Town of Somers
600 Main Street
Somers, CT 06071

H1N1 Inoculation Plan
V1.2

November 2, 2009

1. Purpose: Develop and implement an H1N1 mass inoculation program utilizing the resources of the Board of Education and the Board of Selectmen.
    a. The plan's logistical considerations are within the capability of town government.
    b. Outside medical assistance for administering the vaccine will come from the Visiting Nursing Association (VNA).
    c. Medical forms, required by state and federal agencies will be available to the public prior to the initiation of the program, via the web and direct mail.
    d. Vaccine storage and transportation will be administered by North Central Health District.
    e. Communication of the plan to key stakeholders will be administered by BOE and BOS.
    f. Fire/EMS support is available, on site at the clinic.
    g. No child will be inoculated without a parent or legal guardian present.
    h. Limiting factors are vaccine availability, facility availability and nurse availability.

2. Situation and Assumptions:
    a. Situation: H1N1 will spread and affect town population during the fall 09 and winter 2010 flu season. The high risk groups, based on the CDC guidelines start with preschool children 6 months through age 4, and then move to K-5, 6-8 and high school grades. There are approximately 1700 students in the district with an additional 350 in pre-school population. The supply of vaccine will not be plentiful, requiring multiple clinics to inoculate the populations as vaccines become available. North Central Heath District will provide vaccine to the town, through Dr. Segool, the town's health director. Some members of the community will obtain the vaccine from their personal physicians. The BOS and BOE will provide dual management of the plan, with the BOE providing facilities and BOS providing logistical support. Overall plan coordination rests with the Emergency Management Director. The BOE will ensure facility availability for the inoculation clinic. The target facility is the high school gym.
    b. Assumptions: VNA will provide shot throughput rate information to the plan so appropriate clinic schedules may be developed for citizens on the waiting list. This information will affect the announcement message to the various groups.

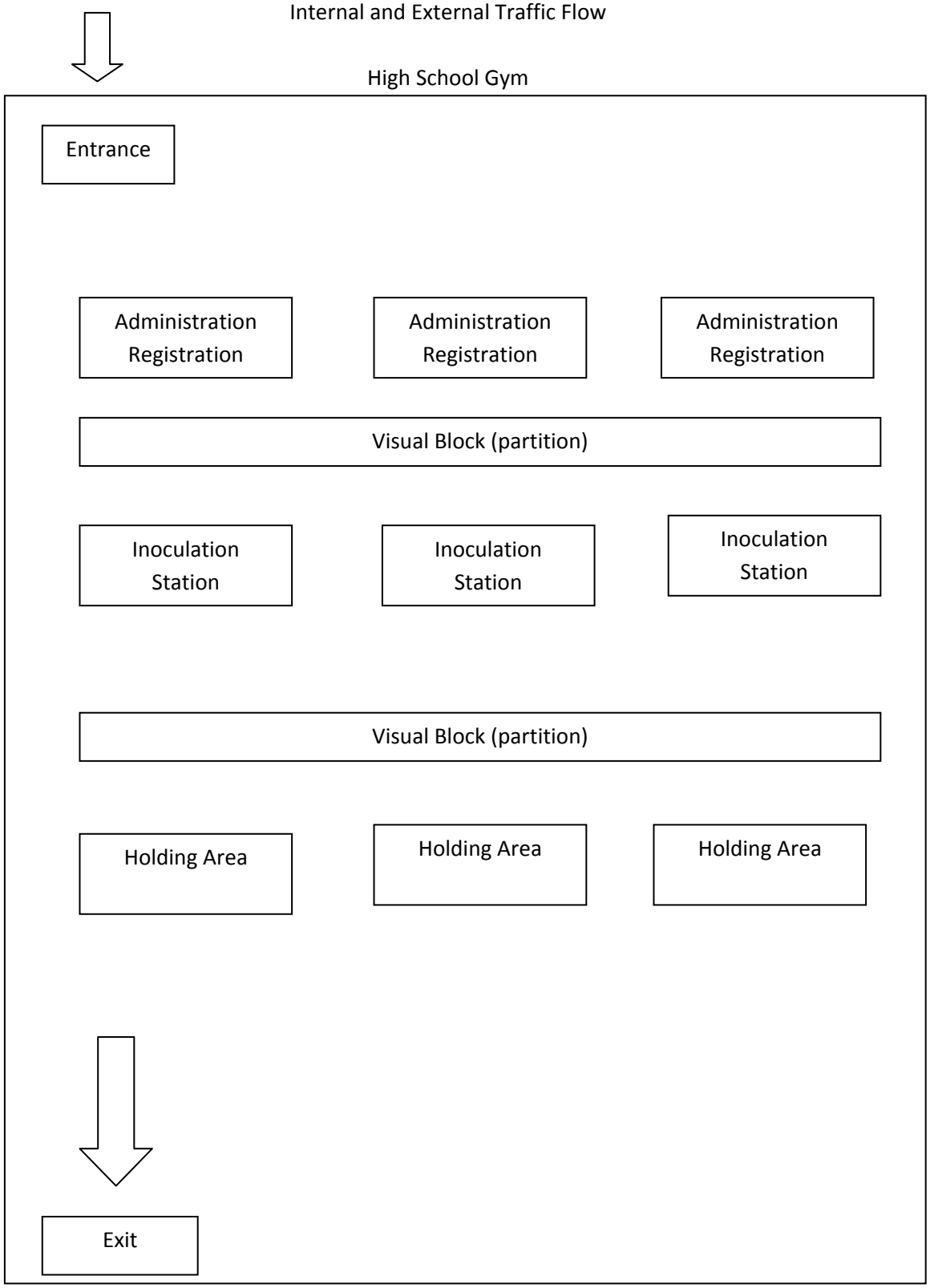
3. Logistics:
    a. The high school gym will be used for the administration of the inoculation program. Signage outlining traffic flow will be deployed through the BOS (Fire or CERT) and BOE custodial staff. Parking is available in the lot adjacent to the gym. Citizens enter the gym from the left door (designated by an entrance sign). Upon entering the gym several tables will provide administrative support before entering the inoculation area. Once inoculated, citizens will move to the waiting/holding area, where they will rest for 15 minutes before departing.
    b. Clinics will take place during the late afternoon and one weekend if necessary to ensure parental and facility availability.

