VACCINE WAITING LIST SCRIPT

"Hi, this is *(your name)* calling from *(your organization)*. We are checking in with members of our community to help you understand a little more about the COVID-19 vaccine process if you need it and put you on a waiting list to receive a vaccine if you are interested."

"Are you interested in receiving a COVID-19 vaccine?"

- ➢ If **NO** note reason:
    - o Already had the vaccine or already scheduled for a vaccine
    - o Not eligible
        - ▪ "Would you like to be on the Waiting List for when you do become eligible?" *(If yes, proceed to YES script)*
    - o Currently in quarantine or still symptomatic from COVID
        - ▪ "You should not break your quarantine to get a COVID vaccine. Would you like to be on the Waiting List for when you are off of quarantine/no longer symptomatic?" *(if yes, proceed to YES script)*
    - o Not going to get vaccine/unsure about getting vaccine
        - ▪ "Are there any resources I can provide you to help with your decision?"
            - • www.SouthernTierVax.org
            - • There are no out of pocket costs to receive a vaccine although sometimes insurance companies are billed. You will not receive a bill with or without insurance.
        - ▪ "If you change your mind, please give us a call back and we'll be happy to add you to the Waiting List."
        - ▪ "Thank you and have a nice day." *(end call)*
- ➢ If **YES:**
    - o "PODS, or points of distribution, are how the vaccines are distributed throughout our area. *(Your organization)* is working with the Southern Tier Vaccination Hub to be ready if a vaccine POD comes close to us. We don't often have a lot of notice so building waiting lists of people interested in a COVID-19 vaccine is important so we can call you and schedule you for an appointment when we know a vaccine POD is coming nearby."
    - o I just need to get a few quick pieces of information from you so we can add you to the Waiting List *(complete Waiting List template).*
    - o "Are there other people in your household eligible for the COVID-19 vaccine that you would like to add to the waiting list?"
        - ▪ Complete Waiting List template for other household members.

"Thank you. If and when we hear of a vaccine POD coming nearby we will call you to schedule your appointment. In the meantime, if you have an opportunity to get vaccinated or schedule an appointment sooner, please take it and try to let us know so we can take you off of our waiting list."

"Thank you and please stay safe and healthy!"

SCHEDULING CALL

"Hello, this is *(your name)* calling from *(organization)*. Is this *(waiting list name)?"*

"Hi, *(waiting list name).* You may remember that you are on our waiting list for a COVID-19 vaccine. We have just been notified that a POD is taking place at *(POD location)* on *(POD Date/Time).*   Are you still interested in a COVID-19 vaccine?"

> ➢ If **NO:** "OK, thank you. Have a good day." *(End call)*
> ➢ If **YES:** "Great, thank you. Are you available on *(POD Date/Time)* to visit *(POD location)* for a vaccine?
>> o If **NO: "**OK, we won't be able to schedule you at this time. Would you like to stay on our Waiting List for another POD?" *(if yes, verify information; if no end call and remove from waiting list).*
>> o If **YES:** "Great, thank you. I'll just need to walk through a few questions with you to get your appointment scheduled. Some of the screening questions are about your health history and are a bit personal but we should be able to finish this up in 7 or 8 minutes." *(Complete registration; If there are others in the household, work through process.)*

You're all set for your COVID-19 vaccine on *(vaccine appointment date and time)* at *(POD location).*

Thank you and be safe!

OUTREACH FAQS

> ➢ **Q: Which vaccine will I be getting?**
>> o A: We won't know what vaccine we are getting until the POD is actually scheduled.
> ➢ **Q: Can you help with Transportation?**
>> o A: Many public transit organizations are offering free transit to/from vaccine appointments. You'll want to be familiar with that when scheduling appointments.
>> o A: The GetThere Call Center 855-373-4040 is a great resource for transportation help in Broome, Chenango, Delaware and Tioga Counties.
>> o A: Some local organizations provide transportation for their clients.
> ➢ **Q: Where can I get vaccine information in other languages?**
>> o A: www.SouthernTierVax.org has vaccine information in multiple languages.

Southern Tier Regional VxN Hub – Outreach Script

- ➢ **Q: Will I need a 2nd dose and will you schedule that, too?**
  - o A: Pfizer and Moderna require a 2nd dose and that will be scheduled when you receive your 1st dose at the vaccine POD.
- ➢ **Q: Can I bring my caregiver with me / can they also get a vaccine?**
  - o A: You can bring a caregiver with you. If they are currently eligible we can add them to our Waiting List (schedule if appropriate).

OUTREACH OPERATIONS TIPS

- ➢ 10 callers can make about 200 appointments in 7 hours.
- ➢ Try to use Google Docs or another document sharing platform to document your waiting list. If you have multiple people calling and scheduling you won't have to combine documents which can lead to errors and duplication.
- ➢ Review the registration form to familiarize yourself with what is required and what is optional.
- ➢ Depending on the group you are targeting you may have quite a bit of vaccine hesitancy. Don't try to answer medical questions if you are not qualified to do that. Do know where you can refer someone for more information (www.SouthernTierVax.org).

