

**CLINICAL SERVICES AGREEMENT
BETWEEN
THE BOARD OF REGENTS OF THE UNIVERSITY SYSTEM OF GEORGIA
BY AND ON BEHALF OF
UNIVERSITY HEALTH CENTER PHARMACY
AND
WALTON COUNTY, GEORGIA**

This CLINICAL SERVICES AGREEMENT ("Agreement") is made and entered into this 5th day of October 2021 (the "Effective Date") by and between WALTON COUNTY, GEORGIA, a political subdivision of the State of Georgia (the "County") and THE BOARD OF REGENTS OF THE UNIVERSITY SYSTEM OF GEORGIA BY AND ON BEHALF OF UNIVERSITY HEALTH CENTER PHARMACY (the "Institution").

WHEREAS, pursuant to O.C.G.A. § 43-34-26.1, pharmacists employed by the Institution have entered into a valid and binding Vaccine Protocol Agreement, substantially in the form attached hereto as Exhibit "A" and incorporated herein by reference, with a physician engaged in the active practice of medicine;

WHEREAS, the County desires to engage the Institution to provide influenza vaccines and pharmacists to administer said vaccines to its employees and their spouses;

WHEREAS, the Institution desires to provide influenza vaccines and pharmacists to administer said vaccines to employees of the County and their spouses; and

NOW, THEREFORE, in consideration of the premises and the mutual covenants and agreements hereinafter contained, the parties hereto agree as follows:

1. Incorporation of Recitals. The provisions and recitals set forth above are, and shall be construed to be, an integral part of this Agreement and are incorporated herein by this reference.
2. Institution Responsibilities. The Institution shall provide influenza vaccines and pharmacists to administer said vaccines to employees of the County and their spouses in accordance with the following:
 - a. The Institution shall order a minimum of one hundred and fifty (150) influenza vaccines and use its best efforts to ensure shipment thereof prior to the County's Health Fair, currently scheduled for November 11 and November 12, 2021. In the event of a partial fill by its distributor, the Institution shall contact the County as soon as possible so that alternate provisions can be made.
 - b. The Institution shall ensure that a sufficient number of pharmacists who have entered into the Vaccine Protocol Agreement referenced herein above are available to administer influenza vaccines to employees of the County and their spouses at the County's Health Fair.

- c. The Institution shall ensure that the pharmacists administering the influenza vaccine abide by the requirements of O.C.G.A. § 43-34-26.1, including but not limited to the terms of the Vaccine Protocol Agreement referenced hereinabove, have relevant knowledge and are appropriately trained in the provision and administration of influenza vaccines, and are aware of and operate within local protocols.
 - d. The Institution shall have a standard operating procedure in place for providing and administering influenza vaccines, including but not limited to procedures to ensure cold chain integrity, i.e., storing vaccines in accordance with the manufacturer's instructions and using maximum/minimum thermometers for the monitoring of refrigerator performance.
 - e. The Institution shall allocate a safe place to store equipment required for the provision and administration of influenza vaccines and the resultant clinical waste. The Institution shall ensure that pharmacists are made aware of the risk associated with the handling of clinical waste and the correct procedures used to minimize those risks. The Institution shall dispose of clinical waste using appropriate measures.
 - f. The Institution shall provide appropriate protective equipment, including gloves and materials to deal with spillages, and have them readily available and close to the site used to store and administer the influenza vaccine. The Institution shall ensure that a needle stick injury procedure is in place.
 - g. Following its provision and administration of influenza vaccines pursuant to this Agreement, the Institution shall invoice the County for payment related thereto at a rate of \$22.00 per influenza vaccine so administered.
3. County Responsibilities.
 - a. The County shall provide the Institution with the names of its employees and their spouses prior to the County's Health Fair.
 - b. The County shall provide the location for the provision and administration of influenza vaccines at its Health Fair, including a pre-vaccination waiting area, screening area, vaccination area and post-vaccination area.
 - c. The County shall provide a telephone which can be utilized to call 911 in the event of an emergency.
 - d. The County shall reimburse the Institution \$22.00 per influenza vaccine administered pursuant to this Agreement. Payment shall be made by the County in the ordinary course of business after receipt of an invoice from the Institution as provided herein.
4. Term. This Agreement shall commence on the Effective Date and continue in full force and effect until March 31, 2022.
5. Termination. The County may terminate this Agreement for any reason whatsoever immediately upon notice to the Institution. In the event of such termination by the County, the County shall compensate the Institution for all services performed up to the date of termination.