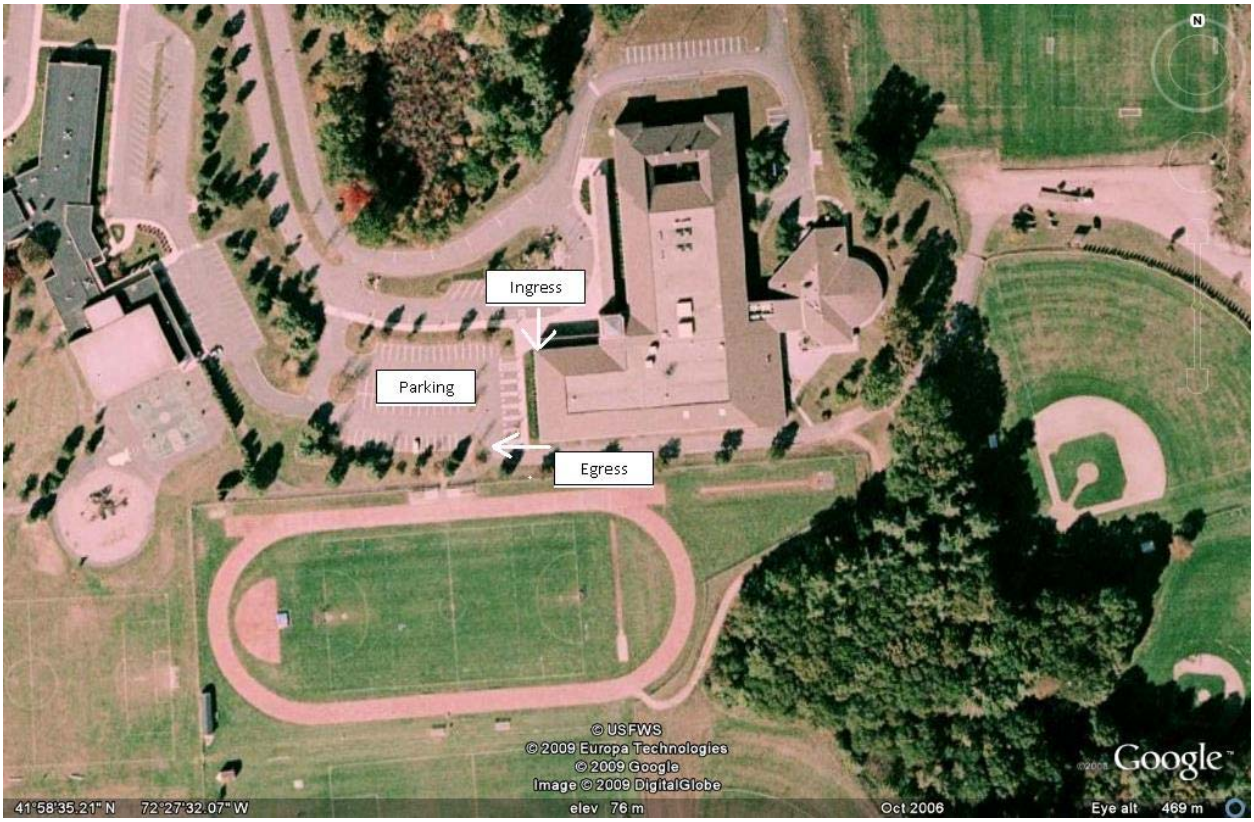
c. The town CERT Team and Fire Department with coordination from police will provide traffic flow both internal and external to the clinic. See Annex A for internal and external traffic flow.
d. The vaccine will be available from the North Central Health District. The district is responsible for ordering and storage of the vaccine. In addition NCHD will transport the vaccine to the clinic in the appropriate cooler and monitoring system. Any unused vaccine will be returned to the NCHD.
e. The Visiting Nurses Association (VNA) will administer the inoculation. Availability of the VNA will be coordinated through the town's heath services with support from Somers Health and Wellness Association. The timing of the clinic is directly related to the availability of the VNA and vaccine.
f. Citizens in the high risk groups will be asked to register on a waiting list to be administered the inoculation. Once the VNA and vaccine are available, a town wide announcement will be made to those citizens on the waiting list, at prescribed times and intervals. Citizens who will be in Group A, 6 months through age 4 will register via a survey form on the town website or at the town clerk's office. The remaining groups will register through the BOE. (See Annex B for Group definitions and signup procedures).
g. Medical wastes or (sharps) will be the responsibility of the VNA.

