer any question the vaccinee may have regarding the COVID-19 vaccine. Once all questions are answered, the vaccinee will be asked to sign the Final Consent form.


10.10 At the Screening Area, the personnel assigned will review the vaccination form and conduct history-taking and physical examination to ensure the eligibility of the vaccinee.

10.11 The vaccinee will then be directed to the Vaccination Area where the vaccine will be administered.

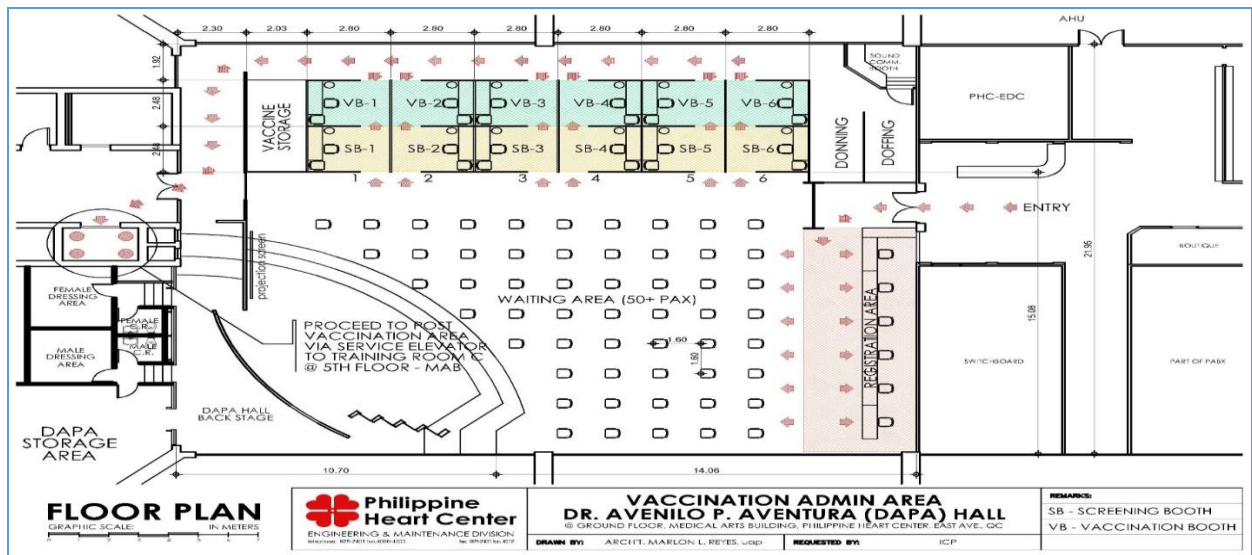
10.12 Once vaccinated, the vaccination details (e.g., date of vaccination, vaccine manufacturer, batch number, lot number, name of vaccinator and signature) will be recorded in the immunization card.

10.13 After vaccination, the vaccinee will be observed for adverse reactions for 30 minutes to one hour at the post-vaccination monitoring area.

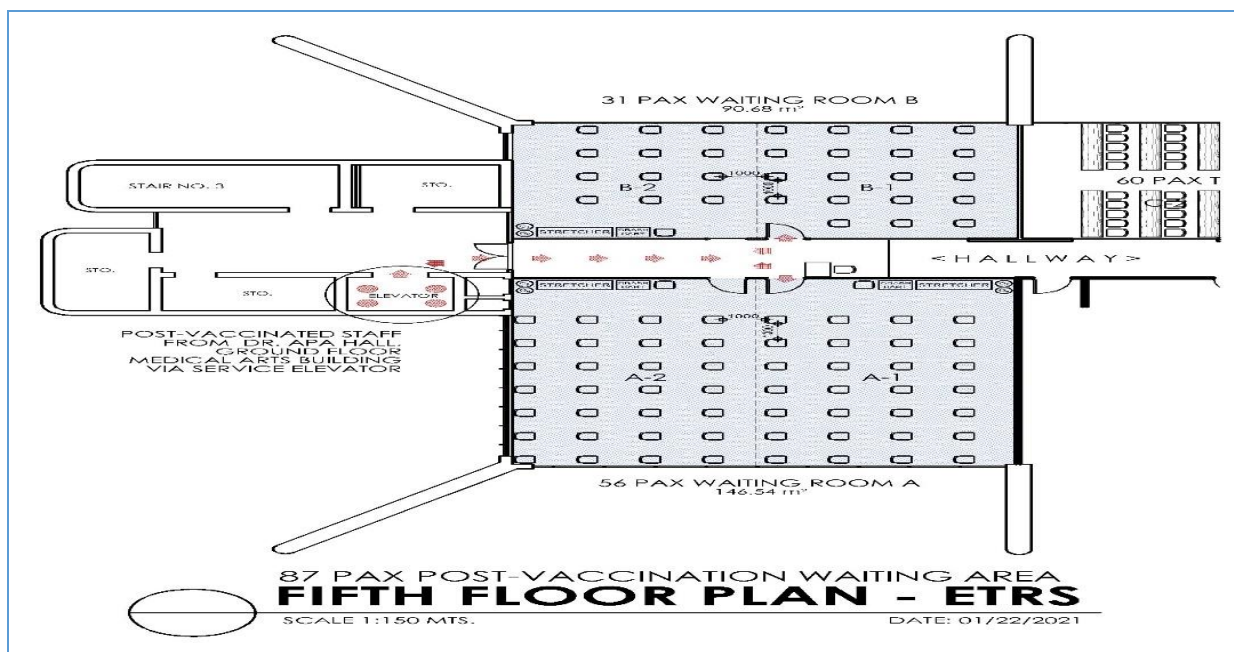
11. For specific roles and responsibilities of vaccination team, **(see Annex C. Roles and Responsibilities of Vaccination Team).**


