

COVID-19 Vaccine Enrollment Instructions for Administering Organizations

Delaware Division of Public Health

JANUARY 2021



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

To order or administer COVID-19 vaccine, must complete enrollment with DE Immunization Program



What is enrollment?

Enrollment is the process by which all administering organizations, sites and receiving personnel must register with the Delaware Immunization Program



What does enrollment entail?

Multi-step process that involves:

- Completing enrollment interest survey
- Registering for DelVAX
- Designating key vaccine administration roles
- Completing CDC training module
- Completing provider listing and storage forms



Why is enrollment important?

An administration site will not be able to order or administer vaccine in DE without completing the enrollment process; due to limited vaccine supply, it is critical for DE to track every dose administered



How much time will enrollment take?

After collecting necessary documentation (e.g., PDF of CDC training certificate), it should take approx. 30 minutes; enrollment approval takes 5-7 business days if all requested information is provided



Who needs to enroll?

All administering sites (physical locations) within an organization that wish to administer COVID-19 vaccines will need to enroll separately



Who to contact with questions?

Contact the Immunization Program via phone (1-800-282-8672) or email (COVIDVaccine@delaware.gov)

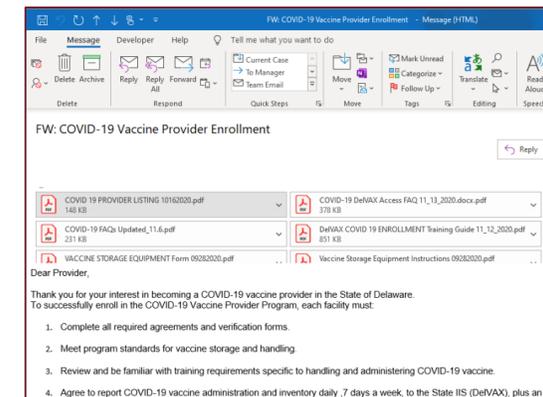
Step-by-step instructions: Vaccine administration enrollment (I/VI)

Step

- 1 Complete initial enrollment interest survey ([link](#))
 - Provide requested information in survey including staff numbers and storage capabilities¹
 - Complete for each practice/clinic location wishing to administer

- 2 Receive email with enrollment instructions
 - Once survey response is received, an email containing links to COVID-19 enrollment documents within the State Immunization System (IIS) known as DelVAX will be sent
 - You should receive this email about 1-3 business days after you submit your interest survey response
 - While waiting for this email, the Primary and Back-Up Vaccine Coordinators, whom you will designate in step 3, may complete the CDC's "You Call the Shots" training in advance (see step 5)

Screenshots



1. Complete list of requested data and survey questions appears in appendix, note that ultra-cold storage is not required for enrollment; Sources: COVID-19 Frequently Asked Questions for Medical Providers, [Coronavirus.Delaware.gov/vaccine](https://www.coronavirus.delaware.gov/vaccine); DelVAX enrollment email resources; Initial provider enrollment interest survey

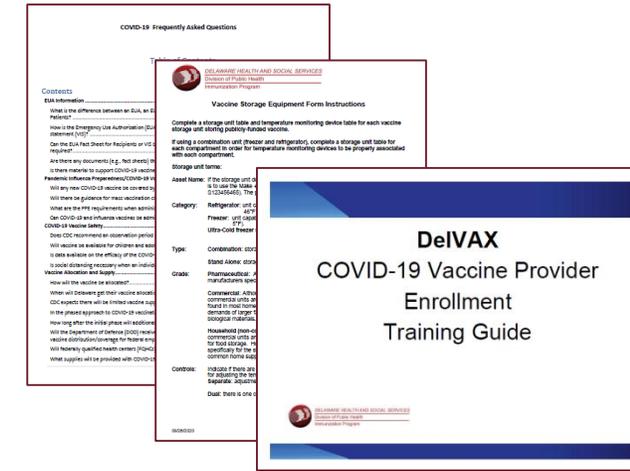
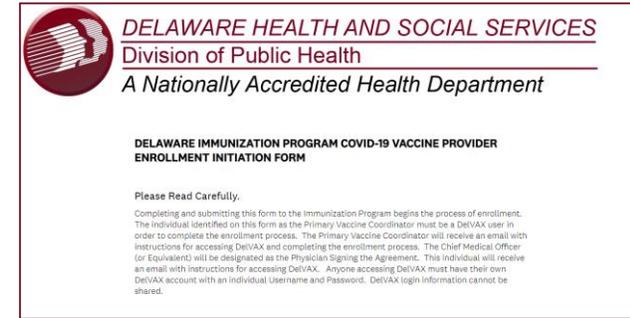
Step-by-step instructions: Vaccine administration enrollment (II/VI)