4. Communications and Administration:
   a. A general announcement to the high risk groups will be made using R911 advising them to go to the Town website (www.somersct.gov) or the town hall to obtain administrative procedures for obtaining the shot. Sample message in Annex C.
   b. The BOE will send a similar communications in the form of a parent letter home with each student.
   c. The risk pool will be as follows, from highest priority to lowest: Group A (6 months through 4 years of age), Group B (K-5th grade), Group C (6-8th grade) Group D (9-12th grade). Group A; must sign up for the inoculation and obtain the necessary forms to be placed on the waiting list via the Town website or at the town clerk's office. Groups B-D will be placed in the waiting list through a school administered program.
   d. Upon execution of the plan, risk Group A will be contacted to proceed to the clinic at a time designated by the plan administrator, via R911, email or town website. This depends on the availability of the VNA and vaccine. Dr. Segool should also be available to support plan execution.
   e. Groups B-D will be notified either through the BOE, email or by R911 announcement, as the system will build call groups as necessary. The acknowledgement letter form must include the home phone number and email address.
   f. Multiple vaccination clinics will be programmed until the risk groups are inoculated. The plan will scale to accommodate the availability of vaccine and VNA nurses.

Annex A

Internal and External Traffic Flow




Ingress
Parking
Egress
© USFWS
© 2009 Europa Technologies
© 2009 Google
Image © 2009 DigitalGlobe
41°58'35.21" N 72°27'32.07" W
elev 76 m
Oct 2006
Eye alt 469 m
Google

Annex B

Group Definitions and Sign up Procedures

Group A: children 6 months through 4 years old. This group will register via the town website or in person at the town clerk's office. The survey or state form will be completed and a waiting list created. Each application will be numbered and that number will be the parents/guardians receipt. Contact information will be provided by the parent or guardian to issue the call back for the clinic. Call back will be based on the receipt number, using R911 or via email. See example in Annex C.

Group B: K-5th grade. This group will register via a letter sent by the BOE to the individuals parents along with the state form. Returned forms and letters will be placed on a waiting list, along with the appropriate contact information. Once on the list, students will be given a Group B wait list number, which will be used for the call back using R911 or via email. The number will be provided by the BOE.