6. Entire Agreement. This Agreement incorporates all prior negotiations, interpretations, and understandings between the parties and is the full and complete expression of their agreement.
7. Modifications. Any change, alteration, deletion, or addition to the terms set forth in this Agreement must be in the form of a written modification signed by both parties.
8. Governing Law. This Agreement is being entered into with the intent that the laws of the State of Georgia shall govern its construction and enforcement.

IN WITNESS WHEREOF, the parties hereto have duly signed, sealed, and delivered this Agreement as of the Effective Date.

COUNTY:

WALTON COUNTY, GEORGIA, a political subdivision of the State of Georgia

By: _____

Name: _____

Title: _____

Date: _____

Attest: _____

Name: _____

Title: _____

[COUNTY SEAL]

INSTITUTION:

THE BOARD OF REGENTS OF THE UNIVERSITY SYSTEM OF GEORGIA BY AND ON BEHALF OF UNIVERSITY HEALTH CENTER PHARMACY

By:  _____

Jennifer Swails, MBA
Interim Executive Director
University Health Center
The University of Georgia

Date: 19 AUG 2021

Exhibit "A"

Vaccine Protocol Agreement

[Attached]

Vaccine Protocol Agreement

Name of Pharmacy: UGA- Health Center Pharmacy Pharmacy License # PHRE003472

Address: 55 Carlton St.

City, State, Zip: Athens, GA 30602

This Vaccine Protocol Agreement (the "Protocol") authorizes the Georgia licensed pharmacists (the "Pharmacists") or nurses ("Nurses") identified on the following pages of this Protocol to act as delegated agents for the undersigned physician (the "Physician").

I. QUALIFICATIONS OF PHYSICIAN, PHARMACIST AND NURSE

By signing this Protocol, the undersigned physician swears and affirms that:

1. He/she is currently licensed to practice medicine in the State of Georgia and is engaged in the active practice of medicine and his/her principal place of practice is located in Georgia.
2. His/her principal place of practice is Athens-Clarke County, Georgia. (List the city and the county)
3. He/she is registered with the vaccination registry (O.C.G.A. Section 31-12-3.1) commonly known as the Georgia Registry of Immunization Transactions and Services, (GRITS).
4. He/she has not entered into a Vaccine Protocol Agreement with more than 10 pharmacists and/or nurses except as provided in O.C.G.A. Section 43-34-26.1 (j).
5. He/she is in the same public health district as the pharmacists and/or nurses identified in this Protocol; or the nurses and/or pharmacists are located in the same or contiguous county as the physician's registration with the vaccination registry.
6. He/she is not employed by the pharmacists and/or nurses identified in this Protocol.
7. He/she is not employed by the pharmacy that also employs the pharmacists and/or nurses identified in this Protocol.
8. He/she is available for immediate consultation at the following phone numbers: 706-542-8704.
9. If he/she is not available, the following alternate delegated physician, see attached list, is available for immediate consultation at: 706-542-8704 or 706-255-9076. (Name)
(Phone)

By signing this Protocol, the undersigned pharmacist swears and affirms that:

1. He/she is currently licensed as a pharmacist in the State of Georgia.
2. He/she is located within the county of the physician's place of registration with the vaccination registry or a county contiguous thereto; or that he/she is in the same public health district as the physician.
3. He/she holds a current certification in Basic Cardiac Life Support.
4. He/she has completed a course of training in immunization administration approved by the Georgia State Board of Pharmacy.
5. He/she has completed a training program recognized by the Centers for Disease Control and Prevention in the basics of immunology which focuses on practice implementation and legal and regulatory issues, composed of (a) at least 12 hours of self-study and an assessment exam; (b) at least eight hours of a live seminar with a final exam; and (c) a hands-on assessment of intramuscular and subcutaneous injection technique.
6. He/she will not delegate the administration of the vaccine to any individual other than a pharmacy intern under his/her direct supervision.

By signing this Protocol, the undersigned nurse swears and affirms that:

1. He/she hold a current license to practice as a registered professional nurse; or is licensed to practice as a licensed practical nurse and is regularly employed by the physician in this protocol.
2. He/she holds a current certification in Basic Cardiac Life Support.

