



# County of Riverside Department of Public Health

## CHDP Overview Workshop Presentations

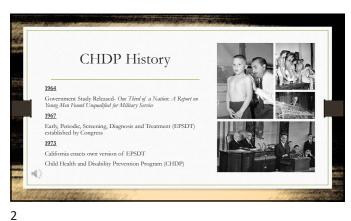
## **INTERNAL USE ONLY**

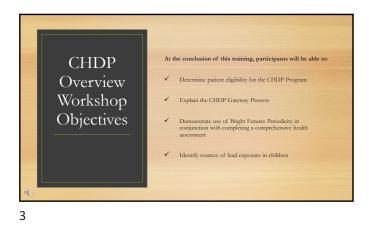
Do not forward without permission from CHDP.

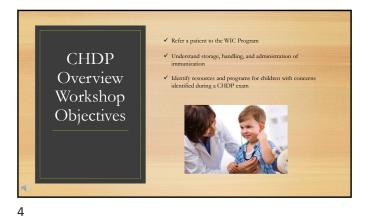
Child Health & Disability Prevention

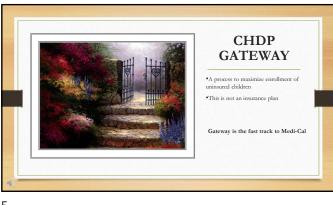


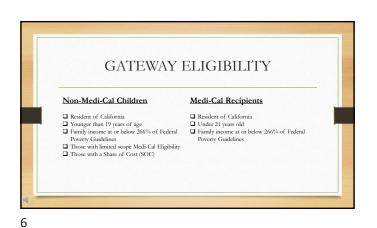


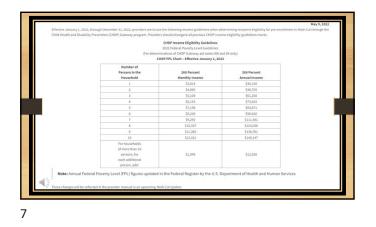




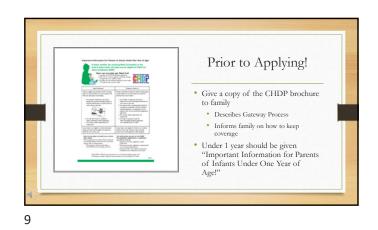




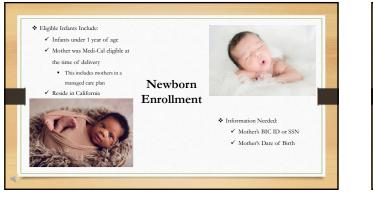








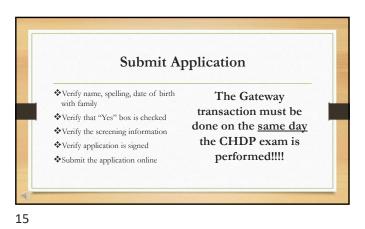




				Department of Health Care Services Children's Medical Services Branch
CHILD HEALTH AND PRE-		PREVENTION (C		м
Instructions to the Parent or Patient: In order to receive a health examination tod information you give is confidential. This is a			the information req	uired on this form. The
Is the patient less than 19 years of age?	I Yes	No No		
How many people are in your family?	4			
How much money does your family make be	fore taxes?	\$4,300	Or \$	Veaty
I want to apply for continuing coverage throug Covered California. If you answered yes to this question, an app answered no to this question (or if you answ dental, and vision benefits will stop at the er otherwise.	plication will be wered yes but ad of next mon	e mailed to you in a f do not return the app th unless the county	ew days. Please re plication), the patient	's coverage for health,
	mplete this se			
Mother's date of birth (month/day/year)		Mother's BIC or Medi-Cal car	rd number or social security r	sumber



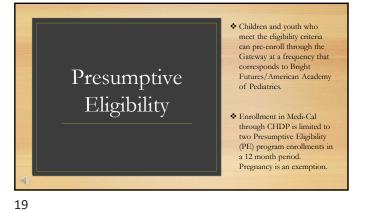
MNIHA
Sports or Camp Physical
Foster care or out-of-home placement
School or preschool entrance exam
Need for additional anticipatory guidance
History of perinatal problems
Evidence of significant developmental disability
Need to complete health assessment requirements
<ul> <li>Recheck lab results (lead, HGB) performed during a previous CHDP health assessment or there is a need to bring child up-to-date for immunizations</li> </ul>
<ul> <li>The pre-enrollment period has expired and child is not eligible for full-scope or no SOC Medi-Cal</li> </ul>

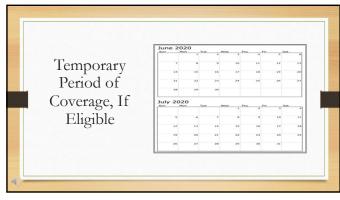


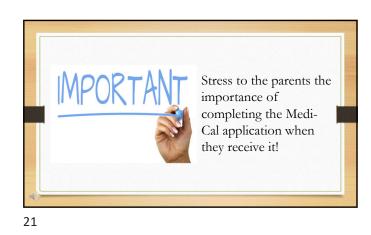






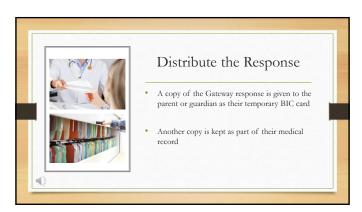


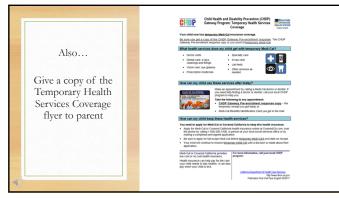






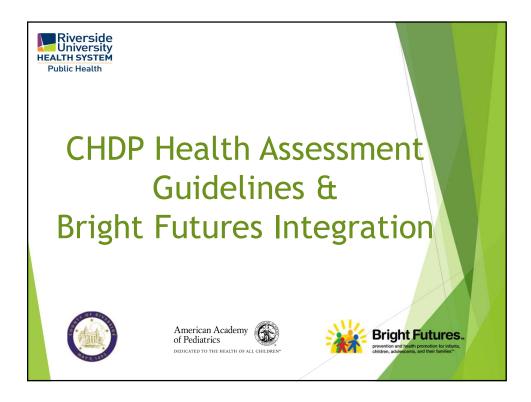


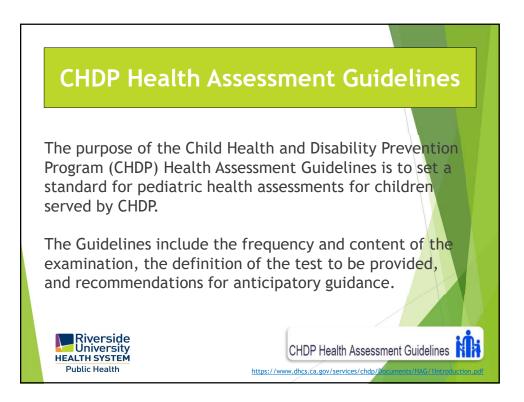


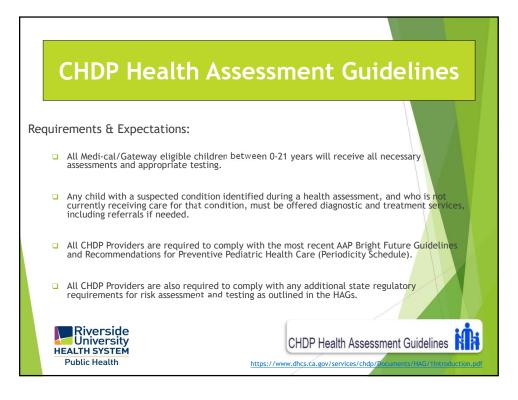


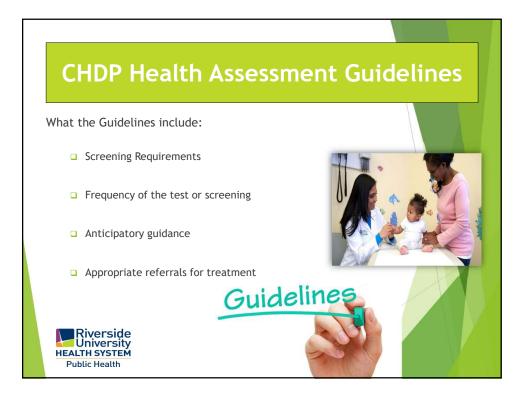




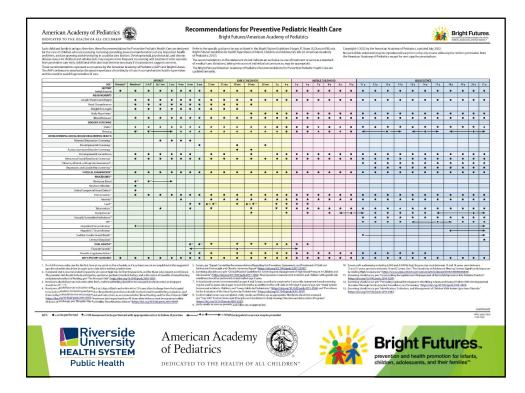


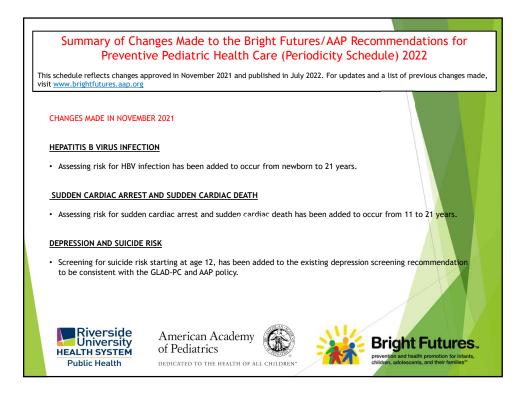


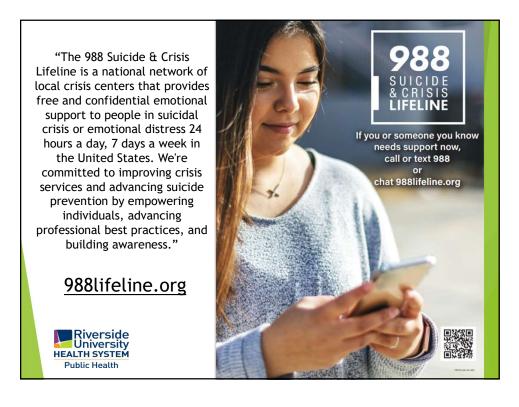


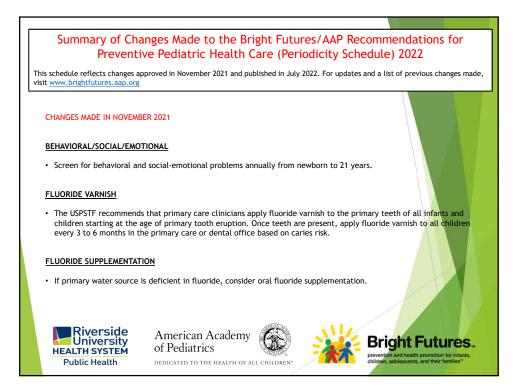


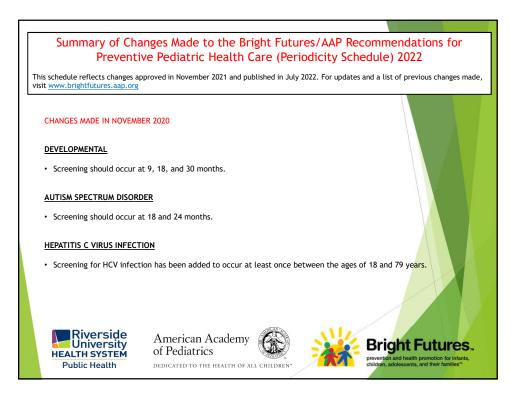


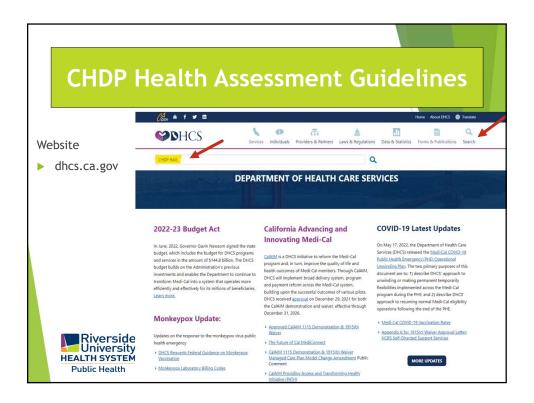


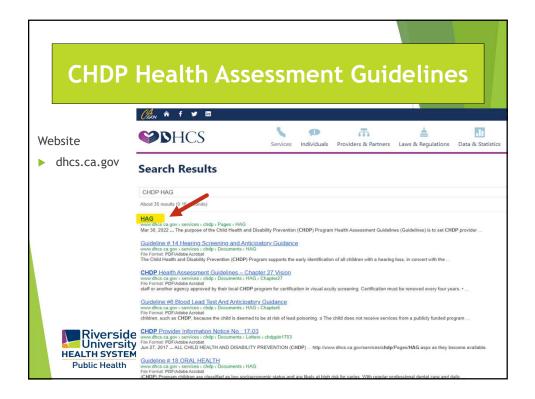






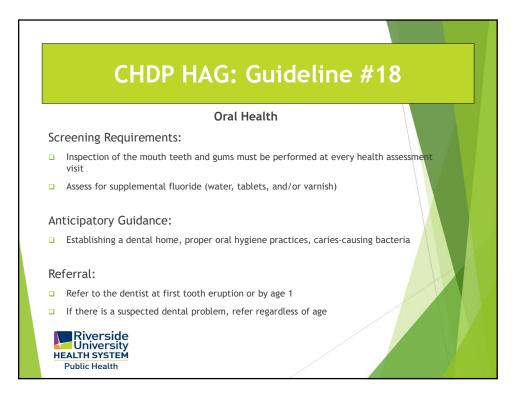






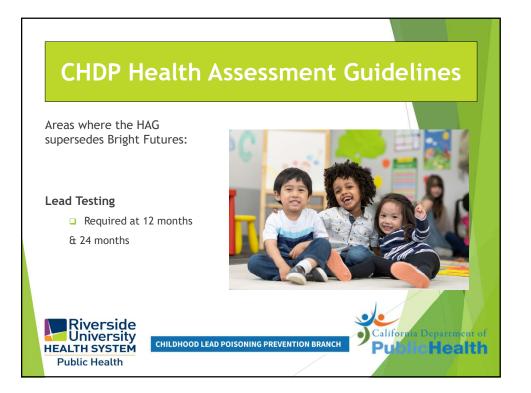
CHDP	Hea	lth Ass	essr	nent	Guio	delii	nes
	Cherry A f						Home About DHCS <b>()</b> Trans
Website	S DH		rvices Individuals	Providers & Partners	Laws & Regulations	Ji Data & Statistics	Forms & Publications Sear
dhcs.ca.gov	CHDP He	alth Assessment	Guidelin	es			
	assessments for ch Academy of Pediat	Child Health and Disability Preven ildren served by the CHDP Program rics' <u>Bright Futures Recommendat</u>	n. The state of Califo	rnia CHDP program is in	nplementing CHDP perio	dicity schedules to	conform with the American
		lience an be used by CHDP providers, Me emy of Pediatrics Bright Futures™		health plans, and other	healthcare professionals	. These Guidelines	are consistent with, and enhanc
	About the	Authors					
	This set of revision staff.	s to the Guidelines was coordinate	d by the CHDP Healt	h Assessment Guidelines	Workgroup, consisting	of State of Californi	a and local health agency CHDI
		<b>igements</b> nent Guidelines Workgroup would rics in providing advice, authorship			ecutive staff, the CHDP E	xecutive Committee	e members, and the American
	Please refer to CHI	OP Provider Information Notices 16	-02 and <u>17-03</u> .				
	Guideline*	Topic					
Riverside University	1.	Introduction					
University	2.	Adolescent Health					
HEALTH SYSTEM	3.	Adolescent Pre-participation P	hysical Exam (PPE)				
Public Health	4.	Anthropometric Measurement	1				
		Authors Assessment in Children	and Antistana a	dilawar.			