Group C: 6-8th grade: This group will register via a letter sent by the BOE to the individuals parents along with the state form. Returned forms and letters will be placed on a waiting list, along with the appropriate contact information. Once on the list, students will be given a Group C wait list number, which will be used for the call back using R911 or via email. The number will be provided by the BOE.

Group D: 9-12th grade: This group will register via a letter sent by the BOE to the individuals parents along with the state form. Returned forms and letters will be placed on a waiting list, along with the appropriate contact information. Once on the list, students will be given a Group D wait list number, which will be used for the call back using R911 or via email. The number will be provided by the BOE.

Dr. Segool requires each parent or legal guardian to receive a VIS (Vaccine Information Statement) that explains the vaccine and potential side effects. This will be given during the administration phase of the process. There should be a signature log to ensure this information is disseminated to each individual.

BOE H1N1 Clinic Letter October 26, 2009

Dear Parent/Guardian:

As we anticipate the onset of the H1N1 flu season, we are making plans to provide clinics for the distribution of the H1N1 Flu Vaccine to school age children. These clinics will run in the later afternoon and early evening in order for parents to accompany their children. This is particularly important for our younger students. The date or dates for these clinics have not been established since we are not certain as to when the vaccine will be available to us. Unfortunately, there is much uncertainty about the quantity and availability of the vaccines for each community across the state. However, we have begun to plan for a mass inoculation of school age children should we receive a supply in the near future. As part of our planning, we are coordinating with the North Central District Health Department (NCDHD) and the Visiting Nurses Association (VNA) in order to administer the inoculations. **Please note that this service is strictly voluntary and free of charge.**

We are recommending to all parents to contact your family pediatrician for information about your child's medical status and whether or not they are in a high priority group to receive the vaccine. Also, we encourage you to be proactive and to seek the vaccine through your family pediatrician rather than waiting for the school clinics for this service. We are uncertain about our ability to provide vaccines for all students should the demand be made.

Many details for our clinics need to be worked out in the coming weeks, and resources are limited. To help us with our planning, we are asking families to talk about this important matter now. There are many factors that will influence your final decision once the vaccine is available. For more information about the H1N1 virus or vaccine, please visit the CDC website: http://www.cdc.gov/h1n1fu/parents for information especially for parents.

It is likely that the H1N1 vaccine will be available for those in the higher priority groups as early as the beginning of November. The vaccine will be licensed by the FDA. The H1N1 vaccine is not for the seasonal flu, and the seasonal flu vaccine will not protect against the H1N1 virus.

Please complete the lower portion of this letter and return it to your school as soon as possible. You will receive additional information once our clinics are scheduled. Thank you for your cooperation and patience. I remain,

Sincerely,

Dr Maynard M. Suffredini, Jr
Superintendent of Schools

IT IS IMPORTANT FOR ALL PARENTS TO SUBMIT THIS FORM.
Please fill in this information and return to your school ASAP

