

IDPH

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

SARS-CoV-2/COVID-19

Mass Vaccination

Planning Guide

2.0

October 2020

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Record of Changes

Date of original version: September 11, 2020

Date Reviewed	Change Number	Date of Change	Description of Change	Changes By
10/02/2020	1.1	10/02/2020	Insert Record of Changes Section I Introductions, para 2 – reference added to review COVID-19 Mass Vaccination Planning Work Group make up on p. 25 of this document. Section I Introduction, para 5 – added more explanation on the relevant lessons – learned from H1N1 Section I Introductions, para 7 – added information on COVID-19 mass vaccination training and exercise topics and schedule. Section II title changed to COVID-19 Mass Vaccination Planning Assumptions	Mass Vaccination Group
10/4/2020	1.2	10/04/2020	Added scheduled training dates to Appendix 12	Mass Vaccination Group
10/12/2020	2	10/12/2020	Adjusted plan to address feedback from the CDC	Mass Vaccination Group
10/14/2020	3	10/14/2020	Performed final copy edit & review.	Mass Vaccination Group

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SARS-CoV-2/COVID-19 Mass Vaccination Planning Guide, V. 2.0

October 2020

I. Introduction

In accordance with the state of Illinois Emergency Operations Plan (IEOP) and the Health and Medical Annex, this ***SARS-CoV-2/COVID-19 Mass Vaccination Guide*** was designed to provide a clear and comprehensive plan for the management and response to vaccination operations within the state. This guide provides direction for the Illinois Department of Public Health (IDPH), state and local response partner agencies, and other stakeholders involved in COVID-19 mass vaccine efforts.

This Guide is a product of the COVID-19 Mass Vaccination Planning Work Group. The COVID-19 Mass Vaccination Planning Work Group is composed of representatives of the various state stakeholder agencies with roles in public health emergency responses and those that serve organizations and individuals in the priority groups targeted for COVID-19 vaccine administration. See page 25 for a list of state and local agencies and organizations involved on the COVID-19 Mass Vaccination Planning Work Group.

This Guide is included as an Attachment to Annex 3.0 of the Illinois Pandemic Preparedness and Response Plan. The Illinois Mass Vaccination Annex provides a strategic overview of how pandemic vaccines will be allocated, distributed, and tracked in the State of Illinois. Local public health and health care entities are required to develop parallel tactical mass vaccination protocols to complement this state level plan.

In this Guide, pandemic vaccine administration planning has been updated using a two-tiered vaccine processing system, whereby standard operating procedures established by the IDPH Office of Health Protection's Immunization Program will be utilized, in coordination with mass vaccination plans developed by the IDPH Office of Preparedness and Response's Medical Countermeasures Program. Additionally, vaccine distribution, as outlined in the State of Illinois Strategic National Stockpile (SNS) Distribution Plan, supported by the Illinois Emergency Management Agency (IEMA), will be utilized as a backup/contingency plan to the planned should the method of direct shipping to the providers, not occur.

Recommendations and lessons learned from the 2009-10 H1N1 pandemic influenza response, the 2015 Centers for Disease Control and Prevention's Pandemic Influenza Readiness Assessment (PIRA) for Illinois, the 2019 Crimson Contagion - Pandemic Exercise Series, and the 2020 SARS-CoV-2/ COVID-19 response, were used to inform updates to the Illinois Pandemic Preparedness and Response Plan and this mass vaccination planning guide. Lessons learned from H1N1 mass vaccination administration include: developing plans to continuously recruit and identify IDPH staff to "volunteer" (be reassigned) and train for a medical countermeasures event; better coordination with local public health jurisdictions on identifying and approving providers to administer the pandemic vaccine; developing a system for a more efficient ordering of the pandemic vaccine; developing a system for inventory management and tracking of vaccines administered; developing fair and equitable vaccine allocation processes; clear and concise

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communication with vaccine providers on vaccine ordering, distribution and allocation strategies developed; and ensuring all relevant media platforms are utilized for educating and communicating to all stakeholders on all components of the vaccine administration plan.

Additional changes include the decommissioning of the Illinois Immunization Promotion Center (IPC) and transitioning to the use of the Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE Registry) as the online vaccination ordering system. I-CARE is currently in use for ordering and tracking of vaccines in the Vaccines for Children Program (VFC).

Section III Concept of Operations, J – Training provides an overview of suggested training and exercise topics for state and local COVID-19 mass vaccination administration planners. To ensure continuous quality improvement of the plan, lessons learned from these trainings and exercises will be used to further inform and update state and local plans in anticipation of the availability of the COVID-19 vaccine.

Vaccines will play a critical role in mitigating the SARS-CoV-2 pandemic and reducing the disease burden on the general population.

Due to the nature of the incident and vaccine availability, it may be necessary to identify priority groups based on the epidemiological data given at the time. Vaccine allocation may be necessary as vaccine becomes available. Allocation may be implemented to reduce the impact of the pandemic on the health of Illinois residents and minimize disruption to society and the economy.

Local public health, health care entities, and other vaccine providers are required to develop parallel tactical plans/protocols for administration to the general public and their critical infrastructure personnel. Likewise, the State of Illinois First Responder Prophylaxis Plan provides tactical protocols for distribution and administration of pandemic vaccine to state level first responders and critical infrastructure personnel.

Mission Goal – administer, potentially, two doses of a COVID-19 vaccine to 80% of the residents of Illinois according to CDC guidelines.

Specific Objectives:

1. Ensure the safety of response personnel and citizens.
2. Prepare public health, health care, and other response partners to effectively manage all aspects of a statewide mass vaccination campaign.
3. Coordinate vaccine distribution to local providers.
4. Respond to requests for additional supplies, guidance, and information from external partners.
5. Mitigate COVID-19 disease propagation.

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II. COVID-19 Mass Vaccination Planning Assumptions

A. Vaccine distribution

i. Limited COVID-19 vaccine doses may be available in November 2020.
ii. COVID-19 vaccine supply will increase substantially in 2021, allowing regular shipments to states.
iii. Vaccine providers will be required to legally enroll in the Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE).
iv. Vaccine providers will be required to agree to follow CDC guidance on vaccine administration, storage, and handling by signing the *CDC COVID-19 Vaccination Program Provider Agreement.*
v. Vaccine providers will be allocated vaccine, as it becomes available, based on the overall jurisdiction's population size and disease burden, while ensuring equity.
vi. Vaccine will be delivered via the Vaccines for Children (VFC) model → direct shipped to providers.
vii. Vaccine providers will be required to enroll in Vaccine Finder and report inventory daily.

B. Priority Groups

i. It should be noted that all are assumed susceptible to the virus.
ii. Initial populations prioritized for COVID-19 vaccination will likely be the following:
    a. Critical workforce members who provide health care.
    b. Staff and residents in long term care facilities.
    c. Critical workforce members who provide essential functions of society.
iii. Recommendations for groups to target will likely change after vaccine is available, depending on characteristics of each vaccine, vaccine supply, and disease epidemiology.
iv. Because of the uncertainty of COVID-19 vaccine production, plans must be flexible and should include high demand and low demand scenarios.

C. Vaccination

i. Adequate federal funding will be available to implement a large-scale vaccination response.
ii. Initial doses of COVID-19 vaccine may be authorized for use under an Emergency Use Authorization (EUA) issued by the Food and Drug Administration (FDA), based on available safety and efficacy data.
iii. Cold chain storage and handling requirements for each COVID-19 vaccine product will vary from refrigerated (2°C – 8°C) to frozen (-20°C) to ultra-cold (-60°C to -80°C)
iv. Most vaccines will be shipped in 100 dose increments kitted with ancillary supplies. Ultra-cold vaccine will be shipped in 1,000 dose increments.
v. Two doses of COVID-19 vaccine, separated by ≥21 or ≥28 days, will be needed for immunity for some vaccine candidates; It is expected that both doses of the vaccine will need to be with the same vaccine type, produced by the same manufacturer, but not the

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same lot of the vaccine. This will require stringent tracking of vaccine administered and patient reminders.

vi. Per CDC Guidance, 80% of the population will need to be vaccinated to achieve herd immunity.

vii. Vaccination will take place over many months and may unfold in phases, as more vaccine becomes available.

viii. Vaccine administration planning must reflect the four types of vaccines being manufactured:

1. **mRNA -** messenger ribonucleic acid. Encodes protein of the virus which is inserted into cells to trigger an immune response and create antibodies to the virus.
2. **Nonreplicating vector -** injecting only certain proteins of the virus to stimulate the immune system. Uses a harmless viral vector to deliver the protein into the cells.
3. **Protein adjuvant -** virus protein is packaged into a nanoparticle and delivered into cells with an adjuvant to enhance the immune response.
4. **Live attenuated -** modify the virus to be inactive but still alive. Virus can infect the cells but not replicate to cause disease.

ix. CDC will provide standard communication materials on the EUA for the general public, similar to the Vaccine Information Statement (VIS), and specific communication to vaccine providers on the EUA.

x. Monitoring for adverse events will be very important.

xi. Vaccine distribution for common vaccine preventable diseases will not alter from routine procedures.

xii. Seasonal influenza vaccine production and campaign will continue.

xiii. Demand for the pandemic vaccine will be high throughout the response.

NOTE: Requirements for COVID-19 vaccine administration will continue to evolve over time.

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III. Concept of Operations

A. General

The IDPH Office of Health Protection (OHPt) Immunization Section and IDPH Office of Preparedness and Response (OPR) Medical Countermeasures Program have led the collaborative efforts of the COVID-19 Mass Vaccination Planning Work Group in developing this ***SARS-CoV-2/COVID-19 Mass Vaccination Planning Guide*** as an attachment to the Mass Vaccination Annex 3.0 of the State of Illinois Pandemic Plan. This guide should be used by state and local planners to design their efforts for the administration of the SARS-CoV-2/COVID-19 vaccine.

The IDPH/OPR Medical Countermeasures Program develops and maintains plans for request, receipt, distribution, mass dispensing and administration of life-saving emergency medical supplies and equipment during a disaster where the public's health is at risk. This includes plans in response to human-caused and natural events. The Medical Countermeasures Program includes the Strategic National Stockpile (SNS) Program, the CHEMPACK Program, the Illinois Pharmaceutical Stockpile (IPS) and the Cities Readiness Initiative (CRI). The SNS is a federal cache of emergency medical supplies and equipment that can be deployed to states during a disaster. The CHEMPACK is the forward placement of nerve agent antidotes. IPS is a state-owned cache of emergency medical supplies and equipment. The CRI is a program designed to ensure cross-border collaboration of municipalities, counties, and states during incidents where the emergency medical supplies and equipment are deployed.

The IDPH/OHPt Immunization Section maintains the Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE), a system for vaccine management and operations, which includes ordering, shipping, handling, and storing procedures for all vaccine purchases in the State. I-CARE is the current system in use for the Vaccines for Children Program (VFC). The Vaccines for Children Program is a federally funded program that provides needed vaccines to children under the age of 19 years. Vaccines are provided at no cost to the provider or to the patient. Annually, IDPH coordinates the distribution of the seasonal influenza vaccine as part of the VFC program. IDPH does not maintain an adult immunization program. All other seasonal influenza vaccine must be procured directly by the provider and received via the manufacturer or distributor. Annually, VFC vaccines are shipped throughout the state of Illinois to approximately 3,000 enrolled public and private health care providers. Distribution of VFC vaccine is in accordance with the current Advisory Committee on Immunization Practices (ACIP) recommendations and children meeting VFC eligibility criteria. The eligibility criteria, much like vaccine prioritization categories, is monitored and enforced at the local level and reviewed by the IDPH Immunization Section staff for compliance as part of the mandated VFC site visits conducted biannually.

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Administration of the SARS-CoV-2/COVID-19 Pandemic Vaccine

To accomplish the mission of providing SARS-CoV-2/COVID-19 vaccine to 80% of the residents of Illinois, the State of Illinois will:

- Closely monitor activities at the local level to ensure the COVID-19 vaccine administration plan is implemented throughout the jurisdiction in adherence with federal guidance and requirements, and that there is equitable access to COVID-19 vaccination across the state.
- Activate the Illinois Department of Public Health's Public Health Emergency Operations Center (PHEOC) and/or the State Emergency Operations Center (SEOC) to coordinate the ordering, administration, and tracking of the SARS-CoV-2/COVID-19 vaccine in the state.
- The Illinois Emergency Management Agency may opt to activate the State Emergency Operations Center (SEOC) to support the COVID vaccine administration efforts in the state.
- Ensure expanded scopes of practice for health care licenses to allow certain medical professionals the opportunity to assist in the mass vaccination campaign, when working under the authority of the local public health jurisdiction or a health care entity.
- Provide a statewide system for tracking vaccine administration and for notifying clients of the need for a second dose of the vaccine, if a second dose is needed.
- Provide a statewide system for volunteer management and tracking – ***Illinois Helps***.
- Provide a statewide system for disseminating information to vaccine providers and other with direct involvement in the COVID-19 mass vaccination administration mission – ***Health Alert Network – HAN/ SIREN***.
- Provide oversight of provider enrollment, tracking, and vaccine location oversight.
- Identify and map priority populations and determine sub-allocations of vaccine for distribution within the state.
- Provide guidance and training to vaccine providers on:
    - Available CDC resources, and vaccine recommendations, when available.
    - Ordering and receiving the COVID-19 vaccine.
    - Vaccine storage and handling, including transportation requirements, specific to COVID-19 vaccine.
    - Vaccine administration, including reconstitution, use of adjuvants, diluents, etc.
    - Documenting and reporting vaccine administration via I-CARE and/or EMTrack.
    - Managing and reporting vaccine inventory via I-CARE.
    - Documenting and reporting vaccine wastage/spoilage.
    - Procedures for reporting to the Vaccine Adverse Event Reporting System (VAERS).
    - Providing Emergency Use Authorization (EUA) fact sheets and/or vaccine information statements (VISs) to vaccine recipients.
- Collaborate with local Public Information Officers (PIOs) to conduct a statewide media campaign to share facts about the vaccine and to encourage citizens to be vaccinated.
- Activate a statewide hotline to address questions regarding the mass vaccination administration campaign and to provide guidance on reporting vaccine adverse events to the Centers for Disease Control and Prevent (CDC).