CHDP H	lealt	h Assessment Guidelines
	S DH	
- Website	Guideline*	Торіє
dhcs.ca.gov	1.	Intreduction Adolescent Health
- difested.gov	3.	Adolescent Pre-narticipation Physical Exam (PPE) Anthropometric Measurements
	5.	Asthma Assessment in Children and Anticipatory Guidance
	6.	Blood Lead Test and Anticipatory Guidance
	7.	Blood Pressure
	8.	Cervical Dysplasia
	9.	Child Maltreatment
	10.	Development. Socio-Emotional Behavioral Assessment and Anticipatory Guidance
	11.	Easting Blood Glucose and Cholesterol Screening Tests
	12.	Health Education and Anticipatory Guidance
	13.	Health History
	14.	Hearing Screening and Anticipatory Guidance
	15.	Immunizations
	16.	Iron. Deficiency, and Iron. Deficiency, Anemia.(Revised)
	17.	Nutritional Assessment and Anticipatory Guidance
	18.	Oral Health and Anticipatory Guidance
	19.	Ova and Parasites Screening
	20.	Periodicity Schedules for Health Assessment. & Dental Referral
	21.	Risk of Injury Assessment and Anticipatory Guidance
Riverside	22.	Sexually Transmitted Infections
Riverside	23.	Sickle Cell and other Hemoglobinopathies
Oniversity	24.	Substance Use: Alcohol and Drugs
HEALTH SYSTEM	25.	Tobacco Exposure and Use Assessment
Public Health	26.	Tuberculosis
	27.	Vision Screening









## CHDP Health Assessment Guidelines

Areas where the HAG supersedes Bright Futures:

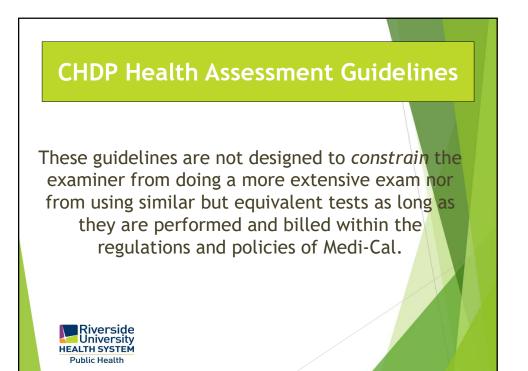
#### Hearing

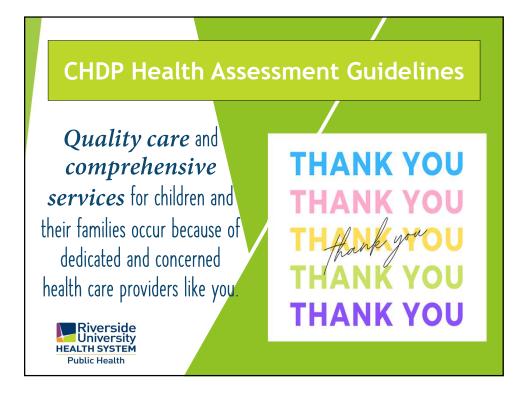
- Required starting at age 3 years,
- at every health assessment

#### Anemia (WIC & Headstart)

- Required at 12 months
- WIC requires anemia screening (hemoglobin) at 12 months, 24 months, 3 years and 4 years
- Head Start follows CHDP/Bright Futures requirement















## Quality Assurance Facility and Chart Reviews

## Riverside University HEALTH SYSTEM

## Quality Assurance Things To Know

- Our role is to assure quality, to help providers reach their max potential according to the state requirements.
- Reviews occur every 3-5 years
- Can be modified (passing score of 92% from MCP audit in last 12 months)

Riverside University HEALTH SYSTEM

• Can take up to 4 hours

## **Facility Review** Medical Record Review Medical Personnel • 5 Charts are reviewed Office management Documentation of comprehensive health assessment Health education services Site access / Site Safety Ages: ✓ 0-11 months ✓ 12 months ✓ 13 months – 4 years ✓ 5 years – 11 years ✓ 12 years – 20 years Emergency Kit Infection control / Lab

- Clinical services / Pharmaceutical (vaccines)

•

• Preventative Services Preventative Services Preventative Services Preventative Services Preventative Services Preventative Services

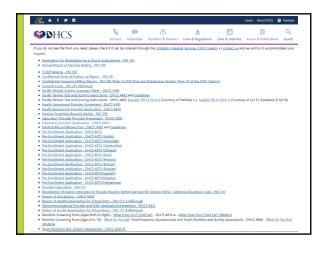










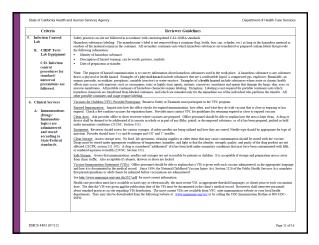


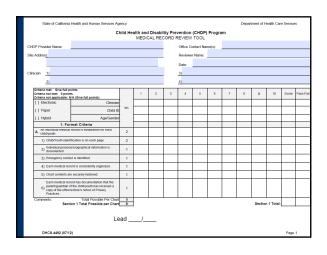
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Manual & County		& STATISTICS
right Provide,	Laws & Publications > Forms > CHOP Forms 3	elect Language 🛛 🔻
Chil	d Health and Disability Prevention Program Forms	-
<b>O</b>	u riediur and Disability Prevention Program Forms	
Facility F	Review Tool and Scoring Instructions - DHCS 4493 and (	Guidelines
we will try to an	ccommodule your request.	1
	for Registration as a School Audiometrist - PM 101 port of Hearing Testing - PM 100	
	port of hearing resting - HM 100 Ibjects Account Activation/Deactivation Request - DHCS 4074	
CHOP Refer		
a Contra		
· Contra	Medical Record Review Tool - DHCS 4492 and Guideli	nes
· Consent Fo	om - PM 211 (Bilhoue)	
	view Scoring Summary Sheet - DHCS 4494	
<ul> <li>Facility Rev</li> </ul>	view Tool and Scoring Instructions - DHCS 4493 and Guidelines	
<ul> <li>Facility Rev</li> </ul>	view Tool and Scoring Instructions - DHCS 4492 (Sample Fill-In Form 2 (Courtesy of Nathalie C.), Sample Fill-In Form	m 3 (Courteey
of Lee F.) (I	Updated 2/14/14)	
· Health Ass	essment Provider Agreement - DHCS 4491	
· Health Ass	essment Provider Application - DHCS 4490	
	zeening Request Walver - PM 359	
	Provider Program Agreement - DHCS 4503	
	Provider Application - DHCS 4502	
	cord Review Tool - DHCS 4492 and Guidelines	
	ment Application - DHCS 4073	
	nent Application - DHCS 4073 (Anabic)	
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	nent Application - DHCS 4573 (Famil)	
	rent Application - DHCB 4073 (Himong) ment Application - DHCB 4073 (Himong)	E

Review date					Last CHOP review date and results			
Provider name					Telephone number		Fax numbe	er en
Provider address (numb	ver, street)				City		State	ZIP code
Contact person		Tite			Cinicians on site			
Reviewer		Tite						
Reviewer		Tite			CHOP Provider category:	Comprehensive	Health	assessment only
Visit Purpose		History of Oth	er DHCS Certification(s)		Provider Types at Site		Office/Clin	nic Type
Initial Full Scope     Initial Full Scope     Monitoring     Follow-up     Focused Review     Other	woode Full         Comprehensive Periods Terrices Program           binstring         DHCS Licensing and Certification           binstring         DHCS Licensing and Certification           binstring         Medi-Celt Managed Cere Division           bitter         Vaccines for Onlidern				fractice	Outry Hespite Outri Cinic (11)     Ommunity Heath Cinic (25)     Ommunity Heath Cinic (25)     Planity Values Partitioner (10)     Planity Values Partitioner (10)     Planity Values Partitioner (10)     Planit Heath Cinic (21)     Inden Heath Cinic (21)     Planit Cinic (21)     Planition Nuns Partitioner (15)     Physicins Good Partitioner (13)     Physicins Good Partitioner (13)     Onter type		
SI	te Scores			Scoring I	Procedures	Comp	liance Thr	eshold
I. Personnel II. Office Managem III. Health Education IV. Site Access V. Infection Control VI. Clinical Services VII. Pediatric Preven Services	ent Services Lab Ci	E P F/ 15 /25 /10 E P F/ 8 L P F/12 E P F L P F	<ul> <li>If he/she fails to me</li> <li>Calculate the perception of the points. Me</li> </ul>	all seven section ents as stand all set any of these ent score by divio itiply by 100 to o	one oriteria. An applicant cannot be enrolled oriteria. Ing the neview score points by the total bitain the percentage. X 100 = %	If Critical Element 88 % through 100 70 % through 87 Less than 70 % Correction Plan Other follow-up Next Review Date	% = Full % = Con = FAIL	Approval Stional Approval
	us				Not Approved (less than 70%)	Not Approved (did		

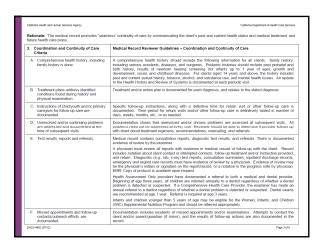
_	5. Infection Control/Lab (cont)					Site
	Infection Control Survey Criteria	Wt	Yes	No	N/A	Score
C.	The site/provider must ensure that the following are present on-site to prevent transmission of infections among clients and staff:					
	<ol> <li>Antiseptic hand cleaner and/or hot running water for hand washing is available in examining rooms and treatment areas.</li> </ol>	1				
	<ol> <li>A waste disposal container is in each examining room, treatment area, and restroom, and is covered.</li> </ol>	1				
	3. A process is in place for isolating infectious clients.	1				
	4. A disinfectant solution is labeled as approved by the Environmental Protection Agency (EPA)	1				
D.	The site/provider must ensure that the following are present on-site in order to decrease clients' and staffs' exposure to blood borne pathogens:	1				
	1. Personal protective equipment (e.g., gloves, gowns, eye/face protection) is available.					
	<ol> <li>Sharps containers are labeled and located in area where sharps are used and are accessible only to staff responsible for the use of sharps.</li> </ol>	1				
	3. Written documentation of sharp injury incidents is available.	1				
	<ol> <li>Biohazardous (nonsharp) waste is contained in separate, labeled, covered, and leak-proof container(s).</li> </ol>	1				
	Subtotal:	8	$\boxtimes$	$\bigtriangledown$	$\mathbf{\nabla}$	

dare	orci	lifornia Health and Human Services Agency		Departine	ani or ne	alth Care	Service
		6. Clinical Services					
		Pharmaceutical Services Survey Criteria	Wt.	Yes	No	N/A	Site Score
Α.		provider site participates in the Vaccines for Children (VFC) program and meets all the owing requirements:	CE			$\mathbb{N}$	Pass
	1.	Has a process to check and dispose of expired immunizations (no expired immunizations are present.)	$\mathbb{X}$			$ \rangle$	
	2.	Has a clean area for preparing immunizations.	$\boxtimes$			$\geq$	$\geq$
	3.	Has syringes and disposable needles in various sizes as needed (syringes- 3 cc and tb; needles- 5/8" and 1").	$\boxtimes$			$\boxtimes$	$\ge$
	4.	Stores immunizations separate from food, lab specimens, cleaning supplies, and other items that may cause contamination.	$\boxtimes$			$\boxtimes$	$\boxtimes$
	5.	Stores immunizations, needles and syringes so that they are accessible only to staff responsible for their use.	$\mathbb{X}$			$\boxtimes$	$\boxtimes$
	6.	Has Vaccine Immunization Statements (VISs), hard copy or electronic, for each immunization or immunization component administered and in threshold languages appropriate for the client population.	X			$\square$	$\left \right>$
	7.	Immunizations are stored according to manufacturer requirements. (The refrigerator at 2° to 8° C/35° to 46 °F and the freezer at -15° C/5°F or lower.)	$\mathbb{X}$			$\boxtimes$	$\ge$
	8.	Has a written plan for vaccine protection in case of power outage or malfunctioning of refrigerator or freezer.	$\mathbf{X}$			$\times$	$\boxtimes$
	9.	Has a written log documenting refrigerator and freezer temperatures twice a day.	$\bowtie$			$\bowtie$	$\mathbb{X}$
	10.	Has a freezer with its own external door separate from the refrigerator.	K			$\geq$	$\geq$
	11.	Has purified protein derivative injectable tuberculin. Date opened	×			$\bowtie$	$\mathbb{Z}$
	12.	Stores and handles all drugs (other than immunizations) that are administered in the office/clinic according to manufacturer requirements.	$\square$			$\square$	$\mathbf{\nabla}$





	a Health and Human Services Ag	ency								Depar	tment of H	lealth Car	0.301900	•
Criteria met: Give full Criteria not met: 0 poir Criteria not applicable:	nts.		1	2	3	4	5	6	7	8	9	10	Score	Pass I
[] Electronic	Clinician	1												
[] Paper	Child ID													
[] Hybrid	Age/Gender	WL.												
	and Continuity of Care (Cont'd)	1												
E. Test results, report	s, and referrals													
	est results, diagnostic reports, ave explicit notation of review in ord.	2												o Pas o Fail
2) consultation re parent(s), legal	agnostic reports, referrals, and ports are discussed with guardian, and/or child/youth with n in the medical record.	2												o Pas o Fail
	ment Only Provider, referred													
<sup>a)</sup> childiyouth to a r Or	e Health Provider, referred	3												
<sup>3)</sup> child/youth to a r Or If Comprehensiv	e Health Provider, referred Jental home.	3												
<ul> <li>a) childyouth to a to a to or</li> <li>Or</li> <li>If Comprehensive childyouth to a to a</li> <li>4) Age appropriate</li> </ul>	e Health Provider, referred Jential home. referral to WIC. s and follow-up contacts/outreach	2												Pas



### **Commonly Missed Items**

- CHDP trainings for designated staff
- CHDP health education materials "Growing up healthy"
- Spacer with mask for albuterol in E-kit
- O2 masks and ambu bags in 3 sizes = infant, peds, and adult
- Stock mandated vaccines for population served
- BP cuff sizes in infant, child, adult, large adult
- Documentation of privacy practices given to patient in each individual chart.
- Documentation of WIC status (0-5)
- Documentation of dental referral



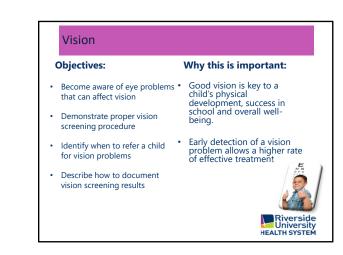
## Trainings

Riverside University HEALTH SYSTEM









Fluoride Varnish		Upcoming Trainings:
Objectives:	Why this is important:	1 3 3
<ul> <li>Identify children at risk for dental decay</li> </ul>	Fluoride varnish helps prevent tooth decay	Please visit our website at <u>www.rivcoch</u>
Refer children to a dentist	2	
<ul> <li>Recognize the importance of providing fluoride varnish to high risk children in the medical office.</li> </ul>	CHDP children are at highest risk for dental decay	Email: CHDPRiverside@ruhealth.c
<ul> <li>Demonstrate how to apply fluoride varnish to prevent, arrest, or delay the onset of caries</li> </ul>	<ul> <li>Young children are seen earlier and more frequently by medical providers than by a dentist</li> </ul>	CHDP Mainline: 951-358-5481
	Riverside University HEALTH SYSTEM	





## **New Care Coordination Form**

- Discontinued use PM160 on July 1, 2017
- Federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
- To facilitate CHDP follow-up, a new follow-up request form has been developed for use by CHDP providers and local county CHDP programs.