SCHOOL NAME_____

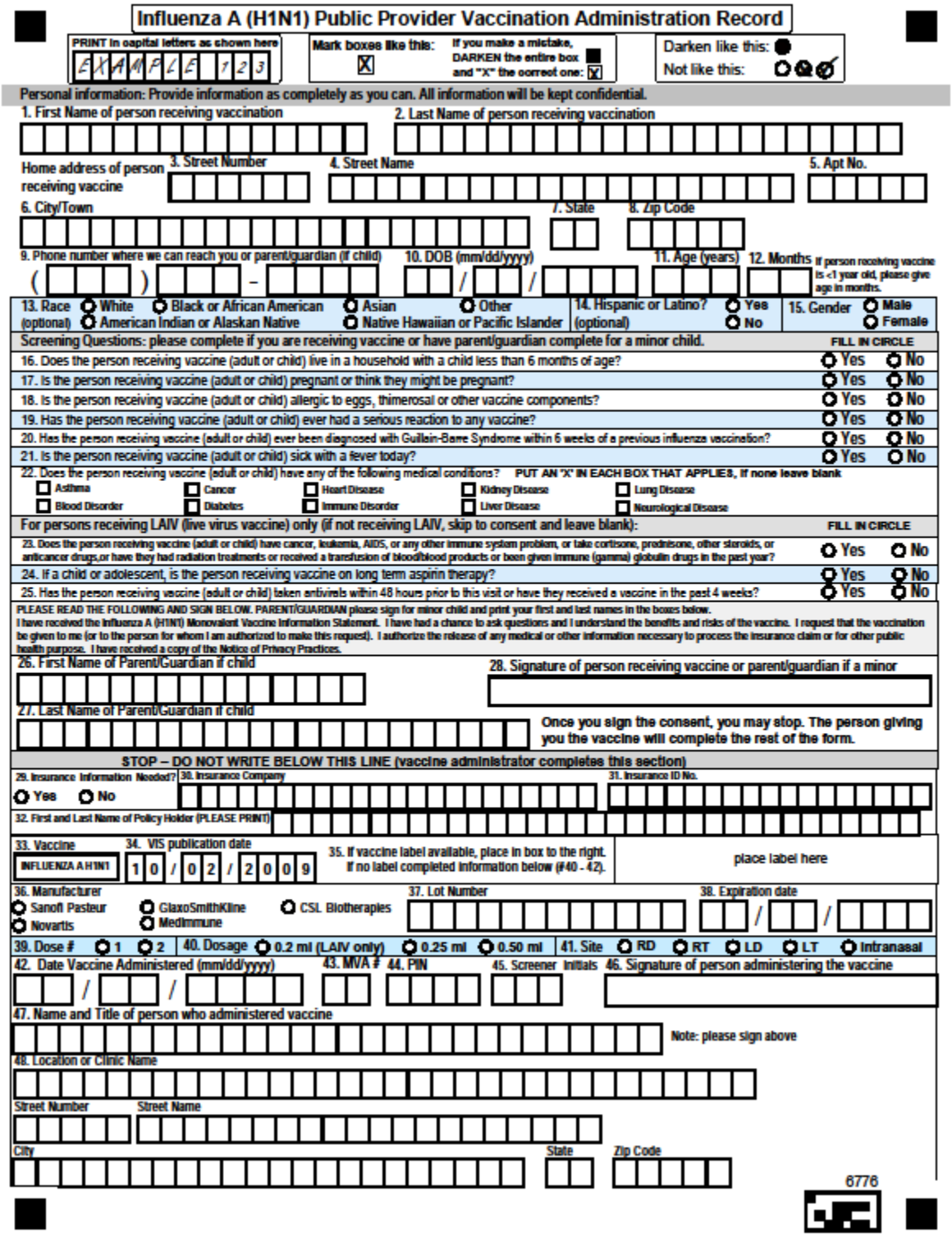
STUDENT NAME_____
Phone #_____
Email address_____

(Circle one)
Yes, I would allow my child to participate in a school vaccination clinic

No, I would not allow my child to participate in a school vaccination clinic

Other, I plan to have my child receive the H1N1 vaccine from our PC physician

State Form



Influenza A (H1N1) Public Provider Vaccination Administration Record

PRINT in capital letters as shown here: EXAMPLE 123

Mark boxes like this: [X]

If you make a mistake, DARKEN the entire box and "X" the correct one: [X]

Darken like this: ●

Not like this: ○ ⊘ ⊘

Personal information: Provide information as completely as you can. All information will be kept confidential.

1. First Name of person receiving vaccination

2. Last Name of person receiving vaccination

Home address of person receiving vaccine

3. Street Number

4. Street Name

5. Apt No.

6. City/Town

7. State

8. Zip Code

9. Phone number where we can reach you or parent/guardian (if child) ( ) -

10. DOB (mm/dd/yyyy) / /

11. Age (years)

12. Months If person receiving vaccine is <1 year old, please give age in months.

13. Race (optional) ○ White ○ Black or African American ○ Asian ○ Other ○ American Indian or Alaskan Native ○ Native Hawaiian or Pacific Islander

14. Hispanic or Latino? (optional) ○ Yes ○ No

15. Gender ○ Male ○ Female

Screening Questions: please complete if you are receiving vaccine or have parent/guardian complete for a minor child. FILL IN CIRCLE

16. Does the person receiving vaccine (adult or child) live in a household with a child less than 6 months of age? ○ Yes ○ No

17. Is the person receiving vaccine (adult or child) pregnant or think they might be pregnant? ○ Yes ○ No

18. Is the person receiving vaccine (adult or child) allergic to eggs, thimerosal or other vaccine components? ○ Yes ○ No

