# Florida SHOTS<sup>™</sup> HEPATITIS A OUTBREAK RESPONSE TRAINING GUIDE FOR COUNTY HEALTH DEPARTMENTS

**Contact Information** 

www.flshots.com

Free help desk: 877-888-SHOT (7468) Monday-Friday, 8 a.m. to 5 p.m. Eastern



Table of Contents

INTRODUCTION TO THE GUIDE	2
DOCUMENTING VACCINES	2-8
ADDING CLINICS TO A SERVICE SITE	9-11





## INTRODUCTION

This guide is for county health departments participating in the hepatitis A outbreak response. Throughout this guide, you will learn vital information for the hepatitis A effort that allows you to record vaccinations on behalf of another site. This will include recording sensitive information and high-risk conditions, as well as introduce a new feature that incorporates adding clinics under a service site.

**STEP 1** 

Log in to Florida SHOTS.

### STEP 2

Search for the patient in Florida SHOTS by clicking on the **Patients** tab on the menu, found on the left-hand side of the screen. Then, click on **Search for Patient**.



### **STEP 3**

Fill in the following fields with *last name, first name,* and *date of birth.* Click the grey **Search for Patient** box when you are ready to search for the record.

Task List	Last Name: " ANORVE	First Name: " ABEL	Date of Birth: " 01/01/2000
Patients		0.5	
Search for Patient Redisplay Search Results Today's Patient List Search for Form 680 To-be Certified 680s Patient Viewer Release Patient Record Discard Updates	Patient Id:	OR OR OR OR OR OR OR OR Spec	sify Org:
Patient Data Patient Identification Patient Information Parent/Guardian Immunization Status Vaccinations Adverse Events Observations	Search for Patient * Asterisk indicates a	<b></b>	Reset Search Fields

2

#### STEP 4

Confirm the information matches the information you have for the patient. If it does, click on the name to go into the record.

Patient Search				
Last Name: * First Name: * ANORVE ABEL	Date of Birth: *			
OF				
State ID:				
OF				
Patient Id:	Specify Org:			
Search for Patient	Reset Search Fields			
* Asterisk indicates a required field				
Last Name, First Name	Date Of Birth	SSN	Sex	State ID
ANORVE, ABEL X	01/01/2000		M	4100072875
	Add New Patient Ex	tend Search		

\*\*Please note: If the information on the screen does not match what you have, or your screen shows No Matching Records Found in red, you will need to create a new record for the patient. Do this by clicking Add New Patient and filling out all required fields inside.

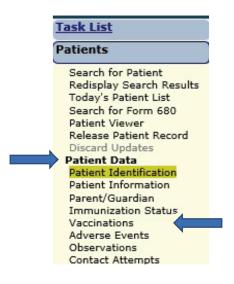
## STEP 5

Upon entering the record, you might receive a pop-up message (as shown below). This is the system's way of notifying you the patient is overdue for vaccines. Click **OK** to continue.

Patient Search	h				<b></b>
Last Name: * ANORVE Patient Id: Search for Patient * Asterisk indicates a re Last Name, First N ANORVE, ABEL X		Date of Birth: * Instantion Message from webpage	SSN	Sex M	State ID 4100072875
		ОК			

#### STEP 6

Refer to the **Patients** tab on the menu once more and look for the first subheading, **Patient Data**. Underneath it, click on **Vaccinations** (it is the fifth one down).



STEP 7

You should now be on the Vaccination List page (shown below).

Sort by:	Antigen	○ Vaccin	e O D	ate Given				
Antigen	Vaccine Type	Date Given	Dose/ Interval	Age Yr-Mo/ in Days	Total Mos/ Adv Event?	Provider/Person	Source	Delete
CHOLERA	CHOLERA	01/01/2001	0* 0	1-0 366	12 Y 📵	CITRUS CHD	CITRUS CHD	
FLU	FLU3Y+ PF	06/15/2014	1 0	14-5 5279	173 N		DADE	
Other	LYME	04/04/2005	1 0	5-3 1920	63 Y 🕡	CITRUS CHD	CITRUS CHD	
* indicator		a Vaccinatio			orical Vaccinat	tion Records	ations of the Ad	vicon (

Click on the grey box, **Add a Vaccination Record**. This takes you to the **Add Vaccination Record** screen, where you will begin recording the vaccine information (as shown below).

