

Policy: P021 – COVID – Lost Proof of Vaccination Card (POV)

Created by <sup>i</sup> : Shannon Dallas - DPP
Reviewed by <sup>ii</sup> : Mark Weingarten – VP Patient Services, Lauren Demarco – SVP Site Management
Approved by <sup>iii</sup> : Stephen Heath - EVP

I. Purpose:

Provide vaccine participant with proof of vaccination. This will include the date they received their vaccine, dose in the series if applicable, DOB, patient name, vaccine manufacturer, vaccine lot #, and physical location of where the vaccine was administered. Affiliated Physicians is prepared to supply participant with replacement as needed by request.

II. Policy:

- a. All participants receiving a COVID vaccination must receive a Proof of Vaccination (POV) card with specific vaccine information listed on card at time of service rendered. [name, DOB, location, vaccine manufacturer, lot#]
- b. A participant will be able to request replacement POV cards if lost or forgotten.
  - i. Customer support email
  - ii. Customer support telephone call
  - iii. Visiting an active vaccination site
- c. Business hours are 08:00a.m. to 04:00p.m.
- d. Customer service and/or Data Team will be available during business hours to assist with locating information in scanned documents.
- e. Hotline will be available to assist managing requests for POV replacement after business hours.
- f. If unable to locate necessary patient information, escalate to Operations Management.
- g. Same procedure followed, whether POV card forgotten or lost.
- h. New POV card should be provided to patient ONLY after all necessary data is confirmed to be accurate.

III. Procedure:

- a. Patient has 2 options for obtaining a replacement POV card:
  - i. Electronically, OR

**COVID-19 Vaccination Record Card** 

Please keep this record card, which includes medical information about the vaccines you have received.  
Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Last Name		First Name	MI
Date of birth		Patient number (medical record or IIS record number)	
Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19		mm dd yy	
2 <sup>nd</sup> Dose COVID-19		mm dd yy	
Other		mm dd yy	
Other		mm dd yy	

**Reminder! Return for a second dose!  
¡Recordatorio! ¡Regrese para la segunda dosis!**

Vaccine	Date / Fecha
COVID-19 vaccine Vacuna contra el COVID-19	mm / dd / yy
Other Otra	mm / dd / yy

Bring this vaccination record to every vaccination or medical visit. Check with your health care provider to make sure you are not missing any doses of routinely recommended vaccines.

For more information about COVID-19 and COVID-19 vaccine, visit [cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).

You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at [vaers.hhs.gov](https://vaers.hhs.gov).

Lleve este registro de vacunación a cada cita médica o de vacunación. Consulte con su proveedor de atención médica para asegurarse de que no le falte ninguna dosis de las vacunas recomendadas.

Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite [español.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).

Puede notificar las posibles reacciones adversas después de la vacunación contra el COVID-19 al Sistema de Notificación de Reacciones Adversas a las Vacunas (VAERS) en [vaers.hhs.gov](https://vaers.hhs.gov).

08/03/20

MS-319813\_r

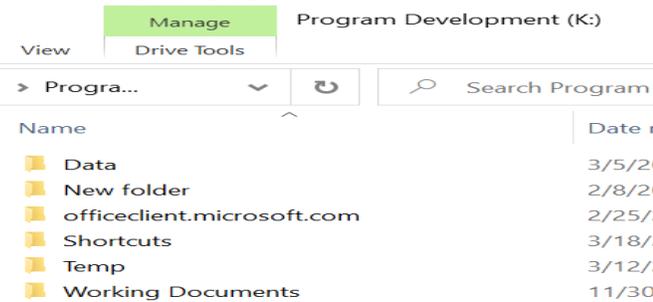
- ii. Visit an active vaccination location to obtain a hard copy
- b. **Lost POV card reported** to AP customer service -
  - i. After 1<sup>st</sup> vaccine dose administered and before dose #2 of a 2 part series
    1. Confirm appointment took place.
      - a. If unable to locate details, contact the data team - [Datateam@affiliatedphysicians.com](mailto:Datateam@affiliatedphysicians.com)
    2. Once prior appointment details confirmed, inform patient to obtain replacement POV card at next appointment.
      - a. Inform patient to request speaking with Site Manager upon arrival to event.
      - b. If urgent due to travel, confirm how patient would like to obtain [electronically or in-person]
        - i. If electronic, inform patient it can take up to 48 hours to process.
          - Must be sent via secure email.
        - ii. If in-person, obtain patient information and submit to Site Manager Distribution list - [sitemanagers@affiliatedphysicians.com](mailto:sitemanagers@affiliatedphysicians.com) [patient initials, date of scheduled appointment, and location]
          - Can be sent via regular email if no patient identifiers are listed.
  - ii. After both doses in a 2 part series has been administered or a single dose in a one-part administration.
    1. Obtain the following information:
      - a. Patient full name
      - b. Phone Number
      - c. Email
      - d. Check database for specific details:
        - i. Program
        - ii. State
        - iii. Site location
        - iv. Date
        - v. Dose#