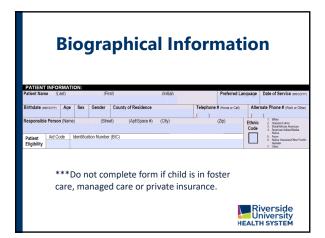
Riverside University HEALTH SYSTEM





## Electronic Medical Record Summary You must include the following: Medical diagnosis Medical treatment Dental home Scheduled for a return visit Referred to specialist <u>NAME + PHONE</u> <u>NUMBER</u>

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A. Medical A	ssessment and R		-			
No Medical P	roblems Suspected	Significant Medical History or Special Conditions:		s, Specify:		
	Problem Suspected			Referred To & Phone Number	Or	Return Visit Scheduled
CHDP	Problem Suspected		F	Referred To & Phone Number	Or	Return Visit Scheduled
						_
Physical Exam Nutrition	Problem Suspected			Referred To & Phone Number	01	Beturn Visit Scheduled
Developmental Vision			ľ	celetted to difficite number	0/	
Hearing	Problem Suspected					
	Problem Suspected			Referred To & Phone Number	Or	Return visit Scheduled
						Riverside
						inivorcity
						HEALTH SYSTEM

Dental Assessment			
B. Dental Assessment and Referral Section			
Class II: Urgert – pan attocess. Imp         Class IV. Step decay. mail         Class IV. Urgert – pan attocess. Imp           Mandated annual motion later han age / and lecommended every         Needs non-argent dental care         Class IV. Urgert – pan attocess. Imp           Needs non-argent dental care         Needs non-argent dental care         Immediate tradment for urgent dental condition which can progress rapidly			
Fluoride Varnish Applied: Yes, applied No, teeth have not erupted Ordered FV, date to be applied:			
No, other reason :			
Dental home referral Referred To & Phone Number:			

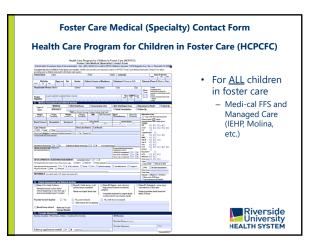
<b>Provider Information</b>		
D. Referring Provider Information		
Service Location: (Office Name, Address, Telephone N	lumber)	
Rendering Provider Name: (Print Name)		
Rendering Provider Signature:	Date:	
	Rive	



# Helpful Tips Write legibly Provide copy to parent/responsible party <u>For Federally Qualified Health Centers (FQHCs)</u>: o To fulfill reporting requirements, include

- informational lines on the UB-04 claim form. No more PM 160s.
- $\checkmark$  If child is in foster care, do not fill out form.
  - $\circ\,$  Health Care Program for Children in Foster Care
    - (HCPCFC) Medical (Specialty) Contact Form

Riverside University HEALTH SYSTEM



12/22/2021







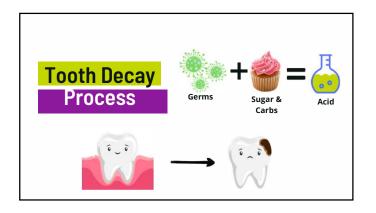




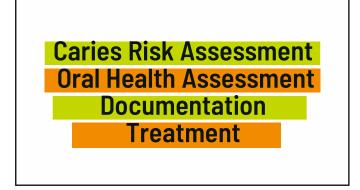




Start a	Bacteria
Conversation	Bacteria





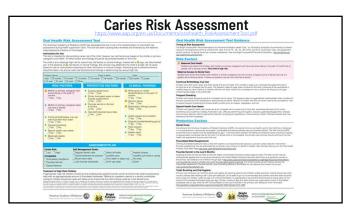


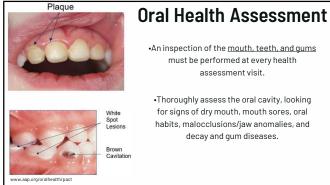


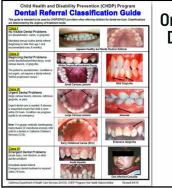
## **Caries Risk Assessment**

All CHDP and low-income children are considered at risk for dental caries (cavities)



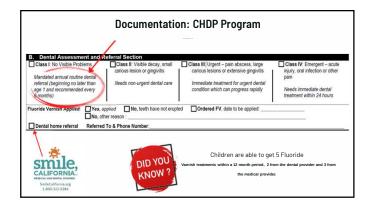






## **Oral Health Assessment Dental Classifications**

- Class I
- Class II
- Class III
- Class IV











## Brush, Book, Bed

Brush, Book, Bed is a program of the American Academy of Pediatrics to help parents develop healthy nighttime routines. Start your routine every night at the same time, 30 minutes before bedtime so that you have enough time to brush teeth, read together, and go to sleep. For tips on what should be included in this routine visit

#### www.HealthyChildren.org/BrushBookBed











## References

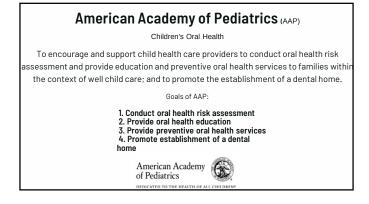
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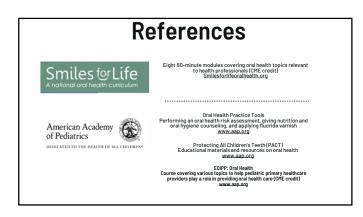
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United States General Accounting Office. (2000). Dental disease is a chronic problem among low-income populations (GA0/HEHS-00-72). Washington, Dc: U.S. Government Printing Office. Retrieved from https://www.gao.gov/new.items/he00072.pdf



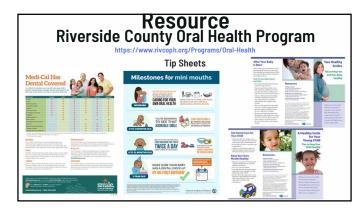


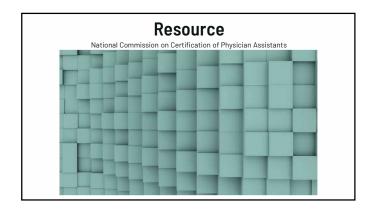








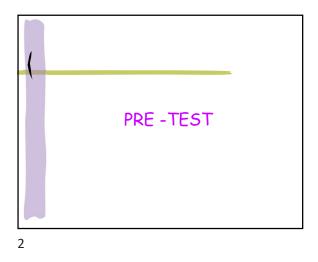


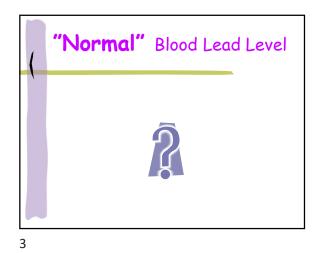


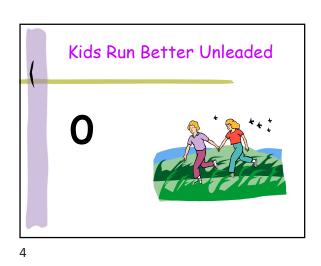




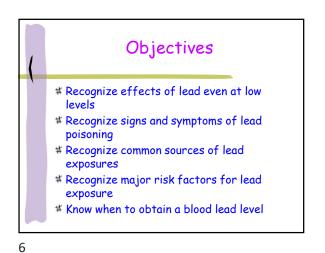


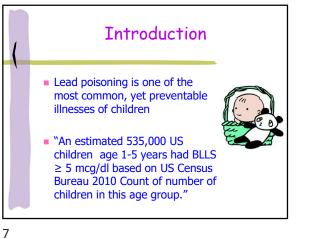














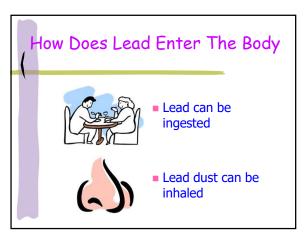
What is the CDC's Reference Level ?

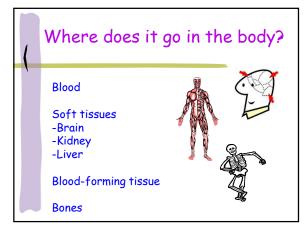
 5 microgram per deciliter

 (mcg/dl)

 The goal is to bring down to

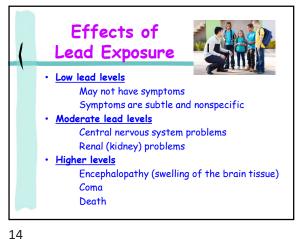
 ZERO













Risk Factors \* Nutritional deficiencies With activity \* Hand to Mouth activity







Risk Factors \* Living in older housing (especially homes built before 1978)











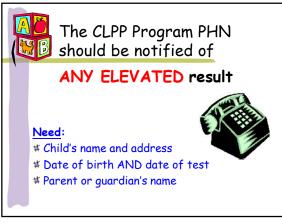












F			GUIDELINE	•
Blood Lead Level	Retest	Counseling & education by provider	Notify Public Health Nurse	Home Visit
4.5- 9.5	Within 3 Months	Yes	YES	NO
9.5 – 14.4	Venous confirmatory 1-3mo (retest 1-3 months)	Yes	YES	YES
14.4 - 19.4	Venous confirmatory 1-4wk (retest 1-3 mo.)	Yes	YES	One venous result in this
	<u>*at least 30 days</u> <u>apart</u>			range

31

Blood Lead Level	Retest	Counseling & education by provider	Notify Public Health Nurse	Home Visit
19.4 – 44.4	Confirm 1-4 weeks (retest 2 weeks to 1 month)	Yes	YES	YES
44.4 - 69.4	44.5-59.4 - Confirm within 48 hrs 59.5-69.4 - Confirm within 24 hrs (retest 2 weeks to 1 month)	Yes	YES	YES
Greater than 69.5	Confirm IMMEDIATELY (retest 2 weeks to 1 month)	Yes	YES	YES

CHELATION TREATMENT

• Medication binds with lead so that it

• IV and oral (e.g Calcium EDTA and

• Cannot reverse damage caused by

• Dangerous procedure (hunts all metals not just lead)

is excreted in the urine

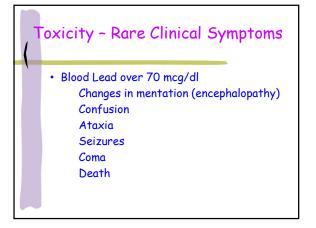
• BLL over > 45

DMSA)

Lead

Consider if:

33



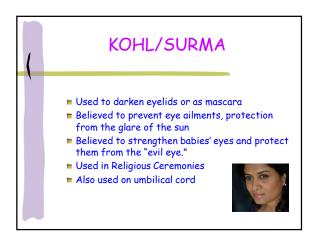


35



20% LEAD BY WEIGHT





























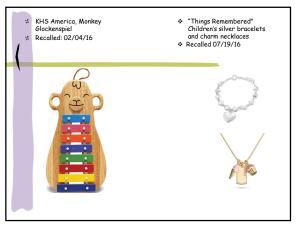














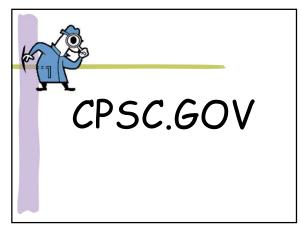


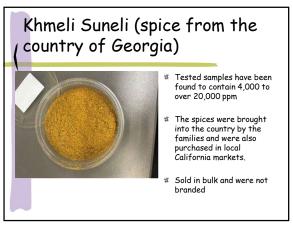


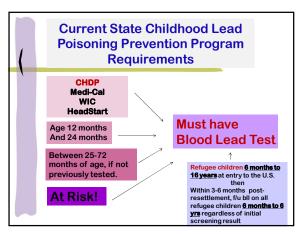














Noella Tataw, RN, MSN, PHN Riverside County CHILDHOOD LEAD POISONING PREVENTION PROGRAM

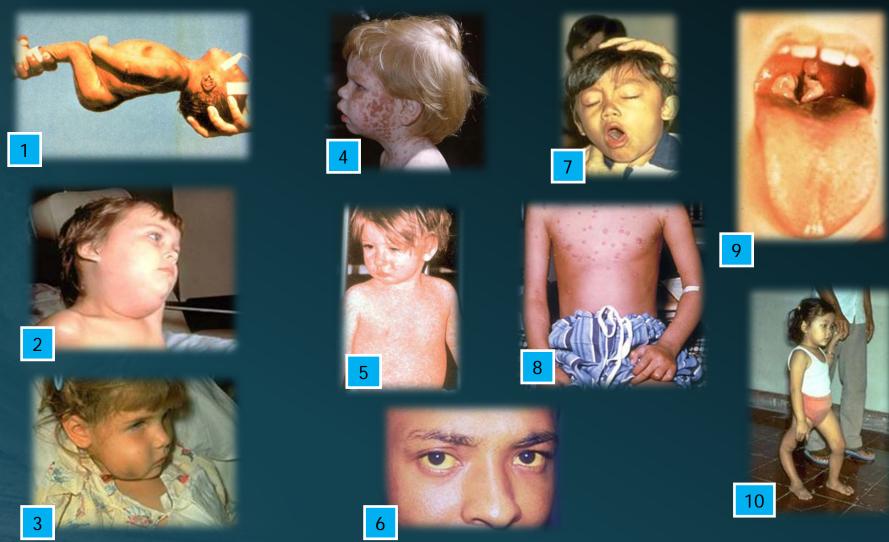
#### (951) 358-5734

NTataw@RUHealth.org www.rivcoph.org

# IMMUNIZATIONS OVERVIEW

Riverside University Health System-Public Health, Immunization Branch

### Vaccine Preventable Diseases



(Photos courtesy of WHO, CDC, American Academy Pediatrics, Children's Immunization Project)

# **IMMUNIZATION SCHEDULES**

#### **Recommended Child and Adolescent Immunization Schedule** for ages 18 years or younger

## UNITED STATES

#### Vaccines in the Child and Adolescent Immunization Schedule\*

vaccines in the child and Adolescent initialization sched	ule	
Vaccines	Abbreviations	Trade names
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel <sup>®</sup> Infanrix <sup>®</sup>
Diphtheria, tetanus vaccine	DT	No trade name
Haemophilus influenzae type b vaccine	Hib (PRP-T) Hib (PRP-OMP)	ActHIB° Hiberix° PedvaxHIB°
Hepatitis A vaccine	НерА	Havrix <sup>®</sup> Vaqta®
Hepatitis B vaccine	НерВ	Engerix-B° Recombivax HB°
Human papillomavirus vaccine	HPV	Gardasil 9®
Influenza vaccine (inactivated)	IIV	Multiple
Influenza vaccine (live, attenuated)	LAIV4	FluMist <sup>®</sup> Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R II®
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-D	Menactra®
	MenACWY-CRM	Menveo®
	MenACWY-TT	MenQuadfi®
Meningococcal serogroup B vaccine	MenB-4C	Bexsero®
	MenB-FHbp	Trumenba®
Pneumococcal 13-valent conjugate vaccine	PCV13	Prevnar 13®
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax 23°
Poliovirus vaccine (inactivated)	IPV	IPOL®
Rotavirus vaccine	RV1 RV5	Rotarix <sup>®</sup> RotaTeq®
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel® Boostrix®
Tetanus and diphtheria vaccine	Td	Tenivac <sup>®</sup> Tdvax™
Varicella vaccine	VAR	Varivax®
Combination vaccines (use combination vaccines instead of separate injections	when appropriate,	)
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix®
DTaP, inactivated poliovirus, and Haemophilus influenzae type b vaccine	DTaP-IPV/Hib	Pentacel®
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix <sup>®</sup> Quadracel®
DTaP, inactivated poliovirus, Haemophilus influenzae type b, and hepatitis B vaccine	DTaP-IPV-Hib- HepB	Vaxelis <sup>®</sup>
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad®

\*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

#### How to use the child/adolescent immunization schedule

1	2	3	4
Determine recommended vaccine by age ( <b>Table 1</b> )	Determine recommended interval for catch-up vaccination (Table 2)	Assess need for additional recommended vaccines by medical condition and other indications (Table 3)	Review vaccine types, frequencies, intervals, and considerations for special situations (Notes)

Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American Academy of Pediatrics (www.aap.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), American College of Nurse-Midwives (www.midwife.org), American Academy of Physician Assistants (www.aapa.org), and National Association of Pediatric Nurse Practitioners (www.napnap.org).

#### Report

• Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department

 Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or 800-822-7967

- Download the CDC Vaccine Schedules App for providers at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html.

#### Helpful information

- Complete ACIP recommendations:
- www.cdc.gov/vaccines/hcp/acip-recs/index.html
- General Best Practice Guidelines for Immunization: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Outbreak information (including case identification and outbreak response), see Manual for the Surveillance of Vaccine-Preventable Diseases: www.cdc.gov/vaccines/pubs/surv-manual
- ACIP Shared Clinical Decision-Making Recommendations www.cdc.gov/vaccines/acip/acip-scdm-faqs.html



**U.S. Department of Health and Human Services** Centers for Disease **Control and Prevention** 

### Recommended Immunization Schedule: 0-18 years

#### Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos		19–23 mos			7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Hepatitis B (HepB)	1 <sup>st</sup> dose	< 2 <sup>nd</sup> (	dose▶		<b>∢</b>		3 <sup>rd</sup> dose -										
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			<b>∢</b> 4 <sup>th</sup> C	oseÞ			5 <sup>th</sup> dose					
<i>Haemophilus Influenzae</i> type b (HIb)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes		<a>3<sup>rd</sup> or 4 See 1</a>	th dose, Notes									
Pneumococcal conjugate (PCV13)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose		<b>∢</b> 4 <sup>th</sup> (	lose►									
Inactivated pollovirus (IPV <18 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	<b>∢</b>		3 <sup>rd</sup> dose -					4 <sup>th</sup> dose					
Influenza (IIV)							A	nnual vacci	nation 1 or	2 doses			-or-	Annual	vaccinatior	n 1 dose or	nly
Influenza (LAIV4)												l vaccinatio or 2 doses		Annual	vaccinatior	n 1 dose or	nly
Measles, mumps, rubella (MMR)					See N	lotes	<b>∢</b> 1 <sup>st</sup> (	loseÞ				2 <sup>nd</sup> dose					
Varicella (VAR)							<b>∢</b> 1 <sup>st</sup> (	loseÞ				2 <sup>nd</sup> dose					
Hepatitis A (HepA)					See N	lotes	1	2-dose serie	s, See Note	s							
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)														Tdap			
Human papillomavirus (HPV)													*	See Notes			
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)								See Notes						1 <sup>st</sup> dose		2 <sup>nd</sup> dose	
Meningococcal B															See Not	es	
Pneumococcal polysaccharide (PPSV23)														See Notes			
Range of recommended ages for all children			of recomm ch-up imm	ended ages unization			e of recomm n high-risk (		s for	decis	ion-making		ared clinical oup		No recomm not applical		

#### Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More Table 2

than 1 month Behind, United States, 2021 The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Table 1 and the notes that follow.