Add Vaccination Record	V T05 : Emulating BREVARDCHD
Vaccine Type: * Select Vaccine Type Information	Date Given: *
Injection Site: * Select V	Injection Route: * Select V
Provider Org ID: * BREVARD CHD	Provider Person ID: * Select V
Imm Service Site: * Select 🗸	
Program Component: * Select V	
Manufacturer: Select V Include inactive	
Lot Number:	Expiration Date:
NDC: Select 🔽	
B Special Conditions: 0	
Add another vaccination record after "Next" button is clicked	
* Asterisk indicates a required field	
Return to Va	cancel Cancel

### STEP 8

Enter the vaccine information that has been gathered for the hepatitis A outbreak response effort.

Add Vaccinat	ion Record	
Vaccine Type: *	HEP A ADULT	Vaccine Type Information
Injection Site: *	RA-RIGHT ARM	$\checkmark$
Provider Org ID: *	BREVARD CHD	
Imm Service Site: *	BREV CENTRAL OFF	
Program Component: *	17.02 - HEPA2017	V
СРТ: *	90632 🗸	
Patient Insurance: *	UNINSURED 🗸	

If you are recording administrations on behalf of another site, select the **Clinic** from the drop-down menu.

🔹 📀 🔽	aining Environment : Emulating BREVARDCHD
	* 10/02/2019
Injection Route:	* IM-INTRAMUSCULAR
Provider Person ID:	
Clinic:	BREVARD - TEST CLINIC 1

\*\***Please note:** If you do not see the clinic listed, refer to the instructions at the end of this guide for adding clinics.

#### STEP 9

Once the **Imm Service Site** and **Program Component** (17.02 – HepA2017 for this outbreak response) are selected, you can select the vaccine from the current inventory list displayed.

🗹 R	educe inventory-on-l	nand count		
Mfg/Lot: *	Select			~
2 101 10 202				
Current inventory records for				
Click a "Select" button to indicate t Click a "Hide" button to remove its		e reduced.		
Service Site Program Component	Mfg/Lot# Expiration Date NDC	Qty On Hand		
BREVARD CHD MELBOURNE	SKB Y29KL	10		
17.02 - HEPA2017	02/21/2022 58160-0826-52		Select	Hide
			1	

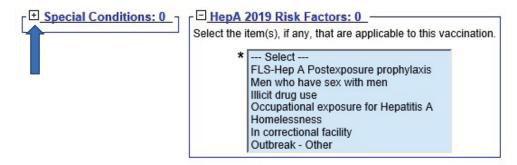
5

If you have selected a Clinic (as shown above), and the vaccine is not in your inventory because you adjusted it out for transfer purposes, you will uncheck the **Reduce Inventory** box and manually enter the vaccine information (see below).

	Reduce inventory-on-hand count	
Manufacturer:	Select	Include inactive
Lot Number:		
NDC:	Select V	

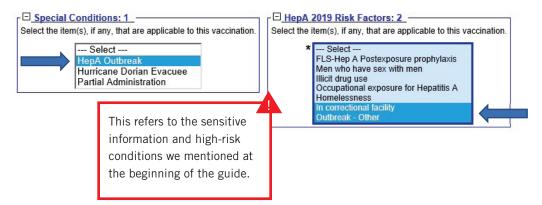
## STEP 10

Click on the **plus sign** icon beside **Special Conditions**, to expand selection criteria.



#### STEP 11

Select the Special Condition **HepA Outbreak** and any **Risk Factors** that may apply to the patient receiving this vaccine.



\*\*Please note: you can select more than one risk factor by holding down the Ctrl key on your keyboard and clicking on the factors as needed.

