

Republic of the Philippines Department of Health

OFFICE OF THE SECRETARY

February 26, 2021

DEPARTMENT	MEMOR	ANDUM
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No. 2021- 0116

TO:

ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES;
MINISTER OF HEALTH - BANGSAMORO AUTONOMOUS
REGION IN MUSLIM MINDANAO (MOH-BARMM);
DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT
(CHD), BUREAUS AND SERVICES; MEDICAL CENTER
CHIEFS AND CHIEFS OF HOSPITALS; PRESIDENT AND
DIRECTORS OF PRIVATE HEALTHCARE FACILITIES;
LOCAL CHIEF EXECUTIVES OF LOCAL GOVERNMENT
UNITS; CHIEFS OF LOCAL COVID-19 VACCINATION
OPERATIONS CENTER; AND ALL OTHER CONCERNED

SUBJECT:

Interim Guidelines on the Identification and Utilization of COVID-

19 Vaccination Sites

I. BACKGROUND

The effective implementation of the Philippine National Deployment and Vaccination Plan (NDVP) against COVID-19 anchored on Administrative Order No. 2021-0005 or the "National Strategic Policy Framework for COVID-19 Vaccine Deployment and Immunization" requires a mechanism in ensuring the safe delivery of vaccination services to the public. The NDVP provided the definition and framework on the identification and utilization of COVID-19 Vaccination Sites (CVS), further detailed by Department Memorandum 2021-0099 or the Interim Omnibus Guidelines for the Implementation of the National Deployment and Vaccination Plan for COVID-19.

This issuance shall provide guidance in the identification and utilization of COVID-19 Vaccination Sites in National, Regional, and Local Vaccination Operations Centers.

II. IMPLEMENTING GUIDELINES

- A. Implementation of the National Vaccine Deployment Program shall be consistent with Department Memorandum 2021-0099 or the Interim Omnibus Guidelines for the Implementation of the National Deployment and Vaccination Plan for COVID-
- B. A permanent fixed-post vaccination strategy shall be used in the conduct of the COVID-19 vaccination campaign through the COVID-19 Vaccination Implementing Units and Vaccination Sites.
- C. Off-site or non-health facility-based sites (e.g. schools, gymnasiums, etc) that fulfill guidelines set in the NVDP and subsequent guidelines may operate as a vaccination site, provided they are linked to a licensed health facility (such as public or private hospital or rural health units). The licensed health facility shall assist in ensuring

- the readiness of vaccination sites, especially regarding the management of Adverse Events Following Immunization (AEFI).
- D. Off-site or non-health facilities that will be used as vaccination sites shall be under the supervision and accountability of the Local Government Unit through their City Health Office (CHO)/Municipal Health Office (MHO)/Rural Health Unit.
- E. The Local Vaccine Operations Center (LVOC), led by the Local Chief Executive (LCE), shall designate COVID-19 Vaccination Sites in its area of responsibility. However, in circumstances where the vaccination activity will be directly handled by the National Government, the National or Regional Vaccine Operations Centers may designate vaccination sites.
- F. The COVID-19 Bakuna Center Registry (CBCR), a complete listing of all vaccination sites in the country both in public and private, shall be used by the local and national government in monitoring and managing vaccination sites being set-up across the whole country.
- G. All Local Government Units (LGUs) and other identified COVID-19 Vaccination Sites shall formulate their microplans to determine local needs and gaps to ensure smooth and satisfactory vaccine implementation in accordance with the National Deployment and Vaccination Plan.
- H. Each vaccination site shall have enough vaccination teams within the facility for concurrent vaccination to cater to potential vaccine recipients. Each team composition shall be in line with guidelines set in the NVDP.
- I. All vaccination sites shall ensure compliance to minimum public health standards consistent with Administrative Order 2020-0015 or the *Guidelines on the Risk-based Public Health Standards for COVID-19 Mitigation* and Department Memorandum 2020-0268 or the *Interim Guidelines on Health Facilities in the New Normal*.
- J. Inventory management of vaccines, from delivery and acceptance to disposal shall be based on Department Memorandum 2021-0053 and 2021-0031 entitled, "Interim Guidelines on the Shipment and Acceptance of COVID-19 vaccines and ancillary immunization commodities" and "Interim Guidelines on the Management of Health Care Wastes generated from COVID-19 vaccination," respectively.
- K. Instructions for COVID-19 vaccination providers and administrators on storage and handling, dosing and schedule, administration, contraindications, warnings, adverse events, and use with other vaccines shall follow the Philippine FDA Fact Sheet for vaccination providers and EUA.
- L. The LVOC shall ensure that the designated COVID-19 vaccination sites shall comply with the standards and requirements prescribed in the LGU Assessment Tool (ANNEX A).
- M. The LVOC shall submit reports regarding operations of their designated vaccination sites, in compliance with data and records management guidelines set by the DOH, and share the same to the Regional LVOCs.