3. He/she is located within the county of the physician's place of registration with the vaccination registry or a county contiguous thereto; or that he/she is in the same public health district as the physician.
4. He/she will not delegate the administration of the vaccine to anyone except an RN who may delegate administration to a LPN who is under such RN's direct on-site supervision.

II. VACCINE ORDERS

The Physician hereby authorizes the undersigned Pharmacists and/or Nurses to issue vaccine orders for vaccines which when administered will result in immunity to (check all that apply):

(X) Influenza

(N/A) Pneumococcal disease

(N/A) Shingles

(N/A) Meningitis

III. ELIGIBLE PERSONS AND CONSENT

The vaccines can only be administered to eligible persons thirteen (13) years of age and older, and as outlined below. For purposes of this protocol, the eligible person for the pneumococcal disease vaccine and the meningitis vaccine must be eighteen (18) years of age or older. An eligible person for the influenza vaccine must be thirteen (13) years of age and older.

No live vaccine may be administered unless the patient or his or her parent, if the patient is a minor, has signed an informed consent that he or she does not have a contraindication to this vaccine and such informed consent form must list the contraindications to the vaccine.

Patients requesting vaccination by the Pharmacist and/or Nurses who are under the age of thirteen (13) will be referred to a physician for vaccination administration or must have an individual prescription for the vaccine.

Patients who are considered ineligible through the screening questions below will be referred to a physician for vaccination administration.

For patients who are under the age of eighteen (18), the Pharmacists/Nurses shall obtain consent from the patient's parent or legal guardian prior to the administration an influenza vaccination.

IV. EQUIPMENT AND EMERGENCY SUPPLIES

All Pharmacists and/or Nurses who are parties to this protocol shall maintain onsite at the area where vaccines are to be administered the following emergency supplies, which supplies shall be checked monthly for quantities and expiration dates:

- Scales to weigh patients
- Epinephrine Injection USP 1:1000. May be in ampules, prefilled syringes, vials of solution or in an auto injector. If an epinephrine auto injector is to be stocked, at least four adult auto injectors (delivering a single dose of 0.3 mg/0.3 mL,) should be available whenever adult immunizations are given.
- Oral Diphenhydramine (Benadryl)
- Syringes, alcohol swabs and bandages
- Blood pressure monitoring device
- Ambu-bag
- CPR Kit

V. PATIENT HISTORY

The Pharmacists/Nurses shall take a complete case history, including whether the patient has had a physical examination by a physician, physician's assistant or advanced practice registered nurse within the year preceding the date for the vaccine administration, and emergency contact information for the patient in the event of an emergency. The questions necessary for the case history and to determine patient's eligibility prior to vaccine administration include but not limited to, the following questions:

1. Who is your primary care physician or treating physician and what is his/her contact number? (If the patient fails to disclose this information, the pharmacist/nurse must make reasonable efforts to obtain this name and number and document such efforts.)
2. When did you have the last physical examination?
3. Do you have a fever or acute illness?
4. Do you know of any allergies to any vaccine?
5. Are you allergic to chicken eggs or egg products?
6. Do you know of any allergy to Thimerosal?
7. Have you ever had a serious reaction after receiving a vaccination?
8. Have you ever been diagnosed with Guillain-Barre' syndrome or other neurological disorder related to a vaccine?
9. Have you ever had a seizure or have you been diagnosed with a seizure disorder?
10. Are you pregnant?
11. What are your current illnesses and/or medical conditions?
12. Do you have any known drug allergies?
13. What medications are you currently taking?
14. Do you have any known immunosuppression state or disease?
15. Have you had any antiviral treatment within the past 24 hours?
16. Have you had a pneumococcal vaccine within the past 5 years?
17. Have you ever had the shingles or meningitis vaccine?
18. When did you have your last influenza vaccine?

VI. ADMINISTRATION OF VACCINE

The Pharmacists/Nurses' administration of vaccinations is intended to comply with the current guidelines from the Advisory Committee on Immunization Practices of the U.S. Centers for Disease Control and Prevention (CDC). **No vaccine may be administered if contraindicated by the answers to the case history and screening questions.** If indicated below, the physician hereby also identifies the following additional conditions/patients/circumstances in which he/she will not authorize the administration of the vaccine:

In the event that multiple influenza vaccinations are recommended, the Pharmacists/Nurses will request additional patient information concerning the last influenza vaccine received and the type of influenza vaccine from the patient and any other available resources prior to administering additional vaccines. The Pharmacists/Nurses shall not administer vaccines in a time frame closer than that recommended by the CDC.