Risk Factors (high-risk conditions, i.e. sensitive information) can only be seen by the user who entered the information, and by users who have the Sensitive Privilege permission. To obtain this permission, local org administrators should submit the request in writing (i.e. email) to the Florida SHOTS Helpdesk at <u>flshots@flhealth.gov.</u>

# STEP 12

Enter the Vaccine Information Statements for the client.

Make sure you enter the **VIS Date** in the box next to **HEPA** \*, then select the **VIS Recipient** (who received the VIS paperwork), and select whether the recipient gave consent for the vaccine.

CDC Vaccine Information Statements (VIS)	Type: VIS Date:	
/IS Recipient:	HEPA *	
* Select		

\*\*Once the VIS Recipient is selected, the field below it will become available. Click on the drop-down arrow next to **Consent for treatment given by VIS recipient** to select **Yes** or **No** for consent (shown below).

C Vaccine Information Statements (VIS)	Type: VIS Date:
Recipient:	HEPA * 07/20/2016
Patient: ANORVE, ABEL	~
Yes Consent for treatment given by	VIS recipient
Yes Consent for treatment given by	VIS recipient

If you are unaware of the VIS Date, click on the blue **CDC Vaccine Information Statements (VIS)** hyperlink to go to the CDC website. Once there, you can look up the current VISs for all vaccine types (as shown below).

Vaccine Information Statem			✓ ▲ ♂ Search	
Edit View Favorites	and the second	ediusFAX - Welcome i 🗕 People First 🗿 Welcome InsideFLHealth 🧰 Vaccine Information State		
	CDC 24/7: Saving Lives. Protectin	AllA-Z Topics           Search         Vaccines site •         Q,		
	Vaccine Information Sta	itements (VISs)		
			6 🖸 🕲 🥹	
	✿ VIS Home	Current VISs		
	Current VISs			
	What's New with VISs	Download all VISs  [6.79 MB] CDC maintains a current English language VIS for each	What Do Dates & Interim Mean?	
	About VISs	+ vaccine. You and your patients can	• The date, in red, next to each VIS is the most recent	
	Dates of Current and Past VISs	<ul><li>View and display the web page</li><li>Download and print the PDF file</li></ul>	version. <ul> <li>The Interim version is to be used until the final version is available.</li> </ul>	
	VIS Barcodes	<ul> <li>Import the RTF (text) file into an electronic system</li> </ul>	is available. See What's New to learn when the final version should be	

# STEP 13

Upon completion, you have the option to add more vaccines (if applicable). If you *do not* have more vaccines to add, *uncheck* the box beside **Add another vaccination record after "Next" button is clicked.** 

${\overline{\!$			
* Asterisk indicates a required field			
Next	Return to Vaccination List		

Click the grey **Next** box to continue submitting your entries.

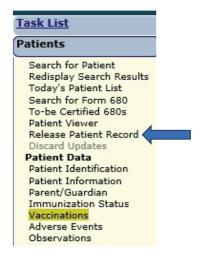


You can finalize your entries by clicking **Submit** once it turns yellow, found in the top left-hand corner of the screen

Florida SILV US keeping shots in check CIP: DADE	(19 y
Submit Add Vaccination Record	

### STEP 14

Once you are done with the patient's record, be sure to properly exit by clicking **Release Patient Record** from the menu.



# ADDING CLINICS TO A SERVICE SITE

We have added the ability to add clinics to existing sites. This feature will assist providers in accounting for vaccines administered at a different location, such as an outbreak response that has taken place outside of your primary location.

# STEP 1

Log in to Florida SHOTS.

### STEP 2

Click on Administration from the menu, then select Service Site List.

<u>Task List</u>	
Patients	
Reminder Recall	
System Transactions	
Vaccine Inventory	
Assess Imm Levels	
Reports	
Administration	
Administration Change Password Security Question Edit Organization Edit Personnel List Service Site List Emulate Organization	
Administration Change Password Security Question Edit Organization Edit Personnel List Service Site List	

# STEP 3

This brings you to the **Site List** page, which allows you to view all sites affiliated with your organization.