  <b>PHILIPPINE HEART CENTER INCIDENT COMMAND POST</b>	Document Type	Document Code:
	<b>GUIDELINES</b>	GL-ICP-071
	Document Title	Effective Date:
	<b>COVID-19 VACCINATION</b>	FEBRUARY 2021
		Revision Number:
		0
		Page:
		7 of 13

**Annex A  
FLOOR PLAN VACCINATION AREA**



**Annex B  
FLOOR PLAN MONITORING AREA**




 <p><b>PHILIPPINE HEART CENTER INCIDENT COMMAND POST</b></p>	Document Type	Document Code: GL-ICP-071
	<b>GUIDELINES</b>	Effective Date: FEBRUARY 2021
	Document Title	Revision Number: 0
	<b>COVID-19 VACCINATION</b>	Page: 8 of 13

**Annex B  
VACCINE ADMINISTRATION PROCESS FLOW**

Process	Key Tasks	Responsible Person
<b>Vaccinee</b>		
↓		
<b>Registration</b>	Scans vaccination ID card Rechecks identity and information Facilitates Health Declaration Form Provides copy of Informed consent	HRMD Personnel
↓		
<b>Pre-vaccination Counselling and Final Consent</b>	Utilizes script and checklist Counsels patients by batches Answers questions about vaccines and possible side effects Plays Video on COVID-19 Vaccine  <b>Signs final consent form</b>	ETRS Doctors and Nurses  Vaccinee
↓		
<b>Screening</b>	Conducts History-taking and Physical Examination Takes Vital Signs Utilizes Screening Checklist Form	Medical Doctor  Nurse
↓		
<b>Vaccination</b>	Utilizes checklist before administering vaccination Ensures proper vaccination technique Completes the details in the immunization card and give to the vaccinee	Trained Nurse
↓		





 <p><b>PHILIPPINE HEART CENTER INCIDENT COMMAND POST</b></p>	Document Type	Document Code: GL-ICP-071
	<b>GUIDELINES</b>	Effective Date: FEBRUARY 2021
	Document Title	Revision Number: 0
	<b>COVID-19 VACCINATION</b>	Page: 10 of 13


- 5.1 Put ice pack / ice on the injection site for 15 minutes 3x a day, in the first 24 hours after vaccination. Report any AEFI to the clinic/hospital.
- 5.2 For any serious AEFI, proceed immediately to the nearest Emergency Room.
6. Provides Vaccine Information Statements (VIS) or Emergency Use Authorization (EUA) forms, if required.
7. Asks vaccinee to sign the **Final Consent Form**.
8. Directs the vaccinee to the Screening Area.

**Screening Area:**

1. Conducts history-taking and physical examination utilizing the vaccination form.
2. Directs the patient to the Administration area.

**Administration area:**

1. For Pfizer vaccine. Prepare the Vaccine
  - 1.1. Follow aseptic technique. Perform hand hygiene before vaccine preparation, between patients, when changing gloves (if worn), and any time hands become soiled.
  - 1.2. Remove vaccine from the freezer or refrigerator. Allow vaccine to come to room temperature. Vials can be held at room temperature for up to 2 hours before mixing. After 2 hours return unmixing vials to the refrigerator.
  - 1.3. Before mixing, check the expiration dates of the vaccine and diluent. NEVER use expired vaccines or diluent.
  - 1.4. With the vaccine at room temperature, gently invert the vial 10 times. Do not shake the vial. If the vial is shaken, discard the vaccine. The vaccine is a white to off-white in color and may contain opaque particles. Do not use it if liquid is discolored.
  - 1.5. Using a new, sterile alcohol prep pad for each vial, wipe off the stoppers of the diluent and vaccine vials.
  - 1.6. Using a 21-gauge (or narrower) needle, withdraw 1.8 mL of 0.9% sodium chloride (normal saline, preservative-free) into a mixing syringe. After use, discard diluent vial and remaining diluent.
  - 1.7. Do NOT use bacteriostatic normal saline or other diluents to mix the vaccine.
  - 1.8. Inject 1.8 mL 0.9% sodium chloride (normal saline, preservative-free) diluent into the vaccine vial.
  - 1.9. Using the mixing syringe, remove 1.8 mL of air from the vaccine vial to equalize the pressure in the vaccine vial.