Children age 4 months through 6 years								
Vaccine	Minimum Age for		Minimum Interval Between Doses					
	Dose 1	Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5			
Hepatitis B	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.					
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	4 weeks	4 weeks Maximum age for final dose is 8 months, 0 days.					
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months			
Haemophilus influenzae type b	6 weeks	No further doses needed if first dose was administered at age 15 months or older. 4 weeks if first dose was administered before the 1 <sup>st</sup> birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months.	No further doses needed if previous dose was administered at age 15 months or older. 4 weeks if current age is younger than 12 months <i>and</i> first dose was administered at younger than age 7 months <i>and</i> at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix) or unknown. 8 weeks <i>and</i> age 12 through 59 months (as final dose) if current age is younger than 12 months <i>and</i> first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months <i>and</i> first dose was administered before the 1 <sup>st</sup> birthday <i>and</i> second dose was administered at younger than 15 months; OR if both doses were PRP-OMP (PedvaxHIB, Comvax) <i>and</i> were administered before the 1 <sup>st</sup> birthday.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 <sup>st</sup> birthday.				
Pneumococcal conjugate	6 weeks	No further doses needed for healthy children if first dose was administered at age 24 months or older. 4 weeks if first dose was administered before the 1* birthday. 8 weeks (as final dose for healthy children) if first dose was administered at the 1* birthday or after.	No further doses needed for healthy children if previous dose was administered at age 24 months or older.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.				
Inactivated poliovirus	6 weeks	4 weeks	4 weeks if current age is <4 years. 6 months (as final dose) if current age is 4 years or older.	6 months (minimum age 4 years for final dose).				
Measles, mumps, rubella	12 months	4 weeks						
Varicella	12 months	3 months						
Hepatitis A	12 months	6 months						
Meningococcal ACWY	2 months MenACWY- CRM 9 months MenACWY-D 2 years MenACWY-TT	8 weeks	See Notes	See Notes				
			Children and adolescents age 7 through 18 years					
Meningococcal ACWY	Not applicable (N/A)	8 weeks						
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 <sup>st</sup> birthday.	6 months if first dose of DTaP/ DT was administered before the 1 <sup>st</sup> birthday.				
Human papillomavirus	9 years	Routine dosing intervals are recommended.						
Hepatitis A	N/A	6 months						
Hepatitis B	N/A	4 weeks	8 weeks and at least 16 weeks after first dose.					
Inactivated poliovirus	N/A	4 weeks	6 months A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.				
Measles, mumps, rubella	N/A	4 weeks						
Varicella	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.						

# Catch-up Schedule

Recommended Immunization Schedule by Medical Indication

Always use this table in conjunction with Table 1 and the notes that follow. INDICATION										
			HIV infection	CD4+ count <sup>1</sup>				Asplenia or		
VACCINE	Pregnancy	Immunocom- promised status (excluding HIV infection)	<15% and total CD4 cell count of <200/mm <sup>3</sup>	≥15% and total CD4 cell count of ≥200/mm <sup>3</sup>	Kidney failure, end-stage renal disease, or on hemodialysis	Heart disease or chronic lung disease	CSF leak or cochlear implant	persistent complement component deficiencies	Chronic liver disease	Diabetes
Hepatitis B										
Rotavirus		SCID <sup>2</sup>								
Diphtheria, tetanus, and acellular pertussis (DTaP)										
Haemophilus influenzae type b										
Pneumococcal conjugate										
Inactivated poliovirus										
Influenza (IIV)									_	
Influenza (LAIV4)						Asthma, wheezing: 2–4yrs³				
Measles, mumps, rubella	*									
Varicella	*									
Hepatitis A										
Tetanus, diphtheria, and acellular pertussis (Tdap)										
Human papillomavirus	*									
Meningococcal ACWY										
Meningococcal B										
Pneumococcal polysaccharide										

#### Notes

#### S Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021

For vaccination recommendations for persons ages 19 years or older, see the Recommended Adult Immunization Schedule, 2021.

#### Additional information

#### COVID-19 Vaccination

ACIP recommends use of COVID-19 vaccines within the scope of the Emergency Use Authorization or Biologics License Application for the particular vaccine. Interim ACIP recommendations for the use of COVID-19 vaccines can be found at www.cdc.gov/vaccines/hcp/acip-recs/.

- Consult relevant ACIP statements for detailed recommendations at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For information on contraindications and precautions for the use of a vaccine, consult the General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/generalrecs/contraindications.html and relevant ACIP statements at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as "through."
- Vaccine doses administered ≤4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum age or minimum interval should not be counted as valid and should be repeated as age appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see Table 3-1, Recommended and minimum ages and intervals between vaccine doses, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/aciprecs/general-recs/timing.html.
- Information on travel vaccination requirements and recommendations is available at www.cdc.gov/travel/.
- For vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip-recs/generalrecs/immunocompetence.html, and Immunization in Special Clinical Circumstances (In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. *Red Book: 2018 Report of the Committee on Infectious Diseases.* 31<sup>st</sup> ed. Itasca, IL: American Academy of Pediatrics; 2018;67–111).
- For information about vaccination in the setting of a vaccinepreventable disease outbreak, contact your state or local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All routine child and adolescent vaccines are covered by VICP except for pneumococcal polysaccharide vaccine (PPSV23). For more information, see www.hrsa.gov/ vaccinecompensation/index.html.

#### Diphtheria, tetanus, and pertussis (DTaP) vaccination (minimum age: 6 weeks [4 years for Kinrix or Quadracel])

#### Routine vaccination

- 5-dose series at 2, 4, 6, 15–18 months, 4–6 years
- Prospectively: Dose 4 may be administered as early as age 12 months if at least 6 months have elapsed since dose 3.
- **Retrospectively:** A 4<sup>th</sup> dose that was inadvertently administered as early as age 12 months may be counted if at least 4 months have elapsed since dose 3.

#### Catch-up vaccination

- Dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after dose 3.
- For other catch-up guidance, see Table 2.

#### Special situations

 Wound management in children less than age 7 years with history of 3 or more doses of tetanus-toxoid-containing vaccine: For all wounds except clean and minor wounds, administer DTaP if more than 5 years since last dose of tetanus-toxoid-containing vaccine. For detailed information, see www.cdc.gov/mmwr/ volumes/67/rr/rr6702a1.htm.

#### *Haemophilus influenzae* type b vaccination (minimum age: 6 weeks)

#### Routine vaccination

- ActHIB, Hiberix, or Pentacel: 4-dose series at 2, 4, 6, 12– 15 months
- PedvaxHIB: 3-dose series at 2, 4, 12–15 months

#### Catch-up vaccination

- Dose 1 at age 7–11 months: Administer dose 2 at least 4 weeks later and dose 3 (final dose) at age 12–15 months or 8 weeks after dose 2 (whichever is later).
- Dose 1 at age 12–14 months: Administer dose 2 (final dose) at least 8 weeks after dose 1.
- Dose 1 before age 12 months and dose 2 before age 15 months: Administer dose 3 (final dose) 8 weeks after dose 2.
- 2 doses of PedvaxHIB before age 12 months: Administer dose 3 (final dose) at 12–59 months and at least 8 weeks after dose 2.
- 1 dose administered at age 15 months or older: No further doses needed
- Unvaccinated at age 15-59 months: Administer 1 dose.
- Previously unvaccinated children age 60 months or older who are not considered high risk: Do not require catch-up vaccination
- For other catch-up guidance, see Table 2.

#### Special situations

- Chemotherapy or radiation treatment: <u>12–59 months</u>
- Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
- 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

Doses administered within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.

- Hematopoietic stem cell transplant (HSCT):
- 3-dose series 4 weeks apart starting 6 to 12 months after successful transplant, regardless of Hib vaccination history
- Anatomic or functional asplenia (including sickle cell disease):

#### 12-59 months

- Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
- 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose
- Unvaccinated\* persons age 5 years or older
- -1 dose

#### Elective splenectomy:

- Unvaccinated\* persons age 15 months or older
- 1 dose (preferably at least 14 days before procedure)

#### HIV infection:

#### 12-59 months

- Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
- 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

#### Unvaccinated\* persons age 5–18 years

- 1 dose
- Immunoglobulin deficiency, early component complement deficiency:

#### 12-59 months

- Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
- 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose
- \*Unvaccinated = Less than routine series (through age 14 months) OR no doses (age 15 months or older)

Minimum Intervals and Ages Don't give shots before the

minimum age

Never give shots before the minimum interval

### Extended Intervals

It is not necessary to restart the series of <u>any</u> vaccine due to extended intervals between doses

## New Vaccines

# Vaxelis® (DTaP-IPV-Hib-HepB)

- Licensed by the FDA on 12/21/2018
- ACIP included the product in the VFC Program on 06/26/2019
- Manufactured by Sanofi<sup>®</sup> and Merck<sup>®</sup>
- Hexavalent vaccine, first approved for use in the United States
- Not currently on the California VFC order list (coming soon)

© vaxelis®	Diphtherie-Tetanus-Pertussis(azellulär, aus Komponenter Hepatitis-B(rDNA)-Poliomyelitis(inaktiviert)-Haemophilus-Typ (konjugiert)-Adsorbat-Imgtstoff		
Injektionssuspension in einer Fertigspritze Intramuskulär verabreichen. 1 Fertigspritze (0,5 ml) ohne Kanüle			
	MCM Vaccine B.V.		

# Vaxelis® (DTaP-IPV-Hib-HepB)

- VAXELIS® is a vaccine indicated for active immunization to prevent diphtheria, tetanus, pertussis, poliomyelitis, hepatitis B, and Haemophilus influenzae type b.
  - Vaxelis<sup>®</sup> is licensed for use in children aged 6 weeks through 4 years (before the fifth birthday)
  - Vaxelis<sup>®</sup> can be used for the first 3 doses of the recommended DTaP series but should not be used for the fourth or fifth dose
  - ✓ Licensed for 3-dose series: 2,4, and 6 mos
  - ✓ First dose may be given as early as 6 weeks of age
  - ✓ 0.5ml administered intramuscularly (IM)
  - ✓ Available in single dose vials (SDV) and pre-filled syringes

https://www.cdc.gov/mmwr/volumes/69/wr/mm6905a5.htm

https://www.immunizationinfo.com/fda-approves-6-in-1-vaccine-from-merck-and-sanofi/

https://www.fda.gov/media/119465/download

## Vaxelis<sup>®</sup> - Series Completion

- Children who have received a 3-dose series of Vaxelis® should complete the primary and pertussis series with one of the following vaccine products:
  - Pentacel®
  - Quandracel®
  - DAPTACEL®

https://www.vaxelistransition.com/static/pdf/US-VAX-00124\_VAX\_TransitionTool\_Downloadable\_Assets\_Vaccine\_Schedule\_DIG\_v10lg.pdf

# Vaxelis® Side Effects

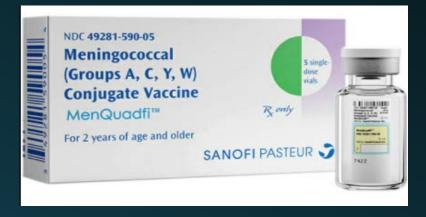
What are the most common side effects of VAXELIS®?

pain, redness, or swelling where the shot was given
fever (100.4°F or higher)
crying more than usual
eating less than usual
fussy more than usual
sleepy more than usual
throwing up

https://www.merck.com/product/usa/pi\_circulars/v/vaxelis/vaxelis\_ppi.pdf

### MenQuadFi® (A,C,W,Y-TT Conjugate Vaccine)

- Licensed by the FDA on May 15<sup>th</sup>, 2020
- VFC resolution passed on 06/24/2020
- Manufactured by Sanofi®
- ACIP has previously stated no brand preference of one product over another



https://www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6909a1-H.pdf

# MenQuadFi® (A,C,W,Y-TT Conjugate Vaccine)

 MenQuadfi® is a vaccine indicated for active immunization for the prevention of invasive meningococcal disease caused by Neisseria meningitidis serogroups A, C, W, and Y. MenQuadfi® is indicated for use in individuals 2 years of age and older.

✓ Routine vaccination at 2-dose series at 11–12 years, 16 years

- Children with special medical conditions: Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart
- ✓ 0.5 ml injection intramuscularly
- ✓ Catch-up vaccination at Age 13–15 years: 1 dose now and booster at age 16–18 years
- ✓ Available in single dose vials (SDV)

https://www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6909a1-H.pdf

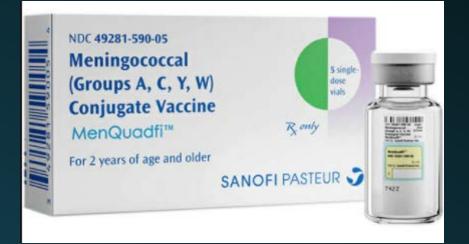
https://www.fda.gov/media/137306/download



# MenQuadfi® (ACWY-TT Conjugate Vaccine)

### • Side effects:

- $\checkmark$  Pain at injection site
- ✓ Redness and swelling at injection site
- ✓ Malaise
- ✓ Headache
- ✓ Fever



## COVID-19 Vaccine

### **COVID** Vaccine

- The COVID-19 Vaccination Program differs the California VFC Program:
  - ✓ Vaccine only available through the COVID-19 program
  - ✓ Interested providers, must register
  - ✓ Please contact:
    - ✓ COVID Call Center 833-502-1245
    - ✓ Monday to Friday 8:00am to 6:00pm
  - $\checkmark$  For more information go to:

		cinate ALL 58 Co	alifornia COVID-19 Vaccination Program				
	Program Upda						
	Program Enrol	ilment	Program Updates				
	My Turn Onbos	arding	Providers currently enrolled or in the process of enrolling in the				
	Vaccine Manag		California COVID-19 Vaccination Program can access program- related resources and communications on this website. If you				
fers fro		nistration	need assistance with accessing documents on this website, email covidcallcenter@cdph.ca.gov or call (833) 502-1245. Call center				
	Reporting Req		hours are Mon-Fri 8 am-6 pm.				
	Archived Com	munications	Program Education and Support				
	Patient Resour		Provider Office Hours and myCAvax Training Sessions				
			Weekly Calendar of Provider Webinars and Trainings     Frequently Asked Questions Updated 7/1				
19	Provide	er	Guide to Other COVID-19 Vaccine Related Websites				
	Suppor	t					
	COVID Call	Center	Alerts:				
	Email: For Pr		Holiday Schedule				
	Phone: (833) Hours: Mon-		• Vaccine Order Request Form is due on Tuesday, July 6				
	6PM	,	Vaccine Delivery Changes for July 5-6				
Vaccinate ALL 58	California COVID-19 Vaccination Pro	ogram	ENHANCED BYCCINE?				
Program Updates			ders (approved in myCAvax) may request doses using the Vaccine lace feature. Find out how.				
Program Enrollment	Steps to Enroll		s of Pediatric Services				
My Turn Onboarding	Providers with an active license in California administer vaccines are eligible to enroll in	a who possess an					
Vaccine Management	Vaccination Program. Please follow the step organization or practice has completed all a	ps below to ensur	e your				
Vaccine Administration	participate. The California Department of Public Health		with the d the COVID-				
Reporting Requirements Archived Communications	California Medical Association (CMA) on way 19 Vaccine Program. CMA is providing onbo	ys to expand the					
Patient Resources	pediatric providers, individual practitioners practices and will work directly with you to	and small group					
	necessary for you to apply for eligibility to r COVID-19 vaccines within your scope of pra	receive and admi					
Provider Support	1. Review program requirements						
COVID Call Center	We strongly recommend that you review the						
Email: For Program Info	requirements before planning any further, to your organization will meet all the requirem		ther				
Phone: (833) 502-1245 Hours: Mon-Frl, 8AM- 6PM	Before You Enroll (sets expectations)     Provider Enrollment Worksheet (gather re	required data befi	ore				
	logging in to myCAvax)  • Storage Guidelines						
myCAvax Help Desk							
Email: For Technical Support	2. Register with your local regist SDIR)	try (CAIR, RI	DE or				
Phone: (833) 502- 1245, option 2	Ensure that your practice is registered and administration data to the immunization reg						
Vaccines	area. You will need to provide your registry Code) during the enrollment process.						
Manufacturer Contacts	Most Counties: Enroll in CAIR,	000-579-7600	funni de la companya				
My Turn	email CAIRHelpdesk@cdph.ca.gov or call need help • San Joaquin Region						
Email: For Onboarding,	(Alpine, Amador, Calaveras, Mariposa, Me Joaguin, Stanislaus, Tuolumne): Healthy	erced, San Futures/RIDE,					
Technical Support Help Desk: (415) 621-	<ul> <li>email support@myhealthyfutures.org</li> <li>San Diego County: SDIR, email sdir@sdi:</li> </ul>	iz.org					
9494 Sun-Sat, 7AM-7PM	Providers may choose to use the My Turn ap vaccine clinics and/or submit vaccine admin	nistration data if	iage you do				
Clinic Translation Line:	not have an Electronic Health Record (EHR)	) system.					