Step

Screenshots

- 3 Complete vaccine provider enrollment initiation survey (link provided in enrollment email received in step 2)
 - This enrollment initiation form will begin the process for setting up locations in DelVAX
 - Will require designation of:
 - Primary vaccine coordinator
 - Back-up vaccine coordinator
 - Chief Medical Officer (or equivalent)¹
 - Chief Executive Officer (or fiduciary)²

- 4 Review all information sent in enrollment packet via email:
 - FAQ documents
 - Storage instructions
 - DelVAX COVID-19 Vaccine Provider Enrollment Training Guide



1. CMO or equivalent should have prescribing license in DE and will be responsible for overseeing the receipt, storage, and administration of the vaccine. With questions, please contact the Immunization Program; 2. CEO or fiduciary will hold fiduciary responsibility during vaccination processes and can be the same individual as the CMO; Sources: DelVAX enrollment email resources; DelVAX initiation survey

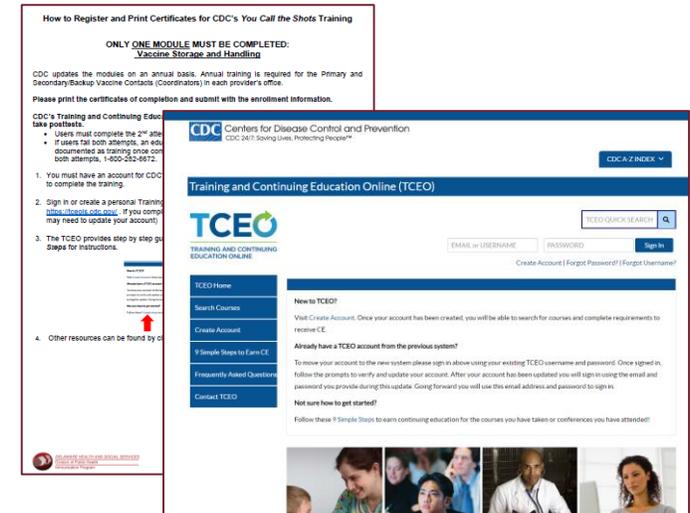
Step-by-step instructions: Vaccine administration enrollment (III/VI)

Step

Screenshots

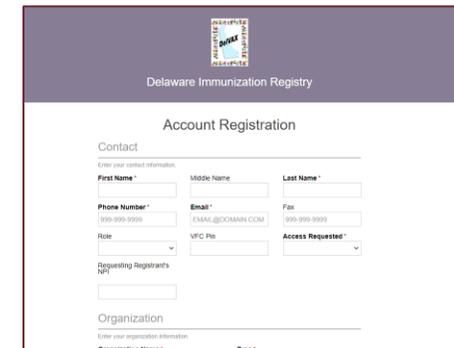
5 Complete CDC's "You Call the Shots" training ([link](#))

- Primary and Back-Up Vaccine Coordinators as designated in step 3 must complete "You Call the Shots" training (Module Ten - Vaccine Storage and Handling - 2021, course number WB4417) per instructions provided in enrollment packet
- You will be required to submit the certificates of completion to the Immunization Program during enrollment



6 Ensure DelVAX access ([link](#))

- Request access/user accounts for Primary vaccine coordinator, Back-up vaccine coordinator, Chief Medical Officer (or equivalent), and Chief Executive Officer (or fiduciary)



Step-by-step instructions: Vaccine administration enrollment (IV/VI)