Site List Organization: TAMPA FAMILY HEALTH CENTERS Click on a row below to select an existing site.						
						Show sites: I Active Archived All
CIP/Service Site Name	Provider Site Id	Default	In Use	Address	VFC PIN	
FLORIDA HOSPITAL HC	16		Yes	3100 EAST FLETCHER AVENUE, SUITE 126, TAMPA		
NORTH TAMPA HEALTH CENTER	6	Yes	Yes	1502 E FOWLER AVE, TAMPA	291069 (VFC EID: 996)	
OSBORNE CENTER	4		Yes	4620 N 22ND ST., TAMPA	291006 (VFC EID: 975)	
SHELDON SOUTH	13		Yes	5611 SHELDON ROAD, TAMPA	700273 (VFC EID: 2264)	
AMPA FAM - FLETCHER	3		Yes	302 WEST FLETCHER, TAMPA	700384 (VFC EID: 2400)	
AMPA FAM NEBRASKA	11		Yes	8108 N NEBRASKA AVE., TAMPA	700031 (VFC EID: 1901)	
TANDA FAMILY OLIOU			20	ANA FLAT ALIAN INFINE THE		
TAMPA FAMILY - SLIGH	14		Yes	6216 EAST SLIGH AVENUE, TAMPA	700379 (VFC EID: 2399)	

\*\*To view a particular site's maintenance page, click on that site's name (shown above).

9

# ADDING CLINICS TO A SERVICE SITE

## STEP 4

This takes you to the **Site Maintenance** page. Under the service site's address and contact information, you will see **Clinics** in blue.

BREVARD CHD	
Site Name: * BREV CENTRAL OFF Provider Site ID: Administers Vaccs:  Site Type: * COUNTY HEALTH DEPARTMENT	National Prov ID: Is Central Ordering Site: 🟹 Other (specify):
VFC PIN: 700050           FLSHOTS Service Site Address           Line 1: *         BREV CENTRAL PHARM           Line 2:	VFC EID: 52
FLSHOTS Service Site Contact Info Phone: * (850)889-0812 Fax: * (850)770-9701 Email: Venkat.Moparthy@flhealth.gov Contact: MEDICAL_LICENSE Change  Clinics	VFC Shipping Contact Info Same as Service Site Contact Info Contact: MOPARTHY NAG Change 2nd Contact: MOPARTHY VENKAT Change

# STEP 5

Click on the icon next to Clinics (the **plus sign** will turn into a **minus sign**, as below). If there is a clinic linked to the service site, the drop-down will appear as such,

Name	External Id	Descript	ion
MV BREVARD CLINIC	01	TEST	

However, if there are no Clinics linked to the service site, the drop-down will appear (as below), and you should proceed to the next step:

	Name	External Id	Description	Catego		

#### Step 6 (if applicable)

If there are no clinics linked to the desired service site, contact the Florida SHOTS Helpdesk. A Local Org Administrator (LOA) can make the request for a clinic to be added under the service site. The request *needs to be in writing* (i.e. email) and sent to <u>flshots@flhealth.gov</u>.

\*\*Please include the following information in the request (only applicable to LOAs):

- Your **organization's login ID** and the **name of the service site** (how it appears in Florida SHOTS on the Site List page).
- The name of the clinic the name of the facility you transferred vaccines to and/ or are recording vaccines on behalf of.
- The external ID this is used for uploading purposes through your EHR/EMR.
   \*\*Please follow the link to verify which <u>implementation specialist</u> to contact for your ID (toward bottom of web page).
- A short **description** briefly inform us of the provider you are recording vaccines on behalf of (i.e. include their org ID if they have a Florida SHOTS account).
- The **category** that best describes the type of facility this clinic represents this field includes a drop-down box that allows one of the following categories to be selected (please only pick one):
  - Corrections clinic
  - Drug rehab facility
  - Business/work site
  - Community center
  - Homeless shelter
  - Hurricane/disaster shelter
  - Long-term care facility
  - School clinic