### Children 12+ are Eligible for COVID-19 Vaccines

 As of 5/12/21, ACIP authorized and recommended for ages 12-15
 ✓ Pfizer only current option for ages 12-17

 Pediatric COVID-19 vaccine clinical trials in progress for
 ✓ Other vaccines (Janssen, Moderna)
 ✓ Ages 6 months - 11 years



<u>COVID-19 Vaccine</u> <u>Clinical Considerations</u>

https://www.cdc.gov/mmwr/volumes/70/wr/mm7020e1.h tml

## Pfizer COVID-19 Vaccine in Adolescents



CDC recommends vaccination for everyone 12 years and older to help protect against COVID-19.

#### Why does my child need a COVID-19 vaccine?

COVID-19 vaccines help protect kids from getting COVID-19. Getting a COVID-19 vaccine will also help keep them from getting seriously ill even if they do get COVID-19.

#### When should my child be vaccinated?

All kids who are 12 years and older should get a COVID-19 vaccine. If your preteen or teen hasn't gotten their vaccine yet, talk to their doctor about getting it as soon as possible.

#### Are COVID-19 vaccines safe for my child?

Yes. COVID-19 vaccination provides safe and effective protection against the virus that causes COVID-19. The COVID-19 vaccines have been used under the most intensive safety monitoring in U.S. history.

The Pfizer-BioNTech COVID-19 Vaccine is now available for everyone ages
12 and oldet. In the clinical trial for children ages 12 through 15, the
Disput BioNTech Survey of a water strengther (2000-10)

The measurement operations is show assaulte on everyone ages 12 and older. In the clinical trial fore children ages 12 through 15, the Pfizer-BioNTech vaccine was 100% effective at preventing COVID-19 with symptoms, in addition, children's immune systems responded to the vaccine in a way similar to those of older teens and young adults. No softer concerns were identified in the clinical trial.

#### Before, during and after your child's vaccination

- · Your child will need 2 shots given 3 weeks (21 days) apart to get the most protection.
- Tell the doctor or nurse about any allergies your child may have.
- Comfort your child during the appointment.
   To prevent fainting and injuries related to fainting, your child should be seated or lying down during vaccination and for
- 15 minutes after the vaccine is given.
- After your childs COVID-19 vaccination, you will be asked to stay for 15 minutes so your child can be observed in case they have a severe allergic reaction and need immediate treatment.



www.cdc.gov/coronavirus/vaccines

All authorized and recommended

COVID-19 vaccines:

are safe.

https://www.cdc.gov/coronavirus/2019-ncov/downloads/vaccines/toolkits/COVID-19-Vaccine-for-Preteens\_Teens-508.pdf Perinatal Hepatitis B Prevention Program

### Perinatal Hepatitis B Prevention Program

- Perinatal hepatitis B virus transmission is a serious public health problem, many infants are born to infected mothers and can become chronically infected
- Timely post exposure prophylaxis of the infant is effective in preventing perinatal hepatitis B transmission
- The infant must receive hepatitis B immunoglobulin (HBIG) and hepatitis B vaccine within 12 hours of birth

### Perinatal Hepatitis B Prevention Program

Riverside University Health System-Public Health, Immunization Program is a part of the Perinatal Hepatitis B Prevention Program and provides:

- Case management of HBsAg positive women and their infants is completed
- Education of medical providers, birth hospitals, and hepatitis B infected pregnant women and their household contacts is completed to aid in the preventing transmission of perinatal hepatitis b virus
- As a medical provider...
- Ensure the child receives all recommended doses of hepatitis B vaccine in a timely manner
- Ensure the child receives post-vaccination serologic test which will confirm protection

### Perinatal Hepatitis B Prevention Program

- Monovalent hepatitis B vaccine is to be administered to all newborns within 24 hours of birth
- Infants born to HBsAg <u>positive</u> mothers administer hepatitis B vaccine AND HBIG within 12 hours of birth (separate sites)
  - Complete post vaccination serologic testing (PVST) at age 9-12 months <u>or</u> 1 to 2 months after hepatitis B vaccine series completion
  - Testing should NOT be done before 9 months of age
  - Test ordered HBsAg and antibody to hepatitis B surface antigen (anti-HBs)
    - Test should be quantitative (not qualitative)

### School Law

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#### Immunization Branch

The California Department of Public Health has launched the California Immunization Registry – Medical Exemption (CAIR-ME, <u>https://cair.cdph.ca.gov/exemptions</u>) website to request, issue, manage, and track medical exemptions from required immunizations for children attending school or child care facilities. CAIR-ME was created in response to laws passed in 2019 (Senate Bills <u>276</u> and <u>714</u>).

**EZIZ Update** 

**JCDPH** 

Starting January 1, 2021, new medical exemptions for children can only be issued using the CAIR-ME website. MDs and DOs licensed in California can register to use CAIR-ME at any time in order to issue a medical exemption. Current users of CAIR2 will still need to register to use CAIR-ME. Instructions are available on <u>CAIR-ME</u> along with on-screen prompts to guide you through registration and the submission of a medical exemption.

Per state law, medical exemptions should meet applicable Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices (ACIP), and American Academy of Pediatrics (AAP) criteria for appropriate medical exemptions or be consistent with the relevant standard of care.

CDPH will host a provider webinar Tuesday, January 26th, 2021 from 12pm-1pm to review the new requirements and process for submitting exemptions in CAIR-ME. Look for an email invitation in the next week. The webinar will be recorded and available for on-demand viewing on the <u>CAIR-ME</u> website.

Subscribe to EZIZ Emails

EZIZ.org

K - 12	GR		cluding transition	hal kindergarten)	9°001
GRADE	NUMBER OF DO	SES REQUIRED	OF EACH IMMU	NIZATION <sup>1, 2, 3</sup>	
K-12 Admission	4 Polio <sup>4</sup>	5 DTaP <sup>s</sup>	3 Hep B <sup>s</sup>	2 MMR <sup>7</sup>	2 Varicella
(7th-12th)*	K-12 doses	+ 1 Tdap			
7th Grade Advancement <sup>8,10</sup>		1 Tdap <sup>s</sup>			2 Varicella <sup>10</sup>

 Requirements for K-12 admission also apply to transfer pupils.
 Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
 Any vaccine administered four or fewer days prior to the minimum required age is valid.
 Three doses of polio vaccine meet the requirement if one dose was given on or after the thb birthdgr.
 Four doses of DTaP meet the requirement if at least one dose was given on or after the thb birthdgr. Three doses

meet the requirement if at least one dose of Tdap. DTaP. or

OTP vaccine was given on or after the 7th birthday (also

meets the 7th-12th grade Tdap requirement. See fn. 8.)

CALIFORNIA IMMUNIZATION REQUIREMENTS FOR

- 12TH GRADE

One or two dosts off disactine given on or after the 7th birthday count towards the K-12 requirement. 6. For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c). 7. Two dosts of measiles, two dosts of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1tb birthday

For 72h-12h graders, at least one dose of pertussis-containing weet the requirement.
 For 72h-12h graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
 For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
 The varicella requirement for seventh grade advancement explose after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine Hep B = hepatitis B vaccine MMR = meales, mumps, and rubella vaccine Varicella = chickenpox vaccine

#### INSTRUCTIONS

4M-231 (11/19)

California schools are required to check immunization records for all new student admissions at TK /Kindergarten through 12th grade and all students advancing to 7th grade before entry. Students entering 7th grade who had a personal beliefs exemption on file must meet the requirements for TK/K-12 and 7th grade. See shotsforschool.org for more information.

UNCONDITIONALLY ADMIT a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in table above:

Receipt of immunization.

 A permanent medical exemption in accordance with 17 CCR section 6051.
 A personal beliefs exemption (filed in CA prior to 2016) in accordance with Health and Safety Code section 120335; this is valid until enrollment in the next grade span. typically at TK/K or 7th grade.

- CONDITIONALLY ADMIT any pupil who lacks documentation for unconditional admission if the pupil has
- Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "SCLUDE IF NOT GNEW BY"). or

A temporary medical exemption from some or all required immunizations (17 CCR section 6050).







# SCREENING

#### Screening Checklist PATIENT NAM for Contraindications DATE OF BIRTH to Vaccines for Children and Teens

For parents/guardians: The following questions will help us determine which vaccines your child may be given today. If you answer "yes" to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it. don't

	yes	no	know
1. Is the child sick today?			
2. Does the child have allergies to medications, food, a vaccine component, or latex?			
3. Has the child had a serious reaction to a vaccine in the past?			
4. Has the child had a health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy?			
5. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?			
6. If your child is a baby, have you ever been told he or she has had intussusception?			
7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?			
8. Does the child or a family member have cancer, leukemia, HIV/AIDS, or any other immune system problems?			
9. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments?			
10. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?			
11. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?			
12. Has the child received vaccinations in the past 4 weeks?			
FORM COMPLETED BY	DATE		
FORM REVIEWED BY	DATE		
Did you bring your immunization record card with you? yes no			

It is important to have a personal record of your child's vaccinations. If you don't have one, ask the child's healthcare provider to give you one with all your child's vaccinations on it. Keep it in a safe place and bring it with you every time you seek medical care for your child. Your child will need this document to enter day care or school, for employment, or for international travel.



Technical content reviewed by the Centers for Disease Control and Prevention

Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org www.immunize.org/catg.d/p4060.pdf • Item #P4060 (9/17)

# Available at www.immunize.org in other languages

### Vaccine For Children (VFC) Program

The VFC program was created to meet the vaccination needs of children from birth <u>through</u> 18 years of age who meet the following eligibility:

- CHDP and/or Medi-Cal eligible
- Uninsured No health insurance
- American Indian and Alaskan Native
- Underinsured health insurance <u>does not</u> cover all or some vaccines (federally qualified health clinics (FQHC) only)

## STORAGE & HANDLING

## Sample Vaccine Refrigerators





## Sample Vaccine Freezers





#### **Preparing Vaccine Storage Units**

Prepare vaccine refrigerators and freezers to maintain stable temperatures. Stabilize temperatures before storing vaccines. The concepts are identical for both refrigerators and freezers.

#### 1. Protect the power supply.

#### DO

 Plug each storage unit into its dedicated wall outlet.

- Secure the plug with a guard or cover and post "Do Not Unplug" signs.
- Label fuses and circuit breakers so the Vaccine Coordinator is alerted if power goes off.

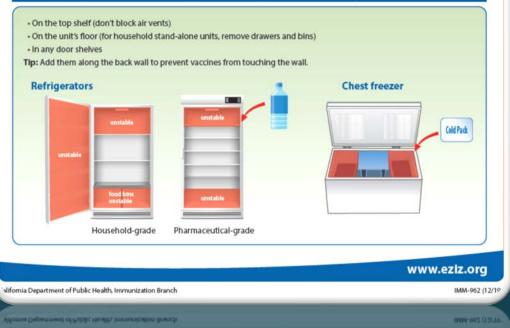


#### DO NOT USE

Multi-outlet power strips or extension cords
 Outlets with GFI circuit switches (they have red reset buttons)
 Outlets that are controlled by wall switches



#### 2. Add plenty of water bottles (refrigerators) or cold packs (freezers only) in unstable areas:



#### **Preparing Vaccine Storage Units**

#### 3. Set up a data logger for each storage unit.

Place the buffered probe in the center of the storage unit next to vaccines.

Place or mount the digital display so temperatures can be read without opening the storage unit door.
Thread the probe's cable through the side of the door and attach it to the digital display.

Store your backup device's buffered probe in the vaccine refrigerator.



#### 5. Set storage unit temperatures.

For refrigerators. Set thermostat to 40°F (4°C). If it has a dial, adjust the temperature dial as needed.



For freezers.

Set thermostat to below

0°F (18°C). If it has a dial,

set it to the coldest.

#### While Waiting for Temperatures to Stabilize

7. Configure data logger settings using VFC's "Data Logger Setup & Use" job aid.

8. Set up storage units using VFC's "Setting Up Vaccine Storage Units" job aid.

#### 4. Ensure the data logger is recording.

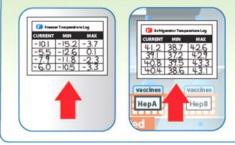
TIp: Some devices might display "REC" or "RECORDING."



#### 6. Post VFC temperatures logs.

Post VFC temperature logs on the refrigerator and freezer doors. Once temperatures have stabilized, record CURRENT,

MIN, and MAX temperatures on the logs twice daily.



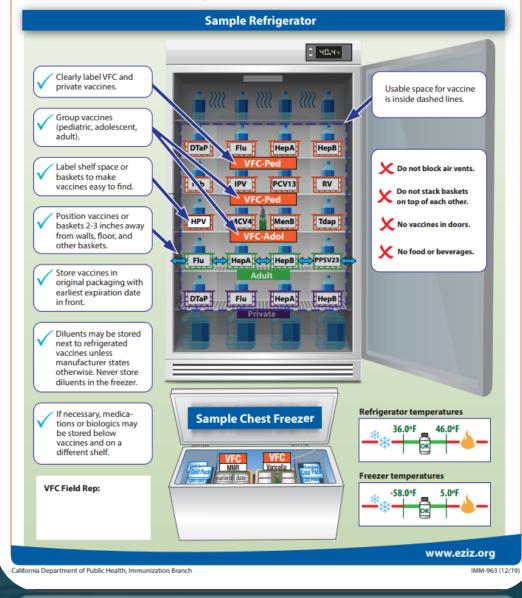
#### www.eziz.org

lifornia Department of Public Health, Immunization Branch

IMM-962 (12/19)

### **Setting Up Vaccine Storage Units**

Organize refrigerators and freezers to facilitate vaccine management and reduce administration errors. Do not store vaccines until storage units have stabilized within their OK ranges for 3-5 days. MMR, MMRV, and Varicella must be stored in the freezer. Plan to store all other VFC vaccines in the refrigerator.



## Digital Data Logger Examples











## Data Loggers (DDLs)

- A DDL must be placed in all refrigerators and freezers that store your vaccine
- A backup DDL is required for emergency vaccine transport, depending on the size of the practice, additional devices might be needed

- New devices must be able to:
  - Provide a summary report of recorded temperature data since the device was last reset
  - Summary reports must include min and max temperatures, total time out of range (if any) and alarm settings
  - Devices that only generate CSV data files or Excel Spreadsheets are not acceptable

# Certificate of Calibration

- Label the certificate to indicate which unit the DDL is placed
- Keep the certificate in a binder

1/1/2020 Primary Refrigerator 13756 Golderwest SI Suite H Westminster CASGES // ph. 657-227-8276 // rentcasforeton.com CERTIFICATE OF CALIBRATION

COMPANY:	THE CLINIC OF THE CITY	DATE CALIBRATED:	7-1-2020
ADDRESS:	12345 CITY DRIVE	CALIBRATION INTERVAL:	1 YEAR
CITY/STATE/ZIPCODE:	CITY/CA/92503	RECALL DATE:	7-1-2021
TECHNICIAN:	BRANDON HOWARD	INVOICE NUMBER:	1234

MERIT CALIBRATION INC. Certifies that the calibration performed conforms to ISO/IEC 17025. The calibration standards accuracies are traceable to the National Institute of Standards and Technology. Supporting documentation relative to traceability is on file and is available for examination upon request. Calibration data results relate only to the specified serial number stated in the equipment information section in this certificate. This report shall not be reproduced, except in full, without the written approval of Merit Calibration, INC.

