



NATIONAL COVID-19 VACCINATION OPERATIONS CENTER

AFP Commissioned Officers Club House, Camp Aguinaldo

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ADVISORY NO. 70

Philippine COVID-19 Vaccine Deployment and Vaccination Campaign

Guidelines on the Conduct of Vaccination Activities in Areas under Enhanced Community Quarantine (ECQ)

This advisory is issued to provide guidance to all Regional/Local Vaccination Operation Centers (R/LVOCs), Implementing Units and Vaccination Sites on the conduct of vaccination activities in areas under Enhanced Community Quarantine (ECQ).

COVID-19 vaccination activities shall continue even in areas under ECQ. RVOCs and LVOCs shall ensure **unhampered and undisrupted provision of vaccination services at all times, even in COVID-19 high-burden areas.**

The National Vaccination Operations Center (NVOC) provides the following guidance to LVOCs, Implementing Units and Vaccination Sites:

1. **Strict Scheduling and Pre-Registration**

- a. In the light of the imposition of ECQ measures and with evidence of local transmission of the highly contagious COVID-19 delta variant, the DOH guidelines and policies on scheduling and pre-registration shall remain in effect, however **strict implementation and compliance of these guidelines shall be observed.**
- b. **All** eligible vaccine recipients for vaccination must be informed of their vaccination schedule (date and time) prior to the vaccination activity.
- c. Due to high transmission rate of COVID-19 in ECQ areas, as a general rule, **walk-in vaccine recipients shall not be allowed,** however, DOH Centers for Health Development can provide assistance on how to allow walk-ins in some areas while ensuring that minimum public health standards are observed. **Priority Group A2: Senior Citizens shall be allowed to access vaccination services and travel to and from vaccination sites even without prior scheduling and pre-registration.**
- d. Scheduling and pre-registration shall **prioritize** the following Priority Groups:
 - i. A2: Senior Citizens
 - ii. A3: Persons with Co-morbidities
- e. On the other hand, efficient scheduling of work assignments for vaccination workforce (vaccination teams, AEFI composite teams, logistics and cold chain management teams and implementing unit teams) must be strictly complied based on the planned number of vaccination activities. It is highly recommended **that scheduling of work assignments for the vaccination workforce must be done by batches,** example:

- i. Straight 14-day work schedule and alternate with straight 14-day off schedule (if possible, with provision of housing and lodging)
- ii. Straight 7-day work schedule and alternate with 7-day off schedule.

2. Service Delivery

- a. To limit the travel time of vaccine recipients during ECQ period and bring the vaccination services nearer to vaccine recipients, it is highly recommended for LGUs to implement any of the following strategies:

- i. **Quadrant/Barangay Zoning**

1. Open registered vaccination sites in **all barangays or divide the municipality/city in multiple quadrants and determine vaccination site/s per area.**

- ii. **Use of Mobile Vaccination Buses**

1. **Deploy mobile vaccination buses which shall serve as vaccination sites** and where the buses can also reach specific areas in the barangays.
 2. The mobile vaccination buses can park in open spaces such as barangay basketball courts or parks. These open spaces can serve as the waiting and registration and post-vaccination monitoring areas.

- iii. **Deployment of Mobile Vaccination Teams or Establishment of Temporary Post Vaccination Sites**

1. Without prejudice to the fixed-post vaccination strategy prescribed in the NDVP and in the DOH policies and guidelines, the LVOCs may adopt a **mobile vaccination or temporary post strategy in areas with high-density of Priority Group A2: Senior Citizens and Priority Group A3: Persons with Co-morbidities.**

2. The mobile vaccination strategy permits the deployment of mobile vaccination and AEFI composite teams where they shall proceed from one (1) house/facility/workplace to another to vaccinate Priority Group A2: Senior Citizens and Priority Group A3: Persons with Co-morbidities.

NOTE: This strategy **SHALL ONLY BE APPLIED in vaccinating Priority Group A2: Senior Citizens and Priority Group A3: Persons with Co-morbidities and shall not be applied in vaccinating other Priority Groups.**

3. The mobile vaccination teams shall ensure that they have **available AEFI kits with at least three (3) ampules of epinephrine, and are capable of providing resuscitative measures and treatment** to vaccine recipients with severe AEFIs or anaphylaxis.