- e. If on-site staff does not have electronic access to database, communicate with AP customer service for assistance.
  - f. Customer Service will send electronic POV to patient via secure email messaging [AP will not mail any POV cards]. Or
  - g. Customer Service will direct patient to a location **with electronic capabilities** – on-site staff will provide patient with new POV card with confirmed information [patient name, DOB, location, vaccine manufacturer, vaccine lot #, dose in series]
  - h. For walk-in, on-site staff **without electronic capabilities** will communicate with customer service.
    - i. Customer Service will provide patient with option of obtaining POV electronically, OR
    - ii. Customer Service will provide the on-site staff with patient information for replacement POV card.
- c. On-Site – Site Manager
- i. If site has IT capability – Site Manager and/or Head Clinician will follow the ‘Search Database’ process.
  - ii. If site does not have IT capability – Site Manager and/or Head Clinician will communicate with PSS team [ProgramSupport@affiliatedphysicians.com](mailto:ProgramSupport@affiliatedphysicians.com) for assistance in obtaining patient information.
  - iii. Once patient information [full name, DOB, vaccine location, Manufacturer, Lot#] has been confirmed, on-site staff will fill in a new POV card with the complete and accurate data.
    - 1. If there is any discrepancy identified, the patient’s consent and nursing documentation needs to be reviewed for data accuracy and confirmation.
      - a. POV replacement card is not to be given to any patient where accurate data cannot be confirmed.
        - i. Escalation to Operations Management team is required.
- d. After hours
- i. For non-urgent POV replacement requests, direct patient accordingly, utilizing the same outlined process.
    - 1. Inform patient that POV replacement cards will be handled during regular business hours [between 8:00a-4:00p] at Affiliated Physicians.
  - ii. For Urgent POV replacement requests:
    - 1. Calls will be diverted to HOTLINE after hours.
    - 2. HOTLINE will alert Site Manager, or Clinical Lead if no Site Manager.
    - 3. HOTLINE after hours team will have access to both NYC and AbbVie database
      - a. If on-site staff has IT capability – follow the ‘Search Database’ process.
      - b. If on-site staff does not have electronic access to database, communicate with HOTLINE team to retrieve necessary patient information [full name, DOB, vaccine location, Manufacturer, Lot#].

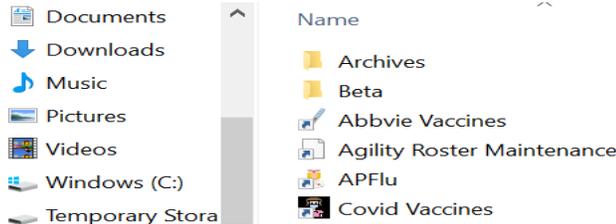
- i. Once patient information [full name, DOB, vaccine location, Manufacturer, Lot#] has been confirmed, fill in a new POV card with the complete and accurate information.
- ii. If there is any discrepancy identified, the patient's consent and nursing documentation needs to be reviewed for data accuracy and confirmation.
- iii. POV replacement card is not to be given to any patient where accurate data cannot be confirmed.
  - Escalation to Operations Management team is required.