MANUFACTURER:	LOGTAG/CONTROL SOLUTIONS	PROCEDURE:	MCP-1
INSTRUMENT:	DATA LOGGER THERMOMETER	RATED ACCURACY:	±1°F
MODEL NUMBER:	VFC400-2	TOLERANCE AS FOUND:	IN
SIZE RANGE:	-40°F TO 140°F	ADJUSTMENTS MADE:	NO
SERIAL NUMBER:	6862908297	CONDITION AS FOUND:	FAIR
INDENTIFICATION #:	NONE	LOCATION:	ON-SITE
	MFG/SN#/DUE DATE/TRACEABILITY	TEMPERATURE:	69.1°F
STANDARDS USED:	POLYSCIENCE/E11111111/02-04-21	RELATIVE HUMIDITY:	57%
	REED/1111111/02-03-21		

READINGS

TEST POINT	ACTUAL		AS VERIFIED	DIFFERENCE
	(STANDARD)		(UNIT UNDER	
			TEST)	
		AS FOUND		±
	۴		۴F	
1.	32.1		32.1	0.00
2.	32.1		32.1	0.00
3.	85.1		85.2	0.10
4.	85.1		85.2	0.10

Brandan Haward	
x	_
Brandon Howard	



Brandon Howard

Example \$:00 a.m. NN 40.5 38.1 43.7		MONTH & YEA				NE ROOM	/ID	VFC PI 0123
Example         8:00 am         NN         40.5         38.1         43.7           4:00 pm         NN         37.4         33.0         39.2         123           1	DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	мах	SHOTS
1		<b>8:00</b> a.m.	NN		40.5	38,1	43.7	
1		<b>4:00</b> p.m.	NN	<ul> <li>Image: A second s</li></ul>	37.4	33,0	39,2	1234
2       am         3       am         3       am         4       0725 am         pm       42.4         37.2       46.1         pm       46.1 <td>1</td> <td>a.m.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	1	a.m.						
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pm       am         3       -am         pm       am	2	a.m.						
3       pm         4       0725 am       NN       42.4       37.2       46.1         5	-	p.m.						
pm         42.4         37.2         46.1           5	3	a.m.						
7       am.         9       am.         9       am.         10       am.         11       am.		p.m.						
pm     pm       5		0725 <sup>a.m.</sup>	NN		42.4	37.2	46.1	
5     pm.       6     am.       pm.     pm.       7     am.       pm.     pm.       8     am.       pm.     pm.       9     am.       pm.     pm.       10     am.       pm.     pm.	7							
pm     am       6	5	a.m.						
6     pm.       7     am.       pm.     am.       8     am.       pm.     pm.       9     am.       pm.     pm.       10     pm.       pm.     pm.       11     am.	5	p.m.						
pm.         pm.           7	6	a.m.						
7     pm.       8	0	p.m.						
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11	10	p.m.						
		a.m.						
	11	p.m.		+				†
	12	+		+·				+

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<ol> <li>Fill out month, year, refrigerator ID, and PIN.</li> <li>Record the time and your initials.</li> <li>Record a check if an alarm went off.</li> <li>Record Current, MIN, and MAX.</li> <li>If no alarm:         <ol> <li>Clear MIN/MAX.</li> <li>Ensure data logger is in place and recording.</li> </ol> </li> <li>IF ALARM WENT OFF:         <ol> <li>Clear MIN/MAX and alarm symbol.</li> <li>Post "Do Not Use Vaccines" sign.</li> <li>Alert your supervisor.</li> <li>Record assigned SHOTS ID.</li> <li>Ensure data logger is in place and recording.</li> </ol> </li> <li>Very Structure of the symptotic structure of the symptotic structure of the symptotic structure symptotic symptotic structure symptotic structure symptotic sympt</li></ol>		Instructions
<ul> <li>36.0°F 46.0°F</li> <li>Check temperatures twice a day.</li> <li>1. Fill out month, year, refrigerator ID, and PIN.</li> <li>2. Record the time and your initials.</li> <li>3. Record a check if an alarm went off.</li> <li>4. Record Current, MIN, and MAX.</li> <li>If no alarm: <ol> <li>Clear MIN/MAX.</li> <li>Ensure data logger is in place and recording.</li> </ol> </li> <li>IF ALARM WENT OFF: <ol> <li>Clear MIN/MAX and alarm symbol.</li> <li>Post "Do Not Use Vaccines" sign.</li> <li>Alert your supervisor.</li> <li>Record assigned SHOTS ID.</li> <li>Ensure data logger is in place and recording.</li> </ol> </li> </ul> <li>IF ALARM WENT OFF: <ul> <li>Clear MIN/MAX and alarm symbol.</li> <li>Post "Do Not Use Vaccines" sign.</li> <li>Alert your supervisor.</li> <li>Record assigned SHOTS ID.</li> <li>Ensure data logger is in place and recording.</li> </ul> </li> <li>Supervisor's Review</li> <li>When log is complete, check all that apply: Alenth/year/fridge ID/PIN are recorded.</li> <li>Monperatures were recorded twice daily.</li> <li>Ireviewed data files for all the days on this log to find any missed excursions. Ate downloaded: 1/16/2020.</li> <li>Any excursions were reported to SHOTS at MyVFCvaccine.org.</li> <li>We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program. On-Site Supervisor's Name: Missed to funct. <i>Mons. RNI</i>.</li> <li>Signature: Mixnie Mouse, <i>RNI</i>.</li> <li>Date: 1/16/2020.</li> <li>Staff Names and Initials:</li>	_	Keep refrigerator in OK range.
<ul> <li>Fill out month, year, refrigerator ID, and PIN.</li> <li>Record the time and your initials.</li> <li>Record a check if an alarm went off.</li> <li>Record Current, MIN, and MAX.</li> <li>If no alarm: <ol> <li>Clear MIN/MAX.</li> <li>Ensure data logger is in place and recording.</li> </ol> </li> <li>IF ALARM WENT OFF: <ol> <li>Clear MIN/MAX and alarm symbol.</li> <li>Post "Do Not Use Vaccines" sign.</li> <li>Alert your supervisor.</li> <li>Record assigned SHOTS ID.</li> <li>Ensure data logger is in place and recording.</li> </ol> </li> <li>When log is complete, check all that apply: <ol> <li>Previewed data files for all the days on this log to find any missed excursions.</li> <li>MyvFCvaccines.org.</li> <li>Any excursions were reported to SHOTS at MyvFCvaccines.org.</li> <li>Muertures were reported to SHOTS at MyvFCvaccines.org.</li> <li>Muertures were reported to SHOTS at MyvFCvaccines.org.</li> <li>Muertures were reported to SHOTS at MyvFCvaccines.org.</li> <li>MyvFCvaccines.org.</li> <li>MyvFCvaccines.org.</li> <li>My excursions were reported to SHOTS at MyvFCvaccines.org.</li> <li>MyvFCvaccines.org.</li> <li>MyvFCvaccines.org.</li> <li>My excursions were reported to SHOTS at MyvFCvaccines.org.</li> <li>We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.</li> <li>On-Site Supervisor's Name:</li> <li>Minenic. Mouse, RN.</li> <li>Signature: Minnie Mouse, RN.</li> <li>Date: 1/16/2020</li> <li>Staff Names and Initials:</li> </ol> </li> </ul>		36.0°F 46.0°F
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Date: <u>1/16/2020</u> Staff Names and Initials:		Minnie Mouse, RN-MM
Staff Names and Initials:		Signature.
	_	

	MONTH & YE	AR		REFRIGER	ATOR LOCATION	I/ID	VFC PIN
DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	мах	SHOTS ID
	8:00 a.m.	NN		4,3	2.4	5.7	
Example	4:00p.m.	NN		7.6	4.0	9,1	12345
	a.m.		-	110	1112		
1	p.m.						
	a.m.						
2	p.m.						.+
	a.m.		1				
3	p.m.						.+
	a.m.						
4	p.m.						
	a.m.						
5	p.m.						
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6	p.m.						
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7	p.m.						
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8	p.m.						
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9	p.m.						
	a.m.						
10	p.m.						
	a.m.						
11	p.m.						
	a.m.						
12	p.m.						
	a.m.						
13	p.m.						
	a.m.						
14	p.m.						
	a.m.						
			1				
15	p.m.						

p.m. a.m.

p.m

a.m.

p.m.

p.m. a.m.

13

14

15

Notes:

## Temperature Logs - Freezer

AY OF ONTH	TIME	INITIALS	ALARM	CURRENT	MIN	мах	SHOTS ID
amp <b>l</b> e	8:00 a.m. 4:00 p.m.	NN NN	~	-10,3 2,4	-20,2 -9,0	-9.1 6.2	12345
1	a.m.						
2	a.m. p.m.						
3	a.m. p.m.						
4	a.m. p.m.						
5	a.m. p.m.						
6	a.m. p.m.						
7	a.m. p.m.						
8	a.m. p.m.						
9	a.m. p.m.						
10	a.m. p.m.						
11	a.m. p.m.						
12	a.m. p.m.						
13	a.m. p.m.						
14	a.m. p.m.						
15	a.m. p.m.						
otes					I	1	

Instructions	
Keep freezer in OK range.	
-58.0°F 5.0°F	
Check temperatures twice a day.	
<ol> <li>Fill out month, year, freezer ID, and PIN.</li> </ol>	
<ol> <li>Record the time and your initials.</li> </ol>	
<ol> <li>Record a check if an alarm went off.</li> <li>Record Current, MIN, and MAX.</li> </ol>	
If no alarm:	
<ol> <li>Clear MIN/MAX.</li> <li>Ensure data logger is in place and recording.</li> </ol>	
IF ALARM WENT OFF:	
<ol> <li>Clear MIN/MAX and alarm symbol.</li> <li>Post "Do Not Use Vaccines" sign.</li> <li>Alert your supervisor.</li> <li>Report excursion to SHOTS at MyVFCvaccines.org.</li> <li>Record assigned SHOTS ID.</li> <li>Ensure data logger is in place and recording.</li> </ol>	
Supervisor's Review	
Month/year/freezer ID/PIN are recorded.	
Temperatures were recorded twice daily.	
this log to find any missed excursions.	
Date downloaded://	
at MyVFCvaccines.org. We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.	
On-Site Supervisor's Name:	
Cianatura	
Signature: Date:/	
Staff Names and Initials:	
MM-1126 Page 1 (12/17)	



CALIFORNIA 1-877-243-8832 Keep a

### **Download Temperature Data Files**

- Temperature Data Files/Reports must be downloaded twice monthly-or sooner if a temperature alarm went off
- Store data downloads in a shared electronic file folder
- Name data files so they can easily be identified by supervisors & other key practice staff
- Supervisors or someone other than person recording temps must Review, Certify & Sign completed temp logs at end of each 15-day reporting period







### Vaccine Management Plan

#### **Vaccine Management Plan**

#### KEEP YOUR MANAGEMENT PLAN NEAR THE VACCINE STORAGE UNITS

The California VFC Program requires each practice to maintain a vaccine management plan for routine and emergency situations. This template includes space for information about the practice such as guidelines, protocols, contact information, and staff training. VFC Field Representatives may ask to review it during compliance and unannounced storage and handling site visits.

Instructions: Review and update your plan at least once a year. Ensure that all content in each section (including emergency contact information and alternate vaccine storage location) is up to date. Make sure key practice staff sign and acknowledge the signature log whenever your plan is revised.

#### Section 1: Important Contacts

#### **KEY PRACTICE STAFF & ROLES**

Office/Practice Name			VFC PIN Number					
Address								
Role	Name	Title	Phone #	Alt Phone #	E-mail			
Provider of Record								
Provider of Record Designee								
Vaccine Coordinator	b							
Backup Vaccine Coordinator								
Immunization Champion (optional)								
Receives vaccines								
Stores vaccines								
Handles shipping issues								
Monitors storage unit temperatures								

#### USEFUL EMERGENCY NUMBERS

Service	Name	Phone #	Alt Phone #	E-mail
VFC Field Representative				
VFC Call Center		1-877-243-8832		
Utility Company				
Building Maintenance				
Building Alarm Company				
Refrigerator/Freezer Alarm Company				
Refrigerator/Freezer Repair		-		
Point of Contact for Vaccine Transport				

#### **UPDATED**

- Required by VFC
- Update annually, when VFC Program requirements change, and when key staff with vaccine management responsibilities change
- Keep in VFC binder near storage units

## Vaccine Management Plan Specifics (Continued)

Sections 1-4 Cover Routine Management and Include:

Section 1: Important Contacts

- Key practice staff and roles
- Useful emergency numbers
- Section 2: Equipment Documentation
  - Vaccine Storage Units Location / Maintenance
- Digital Data Loggers Location of Files / Maintenance
   Section 3: Summary of Key Practice Staff Roles &
   Responsibilities
   Section 4: Management Plan for Routine Situations

   (review with all staff in detail)

### Vaccine Management Plan Specifics (Continued)

Sections 5-6 Cover Emergency Management and Include:

Section 5: Worksheet for Emergency Vaccine Management

• Info for who to contact

Section 6: Management Plan for Emergencies

- Checklist to be followed before/during/after emergency
- or vaccine relocation

Section 7: Training Log for Required VFC EZIZ Lessons Section 8: Annual Signature Log

(review with all staff in detail)

### Mobile Unit Vaccine Management Plan

#### **Mobile Unit Vaccine Management Plan**

#### **KEEP YOUR MANAGEMENT PLAN IN THE MOBILE UNIT**

Practices using mobile units to administer VFC vaccines must complete this vaccine management plan to itemize equipment and record practice protocols specific to mobile units. This requirement applies to mobile-only clinics and clinics with mobile units.

Instructions: Complete this form and make sure key practice staff sign and acknowledge the signature log whenever your plan is revised. Keep it in the mobile unit and available for review by VFC Field Representatives during site visits. (Complete the VFC "<u>Vaccine Management Plan</u>" to itemize equipment and record practice protocols specific to stationary clinics, if applicable.)

#### Section 1: Key Requirements

Practices using mobile units to administer VFC vaccines must follow all requirements in the VFC "<u>Provider Agreement</u>" and "<u>Provider Agreement Addendum</u>." Additionally, they agree to these VFC Program requirements for operating mobile units:

- 1. Review and update this document at least once a year to ensure that all content in each section is up to date.
- 2. Maintain a copy of this document in an easily accessible place on the mobile unit.
- Make the mobile unit and all relevant equipment and documentation available when VFC representatives conduct compliance visits.
- 4. Assign a VFC Vaccine Coordinator to travel with the mobile unit when it goes into the field. The Vaccine Coordinator must complete all EZIZ lessons before traveling in the mobile unit. (The Vaccine Coordinator may be different from the VFC Vaccine Coordinator identified in the "Vaccine Management Plan.")
- Follow VFC guidelines for transporting refrigerated (IMM-983) and <u>frozen vaccines</u> (IMM-1130) every time vaccines are transported between the stationary clinic and the mobile unit.
- Complete VFC vaccine transport logs for refrigerated vaccines (IMM-1132) and frozen vaccines (IMM-1116) every time vaccines are transported between the stationary clinic and the mobile unit.
- In the event of a temperature excursion: Report all out-of-range temperatures to SHOTS at MyVFCvaccines.org as soon as possible and follow the standard requirements for responding to temperature excursions.

Mobile-only clinics or clinics with mobile units must maintain a separate Mobile Unit Vaccine Management Plan and keep it in the mobile unit

time vactimes are transported between the stationary clinic and the mobile unit. In the event of a temperature excursion: Report all out-of-range temperatures to SHOTS at MyVFCvaccines org as soon as possible and follow the standard requirements for responding to temperature excursions.

### 2021 Program Participation Requirements at a Glance

esources/Job A
accine Management Pl
<u>MM-1122)</u> ovider Operations Ma
<u>MM-1248)</u> Chapter 3
obile Unit Vaccine anagement Plan (IMM
<u>276)</u>
accine Coordinator Rol esponsibilities (IMM-96
<u>C Key Practice Staff</u>
<u>MM-1166</u> )

## ADMINISTERING VACCINE

## Vaccine Information Statements

- VIS information sheets for the parent or legal guardian
- List benefits and risks of vaccine
- ALL providers are required to provide prior to administration
- Must record
   publication date

#### VACCINE INFORMATION STATEMENT

### Hepatitis B Vaccine

#### What You Need to Know

#### 1 Why get vaccinated?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus. Hepatitis B can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

Hepatitis B virus infection can be either acute or chronic.