19. Has the person receiving vaccine (adult or child) ever had a serious reaction to any vaccine? ○ Yes ○ No

20. Has the person receiving vaccine (adult or child) ever been diagnosed with Guillain-Barre Syndrome within 6 weeks of a previous influenza vaccination? ○ Yes ○ No

21. Is the person receiving vaccine (adult or child) sick with a fever today? ○ Yes ○ No

22. Does the person receiving vaccine (adult or child) have any of the following medical conditions? PUT AN 'X' IN EACH BOX THAT APPLIES, If none leave blank

☐ Asthma ☐ Cancer ☐ Heart Disease ☐ Kidney Disease ☐ Lung Disease
☐ Blood Disorder ☐ Diabetes ☐ Immune Disorder ☐ Liver Disease ☐ Neurological Disease

For persons receiving LAIV (live virus vaccine) only (if not receiving LAIV, skip to consent and leave blank): FILL IN CIRCLE

23. Does the person receiving vaccine (adult or child) have cancer, leukemia, AIDS, or any other immune system problem, or take cortisone, prednisone, other steroids, or anticancer drugs,or have they had radiation treatments or received a transfusion of blood/blood products or been given immune (gamma) globulin drugs in the past year? ○ Yes ○ No

24. If a child or adolescent, is the person receiving vaccine on long term aspirin therapy? ○ Yes ○ No

25. Has the person receiving vaccine (adult or child) taken antivirals within 48 hours prior to this visit or have they received a vaccine in the past 4 weeks? ○ Yes ○ No

PLEASE READ THE FOLLOWING AND SIGN BELOW. PARENT/GUARDIAN please sign for minor child and print your first and last names in the boxes below.
I have received the Influenza A (H1N1) Monovalent Vaccine Information Statement. I have had a chance to ask questions and I understand the benefits and risks of the vaccine. I request that the vaccination be given to me (or to the person for whom I am authorized to make this request). I authorize the release of any medical or other information necessary to process the insurance claim or for other public health purpose. I have received a copy of the Notice of Privacy Practices.

26. First Name of Parent/Guardian if child

27. Last Name of Parent/Guardian if child

28. Signature of person receiving vaccine or parent/guardian if a minor

Once you sign the consent, you may stop. The person giving you the vaccine will complete the rest of the form.

STOP – DO NOT WRITE BELOW THIS LINE (vaccine administrator completes this section)

29. Insurance Information Needed? ○ Yes ○ No

30. Insurance Company

31. Insurance ID No.

32. First and Last Name of Policy Holder (PLEASE PRINT)

33. Vaccine: INFLUENZA A H1N1

34. VIS publication date: 10 / 02 / 2009

35. If vaccine label available, place in box to the right. If no label completed information below (#40 - 42).

place label here

36. Manufacturer ○ Sanofi Pasteur ○ GlaxoSmithKline ○ CSL Biotherapies ○ Novartis ○ MedImmune

37. Lot Number

38. Expiration date / /

39. Dose # ○ 1 ○ 2

40. Dosage ○ 0.2 ml (LAIV only) ○ 0.25 ml ○ 0.50 ml

41. Site ○ RD ○ RT ○ LD ○ LT ○ Intranasal

42. Date Vaccine Administered (mm/dd/yyyy) / /

43. MVA #

44. PIN

45. Screener Initials

46. Signature of person administering the vaccine

47. Name and Title of person who administered vaccine

Note: please sign above

48. Location or Clinic Name

Street Number

Street Name

City

State

Zip Code

6776

Contact Information Town Clerk

Ann Marie Logan, Town Clerk
Donna E. Hanks, Assistant Town Clerk
Phone: 860.763.8206 or 8207
Email: alogan@somersct.gov

600 Main Street
Somers, CT l06071

Town Hall Hours
Monday, Tuesday, Wednesday
8:30 a.m. - 4:30 p.m.
Thursday
8:30 a.m. - 7:00 p.m.
Friday
8:30 a.m. - 1:00 p.m.
Closed weekends and
Federal/State Holidays

Risk Group A: Survey Form

Welcome to the Town of Somers, CT, Citizen Request Center

Today is Friday, October 30, 2009.