In the event of vaccine shortage, the Pharmacists/Nurses shall prioritize vaccine administration according to the tiered structure set forth by the CDC, and document such prioritization.

The Pharmacists/Nurses must administer vaccines only in a private room, area with a privacy screen, or other interior area in which the patient's privacy can be maintained. No vaccines may be administered to a patient in a motor vehicle.

VII. POST-VACCINATION

The Pharmacists/Nurses will require, as a condition of the administration of the vaccine, that the vaccine patient remain under the observation of the administering Pharmacist/Nurse for a period of time not less than 15 minutes immediately subsequent to the administration of the vaccine. Pharmacists/Nurses shall provide each vaccine recipient with the appropriate and current Vaccine Information Statement (VIS), written information developed by the Department of Public Health on the importance of having and periodically seeing a primary care physician, and a personal immunization card. The personal immunization card shall contain the vaccine recipient's name, the name and phone number of the pharmacist/nurse, the name and dosage of the vaccine, the location of the injection on the vaccine recipient, and the date of the administration of the vaccine. If the vaccine recipient already has a personal immunization card, then the Pharmacist/Nurse may update the existing card.

VIII. NOTIFICATIONS AND DOCUMENTATION

Pharmacists/Nurses shall notify the vaccine recipient's primary care provider of the administration of the vaccine within 72 hours of administration. The Pharmacists/Nurses shall make at least two attempts at notification with the 72 hours after

administration of a vaccine. If the Pharmacists/Nurses are unable to notify the primary care provider, documented efforts of notification attempts shall be retained by the Pharmacists/Nurses.

The Pharmacists/Nurses shall retain the following documentation for a period of two (2) years:

1. A copy of the patient's responses to the eligibility questions and the complete case history;
2. The name, dose, manufacturer, and lot number of the vaccine administered;
3. The name, address, date of birth, and telephone number of the patient;
4. The date of the administration of the vaccine and the injection site;
5. A signed and dated consent form by which the patient acknowledges receipt of the VIS and consents to the administration of the vaccine and authorizes the pharmacist/nurse to notify the vaccine recipient's primary care provider of the vaccine administered to the vaccine recipient;
6. Any adverse event or complications that arose; and
7. The name, address, license number and telephone number of the administering pharmacist and/or nurse.

The Pharmacist shall also maintain any prescription information required by the Georgia State Board of Pharmacy.

The Pharmacist/Nurse shall enter the patient's vaccination information in the Georgia Registry of Immunization Transactions and Services ("GRITS") within fifteen (15) days of administration of the vaccination. The GRITS registry is found at ImmReg@dhr.state.ga.us or at telephone number (888) 223-8644.

IX. ADVERSE REACTIONS

In the event of adverse reactions subsequent to vaccine administration, the Pharmacists/Nurses shall refer to the procedures outlined in the Protocol for Management of Severe Allergic/Anaphylactic Reaction to Injectable Vaccine, incorporated into this protocol by reference as Addendum 1.

X. LIABILITY INSURANCE

The Pharmacist/Nurse agrees that he/she has (check one):

Individual liability insurance coverage in an amount not less than \$250,000 to cover claims arising from my administration of vaccines; or

Individual coverage from my employer's liability insurance in an amount not less than \$250,000 to cover claims arising from my administration of vaccines.

The Pharmacist/Nurse also agrees to retain proof of insurance coverage, including the name of the insurer and policy number onsite at his or her primary location for administration of vaccines covered under this protocol agreement.

XI. AFFIDAVIT AND POSTING OF PROTOCOL AGREEMENT

The Pharmacists/Nurses shall post proof of the vaccine protocol agreement in a conspicuous place at the locations where the vaccines are being administered.

The undersigned Pharmacists/Nurses affirm that an original affidavit as required in O.C.G.A. Section 43-34-26.1(d)(16) has been submitted to the delegating physician and agree that a copy shall be maintained by the Pharmacists/Nurses onsite at the location where vaccines are being administered.

