



Push Partner Registry Enrollment Form

Mail or fax completed Enrollment Form to: Dayna Porter
 Emergency Preparedness Coordinator
 Kent County Health Department
 700 Fuller Ave NE Grand Rapids, MI 49503
 Fax: (616) 632-7083

<input type="checkbox"/> Initial Enrollment	<input type="checkbox"/> Renewal	Date _____
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Facility: _____		
Address: _____		
<i>Street</i>	<i>City</i>	<i>Zip</i>
Telephone: _____	Fax: _____	
Coordinating Physician's Name: _____		License #: _____
VFC Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Push Partner Coordinator Contact Information (must be available 24/7)		
1. Push Partner Coordinator's Name: _____		Title _____
Telephone: _____	After Hours Telephone/Pager: _____	
E-mail: _____		
2. Alternate Push Partner Coordinator's Name: _____		Title _____
Telephone: _____	After Hours Telephone/Pager: _____	
E-mail: _____		

To participate in the Push Partner Registry, and receive free government-sponsored pandemic influenza vaccine and supplies through the Kent County Health Department (KCHD), I agree to follow the procedures listed on Page 2 of this Enrollment Form, on behalf of myself and all employees and contractors of our health care facility:

 Signature of Push Partner Coordinator Date

 Signature of Coordinating Physician Date

For County Use Only:

Date Approved	_____ / _____ / _____ <i>Month Day Year</i>				
Person Approving Application	<table style="width: 100%;"> <tr> <td style="width: 50%;">_____</td> <td style="width: 50%;">_____</td> </tr> <tr> <td style="text-align: center;">Print</td> <td style="text-align: center;">Signature</td> </tr> </table>	_____	_____	Print	Signature
_____	_____				
Print	Signature				

Push Partner Registry Enrollment Form Push Partner Responsibilities

Instructions: Initial each box to indicate that your agency will be able to follow all procedures listed

Enrollment

- Designate a Push Partner Coordinator (See *Push Partner Coordinator Job Action Guidelines*).
- Complete, sign and submit a *Push Partner Registry Enrollment Form* to KCHD.
- Update the enrollment form annually, or more often if the contact information changes..

Activation

- Determine if your facility is willing and able to participate in the vaccination effort.
- Designate an authorized person to pick-up vaccine (i.e. "Courier").
- Notify KCHD of the name of the Courier.
- Notify KCHD of the number of doses needed according to prioritization guidance that will be provided by KCHD.

Picking up vaccine - Couriers must:

- Present photo identification (employer ID or a federally or state-issued ID).
- Follow guidelines of cold-chain management and the proper packaging of vaccine for transport.
- Bring a cooler & packing materials, unless arrangements have been made with KCHD prior to pick-up.
- Sign a Chain of Custody form or a similar tracking form.
- Follow transport and escort guidelines from KCHD (e.g. A 2nd person may be required for pick-up & transport).
- Notify KCHD when the vaccine reaches the facility & if there are discrepancies between the order and delivery.

Safety and Security

- Comply with any federal safety and security guidelines that may accompany the vaccine.
- Maintain a site-specific safety and security plan and a written floor plan and make these available to KCHD upon request.
- Ensure the safety and security plan includes an evacuation plan and crowd control plan.

Preparation

- Designate and train staff responsible for Push Partner activities.
- Designate a Community Relations Coordinator/Public Information Officer (PIO) to work with the PIO at KCHD.
- Make copies of screening forms, MCIR forms, etc.
- Notify staff of the procedures for employee vaccinations.

Vaccine Storage and Handling

- Adhere to a written Vaccine Storage & Handling Plan, similar to that required for the Vaccine for Children (VFC) Program or the CDC's *Vaccine Storage and Handling Toolkit* at www2a.cdc.gov/vaccines/ed/shtoolkit/default.htm.
- Have the Vaccine Storage and Handling Plan available for review by KCHD upon request.
- Ensure the vaccine storage and handling plan is accessible to staff and is kept near the vaccine storage unit(s).
- Follow any special storage and handling instructions that may accompany the vaccine.
- Use a vaccine inventory tracking system and submit this information to KCHD upon request.

Vaccine Administration/Clinic Operations

- Use appropriate screening forms for health assessments and reviewing vaccine contraindications.
- Administer the vaccine according to the standing orders provided by KCHD.
- Provide a vaccine information sheet to each vaccine recipient.
- Complete Michigan Care Improvement Registry (MCIR) forms and other patient tracking forms provided by KCHD.
- For the purpose of State and/or Federal Laws and regulations, maintain and make available all records related to Push Partner activities to KCHD, the Michigan Department of Community Health, the U.S. Department of Health and Human Services.
- Do not charge for the vaccine or for any of the services provided as a part of the immunization.

Discontinuing Push Partner Activities

- Suspend or stop vaccinations in order to maintain adequate resources for day-to-day functions.
- Return unused vaccine as instructed by KCHD.
- Submit patient tracking forms, MCIR forms, inventory logs, and any other forms required by KCHD.
- Submit an After Action Report to KCHD if requested.

Provide the following estimates of staff and patients:

Front-line health care professionals (have direct patient contact) _____

Remaining number of health care professionals (do not have direct patient contact) _____

Patients for whom you provide primary care _____

Patients aged 3 years or under. _____

Patients aged 4 – 18 years _____

Pregnant women seen in one year _____