Provider requirements, including local public health jurisdictions, hospitals, and others wanting to administer the COVID-19 vaccine:

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- All vaccine providers are required to register in I-CARE and sign and return the *CDC COVID-19 Vaccination Program Provider Agreement and Profile form,* electronically through I-CARE. Local public health jurisdictions, hospitals, and other vaccine administrators will order and receive the SARS-CoV-2/COVID-19 vaccine via I-CARE. Vaccine will be shipped directly from the federal government to the provider.
- Local public health jurisdictions should plan to collaborate with their regional health care coalitions, hospitals and long term care/assisted living facilities within the county, and with other potential vaccine providers that cater to critical infrastructure/essential workers in their jurisdiction to ensure full coverage of vaccine first, to the designated priority groups and finally, to the general public.
- All entities must provide training to staff assigned as vaccinators and to other staff members assigned to assist with vaccine administration operations.
- As part of the CDC COVID-19 vaccine provider agreement, the enrollee must attest/agree to being able to receive the vaccine and report to the IIS (I-CARE) within 24 hours of vaccine administration. Site visits are not required for COVID-19 vaccine providers, but the Chief Medical Officer associated with each site that signs the vaccine provider agreement is attesting that they meet the requirements listed in the agreement. For vaccine administration tracking and reminders of a second dose, if needed, all vaccine providers must plan to utilize I-CARE or EMTrack.
- All vaccine providers must daily report vaccine administration and on-hand inventory to IDPH for tracking and reporting data elements as defined by the CDC. CDC is using VaccineFinder to help facilitate reporting of COVID-19 vaccine supply, and as appropriate to help direct people to locations offering vaccine. All providers will need to report supply information into VaccineFinder (instructions from CDC will be forthcoming). The option for their site to be visible on the VaccineFinder public facing website will be available when/if providers want to increase access to vaccine to the public.
- All vaccine providers must share with vaccine recipients the required EUA fact sheets and/or VIS on the vaccine administered.
- All providers must include in their plans, procedures for reporting clinically important adverse events. Adverse events also will be monitored through electronic health records (EHR) – and claims-based systems such as Vaccine Safety Datalink.
- All vaccine providers must be registered in the ***Illinois Health Alert Network – HAN/ SIREN*** to receive vaccine guidance and critical updates on the COVID-19 mass vaccination administration mission.

Vaccine ordering and distribution procedures are outlined in the Distribution Section of this document. Mass vaccination procedures are further described in local SNS/mass vaccination plans and in the State First Responder Prophylaxis Plan.

B. Vaccine Ordering and Receipt

Note: As mentioned above, to be eligible to order vaccines, all vaccine providers are required to register in I-CARE, sign and return the *CDC COVID-19 Vaccination Program Provider Agreement and Profile form*, electronically through I-CARE**.**

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1. The IDPH Immunization Section will utilize their established I-CARE protocols to coordinate ordering and tracking utilization of the pandemic vaccines from the CDC, or from the designated vendors. Providers will log into I-CARE to order the vaccine. IDPH staff will approve the orders in I-CARE and transmit the request into CDC's Vaccine Tracking System (VTrcks).

2. The approved vaccine orders, including the adjuvant, if necessary, and all ancillary supplies, will be direct shipped to the providers designated location. This shipment is executed by McKesson or the vaccine manufacturer and will be expected to ship within 24 hours of the order being received through VTrckS. However, this timeframe is dependent on vaccine availability and on McKesson and the vaccine manufacturers to meet this timeline.

   Ancillary Supplies will be included in the shipment from McKesson or the vaccine manufacturer and consist the following:
   - Each kit will include supplies needed to administer 100 doses of vaccine.
   - Needles, 105 per kit (various sizes for the population served by the ordering vaccination provider).
   - Syringes, 105 per kit.
   - Alcohol prep pads, 210 per kit.
   - COVID-19 vaccination record cards for each vaccine recipient, 100 per kit.
   - Minimum personal protective equipment such as surgical masks and face shields for vaccinators. Each ancillary kit contains four surgical masks and two face shields.
   - Needle information card, 1 per kit.

   Supplies not included in the shipments from McKesson or the vaccine manufacturer and to be procured by the provider: Sharps containers, gloves, bandages, etc. Providers may need to plan for additional Personal Protective Equipment (PPE), depending on vaccination site needs.

3. Minimum order size for CDC centrally distributed vaccine will be 100 doses per order for most vaccines. Minimum orders for ultra-cold vaccines that are shipped directly from the manufacturer will be 1,000 doses per package and will be shipped on dry ice. CDC will provide more detail on this as it becomes available.

4. Illinois will activate the Public Health Operations Center (PHEOC) and/or the State Emergency Operations Center (SEOC), once the vaccine administration mission commences. To ensure success of the mission, the Incident Command System will be expanded to include the following positions:

   i. The IDPH Immunization Group is the lead for processing and approving vaccine orders in I-CARE. The Immunization Group will also be responsible for monitoring patient tracking and for monitoring adverse events reporting. This group is headed by the Vaccines for Children Administrator and staff.

   ii. The Vaccine Administration Division is responsible for liaising with vaccine providers in each of the health care coalition regions and public health jurisdictions, by provider type.

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This group will be led by regional staff who have experience working with local health departments, hospitals, long-term care facilities, and the health care coalitions.

iii. The I-CARE administration staff is responsible for COVID-19 vaccine provider enrollment and technical support. This group will be led by the I-CARE Administrator and staff.

iv. The RSS/Distribution Group is responsible for tracking COVID-19 vaccine orders from the manufacturer direct-shipped to the providers. This group will be led by IDPH staff familiar with distribution operations.

v. See Attachment 1 for the IDPH ICS chart for planning and operations. All COVID-19 vaccine provider organizations should consider a similar ICS structure to organize their vaccine administration operations.

C. Vaccine Allocation

Local public health jurisdictions should plan outreach to their regional health care coalition, the hospitals, long term care/assisted living facilities, and with other potential vaccine providers in their jurisdictions to determine each entity's capacity to order and receive vaccine to assist with mass vaccination operations for their citizens.

1. IDPH will estimate the overall public health jurisdictional allocations of COVID-19 vaccine based on population size, disease burden, vaccine availability and need, while ensuring equity.

   For example:

   a. IDPH receives an allocation of 200,000 doses of SARS-CoV-2/COVID-19 vaccine in I-CARE.

   b. IDPH allocates pro rata share of vaccine to each jurisdiction; however, the base calculation will be adjusted to account for equity, potential hotspots and regional positions within the state.

      ii> Cook County public health jurisdiction, the largest public health jurisdiction, outside of the city of Chicago, has 2.3 million citizens (*Based on US Census, July 1, 2019*), which is 28% of the Illinois population so will be allocated 28% of the 200,000 doses allocated to Illinois or 56,000 doses.

      iii> Calhoun County public health jurisdiction, the smallest public health jurisdiction in the State, has 4,739 citizens, which is 0.05% of Illinois population so will be allocated 0.05% of the 200,000 doses allocated or 100 doses. (Additional adjustments may be made based on equity, potential hot spots and regional positions within the state)

      iv> Within the public health jurisdictions, vaccine will be further allocated to provider types based on priority groups, while ensuring equity in vaccine allocation and areas of vaccine availability:

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a. Health care workers.
b. Long term care staff and residents.
c. Essential workers.
d. Critical infrastructure personnel.
e. General population.

2. The City of Chicago will receive a separate, pro rata allocation of SARS-CoV-2/COVID-19 vaccine directly from the CDC.

3. A vaccine allocation tool designed to calculate each jurisdiction's allocation has been developed and will be utilized for this event. The tool will list the public health jurisdictions, all eligible providers in the jurisdiction and their vaccine administration capacity so to efficiently allocate the vaccine in real-time as that information is received from the CDC.

4. Jurisdictions should anticipate that allocation strategies may shift during the response based on supply, demand, and needs within the state.

D. Prioritization of Vaccine Allocation and Administration

Local public health jurisdictions should plan to collaborate with their regional health care coalition, hospitals, long term care/assisted living facilities, and with other potential vaccine providers in their jurisdictions that cater to critical infrastructure/essential workers in their jurisdiction to ensure full coverage of vaccine first, to the designated priority groups and finally, to the general public.

1. Vaccine priority groups will be determined by the epidemiological data and will follow HHS and CDC guidelines based on input from the Advisory Council for Immunization Practices (ACIP). Vaccine providers should plan to focus their initial vaccine administration plans on those groups designated by the state of Illinois and the federal government as:
    a. Critical workforce that provides health care.
    b. Staff and residents in long-term care and assisted living facilities.
    c. Critical workforce that maintains essential functions of society.

    It is very important to outreach to these groups now to determine the number, type, and location of each priority group in the public health jurisdiction. Public health departments should coordinate with their health care coalition, emergency management, and other response partners to develop a list of entities serving the priority groups, determine their capabilities to serve as sites for vaccine administration, i.e. closed PODs, or develop plans for the local health department to service these groups at a general POD designed for these groups.

    Based on CDC guidance, CDC COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations – September 16, 2020, jurisdictional partners should be planning in terms of three phases:

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a. **Phase 1:** Potentially limited supply of COVID-19 vaccine doses available. Vaccine administration strategies in phase 1 is broken into two sub-phases:
    - **Phase 1a** – paid and unpaid health care workers. First responders – police and fire should be included in Phase 1a, but after health care workers.
    - **Phase 1b** – Other essential workers and persons at higher risks of severe COVID-19 illness, including persons 65 years of age and older.
b. **Phase 2:** Large number of vaccine doses available – critical populations, as defined by the CDC and ACIP first, then can transition to the general population.
c. **Phase 3:** Sufficient supply of vaccine doses for entire population (surplus of doses) – all groups are included in this phase.

Once these priority groups have been satisfactorily reached, vaccine administration planning can then focus on reaching the general population where the goal is to ensure that at least 80% of the population is vaccinated.

Throughout each phase of COVID-19 vaccine administration, it is important that jurisdictions and providers ensure equitable allocation and administration of the vaccine to all identified priority groups and to the general public.

See Appendix 5 – COVID-19 Critical Populations for more details and definitions of COVID-19 vaccination priority groups.

2. For a definition of the critical workforce – see the federal guidance at https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19 and the attached guidance from the Illinois State Police/ State – wide Terrorism Intelligence Center (STIC).
    a. Appendix 7 – Illinois Mass Vaccination Plan Discussion Points
    b. Appendix 8 – Appendix A_ Illinois Mass Vaccination Plan Discussion Points

3. For guidance on setting up mass vaccination sites for priority populations, please see attached the closed points of dispensing/vaccination administration sites (POD) guidance developed by the IDPH/OPR.
    a. Appendix 9 – Illinois Closed POD Operations
    b. Appendix 10 – COVID-19 Vaccination – Record. Additionally, as indicated above, the ancillary supplies sent by CDC will contain a vaccine administration card for sharing with vaccine recipients.

4. To assist with mass vaccination operations at their POD sites, COVID-19 vaccine providers can utilize Illinois Helps to search for qualified volunteers.
    a. Illinois Helps (www.illinoishelps.net) is a state registry of volunteers for both medical and non-medical occupations, who can be activated in a disaster or public health emergency.
    b. 38 states use a platform similar to this built on the federal standard Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP).
    c. Illinois Helps is owned by the Illinois Department of Public Health, managed by the Serve Illinois Commission in partnership with the system vendor Juvare. The Juvare suites of services utilized in Illinois includes: WebEOC, EMTrack, EMResource, and the Illinois HAN/SIREN.

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d. Illinois Helps is a decentralized system whereby each organization (local health department, hospital, Medical Reserve Corps, Long Term Care facilities) manages individual volunteers that wish to work with that specific organization.
e. A volunteer comes into the system, gives their information including licensure and skills, and picks up to 15 organizations to work with.
f. The organization using the volunteer follows their own protocols, including background checks, if appropriate.
g. This is not an event-based system but rather a holistic volunteerism program whereby each organization works with volunteers in a variety of ways.
h. Approximately 270 qualifying organizations, such as local health departments, Medical Reserve Corps, hospitals, and long-term care facilities, are registered in Illinois Helps to request volunteers.
i. Any healthcare organization wishing to access and manage volunteers can request to do so at illinois.helps@illinois.gov.

E. Tracking Vaccine Administration and On-Hand Inventory

All providers should plan to strictly adhere to the use of I-CARE for tracking vaccine administration and to report on-hand inventory back to IDPH and to the CDC.

1. **I-CARE**
   a. The Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE) is the state's immunization information system (IIS) and will be the primary system utilized to order and track SARS-CoV-2/COVID-19 vaccine administration during an event.

   b. I-CARE works by taking in data from a variety of sources, consolidating data into high-quality patient immunization records, applying vaccine evaluation and forecasting algorithms, and transforming this data into actionable information for clinicians, public health practitioners, and other IIS users to support immunization practice and improvement in one secured system.

   c. Some functions support overall operations, like establishing interoperable connections with other systems and deduplication functionality for achieving high data quality. Other functionality supports clinical decision making for an individual patient, assessment of vaccine coverage rates for groups of patients or populations, reminder/recall outreach to improve vaccination rates, and management of vaccine inventory.

   d. Community/Provider Benefit
      ii> Illinois' IIS is fully implemented and functional. It meets all 12 minimum functional standards set forth by CDC for Immunization Registries.

      iii> IDPH supports the goals and objectives of the Healthy People 2020 campaign. A goal that IDPH strives for every year is to increase the proportion of children under age 6 years of age, whoseimmunization

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records are in fully operational, population-based immunization information systems.

iv> Newborn patients are being added daily to I-CARE from the DPH Vital Records birth data import.

v> I-CARE receives data daily from many providers and hospitals submitting data using HL7 data exchange.

vi> All of the above will increase immunization rates and quality of care. More physicians will be able to verify the immunizationstatus of patients, thus ensuring that those patients received needed immunizations without the risk of over immunization. Substantial cost savings will also be reached by ensuring that children get only the vaccines they need and do not receive unnecessary immunizations.

e. For access, all I-CARE providers must be pre-authorized via the IDPH Immunization Program.

f. Enrolling into I-CARE to receive COVID-19 vaccine is a two-step process: step 1 – complete the required enrollment forms to become an I-CARE provider; step 2 – complete the fillable *CDC COVID-19 Vaccine Provider Agreement and Profile form*, within I-CARE, to order and receive the vaccine. This includes agreeing to follow proper storage and handling procedures for each vaccine received.

g. There are three documents that are required to register an organization for I-CARE access.

ii> The Provider Site Enrollment form.

iii> The Web Portal Registration Authority Agreement (PRA registration); each intended user will need to follow the IDPH Web Portal Online Registration Process to create their Username and Password.

iv> Individual User Agreement form stating and agreeing to IDPH security and confidentiality policies.

h. The *COVID-19 Vaccine Providers Program Process and Guidance* document is in development. The purpose of this document is to outline the requirements for approval to access I-CARE, levels of access available, roles in I-CARE, suggestions on who should have I-CARE access, frequently asked questions, and an online I-CARE training video.

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2. **Vaccine Administration Reporting**
    a. Providers are required to submit **daily** accountability reports to IDPH in the format requested.
        ii> Daily reports must be submitted by 8:00 PM daily.
        iii> The reporting frequency and required data metrics will be updated as more guidance is received from CDC.

    b. IDPH is required to submit **weekly** inventory reports to CDC.
        ii> Weekly reports must be submitted to CDC by 4:00 PM CST.
        iii> The reporting frequency and required data metrics will be updated as more guidance is received from CDC.

3. **Quality Control**
    a. IDPH performs quality control reviews of 25% of vaccine providers enrolled in the VFC program.

    b. We anticipate using a similar protocol to review COVID-19 vaccine providers during this mission.

F. Vaccine Distribution

All providers must have plans in place to receive vaccine and ancillary supplies shipped directly to the designated sites. Plans must reflect and adhere to the CDC's requirements for storage and handling of the different types of vaccines.