- a. **ALL** vaccination sites must provide priority lanes for Priority Group A2: Senior Citizens and Priority Group A3: Persons with Co-morbidities to limit their time in public spaces and exposure to COVID-19 infection.

- b. **Vaccination in medical centers and hospitals shall be temporarily suspended** during the ECQ period to ensure that these facilities are focused in addressing the spike in COVID-19 cases.

4. **Transportation**

- a. It is highly recommended for LGUs to provide transportation services for scheduled vaccine recipients and vaccination workforce. Pick-up points shall be announced and disseminated before the conduct of vaccination activities.
- b. The vaccine recipients can also access public transportation based on the recommended transportation capacity. However, the NVOC recommends that the vaccine recipient must determine the shortest transportation route and with minimal transfer from one transport vehicle to another.

5. **Dedicated Human Resources**

- a. It is highly recommended to select dedicated human resources solely for the implementation of COVID-19 vaccination. **If possible, the selected vaccination workforce may be contained in a “workplace bubble” where they are provided with accommodation and lodging, and transportation.** For this time period, their physical interaction and contact with those not contained in the workplace bubble will be limited.
- b. A contingency plan shall be developed to ensure availability of sufficient number of vaccination workforce considering the following:
 - i. **Human resource assigned as part of the COVID-19 pandemic response shall NOT be utilized as part of the vaccination workforce.**
 - ii. Possible COVID-19 infection among the vaccination workforce.
 - iii. Services offered in health facilities shall not be hampered because of the vaccination campaign. If so, disruption must be kept to a minimum.

6. **Provision of PPEs and Disinfectants**

- a. The RVOCs, together with the LVOCs, shall ensure the availability of sufficient PPEs and disinfectants for all vaccination sites.
- b. The vaccination workforce shall be provided with sufficient PPEs and disinfectants (e.g. face mask and face shield):
 - i. At least two (2) face masks a day
 - ii. At least one (1) face shield a week.

7. **Reiteration of Minimum Health Standards in Workplaces**

- a. The Philippine National Police and LVOCs shall monitor and impose strict implementation of minimum health standards in vaccination sites at all times.
- b. The LVOCs shall ensure that at least one (1) safety officer shall be deployed per vaccination site. The safety officers shall ensure that all constituents in the vaccination site are complying with minimum health standard.

- c. The vaccination sites shall have/are:
 - i. Open or well-ventilated areas
 - ii. Frequently disinfected at least twice a day
 - iii. Spacious enough to implement physical distancing and crowd control measures.
- d. At the vaccination site's entrance, the following measures shall be strictly implemented for all individuals entering the site:
 - i. Thermal scanning
 - ii. Logging-in in applicable contact tracing application/s
- e. Before going to work or while performing their tasks, the vaccination workforce shall observe the following:
 - i. Monitor daily for COVID-19 signs and symptoms. If with signs and symptoms, immediately contact your work supervisor.
 - ii. Wear face mask and face shield at all times in the vaccination area.
 - iii. Practice hand hygiene as frequent as possible or before and after any procedure or interaction with the vaccine recipient.
 - iv. Limit contact with vaccine recipient to less than 15 minutes.
 - v. Limit number of vaccine recipients within the vaccination area at a given time.
- f. In the vaccination sites, the vaccine recipients shall observe the following:
 - i. Wear face mask and face shield.
 - ii. Frequently practice hand hygiene.
 - iii. Abide with physical distancing guidelines.

8. **Reiteration of Health Assessment and Physical Examination of Vaccine Recipients**

- a. Vaccination teams shall conduct thorough and comprehensive medical history especially on COVID-19 exposure, and physical examination of vaccine recipients.
- b. **High index of suspicion shall be practice at all times**, especially in high burden areas. If the vaccine recipient is presenting with COVID-19 signs and symptoms or have been categorized as close contact, defer the vaccination temporarily and refer accordingly to the BHERTs for triaging and contact tracing.


9. **Deployment and Distribution of COVID-19 Vaccines**

- a. The NVOC, through the Cold Chain and Logistics Team and RVOCs, shall ensure the **continuity of the deployment and distribution of COVID-19 vaccines to 24 hours a day, seven days a week** to LVOCs, Implementing Units and Vaccination Sites.
- b. Similar with the work arrangement of the vaccination workforce, it is highly recommended that **the work arrangement of the cold chain and logistics team shall be scheduled by batches. And if possible, they shall also be contained in a "workplace bubble" where they are provided with accommodation and lodging, and transportation:**

- i. Straight 14-day work schedule and alternate with straight 14-day off schedule (if possible, with provision of housing and lodging)
- ii. Straight 7-day work schedule and alternate with 7-day off schedule.

