



MY TURN

Contingency Plan

Plan Scenario

- The Contingency Plan is to be executed in the scenario that the My Turn website is unavailable during the Patient Check In process at the clinic.
- This plan can be implemented in the event of a:
 - Technical malfunction
 - System malfunction
 - WiFi issues
 - Bad weather
 - etc.



My Turn Readiness Checklist



Join

WELCOME | INTAKE



Ready

PREPARE | LOAD | TRAIN



Launch

GO-LIVE



Operationalize

STABILIZE | SUPPORT

Clinical

- Confirm vaccine supply
- Attend Intro to Onboarding Session
- Submit to myturnonboarding@cdph.ca.gov your:
 - 1) [Clinic Scheduling Form](#)
 - 2) [New User Form](#)
 - 3) If applicable: [EHR Scheduling Form](#)
- Identify and confirm clinic facilities, workflow, and staff
- Receive and send onboarding and training schedule to staff (see: *Action Needed: Welcome to My Turn!* Email)

- Identify and confirm team roles, responsibilities, and reporting structure
- If needed, review and edit forms with your My Turn Clinic Operations Pod
- Meet with your Clinic Ops Pod to discuss outstanding questions
- Confirm/communicate vaccine lot # to Clinic Ops Pod
- Confirm staff has attended training and reviewed training materials: [YouTube videos](#), training sessions, and Office Hours

- Identify training lead to facilitate just-in-time training and give any reminders before clinic start
- Attend Command Center check-ins via Microsoft Teams (invite sent by My Turn team)

- Clinic Manager(s):** Complete CM training and assessment
- Confirm your CMs ability to set up and schedule clinics by themselves
- Stay up to date by attending “What’s New in My Turn” Sessions and reviewing Release Notes
- Confirm any new staff has attended training sessions/ studied training materials

Technical

- Ensure one device (tablet/laptop) per:
 - Vaccine Admin duo
 - Check-In/Registration
 - Post-Vaccination observation area
- Chrome browser preloaded on devices
 - Clear cache
 - Bookmark My Turn provider portal

- Confirm dedicated IT support on site
- Confirm “MiFi” technology/hotspots available
 - Yes: ___ # of hotspots available
 - No: Coordinate/order ___ # hotspots for clinic launch
- 24-48 hours before launch: confirm staff have received usernames and can log in
- Contingency: Download and study My Turn’s contingency plan

- Escalate tech issues/ add new accounts via the Help Desk (HD)
- Confirm staff added on launch day can get in to system
- Inform staff on process to route issues to HD
- Contingency: Run the Patient Export Report and save a local copy

- Continue to use Help Desk and Command Center for support

My Turn Contingency Plan



During Ready Phase

All Providers

- Run the Patient Export Report prior to the clinic go-live date and save a copy.
- Print out a copy of the My Turn Pre-Screening Questions on our EZIZ site.

During Launch Phase

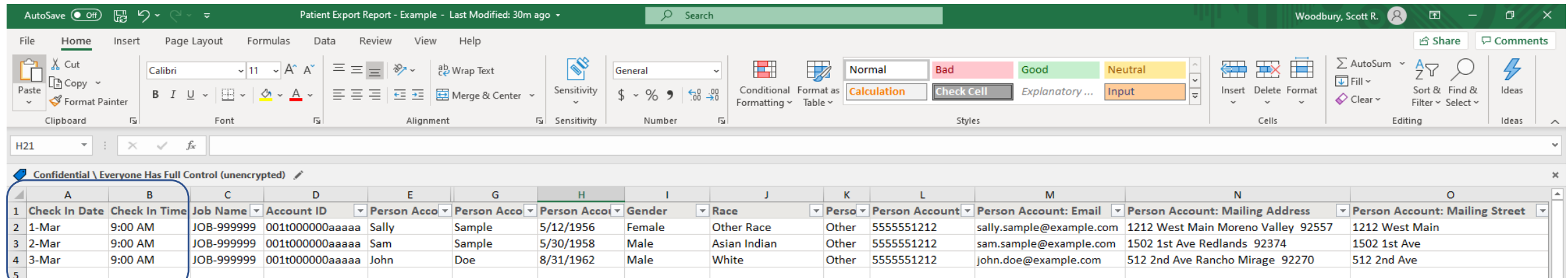
Providers Experiencing Tech Issues

- In the case that the MyTurn website is not available during patient check in at the clinic:
 - Open the Patient Export Report and add two columns to the sheet (Check In Date and Check In Time)
 - Enter the Date and Time for the patient.
 - Record the patient response to the Check In Questions in the Contingency Report (i.e. the patient export + the 2 columns)
- When MyTurn is available again, record the check in information into the My Turn system

Patient Export Report

For **Scheduled Appointments** - The Clinic Manager will need to record the check in date, time and check in question responses.

For **Walk In Appointments** - The Clinic Manager will need add a row to the Patient Export Report and enter the required information.



	A	B	C	D	E	G	H	I	J	K	L	M	N	O
1	Check In Date	Check In Time	Job Name	Account ID	Person Acco	Person Acco	Person Acco	Gender	Race	Perso	Person Account	Person Account: Email	Person Account: Mailing Address	Person Account: Mailing Street
2	1-Mar	9:00 AM	JOB-999999	001t000000aaaaa	Sally	Sample	5/12/1956	Female	Other Race	Other	5555551212	sally.sample@example.com	1212 West Main Moreno Valley 92557	1212 West Main
3	2-Mar	9:00 AM	JOB-999999	001t000000aaaaa	Sam	Sample	5/30/1958	Male	Asian Indian	Other	5555551212	sam.sample@example.com	1502 1st Ave Redlands 92374	1502 1st Ave
4	3-Mar	9:00 AM	JOB-999999	001t000000aaaaa	John	Doe	8/31/1962	Male	White	Other	5555551212	john.doe@example.com	512 2nd Ave Rancho Mirage 92270	512 2nd Ave
5														

- Add these columns to the Patient Export Report
- Enter Date and Time at Check In

Contingency Support Materials



Screening Questions

For Patient Check-In



Account Registration Response

*Are you feeling sick today?

Yes No

*Have you ever received a dose of COVID-19 vaccine?

Yes No

*Have you ever had an allergic reaction to (1) component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures, (2) Polysorbate, (3) a previous dose of COVID-19 vaccine (This would include a severe allergic reaction (e.g., anaphylaxis) that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)

Yes No

*Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? (This would include a severe allergic reaction (e.g., anaphylaxis) that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)

Yes No

*Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of the COVID-19 vaccine, polysorbate, or any vaccine or injectable medication? This would include food, pet, environmental, or oral medication allergies.

Yes No

*Have you received any vaccine in the last 14 days?

Yes No

*Have you ever had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?

Yes No

*Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?

Yes No

*Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?

Yes No

*Do you have a bleeding disorder or are you taking a blood thinner?

Yes No

*Are you pregnant or breastfeeding?

Yes No

Confirmation of Verbal Consent

For Vaccine Administration



Vaccination Consent

Disclosure Statement

Life threatening allergic reactions to vaccines are very rare. Signs of a serious allergic reaction include: shortness of breath, hoarseness or wheezing, hives, paleness, weakness, elevated heart rate, or severe dizziness. These symptoms may occur within a few minutes, or up to 48 hours after the vaccination. If you are experiencing any of these symptoms, you should contact a healthcare provider immediately.

* Verbal Consent: The patient or legal guardian has been provided the benefits and potential adverse reactions, and provides consent to receive the vaccine.