In a pandemic, the state of Illinois has developed a two-tiered strategy to ensure vaccine delivery**.**

Tier 1
Tier 1 will utilize current shipping practices of the Vaccines for Children Program. Each local health department conducts routine pediatric immunization clinics and annual influenza clinics and has identified the resources necessary to conduct mass vaccination within the respective communities. Further distribution to sub-sites within the local jurisdictions, if necessary, is determined by the local health department and its community partners as part of that agency's pandemic preparedness and response plans.

Distribution/delivery to each provider is currently performed via private carriers. Vaccine will be sent directly to vaccination provider locations for administration or designated depots for secondary distribution to administration sites. Once vaccine is shipped to a provider site, the federal government will not redistribute the product.

Under current vaccine delivery processes, the CDC contracts with a 3rd party distribution company, McKesson, to conduct the service. Some vaccines, i.e. those with ultra-low temperature requirements, will be shipped directly from the manufacturer to the providers.

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Providers must ensure the proper equipment is in place and have developed plans to receive the vaccine directly from McKesson or the vaccine manufacturer at their designated site.

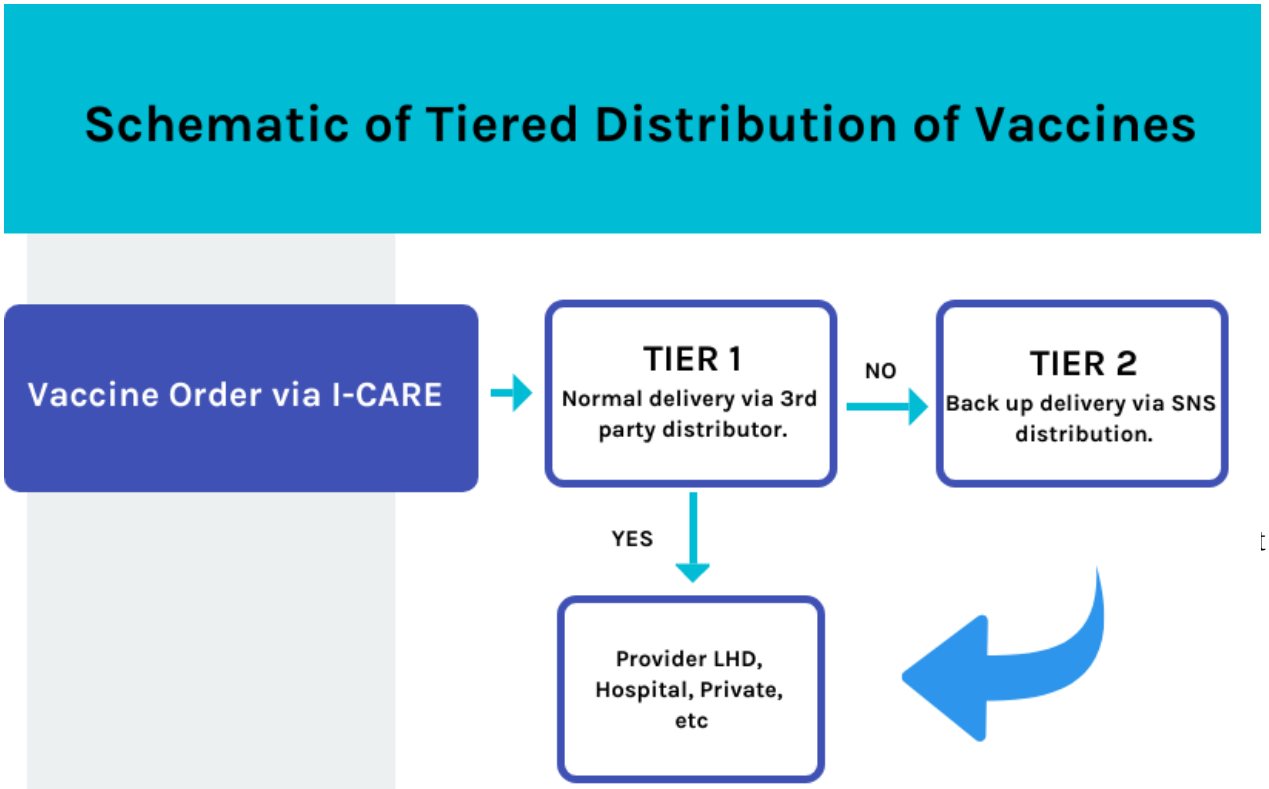
Public health jurisdictions are allowed to redistribute vaccines, while maintaining the cold chain. However, with the challenge of meeting cold chain requirements for frozen and ultra-cold vaccine, jurisdictions should be judicious in their redistribution and limit any redistribution to refrigerated vaccines only, if there is not a plan in place to maintain ultra-cold temperatures.

CDC does not advise providers to purchase ultra-cold storage equipment at this time. Ultra-cold vaccine will be shipped from the manufacturers in coolers that are packed with dry ice, can store vaccine for an extended period of time, and can be repacked for longer use. CDC will provide additional details as they become available.

Tier 2

Tier 2 serves as back-up and/or support to previous carriers and utilizes identified state partners such as the Illinois Department of Corrections that maintains refrigerated fleet vehicles for transport of biologics. If the Tier 2 Delivery method is needed, the Strategic National Stockpile Plan and Distribution Mechanism (Attachment 9 – Illinois SNS Plan, Annex 6, Distribution) will be activated via the SEOC supported by the Illinois Emergency Management Agency (IEMA). The Illinois Department of Transportation is the lead agency for transportation with the Illinois State Police providing security for delivery vehicles. The Illinois Department of Corrections and the Illinois National Guard provides back up transportation and security. Also, Illinois Department of Transportation has a Memorandum of Understanding (MOU) with the Illinois Trucking Association to provide transportation assistance if needed. CDC has verified three (3) Receiving, Staging and Shipping (RSS) sites in the state. Additionally, Illinois has identified three sites strategically located within the state to receive federal assets, and a fourth to receive vaccines. From one RSS site in the state, the state agencies designated to carry out the mission, will transport the medical materials to designated Regional Distribution Center (RDC) that has been pre-identified. There are four (4) RDCs identified in the state with back up sites. At the RDCs, material will be transferred to smaller vehicles, if needed and deployed to the affected area. Each certified health department in the state has identified a primary and secondary “Drop Site” to receive emergency medical material. (Attachment 10 – SNS Plan, Annex 6, Tab 18 - List of Local Health Department Drop Sites & Tab 19 – List of Hospital Drop Sites) All sites are verified by the state. From the RDC materials will be distributed to each county drop site, as well as each hospital in the affected area.

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H. Vaccine Administration Tracking

All providers must plan to utilize I-CARE or EMTrack for vaccine administration tracking and reminders to recipients of a second dose, if needed.

Vaccine administration tracking is essential to the SARS-CoV-2/COVID-19 vaccine campaign for several reasons. Primary is that each citizenpersonperson may need to receive two doses of the same vaccine separated by 21 or 28 days. Another important reason is the need to track citizens for reporting of adverse events to the vaccine received. Assurance that all priority groups have adequate access to the vaccine and that 80% of population can be vaccinated in a timely fashion.

1. For overall patient tracking in Illinois – I-CARE will be used to track individual patient information and conduct reminder/recall for additional doses.

2. At the provider level, two systems will be available in Illinois for patient vaccine administration tracking:

    a. I-CARE - For overall patient tracking in Illinois – I-CARE will be used to track individual patient information and conduct reminder/recall for additional doses.
    b. EMTrack – part of the Juvare suite of services that includes WebEOC, EMResource, Illinois Helps, and SIREN. EMTrack is currently being used in Illinois by Emergency Medical Services (EMS) systems for patient tracking. The EMTrack Mass Testing and Vaccination Module was used for mass vaccination clinics during H1N1 and is regularly

used at seasonal flu clinics. The Module enables clients to schedule an appointment and to be pre – screened for vaccination prior to coming to the vaccination site.

3. All providers should follow current guidelines for VFC vaccine disposal and recovery. Vaccine disposal and recovery procedures will be updated as more guidance is received from CDC.

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I. Vaccine Monitoring

All providers must include in their plans, procedures for reporting clinically important adverse events.

1. Plans should identify a monitoring/safety coordinator and include 24/7 points of contact information.

2. Adverse Event Reporting
    a. The current Vaccine Adverse Event Reporting System (VAERS) system has been maintained for all suspected immunization adverse events and should be included in provider mass vaccination plans.
        VAERS reporting link: www.vaers.hhs.gov
        Phone: 800-822-7967
        Email: info@vaers.org

    b. VAERS is a national passive surveillance reporting system that is co-sponsored by the CDC and the FDA. Reports are accepted from anyone – vaccine recipients, health care providers, vaccine manufacturers, etc.

    c. Patient identity is kept confidential. VAERS complies with all US government security standards and protections concerning health information.

    d. Both public and private providers receive communication reminders of use of the online VAERS system.

    e. VAERS contacts Immunization Group staff for any event that requires annual follow-up for final disposition. The IDPH/OHPt Immunization Section has also maintained the role of IDPH Ombudsman for VAERS with current staff to support any providers' needs or requests.

    f. Adverse events will also be monitored through electronic health record (EHR) – and claims-based systems (e.g. Vaccine Safety Datalink).

    g. Additional vaccine safety monitoring may be required under the EUA.

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J. Training

All providers should also ensure that their vaccinators and other staff involved in mass vaccinations operations receive training.

Training and exercise modules are continually being developed by the COVID-19 Mass Vaccination Work Group. The mass vaccination planning team will have 1-2 hour workshops with each region to go over the Mass Vaccination Planning Guide, review vaccine allocation tools, review the PanVax Tool, and answer questions of local staff. Follow up meetings will be scheduled with each region, as necessary. Additionally, IDPH plans to conduct three workshops/tabletop exercises for state partners. One will focus on Public Messaging (including the LHD Regional PIOs), the second will focus on using Tier 2 (IEMA/SNS) as a means of distribution of the vaccine, and the third will be geared towards Senior Leadership at IDPH and IEMA. The dates of these three workshops have yet to be determined. It is anticipated that most training and exercise offerings will be done virtually, with some on-demand options.

1. I-CARE Training for Providers
    a. Is already available on-demand on the I-CARE platform.
    b. This training is required for all those enrolled as a provider in I-CARE.

2. Vaccine Administration and Tracking
    a. In development.

3. Vaccine Call Down Drills and Exercises
    a. Call down drills will be conducted quarterly via the Health Alert Network (HAN).

4. Just in Time Training for Tier 2 Distribution is developed and checklists are found in the SNS Plan.

5. Available CDC resources, and vaccine recommendations, when available
    a. To be determined.

6. Ordering and receiving the COVID-19 vaccine
    a. In development.

7. Vaccine storage and handling, including transportation requirements, specific to COVID-19 vaccine.
    a. To be determined.

8. Vaccine administration, including reconstitution, use of adjuvants, diluents, etc.
    a. To be determined.

9. Documenting and reporting vaccine administration via I-CARE or EMTrack.
    a. In development.

10. Managing and report vaccine inventory via I-CARE
    a. In development.

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11. Documenting and reporting vaccine wastage/spoilage.
    a. To be determined.

12. Procedures for reporting to the Vaccine Adverse Event Reporting System (VAERS).
    a. In development.

13. Providing Emergency Use Authorization (EUA) fact sheets and/or vaccine information statements (VISs) to vaccine recipients.
    a. To be determined.

14. Public messaging.
    a. In development.

15. Outreaching to priority groups.
    a. In development.

16. Outreaching to vulnerable populations and hard-to-reach populations
    a. In development.

K. Communications

All vaccine providers must be registered in the *Illinois Health Alert Network – HAN/SIREN* to receive vaccine guidance and critical updates on the COVID-19 mass vaccination administration mission.

The Illinois Health Alert Network – HAN/ SIREN is a statewide, web-based solution for quickly and effectively disseminating health information, for emergency notifications, and alerting staff. The system is a part of the suite of the Juvare services that includes WebEOC, EMTrack and Illinois Helps. It serves a central point in the State for finding, creating, and sharing information.

All COVID-19 vaccine providers must ensure that key staff members are register in SIREN to ensure that they are receiving information and updates on the COVID-19 mass vaccination mission. Also, COVID-19 vaccine provider organizations can utilize SIREN to communicate with their staff members and partners on organization specific information.

Please use this link to as a guide to the registration instructions for each public health related entity's classification: http://www.dph.illinois.gov/siren and Appendix 11 for a description and more information the use of HAN/SIREN in Illinois.

L. Monitoring Resources

The Illinois Jurisdiction methods and procedure for monitoring budget resources include by grant number and categories the monitoring via an electronic ledger. Invoices are processed

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electronically and request for purchase must have several levels of approval and adequate justification. All approved invoices and salary payments must be documented in the ledger prior to payment. The program manager reviews contracts, monitors and modify grants and contracts with adequate justification. The program manager assesses, reconciles and modifies the budget accordingly. The program manager and/or other appropriate staff plan and implement relevant competency training for staff (Microsoft package, Smartsheet, etc.) as needed.

The Illinois Jurisdiction methods and procedures for monitoring staffing resources include providing salary and justification in the federal CDC grant application budget. Each position must have at least an annual performance evaluation and work objectives must align with the Human Resource definition of the position. The program manager and/or appropriate supervising staff developed a tracking document to keep track of completed and pending evaluations, and ensure all pending evaluations are completed before the end of the year. Evaluations also identify areas of capacity improvement based on staff evaluations. Vacant positions are prioritized and prior to filling positions, documents justifying the positions, determining the hiring criteria, interview panel and questions must be submitted, reviewed and approved.

The Illinois Jurisdiction methods and procedures for monitoring supplies include electronically and manually monitoring inventory of supplies, annual comprehensive manual inventory assessment and real-time and regular electronic monitoring.

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Illinois Department of Public Health
Illinois Emergency Management Agency
Illinois Department on Aging
Illinois Department of Central Management Services
Illinois Department of Corrections
Illinois Department of Financial and Professional Regulation
Illinois Department of Innovation and Technology
Illinois Department of Transportation
Illinois National Guard
Illinois State Police
Illinois Department of Healthcare and Family Services
Illinois Department of Human Services
Illinois Department of Innovation and Technology
Illinois Statewide Terrorism and Intelligence Center (STIC)
Illinois Department of Transportation
Illinois Department of Veteran's Affairs
OHM Equity Team
University of Illinois, School of Medicine - Rockford
American College of Occupational and Environmental Medicine (ACOEM)
Local health departments

Acknowledgements:
* In addition, many federal partners, state private industry and state associations provided information that helped inform the planning process.