Step

7 Send COVID-19 Vaccine Provider Listing and Vaccine Storage Equipment Forms

- Note: Forms are included in enrollment packet
- Send completed forms to (COVIDVaccine@delaware.gov)

8 Complete DelVAX enrollment (Primary Vaccine Coordinator)

- Note: Link to complete enrollment process will be provided to Primary Vaccine Coordinator via email¹
- Note: PIN for each location will be provided from Immunization Program staff via email
- Refer to DelVAX COVID-19 Vaccine Provider Enrollment Training Guide for details and step-by-step instructions

Screenshots

The screenshot shows a form titled "COVID-19 VACCINATION PROGRAM PROVIDER PROFILE" from the Delaware Health and Social Services Division of Public Health Immunization Program. The form includes fields for Facility Name, Storage Unit #, Asset Name, Category (Refrigerator, Freezer, Ultra Cold), Manufacturer, Serial #, Make, and Model. It also has a section for Temperature Monitors with similar fields. A table on the right lists personnel roles with columns for Name, Title, License, and NPI. The table has multiple rows, each with checkboxes for "PRESCRIBING" and "ADMINISTERING".

The screenshot shows a slide titled "DelVAX COVID-19 Vaccine Provider Enrollment Training Guide". On the left, there is a screenshot of the "ADD ENROLLMENT" interface with a blue arrow pointing to a "Choose Enrollment Template" dropdown menu. The interface shows a list of templates, with "COVID-19 VACCINATION PROGRAM #1" selected. A legend indicates that a yellow triangle means "needs attention" and a green circle means "complete".

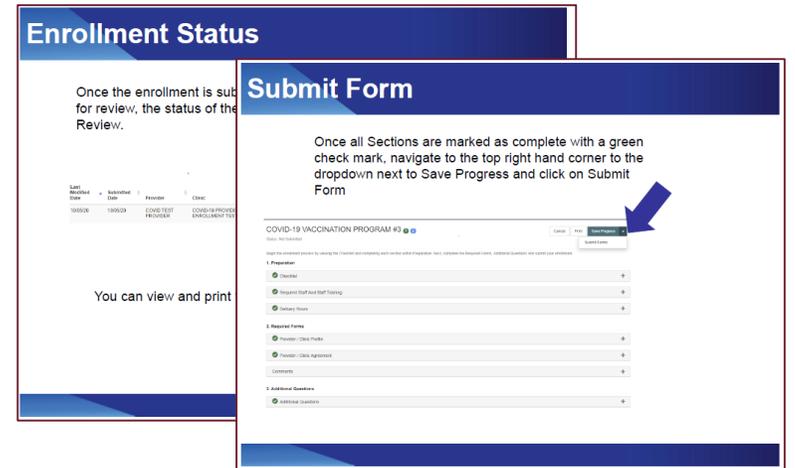
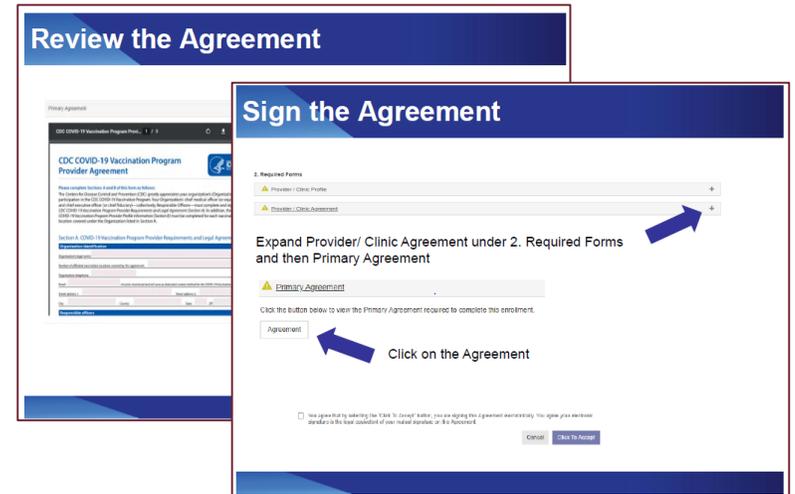
1. Additional information collected during enrollment appears in appendix; Sources: DelVAX enrollment email resources and training guide