H1N1 Flu Vaccine Registration for 6 mo to 4 yr old child(ren)

Click here to Login | Click here to Register

H1N1 Influenza Vaccine Pre-Registration: Please complete this form to pre-register your 6 month to 4 year old child(ren) to receive H1N1 Flu Vaccine at a town-sponsored clinic. You must be a resident of Somers to participate.

This form is for registration of preschool aged children only. If your child is enrolled in the Somers Public School system, you will receive a form from the schools to register.

You will be contacted as vaccine becomes available and public clinics are scheduled. The registrations for this age group will be [illegible] in the order that registrations are received.

* ***Information is required.***

Contact Information

* First Name:

* Last Name:

* Email:

* Daytime Phone: ( ) -

* Address:

* City:

* State:

* Zip:

* **Are you a resident of the town of Somers?**

- Yes
- No

* **How many children aged 6 months to 35 months do you wish to pre-register to receive the H1N1 Vaccine at a town sponsored, public clinic.**

- 1
- 2
- 3
- 4 or more

* **How many children aged 36 months to 59 months do you wish to pre-register to receive the H1N1 Vaccine at a town-sponsored, public clinic.**

- 1
- 2
- 3
- 4 or more

☑ Check here to have email confirmation of this request sent.

* ***Information is required.***

Notes:

Thank you for your response. You will be contacted when doses of vaccine are received and a public clinic is scheduled.

Because we have required you to include your email address on your response, you'll receive a Tracking Number allowing you to view your response.

Internal Use Only, Leave Blank:

Please leave this field blank and remove any values that have been populated for it.

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Login | Register
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Annex C

General announcement regarding the overall program.

The town of Somers is planning H1N1 inoculation clinics for student/residents 6months of age through - 12th grade. Residents 6 months through age 4 interested are advised to obtain registration information on the town website or at town hall. K through 12 students will get instructions from the BOE. More announcements will follow as the vaccine becomes available. Please sign up now at the appropriate location.

Announcement for Group A: Example

Vaccine clinic from Group A will be held on Thursday, November 5th in the high school gym from 4 pm to 8 pm. Residents on waiting list numbers 1-15 report at 4 pm, numbers 16-30 at 5 pm, numbers 31-45 6 pm.

Announcement for Groups B-D: TBD

Plan Synopsys:

1. Town EMD will:
    a. Coordinate and provide overall plan management through the BOE/BOS.
2. BOS will:
    a. Provide CERT, Fire and EMS support to the clinic.
    b. Provide the services of the town clerk to register Group A.
    c. Ensure coordination with NCHD and VNA.
    d. Provide R911 communications announcements.
    e. Ensure adequate supply of state forms
    f. Ensure security of clinic.
    g. Coordinate information flow to the website, BOE and R911. Information must be consistent.
    h. Develop and deploy signage in coordination with BOE
    i. Coordinate with town Health Services to staff the admin/registration desks at clinic and ensure adequate documentation for VNA payment.
3. BOE will:
    a. Ensure facility availability (high school gym) for clinic.
    b. Provide custodial and setup support (tables, chairs) per plan.
    c. Communicate to student population per Annex B.
    d. Maintain a waiting list of Groups B-D and provide a wait list number for each student in each group.
4. Town Clerk and Operations Manager will:
    a. Process citizens in Group A per Annex B.
    b. Provide each registrant with a wait list number and directions regarding the R911 call back.
    c. Assist in the in processing of registrants for Group A at the clinic.
5. VNA will:
    a. Administer the inoculation to residence.
    b. Provide sharp containers and waste removal.
    c. Provide adequate staffing for inoculation program.
6. NCHD will:
    a. Order H1N1 vaccine for use by VNA and town of Somers.
    b. Store vaccine prior to clinic and during clinic program per CDC guidelines.
    c. Transport vaccine to clinic.
7. Dr. Segool will:
    a. Provide approval for the plan and inoculation program.
    b. Provide overall medical supervision of the clinic.

Signature page:

Joseph R. Tolisano
EMD

David Pinney
First Selectmen

Dr. Maynard Suffredini
Superintendent

Anne Marie Logan
Town Clerk

Dr. Richard Segool
Health Director

Frank Falcone
Deputy Fire Chief

VNA Director Enfield

Sgt. Jose Claudio
Resident Trooper

Bill Blitz
NCHD Director

Steve Jacobs
Sanitarian