- N. The National/Regional/Local VOCs shall monitor and supervise all COVID-19 vaccination sites and ensure continuous compliance to the standards and guidelines set by this policy.
- O. The Field Implementation and Coordination Team shall conduct regular review and oversee implementation of the COVID-19 immunization program consistent with its goals of mass coverage, adequate and quality immunization services, and financial risk protection. FICT shall likewise ensure coordination with DOH offices for appropriate policy decisions and updating of standards.
- P. Consistent with COVID-19 Vaccination Program Act of 2021, members of the vaccination teams in vaccination sites shall be immune from suit and liability with respect to all claims arising out of, related to, or resulting from the administration or use of COVID-19 vaccine except those arising from willful misconduct and gross negligence.

For information and guidance to all concerned parties.

FRANCISCO T. DIOUE III, MD, MSc Secretary of Health



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ANNEX A

ASSESSMENT TOOL FOR THE IDENTIFICATION OF COVID-19 VACCINATION IMPLEMENTING UNITS AND VACCINATION SITES

INSTRUCTIONS:

- 1. To properly fill-out this tool, the Assessment Team shall make use of: INTERVIEWS, OBSERVATIONS and VALIDATION of findings.
- 2. If the corresponding items are present, available or adequate, place (/) on each of the appropriate spaces under the FINDINGS column or space provided alongside each corresponding item. If not, put an (X) instead.
- 3. The REMARKS column shall document relevant observations.
- 4. Make sure to fill-in the blanks with the needed information. Do not leave any items blank.
- 5. The Team Leader shall ensure that all Team members write down their printed names, designation and affix their signatures and indicate the date of inspection/monitoring, all at the last page of the tool.
- 6. The Team Leader shall make sure that the Head of the facility or, when not available, the next most senior or responsible officer likewise affix his/her signature on the same aforementioned pages, to signify that the inspection/monitoring results were discussed during the exit conference and a duplicate copyalso received.
- 7. This Tool may also be used by Local Government Units/Local Vaccination Operations Centers/ Local Vaccination Teams as a **Self Assessment tool.**

GENERAL INFORMATION:

	ealth Facility: on Unit/Site		
Address: _			
	(Number and Street)	(Barangay/District)	(Municipality/City)
	(Province/Region)	, 1	
Telephone/	Fax No.:	E-mail Address:	
Name of C	OVID-19 Vaccination Imp	lementing Unit Level Su	pervisor:
Number of	Vaccination Sites/Posts:		
Classificati	ion:		
Owr	nership:Govern	mentPrivate	