Acute hepatitis B virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis B virus. This can lead to:

- fever, fatigue, loss of appetite, nausea, and/or vomiting
   jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements)
- pain in muscles, joints, and stomach

Chronic hepatitis **B** virus infection is a long-term illness that occurs when the hepatitis **B** virus remains in a person's body. Most people who go on to develop chronic hepatitis **B** do not have symptoms, but it is still very serious and can lead to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronically-infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves. Up to 1.4 million people in the United States may have chronic hepatitis B infection. About 90% of infants who get hepatitis B become chronically infected and about 1 out of 4 of them dies.

Hepatitis B is spread when blood, semen, or other body fluid infected with the Hepatitis B virus enters the body of a person who is not infected. People can become infected with the virus through:

- Birth (a baby whose mother is infected can be infected at or after birth)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- · Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Each year about 2,000 people in the United States die from hepatitis B-related liver disease.

#### Many Vaccine Information Statements are available in Spanish and other languages. See www immunize org/vis Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www immunize org/vis

Hepatitis B vaccine can prevent hepatitis B and its consequences, including liver cancer and cirrhosis.

#### 2 Hepatitis B vaccine

Hepatitis B vaccine is made from parts of the hepatitis B virus. It cannot cause hepatitis B infection. The vaccine is usually given as 3 or 4 shots over a 6-month period.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6 months of age.

All children and adolescents younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated.

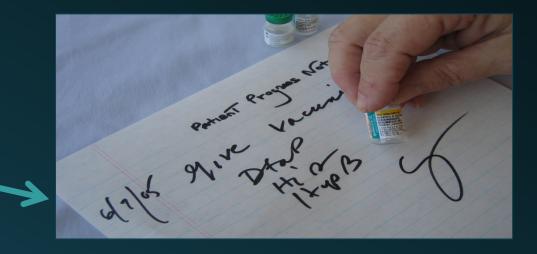
Hepatitis B vaccine is recommended for unvaccinated adults who are at risk for hepatitis B virus infection, including:

- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term monogamous relationship
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other druginjection equipment
- People who have household contact with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled persons
- · Persons in correctional facilities
- · Victims of sexual assault or abuse
- Travelers to regions with increased rates of hepatitis B
   People with chronic liver disease, kidney disease, HIV
- infection, or diabetes
- · Anyone who wants to be protected from hepatitis B
- There are no known risks to getting hepatitis B vaccine at the same time as other vaccines.



### Make Sure Order Matches Vaccine

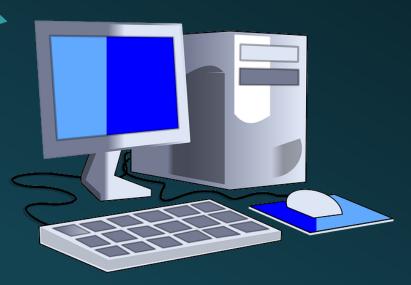




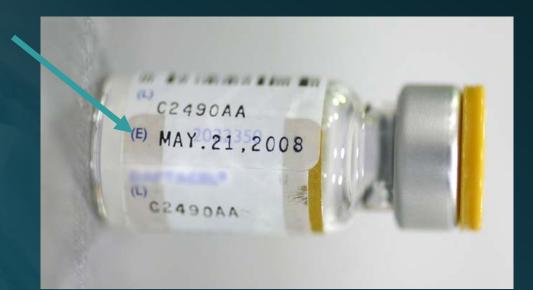
#### Vaccine Acronyms & Abbreviations for Providers

Vaccine names are often abbreviated. Here are some common ones. California Immunization Registry (CAIR2) codes may differ for certain vaccines. Use this chart as a reference.\*

CDC Abbreviation	CAIR2 Code	Brand Name	Vaccine
BCG	BCG-TB		Bacillus Calmette-Guérin (Tuberculosis)
DT	DT-Peds	several manufacturers	Diphtheria & Tetanus
DTaP	DTaP	Daptacel <sup>®</sup> , Infanrix <sup>®</sup>	Diphtheria, Tetanus, & Pertussis
DTP	DTP		Diphtheria, Tetanus, & Pertussis
DTaP-HepB-IPV	DTaP-HepB-IPV	Pediarix®	Diphtheria, Tetanus, Pertussis, Hepatitis B, & Poli
DTaP-IPV	DTaP-IPV	Kinrix <sup>TH</sup> , Quadracel <sup>TH</sup>	Diphtheria, Tetanus, Pertussis, & Polio
DTaP-IPV/Hib	DTaP-IPV/Hib	Pentacel®	Diphtheria, Tetanus, Pertussis, Polio, & Haemophilus influenzae type b
HepA	HepA	Havrix <sup>®</sup> ,VAQTA <sup>®</sup>	Hepatitis A
НерВ	HepB	Engerix-B <sup>®</sup> , Recombivax HB <sup>®</sup>	Hepatitis B
HepA-HepB	HepA-HepB	Twinrix®, Twinrix Junior®	Hepatitis A & Hepatitis B



### Vaccine Expiration Dates



### Month/Day/Year



### Day/Month/Year

### Vaccine Box

Conternos: Five 0.5 mL vials of Diphtheria and Tetanus Toxoids and Acellular Pertussis Ausorbed and Inactivated Poliovirus (DTaP-IPV) component manufactured by Sanofi Pasteur Limited, and five 1 dose vials of lyophilized Haemophilus b Conjugate Vaccine (Tetanus Toxoid Conjugate), ActHIB<sup>®</sup>, manufactured by Sanofi Pasteur SA. The DTaP-IPV component should not be used alone. For use only to reconstitute ActHIB<sup>®</sup> as Pentacel<sup>®</sup>.

#### Store at 2° to 8°C (35° to 46°F). DO NOT FREEZE.

Dose: 0.5 mL intramuscularly. SHAKE WELL after reconstitution. Use immediately after reconstitution.

Each 0.5 mL dose after reconstitution contains:

15 14 diphtheria toxoid, 5 Lf tetanus toxoid, 20 mcg detoxified pertussis toxin, 20 mcg mc, pentous haemagglutinin, 3 mcg pertactin, 5 mcg fimbriae berger and 3, 40 D-antigen units (po), a finities Type 1 (Mahoney), 8 DU, collowirus Type 2 (MEF-1), 32 DU poliovirus Type 3 (Saukett), 10 mcg purified polyribosyl-ribitol-phosphate capsular polysaccharide (PRP) of *Haemophilus influenzae* type b covalently bound to 24 mcg of tetanus toxoid, 1.5 mg aluminum phosphate as adjuvant. Each dose contains <4 pg of neomycin and <4 pg polymyxin B sulfate. See complete prescribing information for additional details.

#### **STORE FROZEN**

This carton contains 10 single-dose 0.5 mL vials of vaccine (Package A). A carton of 10 vials of diluent is supplied as an accompanying separate package (Package B).

CONTRACTOR OF CONTRACTOR

IMPERATIVE: Use only the special sterile diluent supplied in Package B for reconstitution of vaccine.

USUAL DOSAGE: Inject entire contents of reconstituted vaccine subcutaneously. Do not give intravascularly. See accompanying circular.

STORAGE: To maintain potency, VARIVAX (Varicella Virus Vaccine Live) must be stored frozen between -58°F and +5°F (-50°C and -15°C). Use of dry ice may subject VARIVAX to temperatures colder than -58°F (-50°C). Protect from light.

RECONSTITUTED VACCINE SHOULD BE DISCARDED IF NOT USED WITHIN 30 MILLITES DECAUSE OF LOSS OF POTENCY. Do not freeze reconstituted vaccine.

No. 4827/10 Single-dose 0.5 mL vials

6008402

### Tdap / DtaP Resource

### Tdap or DTaP

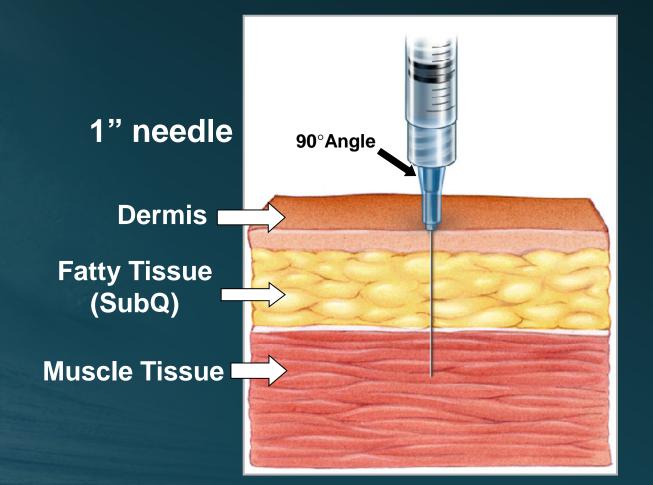


IMM-508 (7/17)

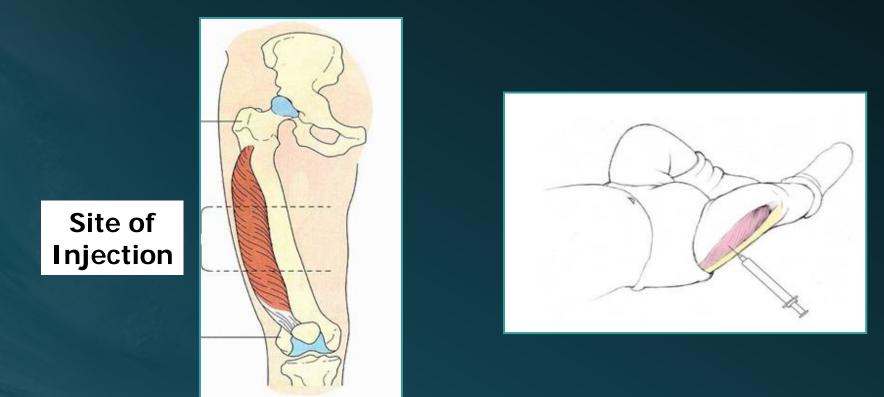
### Flu Vaccine Identification Guide



### Vaccine Administration Sites Intramuscular (IM) Tissue

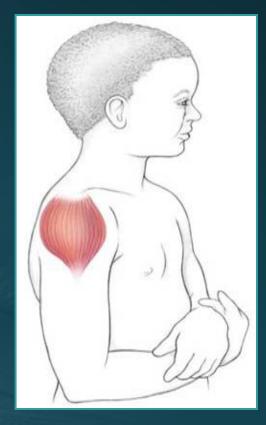


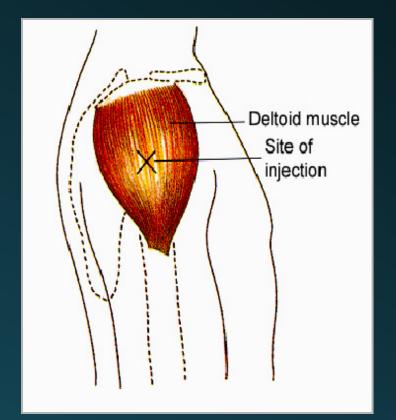
## IM Site - Infant/Toddler



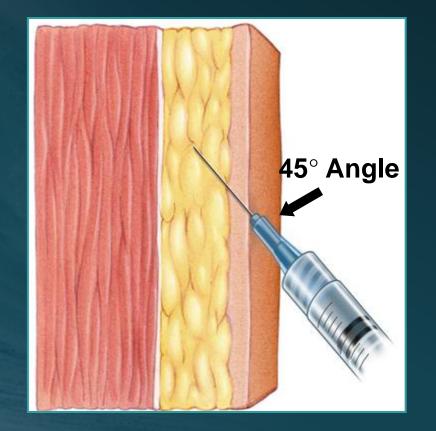
### Anterolateral Thigh (vastus lateralis muscle)

### IM Site - Child/Adolescent/Adult



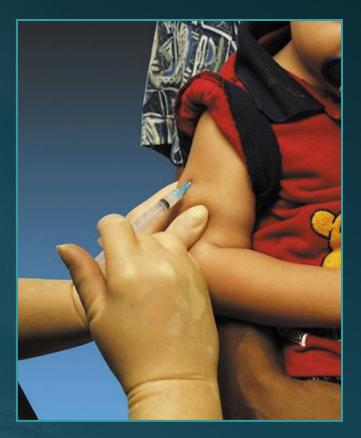


### Vaccine Administration Sites Subcutaneous (SC) Tissue



A 5/8" 25 gauge needle is the best over all needle length for <u>subcutaneous</u> (SC) immunizations

### Subcutaneous Injection Technique





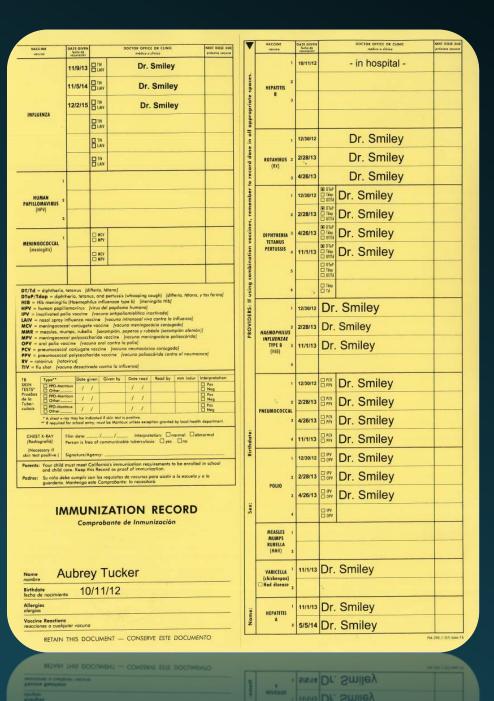
## DOCUMENTATION

## Documentation – Patient's Chart

- Name, DOB, Allergies
- Name and address of practice
- Date vaccine given
- Manufacturer and Lot number
- Person administering vaccine
- Site of administration
- VIS publication date

State of Cult	Imr	nuniza	tio	n Re	ecoi	rd a	nd His		у
			IKA		ar see it.	] teo anyton	JAY JO/ 123 ANG WHOSTO	WN.	N.D.
	000000 5/20/00 7/20/00	a combination vaccin mANUTACTUREN AND LOTSO: 2 ADVENTIS LOTSO: 2 ADVENTIS LOTSO: 2 ADVENTIS TO245-2	ADMINIS-	1/1/00	VACCINE MAR 1 MAR 1 MAR 2 Heat B 1	DATE	TRANSCRID	ADMINIT	F WELD !
PYOPY - OTH COMPANY - OTH COMP	5/20/00 7/30/00	SKB SKB DTR.1234	CN CN ON	87/15/47 87/15/47 87/15/47 87/15/47			MERCK 1580	CN	1271614 1271614
CONVAX	5/20/00	MERCK HOSIJZ	CNURSE	KT.	Hep A 1 Hep A 7	5/29/60	wheel he is set with WyETH 345.67β	CN	B/3/0
COMVAX	7/30/60 10//3/00,	ADVENTISE 1990K MERCK	CN ON	12/16/2	Contr	7/30/0 10//3/00	13/3-679 LEDERLE 345-677	CN ON	5/3/0
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## California Immunization Record (CIR) "Yellow Card"



### California Immunization Registry (CAIR)

Search

CAIR2 is A Winner!! – Best Application Serving the Public

BEST OF

CAIR Help Desk

Hours: 8am-5pm

Phone: 800-578-7889

Fax: 888-436-8320

leed CAIR

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CAIRHelpDesk@cdph.ca.gov

WINNER

CALIFORNIA

CAIR2 Training Options



The California Immunization Registry (CAIR2) is a secure, confidential, statewide computerized immunization information system for California residents.