**Search Database – patient information**

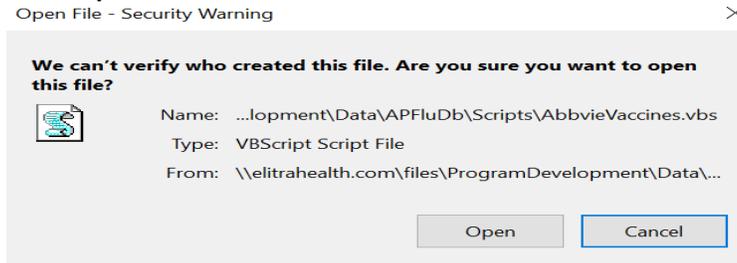
- ✓ AbbVie – patient data retrieval - K:\Shortcuts\Abbvie Vaccines
- ✓ DOH – patient data retrieval - K:\Shortcuts\Covid Vaccines
  - **Click 'K drive' folder**
  - **Click 'Shortcuts' folder**

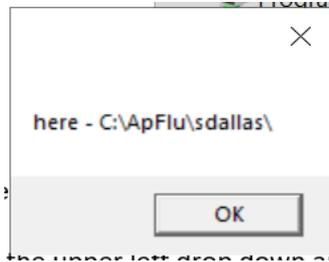


- **Click either 'AbbVie Vaccines' for AbbVie patient information or 'Covid Vaccines' for DOH patient information.**



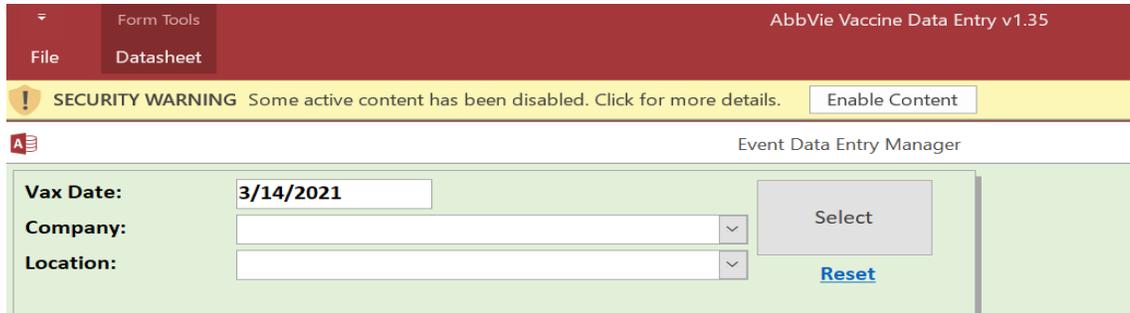
- **Click 'Open'**



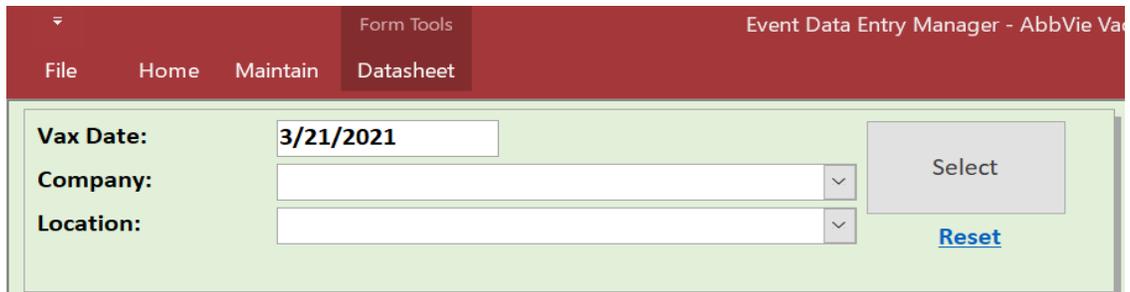


- Click 'OK' – if popup occurs

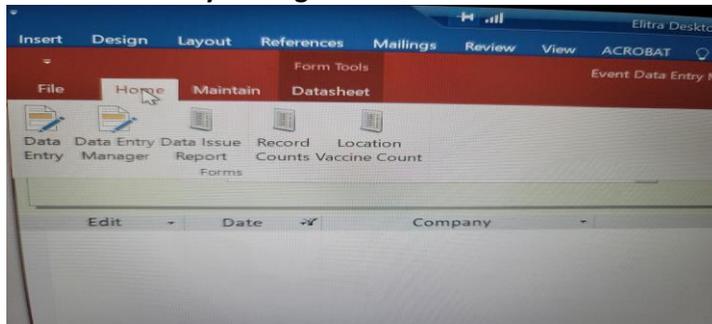
- Click 'Enable Content'