RVOCs shall provide technical assistance and closely monitor the strict implementation of COVID-19 vaccination program in high-burden areas. Areas under Modified Enhanced Community Quarantine (MECQ) may also implement the guidelines stipulated above but with more flexibility.

For strict compliance.


MYRNA C. CABOTAJE, MD, MPH, CESO III
Chair, National Vaccination Operations Center
Undersecretary of Health, Field Implementation and Coordination Team
Department of the Health

1. The LVOC shall form mobile vaccination and AEFI composite teams composed of at least two to three (2-3) members per team based on the required number of teams as determined in the LVOC's microplan. The composition of the mobile vaccination and AEFI Composite Team is as follows:
 - a. To document: One (1) BHW or barangay staff,
 - b. To perform health screening and post-vaccination monitoring: one (1) physician or trained nurse, and
 - c. To vaccinate and/or perform post-vaccination monitoring: one (1) nurse/midwife/pharmacist.
2. Prior to the conduct of house-to-house, facility-to-facility or workplace-to-workplace vaccination, the mobile vaccination and AEFI composite team shall ensure the following:
 - a. Site scheduling, planning of routes and transportation mechanisms,
 - b. Vaccines, supplies, cold chain equipment and forms are efficiently prepared — quality and quantity checked,
 - c. Availability of adequate number of AEFI kits, PPEs and waste management paraphernalia,
 - d. Notification of the Priority Groups A2 and A3, and/or next of kin on the vaccination schedule and time of visit, and
 - e. Instructions to Priority Group A2 and A3, and/or next of kin to wear a face mask and face shield during the visit.
3. The mobile vaccination and AEFI composite team shall ensure that all the steps in the vaccination process as stipulated in the Philippine National Deployment and Vaccination Plan for COVID-19 Vaccines, and DOH policies and guidelines are strictly followed:
 - a. **Registration:**
 - i. The health care worker shall ensure that all relevant documents to verify the identity of the potential vaccine recipient (e.g. valid ID, birth certificate) are available prior to the vaccination.
 - ii. The health care worker must also ensure that a medical clearance from the attending physician for vaccine recipients with special conditions (those with comorbidities, bedridden, those who are in a vegetative state, and those with limited life expectancy) is available and signed prior to the conduct of the vaccination.
 - b. **Health Education and Informed Consent**

- i. Vaccine-specific fact sheets should be available and clearly explained to each potential vaccine recipient or to the next of kin, as applicable.
 - ii. On-site health promotion and education activities must be conducted according to each potential vaccine recipient's or next of kin's level of understanding and language/dialect.
 - iii. The informed consent shall be filled out and signed by the vaccine recipients or next of kin, as applicable.
- c. **Health Screening**
- i. Adequate health screening shall be performed prior to vaccination.
 - ii. The health worker shall ensure that the medical devices / apparatus (BP apparatus, stethoscope and pulse oximeter) used in taking vital signs are being sanitized with alcohol or disinfecting wipes after every use of each vaccine recipient to minimize transmission of infections, if used.
- d. **Vaccination**
- i. Vaccination shall be preferably done in a well-ventilated area or open space area such as parking spaces in homes, condominium, apartment, garden, patio, among others.
- e. **Post-Vaccination Monitoring**
- i. The mobile vaccination and AEFI composite team shall monitor the vaccine recipient for 15 minutes. If the recipient has a previous history of asthma, anaphylaxis and or allergies to food or medicines, the observation time shall be extended to 30 minutes post-vaccination.
 - ii. After the post-vaccination monitoring, the mobile vaccination and AEFI composite team may leave and proceed to the next household/facility/workplace as long as proper endorsement and instructions were given to the vaccine recipient or to the next of kin.
 - iii. In the event of serious and life-threatening AEFI, the mobile vaccination and AEFI composite team must be able to provide emergency treatment and resuscitative measures. An **emergency transport vehicle** must be available at all times.
 - iv. Prior coordination shall be made with a health facility with Level 1, 2, and 3 service capability to cater to vaccine recipient experiencing AEFIs.

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