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Acronyms

1. ACIP - Advisory Committee on Immunization Practices
2. ASPR – Department of Health and Human Services, Assistant Secretary for Preparedness and Response
3. CDC – Department of Health and Human Services, Centers for Disease Control and Prevention
4. EOP – Emergency Operations Plan
5. EUA – Emergency Use Authorization
6. ESF – Emergency Support Function
7. HHS – US Department of Health and Human Services
8. I-CARE – Illinois Comprehensive Automated Registry Exchange
9. IDROP – Illinois 1st Responder Prophylaxis Plan
10. IDPH – Illinois Department of Public Health
11. IEMA – Illinois Emergency Management Agency
12. IMATS – HHS/ ASPR Inventory Management and Tracking System
13. IP – Immunization Program
14. MOU – Memorandum of Understanding
15. PHEOC - Public Health Emergency Operations Center
16. RDC – Regional Distribution Center
17. RSS - Receiving, Staging and Shipping
18. SEOC – State Emergency Operations Center
19. SNS – Strategic National Stockpile
20. VAERS – Vaccine Adverse Events Reporting System
21. VAMS – Vaccine Administration and Tracking System
22. VFC - Vaccine for Children

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23. VMBIP - Vaccine Management Business Improvement Project

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References

1. State of Illinois Pandemic Preparedness and Response Plan, February 2020

2. State of Illinois Strategic National Stockpile Preparedness and Response Plan, August 2019 (*for dissemination to state of Illinois SNS Team partners agencies only*)

3. Illinois 1st Responder Prophylaxis Plan (IDROP Plan), August 2019 (*for dissemination to state of Illinois SNS Team partner agencies only*)

4. Centers for Disease Control and Prevention, 2018 Interim Updated Planning Guidance on Allocating and Targeting Pandemic Influenza Vaccine during an Influenza Pandemic https://www.cdc.gov/flu/pandemic-resources/pdf/2018-Influenza-Guidance.pdf

5. Centers for Disease Control and Prevention, Pandemic Influenza Vaccine Targeting Checklist https://www.cdc.gov/flu/pandemic-resources/pdf/2018-Influenza-Checklist.pdf

6. Department of Homeland Security, Critical Infrastructure Sectors https://www.dhs.gov/critical-infrastructure-sectors

7. Centers for Disease Control and Prevention, Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, Or Off-Site Locations. https://www.izsummitpartners.org/content/uploads/2019/02/off-site-vaccination-clinic-checklist.pdf

8. Dispense Assist https://www.dispenseassist.net/

9. Illinois Helps www.illinoishelps.net

10. HHS Guidance under the PREP Act Expanding Scopes of Practice for Pharmacists https://www.hhs.gov/sites/default/files/licensed-pharmacists-and-pharmacy-interns-regarding-covid-19-vaccines-immunity.pdf

11. Clinical Resources on Vaccines, Including Training and Educational Resources https://www.cdc.gov/vaccines/ed/index.html

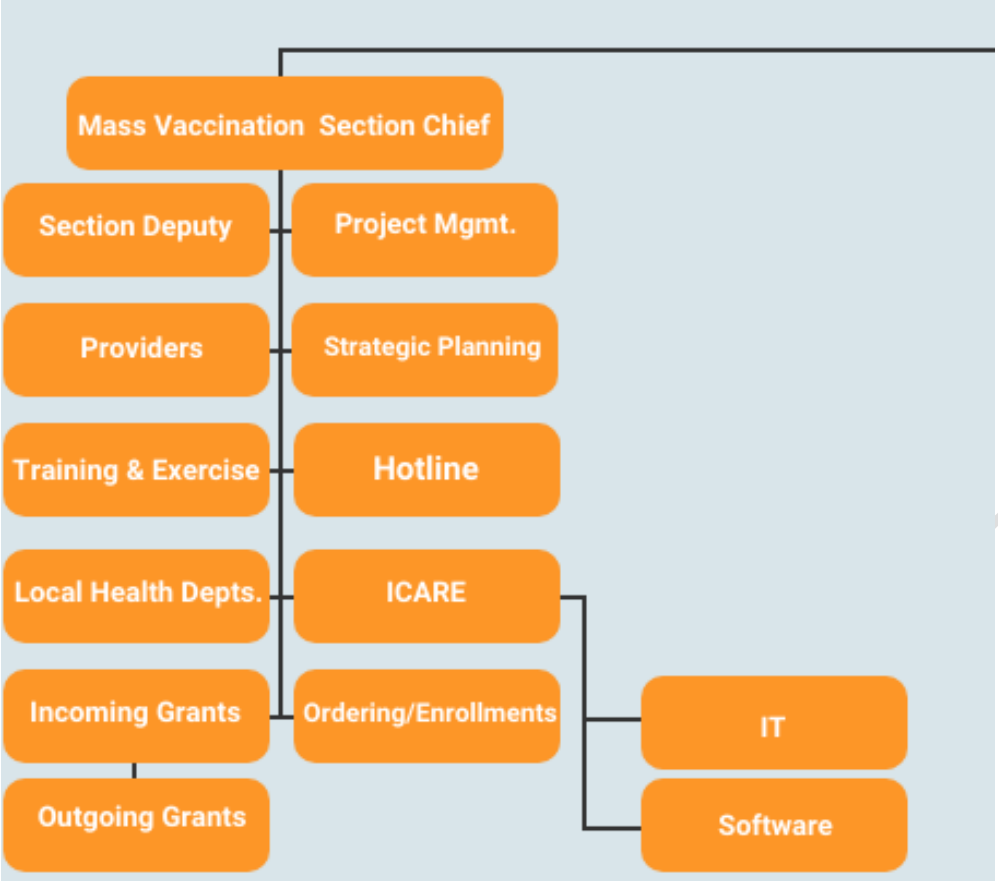
12. Centers for Disease Control and Prevention COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations, Version 1.0 September 16, 2020 https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf

13. Centers for Disease Control and Prevention's Roadmap to Implementing Pandemic Influenza Vaccination of Critical Workforce, 2018 https://www.cdc.gov/flu/pandemic-resources/pdf/roadmap_panflu.pdf

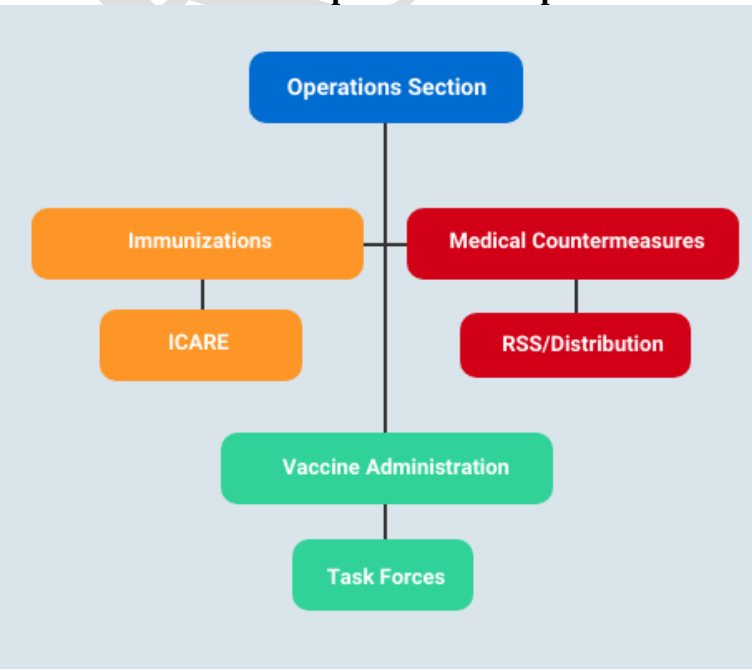
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Appendix 1: SARS-CoV-2/COVID-19 Mass Vaccination Mission Structure

Mass Vaccination Planning Group Structure



Mass Vaccination Operations Group Structure



Appendix 2: ICARE Registry Security and Confidentiality Policy



ICARE Registry Security and Confidentiality Policy

The Immunization Data Registry Act [410 ILCS 527] authorizes the Illinois Department of Public Health (IDPH) to develop and maintain an immunization data registry to collect, store, analyze, release and report immunization data. Accordingly, IDPH has established the Illinois Comprehensive Automated Immunization Registry Exchange (ICARE Registry). Protecting the privacy of clients and the security of the data contained in the ICARE Registry is a high priority for IDPH. This security and confidentiality policy defines provisions under which the ICARE Registry operates.

Access to the Registry is limited to users that have enrolled in the Registry with IDPH. Patient specific information is available only to authorized users. The privacy of participants and the confidentiality of information contained in the Registry shall be protected at all times by all authorized users.

I. Provider Site Agreement

The Provider Site Agreement must be signed by the site manager or designee, who assumes responsibility for the proper use and protection of registry data at their site. Each site must designate authorized users, who will be issued user names and passwords. Each individual user must also sign the Individual User Agreement and Confidentiality Statement (User Agreement), stating that s/he has read the IDPH Security and Confidentiality Policy and agrees to abide by its provisions. The User Agreement must be kept with the employee personnel file as documentation.

The Site Manager shall notify the IDPH when accounts need to be deleted or created due to changes in personnel.

Users who willfully misuse information contained in the registry will have their access immediately restricted by IDPH. An incident report will be filed and following investigation, appropriate action taken, which may include civil fines and penalties.

II. Client Participation

Immunization data may be reported to the Registry without the specific written authorization of a client.

The client or the client's parent, guardian or legal custodian may have the client's record excluded from the Registry by completing Illinois' Immunization Registry Opt-Out Registry Form (Op-Out Form) and submitting the complete form to the provider. The complete Opt-Out form shall be

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maintained at the provider's office in the client's file. If a client opts out of the Registry, the Registry will lock the record so that it is not retrievable by anyone other than the provider site that marked the record protected. If any provider subsequently tries to add the same client to the Registry, the provider will be warned that the client has been excluded from the Registry, and the provider will be unable to save the record. Only IDPH has the ability to view or unlock a locked record.

III. Access to and Disclosure of Registry Information

The information contained in the ICARE Registry shall be used only for the following purposes:

1. To provide immunization services to the client, including reminder/recall notices.
2. To permit schools to determine the individual immunization status of their students.
3. To eliminate the administration of duplicate immunizations.
4. To provide or facilitate third party payments for immunizations, e.g., medical assistance.
5. To assess immunization coverage rates.
6. To accomplish other public health purposes as determined by IDPH.

Any non-health use of ICARE Registry data is prohibited and no user shall attempt to copy the database or software used to access the Registry without written consent from IDPH.

Users, defined as anyone with access to the ICARE Registry, must register and sign an ICARE User Agreement. Users are categorized into one of the following user types:

1) Health Care provider
2) Local Health Department
3) Elementary or secondary schools
4) Licensed child care center
5) Licensed child-placing agency
6) College or University
7) Illinois Department of Public Health employees and their authorized agents (e.g., ICARE staff)

The following table outlines the different types of ICARE access allowed for each user group type.

User Type	View Immunizations	View Demographics	Add/Edit Information
Health Care Providers	○	○	○
Local Health Department	○	○	○
Schools/Colleges/University	♦♦	♦♦	
Child Care Centers	♦♦	♦♦	
Child-placing Agency	♦♦	♦♦	
IDPH/Agents	○	○	○

○ Has authorization to access all information
♦○ Has authorization to access a subset of information, with contact information removed

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View Immunizations means that the user has permission to view the entire immunization history and status (i.e., whether or not the client is up to date with recommended immunizations)
View Demographics means that the user can view information about the client, including the client's name, date of birth, mother's maiden name, address and telephone number.
Add/Edit Information means that the user can add new immunizations to a client's record and edit immunizations already previously recorded in a client's record. If an immunization was recorded as new, meaning that it was drawn from a provider's inventory, no other provider may edit the immunization. Providers may edit historical immunizations not marked as given by an agency. Users may add a new client record into the ICARE Registry or alter the details on a client already contained in the ICARE Registry.

IV. User Participation

Every individual who wishes to participate as a user of the ICARE Registry must sign and comply with the ICARE Registry Security and Confidentiality Policy. Any use of the ICARE Registry that violates the Agreement and Policy will subject the user to revocation of the user's access privileges and may result in penalties for improper disclosure of health information.

The User Agreement must be signed by a representative of the participating entity, prior to any training on use of the ICARE Registry and gaining access to the Registry data. Users will be assigned defined roles: Key Master, Add/Edit/Delete, Add/Edit/**,** Reports Only, View Only and Offline/Historical.

- Key Master – Can create employees, new clinics, and all the above
- Add/Edit/Delete – Can add, edit and delete information in ICARE
- Add/Edit – Can only add and edit, but not delete information in ICARE
- Reports Only – Can only run reports in ICARE
- View Only – Can only view information in ICARE
- Offline/Historical – not a user of ICARE

Site administrators may enroll users who have been trained in the use of the ICARE Registry at the appropriate access level and have signed the User Agreement. The Site Administrator will maintain a file of signed User Agreements and will require new agreements to be signed by users every two years. The participating entity or school assumes responsibility for the individual's usage of the ICARE Registry. Providing access to outside organizations is strictly forbidden, (example, health departments providing access to a school).

Only personnel whose assigned duties include functions associated with the immunization of clients can be given access to Registry information. All personnel, including permanent and temporary employees, volunteers, contractors, and consultants, are required to sign a User Agreement before gaining access to the Registry. Whenever a user terminates the employment or other status, that person's ICARE Registry user account must be removed immediately. A user taking an extended leave of absence must have the account status set to Inactive. Users who fail to access the ICARE Registry for more than 60 consecutive days will have their accounts inactivated by IDPH.

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Access to the Web Site will be allowed only through registry approved access procedures. Each person granted access to the ICARE Registry must have a unique login ID and password. Shared login IDs and passwords will not be permitted. Users are prohibited from disclosing registry access codes or protocol to unauthorized persons. Site administrators will ensure that users have been adequately trained to use the registry and are not given any higher level of access than that necessary to perform their assigned duties.

Identifying information contained in the ICARE Registry will only be accessible to IDPH personnel, their authorized agents and authorized users. Requests for data for research purposes that go beyond the scope of the individual provider's patients or the local health department area of jurisdiction must be forwarded to the IDPH Immunization Program.

ICARE Registry data identifying clients will not be disclosed to unauthorized individuals, including law enforcement, without the approval of the IDPH Director. All subpoenas, court orders, and other legal demands for ICARE Registry data received by any authorized user of the ICARE Registry must be brought to the attention of the IDPH staff, who will consult IDPH legal counsel.

V. Security Procedures

All enrolled sites shall maintain reasonable and appropriate administrative, technical and physical safeguards to ensure the integrity and confidentiality of the Registry information. IDPH Registry staff may conduct periodic assessments on privacy and security policies.

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Appendix 3: Provider Site Enrollment



INSTRUCTIONS: 1. Complete this form.

2. *Return second page via email to*
3. *Complete the web portal application for access to ICARE for each individual user at https://wpur.dph.illinois.gov/WPUR/*
4. *Complete the Individual User Application for each individual user and email to dph.icare@illinois.gov*

PROVIDER SITE ENROLLMENT

To participate in the Immunization Data Registry known as

Illinois Comprehensive Automated Immunization Registry Exchange (ICARE)

The ICARE Registry (Registry) is an electronic web-based immunization data registry operated by the Illinois Department of Public Health (IDPH) as authorized by the Immunization Data Registry Act, 410 ILCS 527. The Registry is accessible only to enrolled users who have predefined roles. Enrolled health providers can submit and obtain immunization information for patients, including tracking and recall. Patient information is confidential and only available to authorized users.