XII. TERM OF PROTOCOL AGREEMENT

This Protocol shall be valid for two (2) years from the date signed, unless revoked in writing by a party to this Protocol. This Protocol may be renewed by resigning and may also be revised and updated biennially. If not renewed, the vaccine protocol agreement shall expire.

XIII. PARTIES AND LOCATION WHERE VACCINES WILL BE ADMINISTERED

DESIGNATED PHYSICIAN

Fred Reifsteck MD
Physician Signature

Dr. Fred Reifsteck
Physician Name

License #. 32979 GRITS # _____

Address: 55 Carlton Street Athens, GA 30602

Telephone No. 706-542-8704

Date: _____

ALTERNATE DESIGNATED PHYSICIAN

Chad Palmer MD
Physician Signature

Dr. Chad Palmer
Physician Name

License #. 63208 GRITS # _____

Address: 55 Carlton Street Athens, GA 30602

Telephone No. 706-542-8704

Date: _____

PHARMACIST	NURSE
<u>(see attached signatures)</u> Pharmacist Signature	_____ Nurse Signature
_____ Pharmacist Name	_____ Nurse Name
Pharmacist Address for Vaccine Administration <u>UGA-College of Pharmacy</u> <u>Athens, GA 30602</u> City, State, Zip code	Nurse Address for Vaccine Administration _____ _____ City, State, Zip code
<u>706-542-5315</u> Telephone Number _____ Email	_____ Telephone Number _____ Email

GA-19802 Pharmacist License Number	6342 GRITS#	Nurse License Number
Date		Date

(Additional Signatures may be added here.)

ADDENDUM 1

Protocol for Management of Severe Allergic/Anaphylactic Reaction to Vaccine Administration

This Addendum (Protocol for Management of Severe Allergic/Anaphylactic Reaction to Vaccine Administration) authorizes the Georgia licensed pharmacists ("Pharmacists") and/or Nurses identified in the **Vaccine Protocol Agreement** ("Protocol") to issue a prescription drug order and administer medications, including epinephrine, in response to a severe allergic or anaphylactic reaction to the vaccine administration.

Signs and Symptoms of Anaphylactic Reaction

Sudden or gradual onset of generalized itching, erythema (redness), or urticaria (hives); angioedema (swelling of the lips, face or throat); bronchospasm (wheezing); shortness of breath; shock; abdominal cramping; cardiovascular collapse; or unexpected loss of consciousness.

If an allergic reaction to vaccine administration occurs, the following, protocol shall be followed:

- A. If itching and swelling are confined to the extremity of administration, observe the patient closely for 30 minutes, watching for generalized symptoms. If none occur, go to Step C.
- B. If symptoms are generalized, activate the emergency response system (911 or equivalent). Another person should do this, while the pharmacist/nurse treats and observes the patient. The following treatment should be instituted:
 - Administer epinephrine (USP 1:1000) subcutaneously or intramuscularly in the anterior thigh or deltoid area: For an adult: 0.01 mg/kg/dose; 0.3 to 0.5 mg standard adult dose; maximum single dose is 0.5 mg. for an adult. If an epinephrine auto injector is used, use the adult autoinjector for persons over 65 pounds (over 30 kg.), and use the pediatric auto injector for children (persons 65 pounds and under)(30 kg.).

Caution: It is recommended that you administer epinephrine to individuals with cardiac conditions or persons over 40 years of age; however, be prepared to support cardiac response if necessary. Epinephrine effect is blunted in patients on beta adrenergic blockers. Be prepared to repeat the dose at shorter intervals based on patient response in patients on beta blockers.

- In cases of systemic anaphylaxis, after the administration of epinephrine, for adults- administer diphenhydramine 50-100 mg. orally (1 to 2 mg/kg, 100 mg maximum single dose

Do not administer anything by mouth if the patient is not fully alert or has respiratory distress.