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I. PHYSICAL PLANT

CRITERIA	INDICATOR/EVIDENCE	COMPLIED	REMARKS
General Lay - Out	 Open or well-ventilated areas Entrances and exits are clearly and prominently marked, free of any obstruction and readily accessible Directional signs are prominently posted to help locate service areas within Sinks or lavatories or designated areas for hand washing or dispenser for sanitizers 		
Physical Accessibility	Ramps for patients with special needs are available, clearly and prominently marked and free of any obstruction		.1
Component areas			
1. Waiting Area	 Sanitation area Chairs are arranged in a way social distancing can be observed 		
2. Vaccination Area	 Each area shall have a sanitation area for each vaccination team Registration area Health education area Screening area Vaccination area Chairs are arranged in a way social distancing can be observed (<24 individuals at a given time) 		
3. Surveillance Area	 Sanitation area Chairs are arranged in a way social distancing can be observed (<24 individuals at a given time) 		
COVID-19 Vaccine and Cold Chain Capacity Inventory and Logistics Management	 Open or well-ventilated areas Appropriate vaccine storage Genset or Generator Sinks or lavatories or designated areas for hand washing or dispenser for sanitizers 		
Waste Management	 Location of waste holding area Segregation of waste (use of color coded garbage plastic and/or bins) Proper labelling of waste receptacles 		

II. PERSONNEL

CRITERIA	INDICATOR/EVIDENCE	COMPLIED	REMARKS
Supervision	Implementing Unit Level At least 1 personnel/ Vaccination Team Vaccination Team At least 1 personnel/ Vaccination Team		
Screening and Assessment	At least 2 personnel/Vaccination Team (Physician/Nurse/Midwife)		
Health Education	At least 1 personnel/Vaccination Team (Allied Professionals Volunteers from Partner Agencies)		
Actual Vaccination	At least 1 personnel/Vaccination Team (Physician/Nurse/Midwife of PCF/Pharmacist)		
Documentation/Recording and Vital signs Taking	At least 1 personnel/Vaccination Team (Midwife/BHW/Health Staff/ Volunteer from partner agencies)		
On-Site Surveillance	At least 1 personnel/Vaccination Team (Surveillance Officer/Nurse/Midwife)		
Post-Surveillance Response	Minimum of 3 personnel/Vaccination Team (Paramedic/Nurse/Midwife/ Pharmacist)		
Other Personnel			
Cold Chain and Logistics Officer			
Disinfection Personnel			
Security Personnel			_
Ambulance Driver			

III. INFORMATION MANAGEMENT

CRITI	ERIA	INDICATOR/EVIDENCE	COMPLIED	REMARKS
Electronic Record	Medical	Implementation of COVID-19 Electronic Immunization Registry [CEIR] or Information System of the LGU linked to the CEIR Note: Alternative Manual system Should also be in place in case Electronic system will not work		

· IV. EQUIPMENT/INSTRUMENTS

PPEs Face mask: total HR x 2 masks/day x 7 days x 2 rounds Face shield: total HR x 1 face shield Tables Chairs Registration Area Equipment for scanning QR code Data system (computer/laptop and internet connection) Health Education Area EC materials (e.g. DOH Explainer video, etc.) Projector, preferably Television, preferably Flipchart (if no TV and projector) Screening Area (at least 2 screening stations per team) Equipment for scanning QR code Thermal gun BP apparatus Stethoscope Data system (computer/laptop and internet connection) Vaccination Area (For each vaccinator) Vaccines: Still to be determined: Eligible population/(doses per vial) x(wastage factor) = Total # of COVID-19 vaccine vials Diluents (for Pfizer vaccine) AD syringe Mixing syringes Alcohol: 1 bottle per HCW per day x 7 days x 2 rounds Cotton: 2 cotton balls per vaccine x 2 rounds Safety collection boxes For m RNA Vaccine: (Total ADS + Total mixing syringes)/100 x 1.1 (WF) – safety box quantity requirement	IARKS
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For other vaccines: (Total syringes)/100 x 1.1 (WF) – safety box quantity requirement	
Vaccine carriers and ice packs	
1 vaccine carrier per 1 vaccination team	
Vaccine refrigerator	
Data system (computer/laptop and internet connection)	
Post-Vaccination Monitoring Area	
AEFI/ESI kits (at least 1 kit per composite team) Thermal gun	

BP apparatus	2 sets/	
Stethoscope	Vaccination	
Pulse oximeter, preferably	Team	
Penlight		
Cot beds/stretcher 1 bed per composite team		
Ambulance 1 ambulance per COVID-19 VIU		

Date of Inspection:		
Inspected by:		
Printed Name	Signature	Position/Designation