The immunization records all children and adults in Illinois may be included in the Registry without consent. An individual, parent, or legal custodian may have a client's record excluded from the Registry at any time by completing the Illinois' Immunization Registry Opt-Out Form. Participation in the Registry is voluntary.

As a condition of participating in the Registry, the Provider enters into this Agreement with the Illinois Department of Public Health (IDPH), and agrees to the following:

- To use the Registry only for immunization needs of patients. The Provider and his/her staff will access the Registry
  - To assure adequate immunization,
  - To avoid unnecessary immunizations,
  - To confirm compliance with mandatory immunization requirements,
  - To conduct ongoing or special immunization coverage assessments, or
  - To accomplish other public health purposes as determined by IDPH.

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- If this agreement is violated by any use of the Registry in an unauthorized manner, IDPH reserves the right to terminate access to the Registry.

- The Provider shall abide by the requirements in Attachment A, ICARE Confidentiality Agreement, which is incorporated by reference in this agreement. Each staff member needing access to the Registry must sign the Individual User Agreement and Confidentiality Statement, which must be kept in the employee's personnel file.

- The Provider acknowledges that unauthorized disclosure of confidential information may result in civil penalties. The Provider will take reasonable steps to assure employee compliance with confidentiality requirements.
- The Provider shall furnish specified demographic and immunization information about patients receiving immunizations promptly, striving for submission within one week after immunization administration.

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PROVIDER SITE ENROLLMENT

(*To participate in the Illinois Comprehensive Automated Immunization Registry*)

Name of the Organization _____

Organization Type: ☐ Local Health Department ☐ Child-Placing Agency

☐ Elementary or Secondary School ☐ Child Care Center

☐ Health Care Provider ☐ College/University

Please specify type of provider _____

How many clinical sites do you have? _____

Will additional clinical sites be submitting enrollments? ☐ YES ☐ NO ☐ N/A

How will you be submitting data to ICARE: ☐ Direct Data Entry ☐ Electronic Import

_____

Is this Clinical Site a VFC (*Vaccine for Children*) provider? ☐ YES ☐ NO PIN # _____

Clinical Site Name: _____

Clinical Site Address: _____

Clinical Site Contact: _____

Phone:_____ County: _____

FAX:_____ E-Mail: _____

Signing this form signifies that you are in agreement with the items outlined on page one of this form. Please sign, keep a copy for yourself, scan the document and e-mail as an attachment to DPH.ICARE@illinois.gov

Signature of Provider or Authorized Representative	Date
Printed Name and Title Authorized Representative	Date

Appendix 4: ICARE Individual User Agreement and Confidentiality Statement



INSTRUCTIONS: 1. Apply for a web portal account to access ICARE at https://wpur.dph.illinois.gov/WPUR/

2. Each user within your facility must complete this form

3. Return page one of this form (1)by scanning document and e-mail as an attachment to:

DPH.ICARE@illinois.gov.

INDIVIDUAL USER AGREEMENT AND CONFIDENTIALITY STATEMENT

Site Manager: Please have the employee in your facility that needs ICARE access to read and sign this form. You must also indicate at the bottom of this form the level of use for this User and sign. This form must be completed prior to receiving a User ID and password. **The signed copy of this form is to be kept in the Employee's Personnel File.** Only personnel whose assigned duties include functions associated with the immunization of clients can be given access to Registry information. Site Managers shall notify IDPH within 48 hours of any change in status of any register users upon termination of employment or redefining of roles.

User: The ICARE Registry is implemented by the Illinois Department of Public Health (IDPH) as authorized by the Immunization Data Registry Act, 410 ILCS 527. Data in the ICARE Registry may only be used to assure to assure adequate immunization, avoid unnecessary immunizations, meet immunization requirements, and for other public health purposes as determine by IDPH.

All information in the system is confidential, and all users have a responsibility to abide by confidentiality laws. Users who misuse information contained in the ICARE Registry will have their access to ICARE immediately revoked by IDPH. An incident report will be filed, and following investigation, appropriate action will be taken, which may include a civil or monetary penalty, as allowed by state law. Patient- or provider-specific information is only available to authorized users.

By signing this form, the User acknowledges the conditions under which access to the ICARE system is granted, and agrees to the following:

- I have read and agree to abide by the ICARE Security and Confidentiality Policy
- I understand that ICARE data is confidential and may only be used as outlined in this form.
- I understand that my User ID and password are for my use only.
- I am responsible for safeguarding my User ID and password.
- I may not give my User ID or password to any other individual.
- I will not post my User ID or password.
- I understand that I will be required to change my password periodically.
- I agree not to leave the computer unattended when I have an ICARE session open.
- I agree to log off and close the browser when I am finished with an ICARE session.

_____ _____

Employee Name *(please print legibly)* Employee Signature Date

---

Facility Name & Location *(Street Address, City, State, ZIP)*

_____ _____

Phone (including area code) Individual e-mail address *(Group or multi-user e-mail is unacceptable.)*

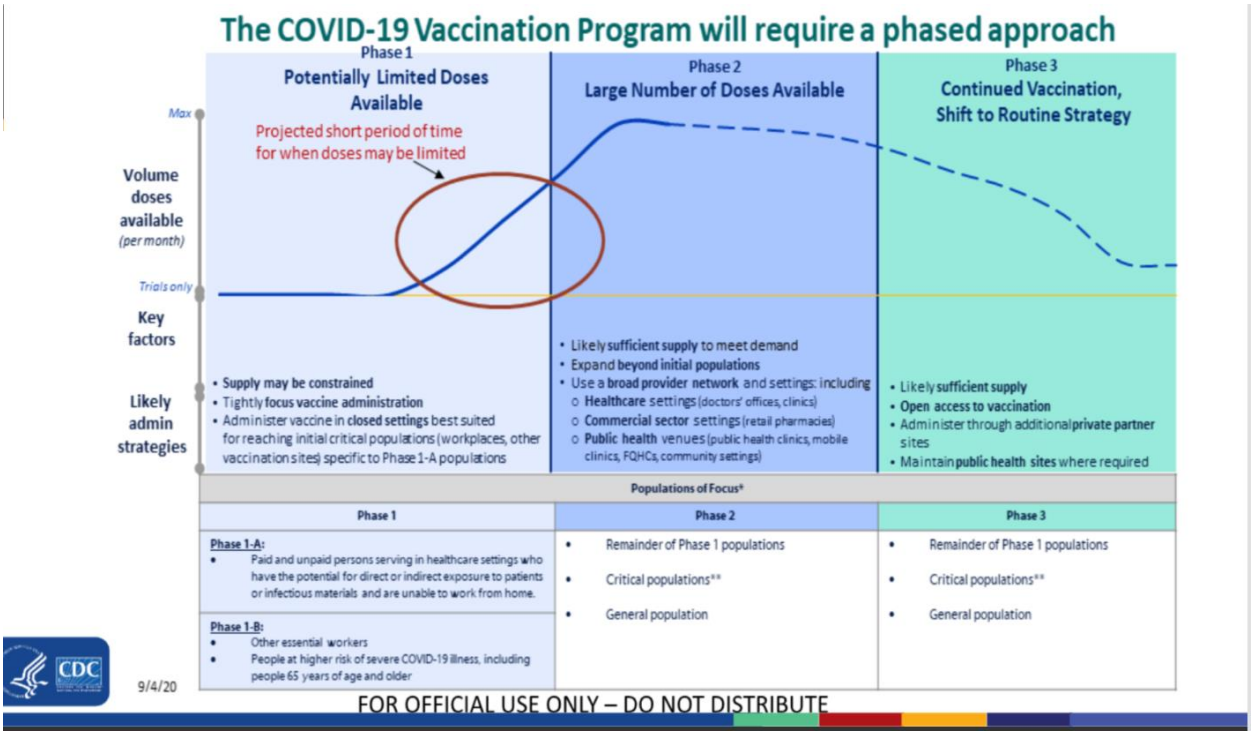
SIGNATURE REQUIRED TO PROCESS REQUEST: This individual is approved to access ICARE for this facility.

Access Required: □ View Only □ Full-Access □ Inventory Lot Management

Site Manager or Supervisor Signature:_____

Version 09.27.2017

Appendix 5: COVID-19 Critical Populations Vaccine Allocation Prioritization Schematic



***The COVID-19 Vaccination Program Phased Approach (from CDC COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations – September 16, 2020**

The CDC's ACIP, informed by Nation Institutes of Health, and the National Academies of Sciences, Engineering, and Medicine (NASEM) are responsible for determining the populations of focus for the COVID-19 vaccination.

Critical populations within a jurisdiction may include but are not limited to:

- Critical infrastructure workforce
    - Healthcare personnel (i.e., paid and unpaid personnel working in healthcare settings, which may include vaccinators, pharmacy staff, ancillary staff, school nurses, and EMS personnel)
    - Other essential workers (see additional guidance from the Cybersecurity and Infrastructure Security Agency [CISA])

  Note: The critical infrastructure workforce varies by jurisdiction. Each jurisdiction must decide which groups to focus on when vaccine supply is limited by determining key sectors that may be within their populations (e.g., port-related workers in coastal jurisdictions)

- People at increased risk for severe COVID-19 illness
    - LTCF residents (i.e., nursing home, assisted living, independent living facility residents)
    - People with underlying medical conditions that are risk factors for severe COVID-19 illness

- People 65 years of age and older

- People at increased risk of acquiring or transmitting COVID-19
  - People from racial and ethnic minority groups
  - People from tribal communities
  - People who are incarcerated/detained in correctional facilities
  - People experiencing homelessness/living in shelters
  - People attending colleges/universities
  - People who work in educational settings (e.g., early learning centers, schools, and colleges/universities)
  - People living and working in other congregate settings

- People with limited access to routine vaccination services
  - People living in rural communities
  - People with disabilities
  - People who are under- or uninsured

Appendix 6: Pandemic Critical Personnel Definition

Homeland Security Presidential Directive/HSPD-8:

"(d) the term "first responder" refers to those individuals who in the early stages of an incident are responsible for the protection and preservation of life, property, evidence, and the environment, including emergency response providers as defined in section 2 of the Homeland Security Act of 2002 (6 U.S.C. 101), as well as emergency management, public health, clinical care, public works, and other skilled support personnel (such as equipment operators) that provide immediate support services during prevention, response, and recover operations."

Illinois Adaptation and Refinement of this definition for a Pandemic Flu Event

Category I Direct Contact Critical Personnel
Personnel whose jobs will place them in direct contact with the event agent or individuals ill with the event agent

Groups:
- Law Enforcement
- Fire
- Hospital Workers
- Public Health Workers
- Emergency Medical Technicians
- Non-Hospital Medical Workers
- Emergency Management Personnel

Category II Critical Support Personnel
Personnel whose jobs will not place them in direct contact with the event agent or individuals ill with the event agent, but whose role it is to support Direct Contact Critical Personnel in their job roles

Groups:
- Transportation
- Communications
- Public Works

Category III Critical Command Personnel
Personnel whose jobs will not place them in direct contact with the event agent or individuals ill with the event agent, but whose role it is to staff command centers overseeing the response personnel in Categories I and II

Groups:
- Command Center Staff Members
- Elected and Appointed Public Officials

Appendix 7: IL Essential Services, Critical Infrastructure and Essential Workforce – IL Mass Vaccination Plan Discussion Points

ILLINOIS MASS VACCINATION PLAN

Essential Services/Critical Infrastructure/Essential Workforce

Discussion Points

- The Centers for Disease Control and Prevention (CDC) and Health and Human Services (HHS) tasked states to develop a plan to distribute Coronavirus Disease 2019 (COVID-19) vaccine doses by 2021.
- It is the mission of the Illinois Department of Public Health (IDPH) to develop a mass vaccination plan for Illinois.
- Critical workforce and infrastructure is highlighted in various federal guidelines.
- Considerations to identify Private Sector critical infrastructure and their capabilities as a Closed Point of Distribution.
- Operational plans and considerations to vaccinate private sector critical workforce involving state and local jurisdiction engagement.

Reference Material in Identifying Essential Services/Critical Infrastructure/Essential Workforce

The following sources listed below were used to identify critical infrastructure in Illinois as it relates to the COVID-19 pandemic.

- Presidential Policy Directive 21 (PPD-21) defines the Department of Homeland Security (DHS) CI designated sectors. DHS defines CI as "assets, systems, and networks, whether physical or virtual, are considered so vital to the United States that their incapacitation or destruction would have a debilitating effect on security, national economic security, national public health or safety, or any combination thereof." More information about the sector can be located here.
- The DHS Cybersecurity and Infrastructure Security Agency (CISA) Updated Guidance on Essential CI Workers 4.0
- The CDC's Vaccination Tier 2 through 5 by Pandemic Severity
- The CDC's Roadmap to Implementing Pandemic Influenza Vaccination of Critical Workforce
- Illinois Executive Order 2020-10
- Illinois Executive Order 2020-32

Decision-making Considerations to Determine Critical Infrastructure Companies for Participation

The following provides options for consideration in determining CI companies for participation:

- An account of critical infrastructure from the reference material above (see attached appendix)
- CI sectors and CI sectors recognized as vital during the pandemic
- Illinois companies within the sectors listed in the attached
- Illinois CI associations serve as information sharing conduits to their members and may support volunteer member companies within these sectors to provide medical countermeasures to the identified population
- Specific companies for consideration in areas where their workforce populate the community
- Companies with assets/facilities throughout the state – provide a central location for dispensing or jurisdiction by jurisdiction

Decision-making Considerations to Determine Critical Infrastructure Companies for Participation

- "Outreach Equity" in choosing companies
- Priority rationalization formula? *Example: components + weighted categories + time dependency = a prioritized rating*
- CDC Guidance on Targeting Pandemic Vaccine (homeland & national security, healthcare and community support services, other critical infrastructure) and/or federal guidance yet to be pushed out

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Opportunities for Critical Infrastructure to Serve as Closed Points of Distribution (CPOD)

- Distribute a survey to critical infrastructure stakeholders
- Establish local public health department engagement with potential critical infrastructure stakeholders to determine their status
- Letter of Intent/Memorandum of Understanding (MOU)
- Enrollment forms to become a CPOD
- Register as a push partner
- CPOD plan developed unique to specific company
- Operating a CPOD, including identifying venues and staffing
- Plan activation and dispensing vaccines
- Companies included in these regions alleviate burden to community disbursement

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Legal Aspects

- Federal Public Readiness and Emergency Preparedness (PREP) Act
- Tort liability immunity

Breakdown

- Illinois's population is 12.6 million people
- 300 million doses by 2020 (Operation Warp Speed)
- Determining the dose allotment to the essential public workforce and essential services/CI
- Determining the dose allotment by Illinois Department of Public Health (IDPH) regions or emergency medical services regions

Please see Appendix A for a list of Illinois Essential Services, Critical Infrastructure, and Essential Workforce

Appendix 8: Appendix A: IL Essential Services, Critical Infrastructure and Essential Workforce

APPENDIX A: ILLINOIS ESSENTIAL SERVICES, CRITICAL INFRASTRUCTURE AND ESSENTIAL WORKFORCE

The Department of Homeland Security (DHS) identifies 16 critical infrastructure sectors whose assets, systems, and networks, whether physical or virtual, are considered so vital to the United States that their incapacitation or destruction would have a debilitating effect on security, national economic security, national public health or safety, or any combination thereof. Illinois Executive Order 2020-32 identifies essential infrastructure and government operations, businesses covered by the executive order, and essential businesses and operations. These sub-sectors are identified within the DHS sectors listed below. They have been deemed critical due to the Coronavirus Disease 2019 (COVID-19) pandemic.