	Document Type	Document Code: GL-ICP-071
	<b>GUIDELINES</b>	Effective Date: FEBRUARY 2021
	Document Title	Revision Number: 0
	<b>COVID-19 VACCINATION</b>	Page: 11 of 13

1.10. Gently invert the vial containing vaccine and diluent 10 times. The vaccine will be off-white in color. Do not use if discolored or contains particulate matter. Do not shake. If the vial is shaken, discard the vaccine.

1.11. Note the date and time the vaccine was mixed on the vial.

1.12. Keep mixed vaccine at room temperature (2°C to 25°C [36°F to 77°F]) and administer within 6 hours. Discard any unused vaccine after 6 hours. Do not return to refrigerator or freezer storage.

## 2. Administer the Vaccine

2.1 Verify the patient's identity (e.g. name and birthday).

2.2 Recheck vaccination form.

2.3 Perform hand hygiene and aseptic technique.

2.4 Ensure staff has the correct PPE before administering vaccines.

2.5 Choose the correct equipment, including the correct needle size. Use a new, sterile needle and syringe for each injection.

2.6 Cleanse the stopper on the vial of mixed vaccine with a new, sterile alcohol prep pad.

Withdraw 0.3 mL of mixed vaccine into the syringe. Ensure the prepared syringe is not cold to the touch.

2.7 Remove any air bubbles with the needle still in the vial to avoid loss of vaccine. Use the same needle\* to withdraw and administer the vaccine, unless contaminated or damaged.

2.8 Administer the vaccine immediately by intramuscular (IM) injection in the deltoid muscle.

2.9 Fill up the patient's immunization card with vaccinee's date of vaccination, COVID vaccine manufacturer, batch number, lot number, name of vaccinator.

2.10 Direct patient to Post-Vaccination Monitoring Area.


### Post-Vaccination Monitoring Area:

1. Monitors and records patient's vital signs every 15 minutes for 30 minutes to 1-hour post-vaccination.


2. Instructs the vaccinee on possible adverse reactions and when, how, and where to report if he/she manifest signs and symptoms.

3. Provide information on post-marketing surveillance.

4. Observes the patient and watch out for any symptoms of shortness of breath, syncope and anaphylactic reaction, or any reaction as stipulated by the manufacturer.

	Document Type	Document Code: GL-ICP-071
	<b>GUIDELINES</b>	Effective Date: FEBRUARY 2021
	Document Title	Revision Number: 0
	<b>COVID-19 VACCINATION</b>	Page: 12 of 13

5. Responds and give first aid to vaccinee for possible AEFI.
6. Refer vaccinee to Emergency Room AEFI Desk for further management if needed.

  <b>PHILIPPINE HEART CENTER INCIDENT COMMAND POST</b>	Document Type	Document Code: GL-ICP-071
	<b>GUIDELINES</b>	Effective Date: FEBRUARY 2021
	Document Title	Revision Number: 0
	<b>COVID-19 VACCINATION</b>	Page: 13 of 13

### Annex D VACCINATION FORM

 **PHILIPPINE HEART CENTER**  
East Avenue, Quezon City

**INFORMED CONSENT FORM FOR THE PFIZER-BIONTECH COVID-19 VACCINE**  
of the Philippine National COVID-19 Vaccine Deployment and Vaccination Program

Name	Birthdate	Sex
Address	Occupation/Title/Position	
		Contact Number

**INFORMED CONSENT (Pangangako)**

I confirm that I have been provided and have read or had explained to me the COVID-19 vaccine and Emergency Use Authorization (EUA) information sheet. Then FDA has authorized use of the Pfizer vaccine under EUA and there is currently not enough scientific evidence available to fully approve this and any other COVID-19 vaccine.

I confirmed that I have been screened for conditions that may merit deferral or special precautions during vaccination as indicated in the health screening questionnaire. I have received sufficient information on the benefits and risks of COVID-19 vaccines and understand the possible risks if I am not vaccinated. I was provided an opportunity to ask questions, all of which were adequately and clearly answered.