- Monitor the patient closely until EMS arrives. Perform CPR if necessary and maintain airway. Keep the patient in supine position unless he/she is having difficulty breathing. If breathing is difficult, patient's head may be elevated if blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate legs. Monitor blood pressure and pulse at least every 5 minutes.
 - Repeat dose of epinephrine every, 5-20 minutes for up to 3 doses until EMS arrives or symptoms resolve, depending on patient response. **DO NOT repeat administration of DIPHENHYDRAMINE.**
 - Record all vital signs and medications administered to patient including time, dosage, response, name of the medical personnel who administered the medication and other relevant clinical information. Maintain this information in the pharmacy and/or clinic and forward to attending physician.
- C. Refer patient for medical evaluation, even if symptoms resolve completely.
- D. Notify the patient's primary care physician.
- E. If appropriate, activate the Vaccine Adverse Event Reporting System (VAERS) and refer to the procedures in the Immunization Reference & Procedures Guide for appropriate documentation and follow up.

FLOW SHEET FOR MANAGEMENT OF SEVERE ALLERGY/ANAPHYLAXIS

PATIENT NAME: _____

Patient weight: _____ Patient is Adult Minor

Prior to Administration: Patient BP: _____ Patient Pulse: _____ Patient Respirations: _____

Itching and swelling → Yes → Confined to extremities → Wait 30 minutes → Result: _____



No, the symptoms are generalized:

→ Call EMS Time called: _____ Time arrived: _____

→ Administer epinephrine. Amount: _____ Time: _____

→ Put patient in supine position

→ Additional dose of epinephrine. Amount: _____ Time: _____

Vitals at Start of reaction: BP: _____ Pulse: _____

Vitals at 5 Minutes: BP: _____ Pulse: _____

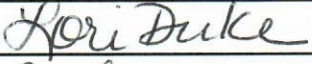
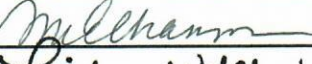
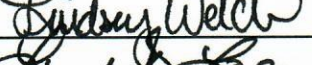
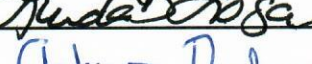

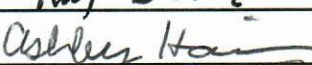


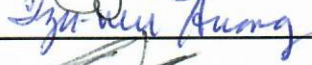

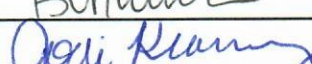
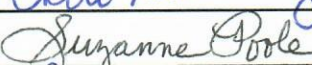
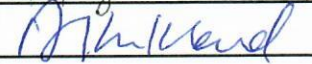
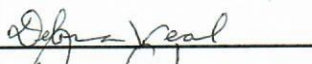


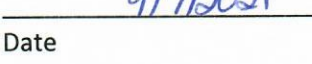
Vitals at 10 Minutes: BP: _____ Pulse: _____

Notification made to Primary Care Doctor ____ Yes ____ No

Referral for Medical Evaluation ____ Yes ____ No

Signature: _____ Date: _____ Time: _____

Printed Name: _____ Title: _____

Signature	Pharmacist	Address	Phone	GA License
	Lori Duke	UGA College of Pharmacy	706-542-5315	RPH019802
	Michelle McElhannon	UGA College of Pharmacy	706-542-3030	RPH018220
	Lindsey Welch	UGA College of Pharmacy	706-542-5280	RPH024376
	Linda Logan	UGA College of Pharmacy	706-542-2153	RPH014689
	Andrew Darley	UGA College of Pharmacy	706-583-0223	RPH026604
	Kay Brooks	UGA College of Pharmacy	706-542-1402	RPH018551
	Ashley Hannings	UGA College of Pharmacy	706-542-0732	RPH026100
	Brian Seagraves	UGA College of Pharmacy	706-542-5367	RPH022133
	Larry Aull	UGA College of Pharmacy	706-542-5321	RPH019309
	Tzu-Wei Huang	UGA College of Pharmacy	706-542-7996	RPH022124
	Jordan Khail	UGA College of Pharmacy	706-542-5371	RPH028284
	Bradford Upchurch	University Health Center	706-542-9979	RPH016577
	Jodi Kearney	University Health Center	706-542-9980	RPH020866
	Suzanne Poole	University Health Center	706-542-9981	RPH015518
	Russell Kirkland	University Health Center	706-542-9982	RPH028424
	Debra Veal	University Health Center	706-542-9983	RPH012689
	Nancy Fitzsimons	University Health Center	706-542-9984	RPH016366

9/17/2021

Date

University Health Center Pharmacy
55 Carlton Street
Athens, GA 30602

UGA College of Pharmacy
250 W Green Street
Athens, GA 30602