Chemical

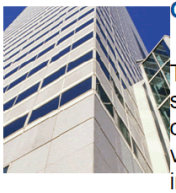
The Chemical Sector is an integral component of the U.S. economy that manufactures, stores, uses, and transports potentially dangerous chemicals upon which a wide range of rely.

The following sub-sectors have been identified in Illinois Executive Order 2020-32:



- Chemicals, soaps and detergent

Commercial Facilities



The Commercial Facilities Sector includes a diverse range of sites that draw large crowds of people for shopping, business, entertainment, or lodging. Facilities within the sector operate on the principle of open public access, meaning that the general public can move freely without the deterrent of highly visible security barriers. The majority of these facilities are privately owned and operated, with minimal interaction with the federal government and other regulatory entities.

The following sub-sectors have been identified in Illinois Executive Order 2020-32:

- Grocery Stores
- Certified farmers' markets
- Farm and produce stands
- Supermarkets
- Convenience stores
- Other establishments engaged in the retail sale of groceries, canned food, dry goods, frozen foods, fresh fruits and vegetables, pet supplies, fresh meats, fish, and poultry, alcoholic and non-alcoholic beverages, and any other household consumer products (such as cleaning and personal care products)
- Hardware stores and businesses that sell electrical, plumbing, and heating material
- Greenhouses, garden centers, and nurseries
- Laundromats, dry cleaners, industrial laundry services, and laundry service providers
- Restaurants and other facilities that prepare and serve food, but only for consumption off-premises, through such means as in-house delivery, third-party delivery, drive-through, curbside pick-up, and carry-out

Commercial Facilities (continued)

- Businesses that sell, manufacture, or supply products needed for people to work from home
- Legal services
- Real estate services (including appraisal and title services)
- Day cares (homes and centers)
- Solid waste and recycling collection and removal
- Plumbers
- Exterminators
- Electricians
- Cleaning and janitorial staff for commercial properties, security staff, operating engineers, HVAC, painting, moving and relocation services, and other service providers who provide services that are necessary to maintaining the safety, sanitation, and essential operation of residences
- Businesses that sell, manufacture, or supply other Essential Businesses and Operations with the support or materials necessary to operate, including computers, audio and video electronics, household appliances
- Hardware, paint, flat glass; electrical, plumbing and heating material
- Personal hygiene products
- Optics and photography equipment
- Firearm and ammunition suppliers and retailers for purposes of safety and security

Communications



The Communications Sector is an integral component of the U.S. economy, underlying the operations of all businesses, public safety organizations, and government. Presidential Policy Directive 21 identifies the Communications Sector as critical because it provides an "enabling function" across all critical infrastructure sectors. Over the last 25 years, the sector has evolved from predominantly a provider of voice services into a diverse, competitive, and interconnected industry using terrestrial, satellite, and wireless transmission systems. The transmission of these services has become interconnected; satellite, wireless, and wireline providers depend on each other to carry and terminate their traffic and companies routinely share facilities and technology to ensure interoperability.

The following sub-sectors have been identified in Illinois Executive Order 2020-32:

- Internet, video, and telecommunications systems (including the provision of essential global, national, and local infrastructure for computing services, business infrastructure, communications, and web-based services)
- Media
  - Newspapers
  - Television
  - Radio
  - Other media services

Critical Manufacturing



The Critical Manufacturing Sector is crucial to the economic prosperity and continuity of the United States. A direct attack on or disruption of certain elements of the manufacturing industry could disrupt essential functions at the national level and across multiple critical infrastructure sectors. Products made by these manufacturing industries are essential to many other critical infrastructure sectors. The Critical Manufacturing Sector focuses on the identification, assessment, prioritization, and protection of nationally significant manufacturing industries within the sector that may be susceptible to manmade and natural disasters.

Critical Manufacturing (continued)

The following sub-sectors have been identified in Illinois Executive Order 2020-32:

- Businesses that sell, manufacture, or supply products needed for people to work from home
- Sanitary equipment
- Manufacturing companies, distributors, and supply chain companies producing and supplying essential products and services in and for industries including:
  - Pharmaceutical
  - Technology
  - Biotechnology
  - Healthcare
  - Chemicals and sanitation
  - Waste pickup and disposal
  - Agriculture
  - Food and beverage
  - Transportation
  - Energy
  - Steel and steel products
  - Petroleum and fuel
  - Mining
  - Construction
  - National defense
  - Communications

Dams



The Dams Sector delivers critical water retention and control services in the United States, including hydroelectric power generation, municipal and industrial water supplies, agricultural irrigation, sediment and flood control, river navigation for inland bulk shipping, industrial waste management, and recreation. Its key services support multiple critical infrastructure sectors and industries. Dams Sector assets irrigate at least 10 percent of U.S. cropland, help protect more than 43 percent of the U.S. population from flooding, and generate about 60 percent of electricity in the Pacific Northwest.

No sub-sectors were identified in Illinois Executive Order 2020-32.

Defense Industrial Base



The Defense Industrial Base Sector is the worldwide industrial complex that enables research and development, as well as design, production, delivery, and maintenance of military weapons systems, subsystems, and components or parts, to meet U.S. military requirements. The Defense Industrial Base partnership consists of Department of Defense components, more than 100,000 Defense Industrial Base companies and their subcontractors who perform under contract to the Department of Defense, companies providing incidental materials and services to the Department of Defense, and government-owned/contractor-operated and government-owned/government-operated facilities. Defense Industrial Base companies include domestic and foreign entities, with production assets located in many countries. The sector provides products and services that are essential to mobilize, deploy, and sustain military operations. The Defense Industrial Base Sector does not include the commercial infrastructure of providers of services such as power, communications, transportation, or utilities that the Department of Defense uses to meet military operational requirements. These commercial infrastructure assets are addressed by other Sector-Specific Agencies.

Defense Industrial Base (continued)

The following sub-sectors have been identified in Illinois Executive Order 2020-32:

- Military

Emergency Services



The Emergency Services Sector (ESS) is a community of millions of highly-skilled, trained personnel, along with the physical and cyber resources, that provide a wide range of prevention, preparedness, response, and recovery services during both day-to-day operations and incident response. The ESS includes geographically distributed facilities and equipment in both paid and volunteer capacities organized primarily at the federal, state, local, tribal, and territorial levels of government, such as city police departments and fire stations, county sheriff's offices, Department of Defense police and fire departments, and town public works departments. The ESS also includes private sector resources, such as industrial fire departments, private security organizations, and private emergency medical services providers.

The following sub-sectors have been identified in Illinois Executive Order 2020-32:

- First responders
- Emergency management personnel
- Emergency dispatchers
- Law enforcement
- Hazardous materials responders
- Emergency medical services personnel

Energy



The U.S. energy infrastructure fuels the economy of the 21st century. Without a stable energy supply, health and welfare are threatened, and the U.S. economy cannot function. Presidential Policy Directive 21 identifies the Energy Sector as uniquely critical because it provides an "enabling function" across all critical infrastructure sectors. More than 80 percent of the country's energy infrastructure is owned by the private sector, supplying fuels to the transportation industry, electricity to households and businesses, and other sources of energy that are integral to growth and production across the nation.

The following sub-sectors have been identified in Illinois Executive Order 2020-32:

- Operation and maintenance of utilities and gas
- Electrical (including power generation, distribution, and production of raw materials)
- Oil and biofuel refining

Financial Services



The Financial Services Sector includes thousands of depository institutions, providers of investment products, insurance companies, other credit and financing organizations, and the providers of the critical financial utilities and services that support these functions. Financial institutions vary widely in size and presence, ranging from some of the world's largest global companies with thousands of employees and many billions of dollars in assets, to community

Financial Services (continued)

savings banks and credit unions with a small number of employees serving individual communities. Whether an individual savings account, financial derivatives, credit extended to a large organization, or investments made to a foreign country.

The following sub-sectors have been identified in Illinois Executive Order 2020-32:

- Banks
- Currency exchanges
- Consumer lenders, including but not limited, to payday lenders, pawnbrokers, consumer installment lenders and sales finance lenders
- Credit unions
- Appraisers
- Title companies
- Financial markets
- Trading and futures exchanges
- Affiliates of financial institutions
- Entities that issue bonds
- Related financial institutions
- Institutions selling financial products
- Accounting services
- Insurance services

Food and Agriculture



The Food and Agriculture Sector is almost entirely under private ownership and is composed of an estimated 2.1 million farms, 935,000 restaurants, and more than 200,000 registered food manufacturing, processing, and storage facilities. This sector accounts for roughly one-fifth of the nation's economic activity.

The following sub-sectors have been identified in Illinois Executive Order 2020-32:

- Food production, distribution, and sale
- Food and beverage manufacturing, production, processing, and cultivation, including farming, livestock, fishing, baking, and other production agriculture, including cultivation, marketing, production, and distribution of animals and goods for consumption
- Food, food additives, ingredients and components
- Farmers, farm and ranch workers, and support service and supplier workers producing food supplies and other agricultural inputs for domestic consumption and export, to include those engaged in raising, cultivating, phytosanitation, harvesting, packing, storing, or distributing to storage or to market or to a transportation mode to market any agricultural or horticultural commodity for human or animal consumption.

Government Facilities



The Government Facilities Sector includes a wide variety of buildings, located in the United States and overseas, that are owned or leased by federal, state, local, and tribal governments. Many government facilities are open to the public for business activities, commercial transactions, or recreational activities while others that are not open to the public contain highly sensitive information, materials, processes, and equipment. These facilities include general-use office buildings and special-use military installations, embassies, courthouses, national laboratories, and structures that may house critical equipment, systems, networks, and functions. In addition to physical structures, the sector includes cyber elements that contribute to the protection of sector assets (e.g., access control systems and closed-circuit television systems) as well as individuals who perform essential functions or possess tactical, operational, or strategic knowledge.

Government Facilities (continued)

The following sub-sectors have been identified in Illinois Executive Order 2020-32:

- Court personnel
- Corrections personnel
- Child protection and child welfare personnel
- Housing and shelter personnel
- Educational institutions—including public and private pre-K-12 schools, colleges, and universities—for purposes of facilitating distance learning, performing critical research, or performing essential functions, provided that social distancing of six-feet per person is maintained to the greatest extent possible
- Field offices that provide and help to determine eligibility for basic needs including food, cash assistance, medical coverage, child care, vocational services, rehabilitation services
- Developmental centers
- Adoption agencies
- Businesses that provide food, water, shelter, and social services, and other necessities of life for economically disadvantaged individuals, individuals with physical, intellectual, and/or developmental disabilities, or otherwise needy individuals
- Businesses that provide food, shelter, and other necessities of life for animals, including animal shelters, rescues, shelters, kennels, and adoption facilities
- Cleaning and janitorial staff for governmental properties, security staff, operating engineers, HVAC, painting, moving and relocation services, and other service providers who provide services that are necessary to maintaining the safety, sanitation, and essential operation of residences

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Healthcare and Public Health



The Healthcare and Public Health Sector protects all sectors of the economy from hazards such as terrorism, infectious disease outbreaks, and natural disasters. Because the vast majority of the sector's assets are privately owned and operated, collaboration and information sharing between the public and private sectors is essential to increasing resilience of the nation's Healthcare and Public Health critical infrastructure. Operating in all U.S. states, territories, and tribal areas, the sector plays a significant role in response and recovery across all other sectors in the event of a natural or manmade disaster. While healthcare tends to be delivered and managed locally, the public health component of the sector, focused primarily on population health, is managed across all levels of government: national, state, regional, local, tribal, and territorial.

The following sub-sectors have been identified in Illinois Executive Order 2020-32:

- Hospitals
- Clinics
- Pharmacies
- Public Health Entities
- Medical Device and Equipment
- Biotechnology Companies
- Organizations collecting blood, platelets, plasma, and other necessary materials
- Licensed medical cannabis dispensaries and licensed cannabis cultivation centers
- Reproductive health care providers
- Eye care centers, including those that sell glasses and contact lenses
- Home healthcare services providers
- Mental health and substance use providers

- Other healthcare facilities and suppliers and providers of any related and/or ancillary healthcare services
- Entities that transport and dispose of medical materials and remains
- Manufacturers, technicians, logistics, and warehouse operators and distributors of the following:
  - Medical equipment
  - Personal protective equipment (PPE)
  - Medical gases
  - Pharmaceuticals
  - Blood and blood products
  - Vaccines
  - Testing materials
  - Laboratory supplies
  - Cleaning, sanitizing, disinfecting or sterilization supplies
  - Tissue and paper towel products
- Veterinary care and all healthcare services provided to animals
- Residential facilities and shelters for adults, seniors, children, and/or people with developmental disabilities, intellectual disabilities, substance use disorders, and/or mental illness
- Home-based care for adults, seniors, children, and/or people with developmental disabilities, intellectual disabilities, substance use disorders, and/or mental illness, including caregivers such as nannies who may travel to the child's home to provide care, and other in-home services including meal delivery
- Long-term care facilities
- Transitional facilities
- Home-based settings to provide services to individuals with physical, intellectual, and/or developmental disabilities, seniors, adults, and children
- Licensed medical and adult use cannabis dispensaries and licensed cannabis cultivation centers
- Medical and orthopedic equipment

Information Technology



The Information Technology Sector is central to the nation's security, economy, and public health and safety as businesses, governments, academia, and private citizens are increasingly dependent upon Information Technology Sector functions. These virtual and distributed functions produce and provide hardware, software, and information technology systems and services, and—in collaboration with the Communications Sector—the Internet. The sector's complex and dynamic environment makes identifying threats and assessing vulnerabilities difficult and requires that these tasks be addressed in a collaborative and creative fashion.

Information Technology Sector functions are operated by a combination of entities—often owners and operators and their respective associations—that maintain and reconstitute the network, including the Internet. Although information technology infrastructure has a certain level of inherent resilience, its interdependent and interconnected structure presents challenges as well as opportunities for coordinating public and private sector preparedness and protection activities.

The following sub-sectors have been identified in Illinois Executive Order 2020-32:

- Cybersecurity operations
- IT and telecommunication equipment

Nuclear Reactors, Materials, and Waste



From the power reactors that provide electricity to millions of Americans, to the medical isotopes used to treat cancer patients, the Nuclear Reactors, Materials, and Waste Sector covers most aspects of America's civilian nuclear infrastructure. The Nuclear Sector-Specific Agency within the Department of Homeland Security is responsible for coordinating the security and resilience of the Nuclear Sector.