I understand that while most side effects are minor and resolve on their own, there is a small risk of severe adverse reactions, such as allergies, and that prompt medical attention and referral to PNC ER AEFI immediately. I understand that local and national government shall provide the necessary support for medical care, for any serious adverse events related to COVID-19 vaccination, and that I have been given contact information for follow up for any symptoms I may experience after vaccination.

I authorize releasing all information needed for public health purposes including reporting to applicable national vaccine registries, consistent with personal and health information storage protocols of the Data Privacy Act of 2012.

I hereby give my consent to be vaccinated with the Pfizer ~~COVID-19~~ COVID-19 Vaccine.

Signature over printed name \_\_\_\_\_ Date \_\_\_\_\_

**WAIVER (Mind Pangangako)**

I voluntarily and freely waive my privilege to the COVID-19 vaccination being offered to health care workers/employees of Philippine Heart Center. The risks involved with the said vaccination have been explained to me. I hold the Philippine Heart Center free of any responsibilities for whatever problems related to COVID-19 in the course of employment at the Philippine Heart Center.

Signature over printed name \_\_\_\_\_ Date \_\_\_\_\_

ASSESS THE PATIENT		YES	NO
<b>SCREENING POINT CHECKLIST</b>			
<b>I. Present History (past history and co-morbidities are gathered during pre-registration and profiling)</b>			
a. Is the <u>patient</u> currently experiencing the following symptoms or have experienced the following in the past 14 days?			
Fever/chills Headache Cough Colds Sore throat	Abdominal Pain Weakness Loss of smell/taste Diarrhea / Changes in bowel movement Shortness of breath/difficult in breathing	Myalgia Fatigue Chest Pain Others	
b. Is the <u>patient</u> on any medication that affects the immune system?			
c. Has the <u>patient</u> had any vaccination in the past 2 weeks?			
d. Has the <u>patient</u> experienced any serious reaction after receiving a vaccine?			
e. Has the <u>patient</u> previously received a COVID-19 vaccine? If yes, specify:			
f. For women: Is the <u>patient</u> regularly breastfeeding or is there a chance she could become pregnant during the next month?			
g. Is the <u>patient</u> allergic to shell or <del>penicillin</del> ?			
h. Did the <u>patient</u> have an allergic reaction to the first dose of the vaccine?			
i. Does the <u>patient</u> has an allergy to food, egg, medicine, and/or with asthma?			
j. If with allergy or asthma, will the vaccinator able to monitor the patient for 30 minutes?			
k. Does the <u>patient</u> has a history of bleeding disorder or currently taking any anti-coagulant?			
l. If with a bleeding history, is a gauge 23-25 syringe available for injection?			
m. Does the <u>patient</u> has a history of exposure to a confirmed or suspected COVID-19 case in the past 2 weeks?			
n. Is the <u>patient</u> previously treated for COVID-19 in the past 90 days?			
o. Did the <u>patient</u> receive any medication in the past 2 weeks?			
p. Did the <u>patient</u> received convalescent plasma or monoclonal antibodies for COVID-19 case in the past 90 days?			
q. Does the <u>patient</u> have any of the following diseases or health condition?			
<input type="checkbox"/> HIV <input type="checkbox"/> Cancer/ Malignancy <input type="checkbox"/> Underwent Transplant <input type="checkbox"/> Under Steroid Medication/ Treatment <input type="checkbox"/> Bedridden, terminal illness, less than 6 months prognosis			
If with an above-mentioned condition, has presented medical clearance prior to vaccination day.			
<b>II. Vital Signs</b> Temperature: _____ °C Heart rate: _____ beats/min (N: 60-100 bpm) Respiratory rate: _____ breaths/min (N: 12-20 bpm) Blood pressure: _____ mmHg (N: <120/80) Oxygen Saturation: _____ % (N: 95-100%)		Remarks:	RN Signature
<b>III. Cardiovascular Examination</b> <input type="checkbox"/> Normal Rate and Rhythms <input type="checkbox"/> Murmurs <input type="checkbox"/> Irregular heart rate and rhythm		Remarks:	MD Signature
<b>IV. Respiratory Examination</b> <input type="checkbox"/> Clear lung fields <input type="checkbox"/> Adventitious breath sounds, specify: _____			
Please see back page for other findings.			

POST-VACCINATION MONITORING TOOL							
TIME ARRIVED AT MONITORING AREA (DAPA):				TIME ARRIVED AT MONITORING AREA (5 <sup>TH</sup> FLOOR):			
BP: _____	HR: _____	RR: _____	RN SIG: _____	BP: _____	HR: _____	RR: _____	RN SIG: _____
TIME	BP	HR	RR	O2 SAT	TEMP	RN SIGNATURE	
(15 MINS)							
(30 MINS)							
(45 MINS)							
(60 MINS)							
ASSESSMENT and DISPOSITION				MANAGEMENT DONE		MD SIGNATURE	