Sample Registration and Screening Form

Enter Recipient Information for the Event

NYS COVID Vaccine POD - SUNY Binghamton

SUNY Binghamton

April 12, 2021

05:45 PM - 06:00 PM

Country of Residence   United States

Recipient Information

First Name

Middle Name   Optional

Last Name

Address 1

Address 2   Optional

Postal Code/ ZIP Code

City/Town/Locality

State/Province/ Region   Select State/Province/Region

Phone Number   XXX-XXX-XXXX

☐ **Is this a Mobile Phone?**

☐ **Opt-In for SMS (Text) Notifications (Msg & Data rates may apply)**

Confirm Phone Number   XXX-XXX-XXXX

Email Address

Confirm Email Address

Date of Birth

Gender   -- Select Gender - Optional

For recipients under the age of 19, the mother's first and maiden (last) name must be provided.

Mother's First Name   Optional

Mother's Maiden (Last) Name   Optional

Southern Tier Regional VxN Hub – Outreach Script

Race / Ethnicity

Race

-- Select Race -- ▾

Ethnicity

-- Select Ethnicity -- ▾

On-Site Requirements

What method of transportation will you use to get to the site?

-- Select One -- ▾

Will you require handicap access to the building?

-- Select One -- ▾

Will you need language assistance?

-- Select One -- ▾

Emergency Contact Information

First Name

optional

Middle Name

optional

Last Name

optional

Phone Number

optional

Relationship to Recipient

-- Select Relationship -- ▾

By law, the COVID-19 vaccine is available at no cost to you. Your insurance information is being collected for the purposes of administration.

Insurance Information

Do you have insurance? If you do not have insurance, you can still receive the vaccine.

No ▾

☐ Check this box to confirm that you are uninsured, or that the person for whom you are authorized to make this request (the "patient") is uninsured. This means that you, or such patient, do not or will not have coverage through an individual or employer-sponsored plan, a federal healthcare program (e.g., Medicare, Medicaid), or the Federal Employees Health Benefits Program at the time services will be rendered, and that no other payer will reimburse you, or such patient, for COVID-19 vaccination.

Click here to read and/or download our Notice of Privacy Practices. You will receive the Notice through email as well. You may also request a copy of the Notice when you arrive at the vaccination site.

○ I acknowledge that I have received the Notice of Privacy Practices through the link above, and that I will also receive a copy via email.

○ I request to receive the Notice of Privacy Practices at the vaccination site. I understand that this will take a little more time at check-in.

Primary Care Provider

First Name	optional
Last Name	optional
City/Town/Locality	optional
State/Province/Region	optional
Postal Code/ZIP	optional
Phone Number	optional

Are you currently under the age of 16?

- ○ Yes
- ○ No
- ○ Unknown

Are you feeling sick today?

- ○ Yes
- ○ No
- ○ Unknown

In the last 10 days, have you had a COVID-19 test because you had symptoms and are still awaiting your test results or been told by a health care provider or health department to isolate or quarantine at home due to COVID-19 infection, exposure or travel?

- ○ Yes
- ○ No
- ○ Unknown

Have you been treated with antibody therapy or convalescent plasma for COVID-19 in the past 90 days (3 months)?

- ○ Yes
- ○ No
- ○ Unknown

Antibody therapy and convalescent plasma for COVID-19 is a medical treatment provided to some people with COVID-19 infection.

Have you ever had an immediate allergic reaction (e.g. hives, facial swelling, difficulty breathing, anaphylaxis) to any vaccine, injection, or shot or to any component of the COVID-19 vaccine, or a severe allergic reaction (anaphylaxis) to anything?

- ○ Yes
- ○ No
- ○ Unknown

This allergy does not apply to mild allergic reactions such as rash only.

Have you had any vaccines in the past 14 days (2 weeks) including flu shot?

- ○ Yes
- ○ No
- ○ Unknown

This includes tetanus, hepatitis A, mumps, flu or any other vaccine.

Are you pregnant or considering becoming pregnant?

- ○ Yes
- ○ No
- ○ Unknown

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

- ○ Yes
- ○ No
- ○ Unknown

Do you have cancer, leukemia, HIV/AIDS, a history of autoimmune disease or any other condition that weakens the immune system?

- ○ Yes
- ● No
- ○ Unknown

Do you take any medications that affect your immune system, such as cortisone, prednisone or other steroids, anticancer drugs, or have you had any radiation treatments?

- ○ Yes
- ○ No
- ○ Unknown

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

- ○ Yes
- ○ No
- ○ Unknown

NYS COVID Vaccine Certification Eligibility List (Click to View)
I have read the entire list of priority groups eligible for COVID-19 vaccination provided in the link above.
I hereby certify under penalty of law that I am eligible for COVID-19 vaccination.
I further agree that by clicking and selecting "Yes" and submitting this form, I am placing the legal equivalent of my handwritten signature on such certification.

- ○ Yes
- ○ No
- ○ Unknown