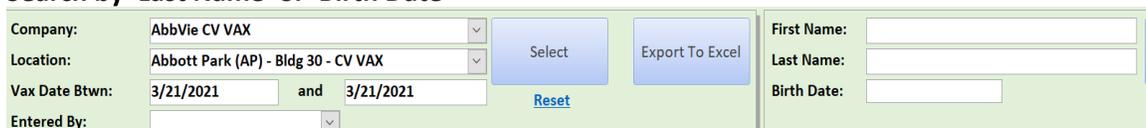
- Click 'Home'



- Click 'Data Entry Manager'



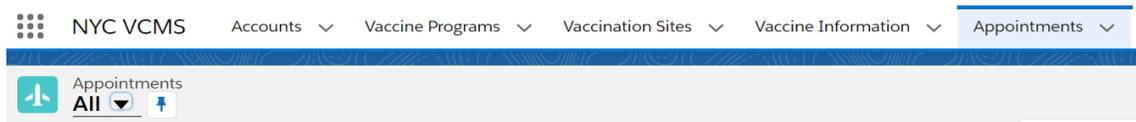
- Search by 'Last Name' or 'Birth Date'



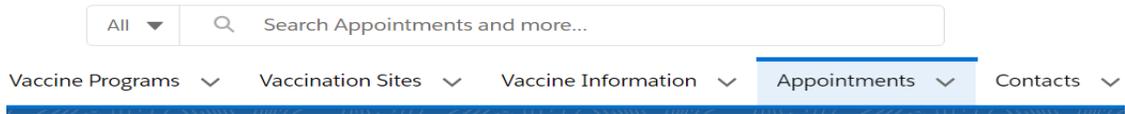
✓ **Salesforce – data retrieval**

- Login using your assigned username and password.

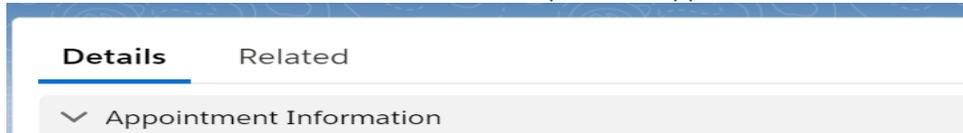
- Click on 'Appointments'
- Confirm 'All' is checked from the upper left drop down and click the 'pinned' symbol.



- Search for particular patient name using first or last name or patient appointment # if known.



- Click 'Related' to be able to view all details of patient's appointment.



- Scroll down page to view 'Appointment Information'

Appointment Information			
Appointment Number	D10KOPM	Status	Complete
Vaccination Site	<a href="#">Bronx Co-Op City Dreiser Community Center</a>	Origin	Self Registered
Appointment Slot	AS-1251084	Parent Appointment	
Site Name	Bronx Co-Op City Dreiser Community Center	Insurance	
Booked By			
Authorized Program	Co-op City		

- Scroll down page to view 'Appointment Timeline' details.

Appointment Timeline			
Appointment Date Time	3/17/2021, 5:20 PM	Appointment Cancelled Date Time	
Appointment Complete Date Time	3/17/2021, 5:59 PM	Cancel Reason	
Is Rescheduled	<input type="checkbox"/>	Don't Know First Dose Appointment ID	<input type="checkbox"/>
Formatted Appointment Date	3/17/2021	Formatted Appointment Time	5:20:00 PM

- Scroll down page to view 'Vaccination' details

Vaccination			
Vaccine Lot	VL-001110	Brand	Johnson & Johnson
Dose Number	First Dose	Body Site	Left Deltoid (IM)
Vaccinator	Judith Regalado	Additional Notes	

<sup>i</sup> Created Date – 03.15.21

<sup>ii</sup> Last reviewed/revised – 03.22.21

<sup>iii</sup> Approved by – 03.22.21