Nuclear Reactors, Materials, and Waste (continued)

There are no nuclear reactors, materials, or waste sites listed in Illinois Executive Order 2020-32. However, it should be noted that Illinois has the largest number of nuclear sites in the country; there are 11 reactors in the state. Illinois nuclear power stations are located in the following cities:

- Braidwood
- Byron
- Clinton
- Dresden
- LaSalle
- Quad Cities

Transportation Systems



The Transportation Systems Sector consists of seven key subsectors, or modes:

- **Aviation** includes aircraft, air traffic control systems, and about 19,700 airports, heliports, and landing strips. Approximately 500 provide commercial aviation services at civil and joint-use military airports, heliports, and sea plane bases. In addition, the aviation mode includes commercial and recreational aircraft (manned and unmanned) and a wide-variety of support services, such as aircraft repair stations, fueling facilities, navigation aids, and flight schools.
- **Highway and Motor Carrier** encompasses more than 4 million miles of roadway, more than 600,000 bridges, and more than 350 tunnels. Vehicles include trucks, including those carrying hazardous materials; other commercial vehicles, including commercial motorcoaches and school buses; vehicle and driver licensing systems; traffic management systems; and cyber systems used for operational management.
- **Maritime Transportation System** consists of about 95,000 miles of coastline, 361 ports, more than 25,000 miles of waterways, and intermodal landside connections that allow the various modes of transportation to move people and goods to, from, and on the water.
- **Mass Transit and Passenger Rail** includes terminals, operational systems, and supporting infrastructure for passenger services by transit buses, trolleybuses, monorail, heavy rail—also known as subways or metros—light rail, passenger rail, and vanpool/rideshare. Public transportation and passenger rail operations provided an estimated 10.8 billion passenger trips in 2014.
- **Pipeline Systems** consist of more than 2.5 million miles of pipelines spanning the country and carrying nearly all of the nation's natural gas and about 65 percent of hazardous liquids, as well as various chemicals. Above-ground assets, such as compressor stations and pumping stations, are also included.
- **Freight Rail** consists of seven major carriers, hundreds of smaller railroads, over 138,000 miles of active railroad, over 1.33 million freight cars, and approximately 20,000 locomotives. An estimated 12,000 trains operate daily. The Department of Defense has designated 30,000 miles of track and structure as critical to mobilization and resupply of U.S. forces.
- **Postal and Shipping** moves about 720 million letters and packages each day and includes large integrated carriers, regional and local courier services, mail services, mail management firms, and chartered and delivery services.

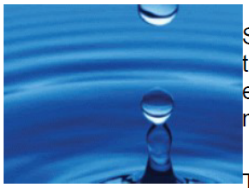
The following sub-sectors have been identified in Illinois Executive Order 2020-32:

- Gas stations
- Auto-supply, auto-repair, and related facilities
- Bicycle shops and related facilities
- Post offices and other businesses that provide shipping and delivery services
- Businesses that ship or deliver groceries, food, alcoholic and non-alcoholic beverages, goods or services to end users or through commercial channels
- Airlines
- Taxis
- Transportation network providers (such as Uber and Lyft)
- Vehicle Rental Services

Transportation Systems (continued)

- Paratransit
- Commercial transportation and logistics providers necessary for Essential Activities and other purposes expressly authorized in this Executive Order
- Roads, highways, railroads, and public transportation
- Ports

Water and Wastewater Systems



Safe drinking water is a prerequisite for protecting public health and all human activity. Properly treated wastewater is vital for preventing disease and protecting the environment. Thus, ensuring the supply of drinking water and wastewater treatment and service is essential to modern life and the Nation's economy.

The following sub-sectors have been identified in Illinois Executive Order 2020-32:

- Operation and maintenance of utilities, including water and sewer

Critical infrastructure definitions and pictures were obtained from the Department of Homeland Security.

Appendix 9: Closed POD Template

[Company Name]
[Title]

COVID-19 Mass Vaccination

Version 2.0
[Date]
Developed by: Office of Emergency Preparedness & Response:
Illinois Department of Public Health

Concept of Closed Point of Dispensation (Closed POD)

A Closed Point of Dispensing (POD) is a non-medical dispensing/vaccination site designed to dispense rapid prophylaxis to a targeted dispensing population or First Responders and ancillary personnel responding to a public health emergency involving a large number of people in a very short period of time. The targeted dispensing population could be associates, their families, registered and special function guests, and in-house vendors/contractors and their families.
The agencies have a similar culture of corporate responsibility and safety; make strong partners in the effort to efficiently dispense medication to a targeted dispensing population. By partnering with public health officials and operating a Closed POD, your associates, their family members, guests, and in-house vendors/contractors and their families will receive medications at the agency which reduces the likelihood they will need to visit a public POD (Open POD).

Participating in a Closed POD, the agency will have the ability to return to their normal duties more quickly and have continuity of services provided by them will be a valuable service to the community and continue to assist public health officials through volunteering. Operating a Closed POD will ultimately help the agency in the continuity of operations by helping staff of the agency be more resilient during and after an emergency.

Working Staff at Closed POD Observes all Public Health Preventive Measures against COVID 19

Closed POD Mobilization, Operations, and Demobilization/Deactivation

Facility	Insert Name of Closed POD Facility
Address	Insert Address of Closed POD Facility
Contact Number	Insert Facility Contact Number
Individuals Served	Insert Number of Individuals Served

Proper required Cold Storage facility

Closed POD Mobilization

Closed POD Set Up

- Describe the process and procedures for setting up the POD.
    - Examples of topics include:
        - Who will set up the POD? (Name/Names)
        - How will it be set up?
        - Provide an inventory of POD equipment/supplies (fact sheets, NAPH forms, office supplies, office equipment, command and control vests, communication equipment, signs, crowd and traffic control equipment, etc.).
        - Describe how the POD equipment/supplies are organized (go-kits, containers, carts, etc.). Who will be responsible for the supplies and how will they be transported to the facility?

Security (If Applicable)

- Describe the process and procedures for security at the Closed POD facility.
- Describe who will provide security and in what capacity

Communications

- Describe the process and procedures for maintaining communication with the Closed POD. (name and number of contact)
    - Examples of topics include:
        - What types of communication methods will be used? (Phone/Walkie Talkie or any other means of communication)
        - Who will be communicating? (Name of the person)
        - What are the back-up communication methods? (Phone/Walkie Talkie or any other means of communication)

Closed POD Operations

Closed POD Staffing

- Describe Closed POD staffing.
    - Examples of topics include:
        - Who will staff the Closed POD? Facility staff? Volunteers?
        - Public health representative/nurse at Closed POD to assist? (Name and Credentials)
        - Who will handle public information if the media arrive at the Closed POD? (Name of the PIO)

Receiving and Storying COVID 19 Vaccine

- Describe the process and procedures for receiving COVID 19 Vaccine.
    - Examples of topics include:
        - Where will the supplies be received? (Address of the Facility)
        - Who will receive the supplies? (Name of the Person)
            - Describe the inventory process. (Responsible person receiving the COVID-19 vaccine)
- Describe the process and procedures for storing COVID 19 Vaccine
    - Proper required Cold Storage facility
    - Examples of topics include:
        - Where are they stored? (Address of the Facility)
        - What type of storage is utilized? (Cold Storage, Locked Storage, etc)
        - Is security being utilized to ensure safety of assets? (In what capacity?)

Dispensing SNS Assets

- Describe the process and procedures for dispensing COVID 19 Vaccine
    - Examples of topics include:
        - How will the COVID 19 vaccine will be administered?
        - Where in the facility will the COVID 19 vaccine be administered?
        - Are necessary COVID 19 vaccine administration materials available? If not, how will they get these?

Requesting Additional Supplies

- Describe the process and procedures for the Closed POD to request additional COVID 19 Vaccine if needed.
    - Examples of topics include:
        - Who will request additional supplies? (Name of the person)
        - Identify the triggers for requesting additional COVID 19 Vaccine? (left with 25%)
        - Provide the contact information for requesting additional COVID 19 vaccine. (Name of the person)
        - Identify who will make the request. (Name of the person)

Transportation

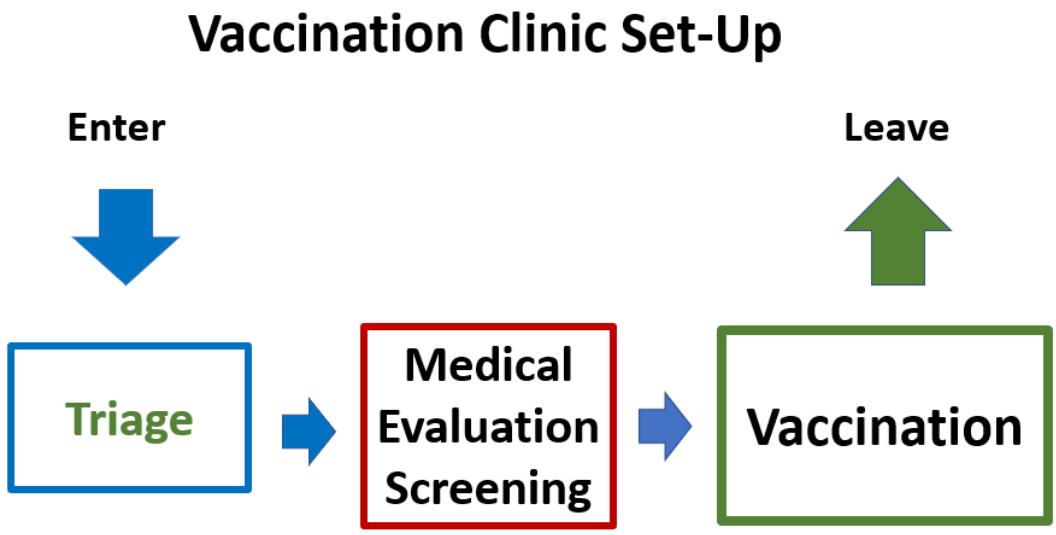
- Describe the process and procedures for transportation of vaccine to the Closed POD.
    - Examples of topics include:
        - Will the Closed POD pick up the vaccine or will be delivered?

- If supplies need to be delivered, what transportation arrangements are in place to accomplish this?
- Identify the number and type of vehicles as well as the number of drivers needed.
- Identify the primary transportation agency responsible for transporting the supplies/materials.
- Identify the secondary transportation agency that may be utilized for transporting supplies/materials.
- If a security escort will be provided, identify who will provide that service.

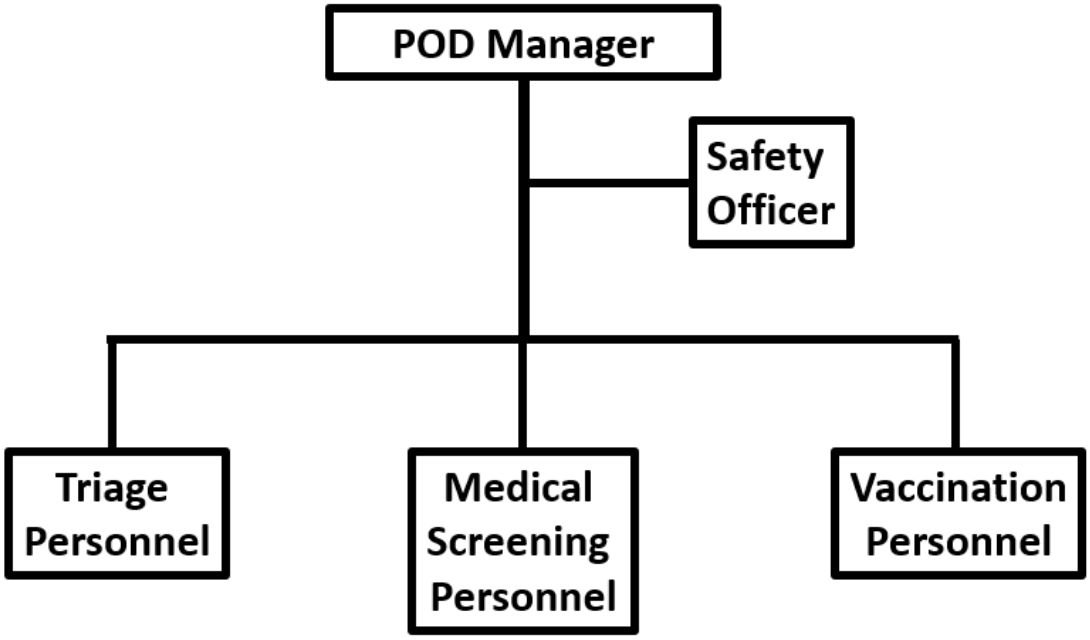
Note: If possible, include an MOU or other written agreement with the transportation agencies, acknowledging their role in transporting supplies/materials.

Closed POD Demobilization/Deactivation

- Describe the process and procedures for Closed POD deactivation.
    - Examples of topics to include:
        - Debrief of facility staff
        - Collection of forms if applicable
        - Completion of entries into MCIR if applicable
        - Return, storage, or disposition of assets received
        - Behavioral health considerations



Incidence Command Structure



(Number of personnel needed for Triage, Medical Screening and Vaccination deepens upon the number of people to be vaccinated)

Job Action Sheets
[Agency Name]

Position Assignment: POD Manager [Agency Name]

Mission: Coordinate the **POD** effort at the [Agency Name]

Get Ready

- ❑ Read this entire Job Action Sheet and sign-in.
- ❑ Receive notification to activate the [Agency Name] POD

Contact Information [Agency Name]

- ❑ Inform the POD staff that the [Agency Name] POD is activated and assigning tasks to set-up POD.

- ❑ Provide orientation and just in time job training to those assisting in dispensing operations.
- ❑ Prepare the site according to [Agency Name] POD Dispensing Plan.
- ❑ Ensure safe tactical operations of the [Agency Name] POD.

Get COVID-19 Vaccination/Vaccine

- ❑ Send an authorized staff member to location (Medication pick up/delivery site) identified by the Illinois Department of Public Health to receive Vaccines for [Agency Name] POD operations. Lock and store the Vaccines in secure location which maintains the required temperature to ensure medication efficacy. Record (inventory) the Medication received for record keeping purposes.

Administer the Vaccine

- ❑ Dispense COVID-19 Vaccine/Vaccination to [Agency Name] **POD** staff first.
- ❑ Open POD at designated time/date.
- ❑ Notify Staff with instruction to bring completed Medication Information/Vaccination form to [Agency Name] POD to receive medication/vaccine.

[Agency Name] POD LOCATION

- ❑ Monitor administration of COVID-19 Vaccine/Vaccination.
- ❑ Ensure appropriate screening and drug dispensing.
- ❑ Obtain Medication information/Vaccination sheets for distribution.
- ❑ Request additional COVID-19 Vaccines from the public health point of contact (if needed).
- ❑ Update your public health point of contact periodically with [Agency Name] POD status (i.e. throughput numbers, Vaccination inventory levels, [Agency Name] closing time)
- ❑ End of shift or clinic hours, sign out on Log and turn in badge/vest to Staff Staging Area.