#### We're moving together to CAIR2

Bigger Better Faster

#### CAIR2 is Here! See the Latest Updates

- CAIR1 Has Been Taken Offline Find Out How to Access Data
- Having Trouble Accessing CAIR2 With an Older Browser? Change Settings or Install a Newer Version
- Data Exchange Submitters Learn to Manage Inventory in CAIR2 Send Patient Data to Your EHR – Sign Up Now for BiDX!
- Meaningful Use Stage 3 in 2017 Learn more
- Pharmacies Learn How to Report Immunizations to CAIR2
- Manage Your CAIR Account Online! Enroll for Electronic Data Submission (CAIR IZ Portal) Enroll with CAIR to get web access (New Enrollment) Update User Account or Add/Remove Users (Account Update)
- Looking for Your Immunization Record? Find Out How CAIR2 Can Help

Copyright @ 2013 California Immunization Registry

For more information contact the CAIR Help Desk @ 800-578-7889 Or visit <u>www.cairweb.org</u>

For Data Exchange information, e-mail

cairdataexchange@cdph.ca.gov

Benefits of CAIR participation:

- Instant vaccine history verification
- Ability to generate reports (vaccine usage, inventory) and print yellow card
- Built-in reminder/recall
- No charge to participate and training is FREE
- EMR data can be sent electronically to CAIR

## RESOURCES & TOOLS

## Online Training: www.eziz.org

	EZIZ Training	Resources		
Home	<ul> <li>Start lessons or review learning objectives below.</li> </ul>	For Trainers		
EZIZ Training		EZIZ Promo Flyer		
VFC Program	The VFC Program	EZIZ Quick-start Cards     CAIR Tools for Trainers      For Provider Offices     EZIZ Training now required     for Annual VFC     Recertification     Vaccine Administration Materials     Storage and Handling Materials     Vf Forms		
Storage & Handling	VFC Program Requirements (15 min.) Identify responsibilities of the Vaccine Coordinator;			
Resources	Identify responsibilities of the Provider of Record; Comply with California VFC Program requirements			
Contact VFC Phone: 1-877-243-8832	NEW: Vaccine Management Plan (10 min.) Review and print the Vaccine Management Plan template			
Business hours: 9-5 Fax: 1-877-329-9832	Storage and Handling	<ul> <li>Flu and Disease Prevention</li> <li>Handouts For Staff and Patients</li> </ul>		
<ul> <li>Find a VFC field representative in your area</li> <li>Find other VFC provider offices in your area</li> </ul>	NEW: Storing Vaccines (25 min.) Identify recommended temperature ranges; Describe how proper equipment protects your vaccines; List actions you can take to protect vaccines before and after delivery.	<ul> <li>CAR Training</li> <li>Training by Other Organizations</li> </ul>		
<ul> <li>Send us your comments at ImmunizationBranch@cdph. ca.gov</li> </ul>	NEW: Monitoring Storage Unit Temperatures (20 min.) List the benefits of using data loggers; Record temperatures consistently and accurately Take corrective action for all out-of-range temperatures; Conduct the supervisor's review			
Sign up to receive EZIZ news and VFC letters	NEW: Refrigerator and Freezer Temperature Logs (2 min.) Review and print California VFC temperature logs			
via emai!	Vaccine Inventory Management			
Frequently Asked Questions	Conducting a Vaccine Inventory (19 min.) Identify vaccine brand name and packaging; Enter lot numbers, expiration dates, and total doses on hand on VFC Inventory Form for all VFC vaccines			
	Vaccine Administration			
	Preparing Vaccines (25 min.) Select vaccines based on physicians' orders; Identify expired vaccines; Mix, reconstitute, and draw up vaccines			
	Administering Vaccines (16 min.) Identify correct needle lengths, insertion angles, and injection sites for intramuscular (IM) and subcutaneous (SC) injections; Administer IM and SC injections			
	EZIZ lessons are based on California VFC program requirements and best practices. Most references to temperatures are in Fahrenheit. View the <u>US Map</u> for links to other states' immunization programs and protocols.			
	About EZIZ   www.getimmunizedca.org			

CL2: response an based on cumoring shu program requirements and peet precision, most references to temperatures are in Tahranhet, Vaw the <u>V5 Map</u> for links to other states" immunisation programs and probability.

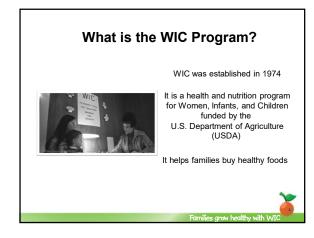
### Interactive Training Modules



### Thank You For Making A Difference !



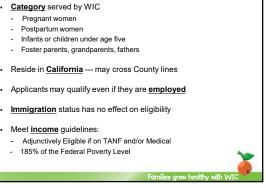




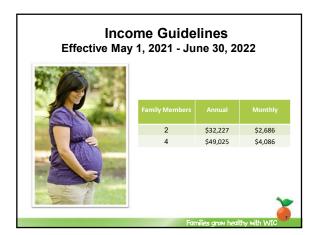




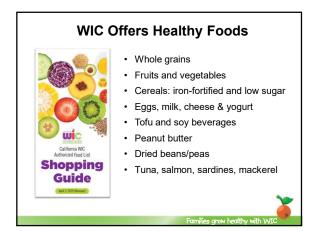




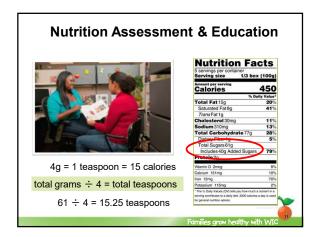
Who Qualifies?



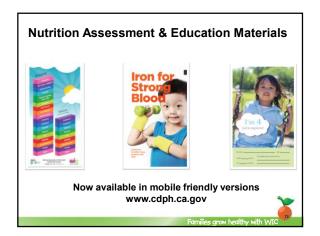












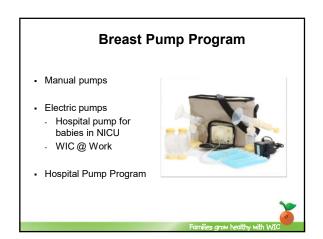


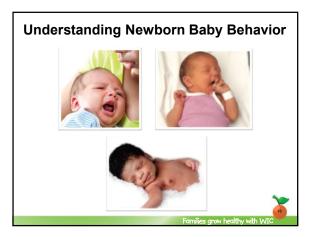


#### **Breastfeeding Support and Information** Local WIC Clinic Breastfeeding Support and Education . 24 Hour Breastfeeding Helpline Breastfeeding Friendly Physician program Peer Counselors: Sistah Connection/WIC @ Work

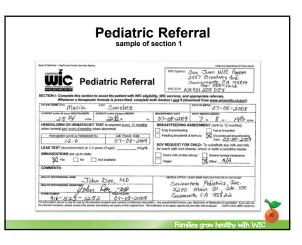
- Regional Breastfeeding Liaison
- Breastfeeding Friendly Child Care and Employers Grow Our Own IBCLC's- Riverside County

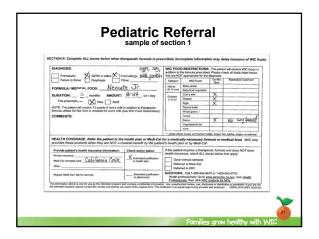




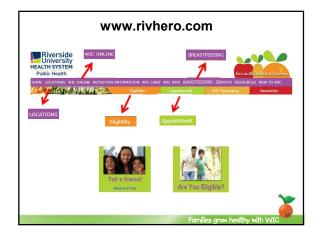






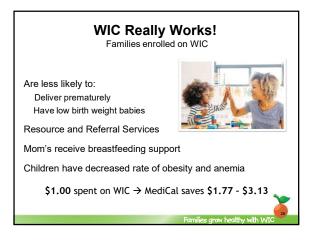


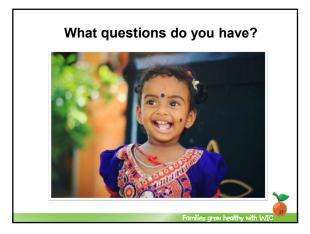
















**RUHS-Public Health** 

Kristen Thompson, Sr. PHN Linda Hastings, PHN HCPCFC Program Description

• HCPCFC is administered through the local public health department Child Health & Disability Prevention (CHDP) Program to provide public health nursing expertise in meeting the medical, dental, mental and developmental health needs of children and youth in court-ordered out-of-home placement, or foster care (FC)



### Goal of the HCPCFC program

- Improve health and behavior outcomes of children in foster care
- Increase the knowledge of SWs and POs, Substitute Care Providers (SCPs), Health Care Providers (HCPs), and Community Agencies related to health care needs of children in foster care

#### Health and Education Passport (HEP)

Contains medical, dental, and behavioral history, as well as school, immunization, and family history

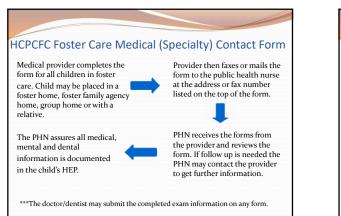
Goal of the HEP is assist providers and staff in providing continuity of care to the child while in foster care



### Administrative Care Coordinator

- Public Health Nurse (PHN) monitors the health care status of children in out of home placement
- Follows up with medical/dental/mental health providers regarding treatment for health related problems
  - How can you help? If you can please help us with records we are requesting.
- Sends letters to SCPs requesting initial medical and dental exams. Initial exam must be done within 30 days of placement







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#### Importance of HCPCFC PHN

 Without the medical case coordination and management by the HCPCFC PHN, many children in foster care would not receive the medical, dental and mental health services they so desperately need
 Foster Care Nurses



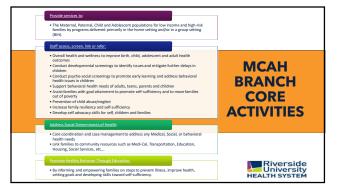
Helping one child at a time

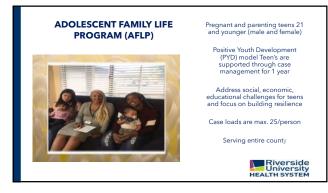
HCPCFC PHN Contact information Kristen Thompson, Sr. PHN 1028; Kild St. 1<sup>st</sup> Floor Riverside, CA 92503 Phone 951-358-5667 Fax 951-358-5414 E-Fax 951-715-5046

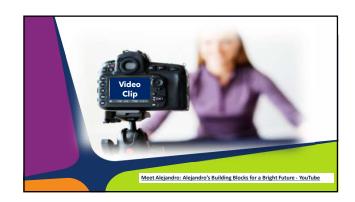




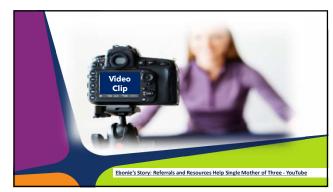






















### **Help Me Grow Inland Empire**



There are 366,609 children 0-5 in Riverside and San Bernardino Counties.

We need our early childhood systems to promote the healthy development of each and every one of them.



### The Need to Do Better

- \* As many as 25% of children 0-5 are at risk for delays, yet in California 70% of children with delays go undetected until kindergarten—this is much later than in other states.
- \* The risk increases for Black and Latino children.
- \* These children miss out on years of early intervention that would help them be ready for kindergarten, be successful in school, and thrive as adults.



### **The Screening Opportunity**

\* Screenings before age 3 can identify delays and assist to connect families to the services they need.

- \* The American Academy of Pediatrics recommends that pediatricians conduct developmental screenings at well-child visits at 9, 18, and 24 or 30 months.
- \* Early childhood education programs and family support programs also represent opportunities for screenings with linkage to services.



### **Risk Factors for Delays**

Prematurity of less than 32 weeks or low birth weight

Prenatal and/or other exposure to drugs, alcohol, or tobacco

Poor nutrition or difficulties with eating

\* Neglect, abuse and/or Social Determinants of Health dangers

\* Orthopedic, vision, or hearing impairments

\* Environmental exposures such as lead-based paint



Identifying and supporting developmental, social or emotional delays in the early years can change a child's life trajectory.



### **HMGIE System Overview**

- \* 3 screening tools offered in English and Spanish
- \* Ages & Stages Questionnaire 3 developmental screening
- \* Ages & Stages Questionnaire SE social/emotional screening
- Social Determinants of Health screening
- HMGIE staff will provide callers with resource referrals and help them navigate the referral process to ensure they access resources



### HMGIE is Ready to Support Your Work!

# Help Me Grow



HMGIE is free, community-based service made possible by an investment from First 5 San Bernardino and First 5 Riverside in partnership with Loma Linda University Children's Health

## 1.888.464.4316

(1.888.HMGIE.16)

www.HelpMeGrowIE.org





#### **CCS Program** Legislative History and Overview

May 17, 1927 Governor Clement C. Young signed the California Crippled Children's Act

▶ 1935 Social Security Law (Title V)

- Title V of the Social Security Act is a federal-state partnership that provides for programs to improve the health of all mothers and children, including children with special health care needs.

1995 Medi-cal Management Care Expansion

CCS case manages for CCS medically eligible conditions.

#### **Program Description**

- The CCS program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions.
- Statewide Program
- Mandated by CA law
- Funded with federal, state & county dollars

#### Types of service offered by CCS

- Diagnosis of a suspected condition and treatment for a known condition
- Doctor visits, hospitalizations, medications, physical therapy (PT), occupational therapy (OT), medical equipment and medical supplies
- Medical case management to get specialists and other services that are needed Medical Therapy Program which provides PT and OT in public schools

#### **Eligibility Criteria**

- Age: client must be under 21 years of age Medical condition that is covered by CCS
- Residence Client or parent(s)/Legal guardian must be a resident of the county
- Financial
  - Medi-Cal, with full benefits
  - Family income of \$40,000 or less
  - Over \$40,000 with an out-of-pocket medical expenses expected to be more than 20 percent of family's adjusted gross income A need for an evaluation to find out if there is a health problem covered by CCS

  - Client was adopted with a known health problem that is covered by CCS A need for the Medical Therapy Program

#### Examples of CCS medically eligible conditions:

- Paralysis
- Idiopathic Epilepsy Spina Bifida
- Strabismus (needs surgery)
- Glaucoma
- Hearing loss
- ► Torn Eardrum (needs surgery)
- Most heart conditions
- Some Poisonings
- Pituitary Diseases Sickle Cell Anemia

► HIV

Cystic Fibrosis

Ulcerative Colitis

Diabetes Mellitus

Kidney Stones

Chronic Liver Disease

- Leukemia
- Brain tumor

### Steps to CCS Services

Who can submit a referral to CCS?

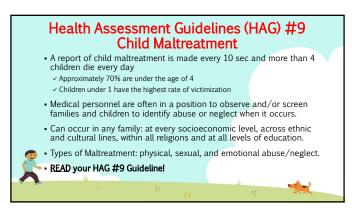
- > Anyone (doctor, clinic, school district, family...)
- Two ways to refer a client
- 1. NEW REFERRAL CCS/GHPP CLIENT SERVICE AUTHORIZATION REQUEST (SAR) Note to providers: do not use the ESTABLISHED CCS/GHPP CLIENT SERVICE AUTHORIZATION REQUEST (SAR) on new referrats
- 2. CCS Application for service located on line
- Provide Medical documentation
- Submit medical documentation with request to establish medical eligibility

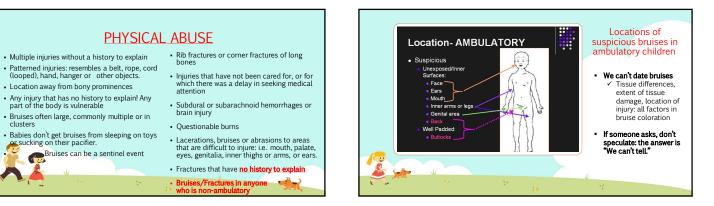
### Steps to CCS Services

- > Fax to 951-358-7905 or 951-358-5198
- Providers:
   Provider Electronic Data Interchange (PEDI)





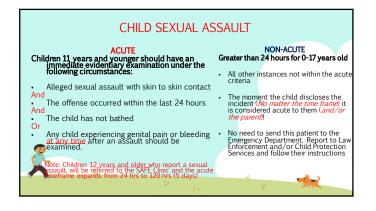
















#### **RECOMMENDATIONS!**

- 1. Stay calm and conversational if you notice bruising or a child voluntarily discloses ANY type of abuse to
- 2. Document what you see and hear ASAP
- Include the shape, location, and size of the bruising
- Document what the child or parent says
- It is okay to ask non-leading questions, such as: What happened? Where were you when it happen? Did
  anyone see it happen? Did you share with anyone other than me what happened?
- Refrain from asking specific questions or jumping to conclusions. Professionals with appropriate training will handle the investigation.
- 3. If in doubt, call and consult with one of the forensic providers (RCCAT, BSCC, SAFE CLINIC, SART BSCC)
- 4. MAKE A REPORT. Contact Child Protective Services!
- 5. Do not send caregiver to one of the Child Advocacy Centers without consulting first with a forensic provi making your report, and obtaining appropriate instructions/guidance.
- 6. If child needs immediate medical attention, send them to the nearest ER (preferably RUHS-MC or Eisenhower). This does not apply for non-acute sexual abuse cases.