Step-by-step instructions: Vaccine administration enrollment (V/VI)

Step

- 9 Sign provider agreement (Chief Medical Officer and Chief Executive Officer or equivalents)
 - Note: Designated officers will receive email with instructions to access DelVAX to sign agreements
 - In addition to signing provider agreement, must agree to report COVID-19 vaccine administration and inventory daily to DelVAX and an additional database from the CDC (i.e., VaccineFinder)
 - Refer to DelVAX COVID-19 Vaccine Provider Enrollment Training Guide for details and step-by-step instructions
- 10 Submit enrollment via DelVAX and receive approval
 - Once enrollment information is complete and agreements are signed, submit enrollment via DelVAX
 - Check DelVAX notifications for status updates and approval
 - Refer to DelVAX COVID-19 Vaccine Provider Enrollment Training Guide for details and step-by-step instructions

Screenshots



Reference: Initial enrollment interest survey questions

1. Person completing survey
 - First name
 - Last name
 - Title
 - Email
 - Phone
2. Practice information
 - Practice name
 - Address
 - City
 - County
 - State
 - Zip code
 - Fax
3. Part of larger provider network?
 - Y/N
 - Which organization?
4. Practice type/specialty
 - Primary care (lifespan)
 - Primary care (adults)
 - Primary care (geriatrics)
 - Pediatrics
 - Specialty (specify)
 - Other (specify)
5. Do you currently provide vaccinations? (Y/N)
6. Are you interested in providing COVID-19 vaccinations? (Y/N)
7. To whom would you be interested in providing COVID-19 vaccinations? (select all that apply)
 - Patients
 - Staff
8. How many staff need vaccinations?
9. Vaccine storage equipment type (check all that apply)
 - Pharmaceutical grade refrigerator
 - Pharmaceutical grade freeze
 - Household refrigerator/freezer (separate exterior doors)
 - Dorm/bar style unit (one exterior door for refrigerator/freezer)
 - No vaccine storage unit
 - Other (describe)
10. Temperature monitoring (check all that apply)
 - Automatic/continuous temperature recording device (data logger)
 - Stand alone thermometer
 - No temperature monitoring device
 - Other (describe)

Reference: Vaccine provider enrollment initiation survey questions

1. Organization identification for individual locations
 - Organization location name
 2. Will another organization location order COVID-19 vaccine for this site? (Y/N)
 3. If you answered "yes," provide the organization name
 4. How many staff members do you anticipate vaccinating?
 5. Contact information for location's Primary COVID-19 Vaccine Coordinator
 - Last name
 - First name
 - M.I.
 - Email address
 - Phone number
 6. Contact information for location's Back-up COVID-19 Vaccine Coordinator
 - Same contact information requested as in question 4
 7. Contact information for physician signing the agreement (The Chief Medical Officer or equivalent will be designated)
 - Same contact information requested as in question 4
 8. Organization location address for receipt of COVID-19 vaccine shipments
 - Address
 - City/town
 - State/province
 - ZIP/postal code
 - Country
 - Fax
 - Phone number
 9. Organization address of location where COVID-19 vaccine will be administered (if different from receiving location)
 - Same address information as requested in question 7
- Days and times Vaccine Coordinators are available for receipt of COVID-19 vaccine shipments:
10. Monday (open, closes, start and end of lunch break)
 11. Tuesday (open, closes, start and end of lunch break)
 12. Wednesday (open, closes, start and end of lunch break)
 13. Thursday (open, closes, start and end of lunch break)
 14. Friday (open, closes, start and end of lunch break)

Reference: Additional information requested during enrollment process

1. Approximate number of children 18 years and younger at your location
2. Approximate number of adults 19-64 years of age at your location
3. Approximate number of adults 65 years of age and older at your location
4. Approximate number of unique patients seen per week on average
5. Approximate number of influenza vaccine doses administered during the peak week of the 2019-20 influenza season
6. How many full-time equivalent providers at your clinic can administer immunizations?
7. What is the maximum number of immunizations your clinic can administer in a single day?
8. How many days per week does your clinic offer immunizations?



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