When Finished

- ❑ Brief replacement staff as necessary.
- ❑ Return all unused COVID-19 Vaccine to [Agency Name] point of contact via agreed upon method.
- ❑ Submit documentation to the [Agency Name] point of contact via agreed upon method.
- ❑ Demobilize and tear down the [Agency Name] site.
- ❑ Debrief staff (Hot Wash) and conduct After Action Meetings.
- ❑ Complete After Action Report and submit.

Position assignment: Triage Personnel

Reports to: [Agency Name] POD Manager
Mission: To assess client's suitability to enter [Agency Name] POD.

Get Ready

- ❑ Read this entire Job Action Sheet
- ❑ Sign in on the *Sign-In Log* at the Staff Staging Station. Obtain ID badge and/or vest.
- ❑ Receive assignment, orientation and position training from [Agency Name] POD Manager.
- ❑ Familiarize self with [Agency Name] POD layout
- ❑ Assist in constructing [Agency Name] POD
- ❑ If applicable, make copies Triage forms & questions
- ❑ Set up station with Triage forms
- ❑ Receive COVID-19 Vaccine/Vaccinations for self (and family) before dispensing to others; take the first dose

Administer the Vaccine

- ❑ Greet [Agency Name] employees before they enter and assess client suitability to enter [Agency Name] POD by asking the following questions:

  Are you currently sick or experiencing any of the following?
  - •Fever
  - •Cough
  - •Shortness of breath or difficulty breathing
  - •Chills
  - •Repeated shaking with chills
  - •Muscle pain
  - •Headache
  - •Sore throat
  - •New loss of taste or smell

If the client answers **YES** to any of the above direct them to go to their primary care provider or the nearest hospital.

- ❑ Maintain a record of the names and number of client's referred to primary care provider or hospital for further care.
- ❑ Direct clients to screening.
- ❑ Maintain adequate supply levels
- ❑ Provide routine reports to [Agency Name] POD Manager
- ❑ Report disruptive client behavior to [Agency Name] POD Manager
- ❑ Performs other duties as assigned by [Agency Name] POD Manager
- ❑ End of shift or clinic hours, sign out on Log and turn in badge/vest to Staff Staging Area.

When Finished

- ❑ Brief replacement staff as necessary
- ❑ Return all materials to [Agency Name] POD Manager
- ❑ Tear down station, as directed by [Agency Name] POD Manager
- ❑ Debrief staff (Hot Wash) and conduct After Action Meetings.

IF YOU ENCOUNTER A PROBLEM, CONTACT YOUR POD MANAGER IMMEDIATELY

Position Assignment: Medical Screening / Evaluation Personnel

You Report To: [Agency Name] POD Manager
Mission: Assess contraindications and determine appropriate Vaccine.

Get Ready

- ❑ Read this entire Job Action Sheet
- ❑ Sign in on the *Sign-In Log* at the Staff Staging Station. Display [Agency Name] ID badge.
- ❑ Receive assignment, orientation and position training from [Agency Name] POD Manager.
- ❑ Familiarize self with screening forms and medical information sheets
- ❑ Assist in constructing [Agency Name] POD
- ❑ Set up station with required materials
- ❑ Receive COVID-19 Vaccine/Vaccination for self and family first before dispensing to others; take the first dose

Administer the Vaccine

- ❑ Review agency employee medical screening form for contraindications
- ❑ Direct agency employee to Vaccination Station with completed screening form.
- ❑ End of shift or clinic hours, sign out on Log and turn in badge/vest to Staff Staging Area.

When Finished

- ❑ Brief replacement staff as necessary
- ❑ Return all materials to the [Agency Name] POD Manager
- ❑ Tear down station, as directed by the [Agency Name] POD Manager
- ❑ Debrief staff (Hot Wash) and conduct After Action Meetings.

IF YOU ENCOUNTER A PROBLEM, CONTACT YOUR POD MANAGER IMMEDIATELY

Position assignment: Vaccination Personnel

You report to: [Agency Name] POD Manager
Mission: Dispense appropriate Vaccine

Get Ready

- ❑ Read this entire Job Action Sheet
- ❑ Sign in on the *Sign-In Log* at the Staff Staging Station. Display [Agency Name] ID badge.
- ❑ Receive assignment, orientation and position training from. [Agency Name] POD Manager
- ❑ Familiarize self with screening and dispensing/Vaccination process
- ❑ Assist in construction [Agency Name] POD
- ❑ Set up station with required materials
- ❑ Receive Medication/Vaccine for self (and family) before dispensing to others; take first dose

Administer the Vaccine

- ❑ Assure that each [Agency Name] employee has a completed medical screening form
- ❑ Review form for contraindications. If no contraindications, dispense as directed. If contraindications exist, do not give vaccine.
- ❑ Dispense the appropriate COVID-19 Vaccine/Vaccination and document on clinic medical information and medical screening form any necessary pertinent information (to include vaccine manufacturer for injection given and approximate date for second dose of vaccine). **Retain the form.**
- ❑ Remind client of the need for a second dose (if applicable)
- ❑ Provide dispensing status updates to [Agency Name] POD Manager as required
- ❑ End of shift or clinic hours, sign out on Log and turn in badge/vest to Staff Staging Area.

When Finished

- ❑ Return all materials to [Agency Name] POD Manager, including medical screening forms and any unused COVID-19 Vaccine/Vaccinations
- ❑ Brief replacement staff as necessary
- ❑ Tear down station, as directed by [Agency Name] POD Manager
- ❑ Debrief staff (Hot Wash) and conduct After Action Meetings.

IF YOU ENCOUNTER A PROBLEM, CONTACT YOUR POD MANAGER IMMEDIATELY

Position Assignment: **Safety Officer**

You report to: [Agency Name] POD Manager

Mission: The Safety Officer is responsible for ensuring that the physical and psychological health needs of all staff serving the [Agency Name] POD. Has emergency authority to prevent or stop unsafe practices when immediate action is required.

Get Ready

- ❑ Read this safety officer Job Action Sheet.
- ❑ Sign in on the Sign-In Log at the Staff Staging Station. Obtain ID badge and/or vest.
- ❑ Ensure knowledge of full mission request and plan of operations.
- ❑ Review Mass Prophylaxis Planning Guide and layout of [Agency Name] POD**.**
- ❑ Review Security Plan for [Agency Name] POD site.
- ❑ Follow Mass Dispensing Plan staff assignments and work schedule.

During the Administration of the Vaccine

- ❑ Review your position checklist for Vaccination Plan.
- ❑ Establish communication channels for all security personnel and law enforcement officers to use during [Agency Name] operations.
- ❑ Participate in meetings and briefings to ensure that safety and security considerations are addressed at all phases/locations of the operation
- ❑ Position security staff as needed. At a minimum, security is required for these areas: Entrance, Exit and storage/vaccination injection location.
- ❑ Identify hazardous situations associated with any incident
- ❑ Develop and update a Site Safety plan, if needed, for [Agency Name] First responders
- ❑ Identify the location of the first aid equipment (i.e., AED, first aid kit, etc.) at the [Agency Name]. This equipment should be located and checked for reliability.
- ❑ Exercise emergency authority to stop and prevent unsafe acts that are outside the scope of the Incident Action Plan
- ❑ Investigate accidents that have occurred within the POD Structure. If a [Agency Name] responder requires medical evaluation or care while working during the response, the Safety Officer will provide information and direction to ensure the responder receives medical attention, or other arrangements coordinated.
- ❑ Provide for staff rest periods and relief.
- ❑ End of shift or clinic hours, sign out on Log and turn in badge/vest to Staff Staging Area.

When Finished

- ❑ Brief replacement staff as necessary
- ❑ Secure facility while other staff breakdown [Agency Name] POD and close.
- ❑ Debrief staff (Hot Wash) and conduct After Action Meetings.

IF YOU ENCOUNTER A PROBLEM, CONTACT YOUR POD MANAGER IMMEDIATELY

Appendix 10: COVID-19 Vaccination Record

STAFF MEMBER SPOUSE/DEPENDANTS	AGE	KNOWN MEDICAL CONDITION	CURRENT MEDICATIONS	DRUG ALLERGIES	Y/N							COVID-19 Vaccine			
					EGG ALLERGY	PREGNANT	BREAST-FEEDING	TRANSPLANT	HEPATITIS/LIVER DISEASE	EPILEPSY	KIDNEY DIALYSIS	NAME OF VACCINE (Manifacture)	1st DOSE Date	2nd DOSE, Date	BATCH NUMBER
0 TOTAL ADULTS IN HOME (≥ 12 years old)															
0 TOTAL CHILDREN IN HOME (< 12 years old)															

STAFF MEMBER SPOUSE/DEPENDANTS	AGE	KNOWN MEDICAL CONDITION	CURRENT MEDICATIONS	DRUG ALLERGIES	Y/N							COVID-19 Vaccine			
					EGG ALLERGY	PREGNANT	BREAST-FEEDING	TRANSPLANT	HEPATITIS/LIVER DISEASE	EPILEPSY	KIDNEY DIALYSIS	NAME OF VACCINE (Manifacture)	1st DOSE, Date	2nd DOSE, Date	BATCH NUMBER
0 TOTAL ADULTS IN HOME (≥ 12 years old)															
0 TOTAL CHILDREN IN HOME (< 12 years old)															

ADDITIONAL FAMILY MEMBER SPOUSE/DEPENDANTS	AGE	KNOWN MEDICAL CONDITION	CURRENT MEDICATIONS	DRUG ALLERGIES	Y/N							COVID 19 Vaccine			
					EGG ALLERGY	PREGNANT	BREAST-FEEDING	TRANSPLANT	HEPATITIS/LIVER DISEASE	EPILEPSY	KIDNEY DIALYSIS	NAME OF V ACCINE	1st DOSE, Date	2nd DOSE, Date	BATCH NUMBER
0 TOTAL ADULTS IN HOME (≥ 12 years old)															
0 TOTAL CHILDREN IN HOME (< 12 years old)															

Appendix 11: Illinois Health Alert Network – HAN/ SIREN

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

Health Alert Network – HAN/SIREN

General Description

The Health Alert Network, HAN/SIREN, provides the tools and capacity for rapid, reliable, and secure web-based alerting and communication, and organization based health information sharing and collaboration. Siren is the emergency planning, alerting, and notification system for IDPH. It serves as a single central point for finding, creating, and sharing information. It also provides emergency preparation for federal, state and local offices. In short, SIREN is an all hazards approach to emergency preparedness, response, outbreak notification and investigation, and recovery.

Mission

The mission of the HAN is to provide rapid and effective communication to local health departments (LHDs), hospitals, and other public health partners of terrorism/emergency readiness, general public health, infectious disease/immunizations, prevention/promotion, education/training/exercises/drills, and emergency management.

Components

The main components of the HAN are the alert/notification systems, the secure web portal, and HAN/SIREN support and technical services.

1. The HAN alert/notification system provides for emergency and routine communications and information sharing between the Department, LHDs, hospitals and Public Health Partners.
2. The https://dph.partner.illinois.gov/Pages/default.aspx , the HAN secure web portal, provides the mechanism for controlled role based access to required applications (such as disease reporting and hospital surge capacity), user communities, data sharing and critical secure information.
3. End user assistance and support is provided to LHDs, hospitals, IDPH and other partners to enhance related IT infrastructure, computer application and communications capabilities.
4. Services, tools and support are provided by the HAN/SIREN Team which is composed of IT specialists and developers who are committed to constant maintenance, expansion and improvement of the system. Portal tools/applications and alert/notification services are available 24/7/365 through web portal access and by notification to designated on-call HAN Team members for alerting services. Email dph.siren@illinois.gov for all of your SIREN needs.

HAN Alert Systems

The HAN's alert/notification system currently serves over 100 distinct target groups including IDPH programs such as Preparedness and Response, EMS, Infectious Disease, all Local Health Departments, all Hospitals, Labs, Infection Control Practitioners, Contagious Disease Specialists, Illinois Medical Emergency Response Teams and many other public health partners, associations and state agencies including the Illinois Department of Agriculture. New contact groups are continuously added.

PROTECTING HEALTH, IMPROVING LIVES



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

IDPH

PROTECTING HEALTH, IMPROVING LIVES

COVID – 19 MASS VACCINATION PLANNING

LOCAL WORKSHOP DATES

PUBLIC HEALTH AND MEDICAL SERVICES REGION	WORKSHOP DATE AND TIME	
1. ROCKFORD – REGION 1 HCC	OCTOBER 6, 2020; 1:30 PM	
2. PEORIA – REGION LHDS AND HOSPITALS	OCTOBER 8, 2020; 3:00 pm	
3. SPRINGFIELD – REGION HCC AND LHDS	OCTOBER 15, 2020; 2:30 PM	
4. EDWARDSVILLE – REGION 4/ HOPE COALITION	OCTOBER 7, 2020; 10:00 AM	
5. MARION – REGION 5 HCC - SPARC	OCTOBER 6, 2020; 3:00 PM	
6. CHAMPAIGN – REGION 6 HCC	OCTOBER 14, 2020; 12:00 PM	Combined with Region 9 Workshop
7. CHAMPAIGN – REGION LHDS	SEPTEMBER 30, 2020; 10:00 AM	
8. CHICAGO – REGION 7 HCC	OCTOBER 22, 2020; 1:00 PM	
9. CHICAGO – REGION 8 HCC: HOSPITALS, LHDS, AND EMAS	OCTOBER 9, 2020; 1:30 PM	
10. CHICAGO – REGION 9 HCC	OCTOBER 14, 2020; 12:00 PM	Combined with Region 6 Workshop
11. CHICAGO – REGION 10 HCC	OCTOBER 8, 2020; 9:00 AM	
12. CHICAGO – REGION LHDS	SEPTEMBER 29, 2020; 2:30 PM	

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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PROTECTING HEALTH, IMPROVING LIVES

Critical Infrastructure/ Essential Business COVID – 19 Mass Vaccination Planning Workshop

October 9, 2020

9:00 AM – 10:30 AM

Purpose: to educate CIKR/ Essential business representatives on the Illinois mass vaccination planning efforts, their roles and responsibilities in the mission, and to guide them to coordinate with their local public health jurisdiction to be a closed POD. Businesses may register in ICARE as a COVID – 19 vaccine provider (if necessary criteria is met) to receive a direct shipment or may receive the vaccine from the local health department.

Goal: to have one consolidated message for CIKR/ essential businesses to be involved in MVP efforts

Agenda Topics:

- Introductions
- Overview of Illinois COVID – 19 mass vaccination planning
- STIC Survey results
  - address any questions from the survey
- Explanation of how mass vaccination mission will be implemented
- Illinois Helps
- SIREN
- Decision tree on whether or not businesses to enroll as a COVID - 19 vaccine provider in ICARE
- Explanation of how businesses can work with the LHDs
- Explanation of how businesses can work with associations
  - IPhA
  - ACOEM
  - Oral Health
  - Midwest Business Group on Health
  - Others
- Discussion

References:

- Illinois COVID – 19 mass vaccination planning guide, v. 1.0
- LHD contact list

NOTES: