

**AMENDMENT TO AGREEMENT  
BETWEEN THE COUNTY OF SAN MATEO AND  
BAY AREA PL SERVICES**

THIS AMENDMENT TO THE AGREEMENT, entered into this 18th day of October, 2022, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and Bay Area PI Services, hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

WHEREAS, the parties entered into an Agreement for vaccination services on July 16, 2022; and

WHEREAS, the parties wish to amend the Agreement to increase the funding associated in the agreement.

**NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:**

1. Section 3. Payment of the agreement is amended to read as follows:

In consideration of the services provided by Contractor in accordance with all terms, conditions, and specifications set forth in this Agreement and in Exhibit A, County shall make payment to Contractor based on the rates and in the manner specified in Exhibit B. County reserves the right to withhold payment if County determines that the quantity or quality of the work performed is unacceptable. In no event shall the County's total fiscal obligation under this Agreement exceed the approved Board Resolution XXXXX, which is an aggregate not to exceed amount between all approved Contractors up to THREE MILLION FIVE HUNDRED SIXTY THOUSAND DOLLARS (\$3,560,000). Invoices will be tracked to ensure that the aggregate not to exceed amount is not surpassed. In the event that the County makes any advance payments, Contractor agrees to refund any amounts in excess of the amount owed by the County at the time of contract termination or expiration. Contractor is not entitled to payment for work not performed as required by this agreement.

2. Original Exhibit A is replaced with Revised Exhibit A1, (rev. October 18, 2022).

**Exhibit A1**

In consideration of the payments set forth in Exhibit B1, Contractor shall provide the following services:

Contractor shall provide vaccinations, including COVID-19, Influenza, Monkeypox, and other vaccines as applicable, at mobile sites, congregate settings, and to homebound residents, at the direction of San Mateo County Health Family Health Services' Immunization Branch/ COVID-19 Response Unit (CRU). The County aims to provide a safe and healthy environment for members of the public to get vaccinated. The County requires that the Contractor(s) provide and maintain well-trained staff to provide vaccination and observation services to members of the public.

Contractor will provide vaccination services in accordance with the following:

1. Account Manager
2. Personnel Training
3. Vaccination Services
4. Clinic Roles and Responsibilities

- 5. Account Documentation/Reporting
- 6. Additional Services

**1. Account Manager**

The Account Manager will be the liaison between the County and the Contractor(s). They will oversee all aspects of the contract and ensure access to and use of proper equipment. All communication between the County departments and the Contractor will be transmitted through this single point of contact.

The duties and responsibilities of the Account Manager include but are not limited to:

**1.1 General Management**

- a. Manage Vaccine Personnel and meet with the County
- b. Ensure that bilingual staff and/or interpreter services are provided at each location
- c. Convene a weekly meeting with County staff to discuss any issues with staff management and/or clinics
- d. Screen and hire vaccine staff
- e. Review staffing tiers; e.g. meet minimum requirements or allocate more staff based on vaccine demand; additional staff may be required if there are staff absences
- f. Ensure that all staff are thoroughly trained and understand their responsibilities and duties
- g. Provide County with a fully completed and signed Vaccination Provider Profile (Section B of the CDC Covid-19 Vaccination Provider Agreement) and comply with all program requirements.
- h. Ensure Contractor shall fully comply with all relevant Center for Disease Control (CDC), California Department of Public Health (CDPH) and County requirements for receiving, storing and administering vaccines.
- i. Ensure Contractor does not further redistribute the vaccine without first obtaining all necessary approvals from the County.

**1.2 Reporting**

Produce accurate and timely end-of-day reports within one working day following the below template:

- 1.2.1 Projected versus actual staffing numbers
- 1.2.2 Daily and incident summary included in the monthly reports
  - i. Number of patients vaccinated by: 1) age; 2) dose type; 3) vaccine type
  - ii. Vaccines used
  - iii. Vaccine lot number and expiration date
  - iv. Vaccine doses wasted
- 1.2.3 Identify and report any observed irregularities
- 1.2.4 Report any incidents during the clinic or vaccine delivery
- 1.2.4 Other pertinent information
- 1.2.5 As needed
- 1.2.6 Performance Measure
  - i. Percentage of ethnicity data collected per resident vaccinated
    - a. FY2021-22 Actual: 39%
    - b. FY2022-23 Target: 75%
  - ii. Percentage of race data collected per resident vaccinated
    - a. FY2021-22 Actual: 51%
    - b. FY2022-23 Target: 75%

**1.3 Other management tasks** on an as-needed basis. These may include:

1.4.1 Consultation on clinic improvements, e.g., equipment, staffing, patient flow, etc.

## **2. Personnel Training**

The contractor(s) must provide training, at minimum but not limited to:

### **Basic**

- 2.1 Socially/physical distant protocols (COVID-19)
- 2.2 Correct Personal Protective Equipment (PPE) usage
- 2.3 Cultural Competency
- 2.4 Diversity/Implicit bias
- 2.5 HIPAA (to standards enumerated in Attachment H. Health Insurance Portability and Accountability Act (HIPAA) Business Associate Requirements)
- 2.6 Customer service
- 2.7 MyTurn platform, as applicable
- 2.8 Investigation of missing documents/self-attestation
- 2.9 Vaccine preparation
- 2.10 Vaccine administration
- 2.11 Documenting vaccinations
- 2.12 Documenting vaccine administration errors
- 2.13 Documenting vaccine adverse reaction response

## **3. Vaccination Services**

Vaccination modalities include the following:

### **3.1 Mass Vaccination Clinics**

- Mass Vaccination Clinics are sites that offer COVID-19 vaccinations to a higher volume of patients and require larger numbers of personnel to staff.
- Mass Vaccination Clinics are expected to be able to serve between 1,000 to 3,000 patients per clinic, preferably in a drive-through modality.

### **3.2 Standing Clinics/Pop-up Clinics**

- Standing Clinics are weekly clinics that offer COVID-19 vaccinations and other vaccinations at community-based sites throughout the County.
- Depending on demand, the number of vaccinations can range from 25-400 per clinic.
- Pop-up clinics are clinics that can be held anywhere in the County as requested by the community or determined as needed by strategic planning

### **3.3 Congregate Facility Vaccinations**

- Congregate Facility Vaccinations offer COVID-19 and other vaccinations directly to individuals living or working in a congregate facility such as skilled nursing facilities (SNFs) and senior care homes
- Contractor is responsible for scheduling appointments with congregate facility as needed

### **3.4 Homebound Vaccinations**

- Homebound Vaccinations offer COVID-19 and other vaccinations directly to residents identified as eligible for in-home vaccination services in the county (e.g., residents with limited mobility or fragile health)
- Contractor is responsible for scheduling appointments as needed

Populations served:

**3.4 Ages served:**

- Contractor will vaccinate residents ages 6-months old and above.

Vaccinations used:

**3.5 Types of vaccine**

- Contractor is expected to utilize all available vaccines per CDC guidance.

**4. Clinical Roles and Responsibilities**

The Contractor shall provide experienced and capable personnel that meet the following requirements in the following areas: Crowd Control/Line Management, Intake, Registration, Vaccination, Observation, and Vaccine Management. Contractor shall monitor staff to ensure that they are not under the influence of drugs, alcohol or other medications that could compromise their ability to deliver vaccinations in a safe manner.

- Contractor shall provide staff who are fluent in Spanish and other threshold languages on-site, or available by telephone translation if needed.
- All written materials must be in all threshold languages for San Mateo County.

Minimum medical personnel needed to operate an onsite mobile clinic shall be a registered nurse or medical doctor, licensed in the State of California.

The Contractor shall have documented standard operating vaccine procedures, which their personnel have been trained in. The documentation of standard operating vaccine procedures will be provided to the County for review.

Equipment and Technology – Contractor shall provide all materials, equipment and technology as needed for the operation of any on-site mobile/pop-up clinics, congregate and homebound settings.

**4.1 Site Lead – Standing/Pop-up/Mass Vaccination Clinics**

Contractor(s) shall provide a Site Lead that will oversee each site (clinic). The Site Lead will ensure that the clinic is running safely and efficiently. The site lead shall include the ability to perform the following actions (at minimum):

- Complete site visit, if necessary
- Communicate with primary Point of Contact
  - Point of Contact may include facility administration, local organizers, medical liaison, etc.
- Ensure that the site is properly equipped including:
  - Sufficient tablets/laptops
  - Sign in/Sign out sheets
- Utilize vests or some way to identify staff
- Set up site with staff
- Confirm correct layout of chairs, tables, canopies (if applicable), and patient flow
- Brief all staff before clinic begins; clinic time, number of expected vaccination appointments, ensure correct PPE requirements, and any other pertinent information
- Follow up with pharmacy and line staff, to ensure all necessary items are on site
- Identify leads and follow up regarding staff assignments and breaks

- Ensure that leads are checking accuracy and completion within each group
- Follow downtime procedure if necessary
- Collect parental consent forms (if applicable) and documents to shred
- End of day briefing
- Clean and pack up site with all staff
- Ensure all staff sign in and out
- Identify and resolve any vaccine count discrepancies by end of clinic
- Complete and send End of Day report
- Scan and send time sheets and clinical documents
- Confirm all registrations are complete (not pending)

#### **4.2 Crowd Control/Line Management**

- Ensure proper set up of cones, canopies, tables, patient flow, etc.
- Directing patients/traffic to correct location based on color-coded card/system to identify which vaccine the patient is receiving
- Monitor lines to ensure efficient flow

#### **4.3 Intake**

- Staff to ensure credentials are up to date on MyTurn, if applicable
- Verify eligibility of patient to receive vaccination
- Verify appointment or register as a walk up
- Call for medical consult, if necessary

#### **4.4 Registration**

- Complete screening questions in MyTurn and/or electronic health record and finalize check in process
- Verify requested vaccine
- CDC cards are stocked on tables, filled out properly and legibly
  - Vaccine Dose #
  - Date of Vaccination
  - Location of Vaccination Administered
  - Name/Date of Birth (have patient verify that name and DOB is accurate after filling it out)
  - Lot Number
- Document injection site location on MyTurn or electronic health record
- If an error is made in MyTurn or electronic health record, ensure that it is resolved before patient moves on to vaccinator
- Collect all CDC cards at the end of the shift

#### **4.5 Vaccination**

- Ensure proper PPE is worn at all times
- Ensure all necessary items at minimum are stocked on table
  - Sharps Container
  - Hand Sanitizer
  - Cotton Balls
  - Alcohol Prep Pads
  - Band Aids
  - Wastebasket
- Confirm patient name, date of birth, and age before administering vaccine
- Confirm vaccine brand and dose before administering; 1<sup>st</sup> dose, 2<sup>nd</sup> dose, and additional

- dose versus booster doses; adult versus pediatrics
- Safely administer vaccine
  - Verify injection site (e.g., deltoid muscle)
  - Prepare injection site by sterilizing area with alcohol prep pads
  - Puncture the skin with syringe and slowly administer vaccine
  - Remove the needle from the skin, activate safety mechanism of the syringe, and properly dispose of syringe in sharps container
  - Use cotton ball/band aid to cover injection site
- Inform patient the time their observation period ends; 15 minutes versus 30 minutes if patient has a history of allergic reaction to immunizations or anaphylaxis
- Recognize the signs and symptoms of anaphylaxis
- Have emergency medical protocol for management of anaphylactic reactions in a community setting which includes the following:
  - Administer intramuscular epinephrine and other emergency medications immediately per protocol if patient experiences an anaphylactic reaction
  - Call for emergency medical services (EMS)
  - Monitor patient closely until EMS arrives
- Ensure that patients receive their ID cards and COVID-19 vaccination records post-vaccination
- If a needle-stick or sharps injury occurs, follow standard operating vaccine procedures to report to the Contractor.

#### **4.6 Observation**

- Staff to monitor patients for any post-injection reactions; 15 minutes versus 30 minutes based on time assigned by vaccinator and per CDC guidelines. Keep patients longer if medically necessary
  - If any type of reaction continues, Contact Site Lead and medical personnel proceed with contacting 911 and ensure proper documentation of incident in written form and in MyTurn or electronic health record.

#### **4.7 Vaccine Management**

- Clinical staff to draw up correct vaccine and dose, adult versus pediatrics
- Clinical staff ensures correct syringe is given to vaccinators
- Document vaccine temperature log(s) hourly; if vaccine temperature is out of range, refer to vaccine manufacturer and CDC guidelines on reporting temperature excursions
- Trained clinicians to respond to medical consultations
- Verify vaccine expiration date, beyond use date and lot numbers
- Communicate any pertinent medical information to staff
- Properly dispose of syringes per medical protocol
- Safely store and handle vaccine supplies in a secured location
- Verify accuracy of End of Day reports; number of vaccinations administered, staffing numbers, any documentation of incidents, if applicable
- File VAERS report within one day, if applicable. Filing VERP is also highly recommended.

#### **4.8 Separation of Vaccine Types**

Mass vaccination and standing/pop-up clinics for different types of vaccines (e.g. COVID-19 vs. monkeypox) must be held separately unless prior written permission from the County is obtained. Staff costs and supplies must be tracked and invoiced separately.

3. Original Exhibit B is replaced with Revised Exhibit B1, (rev. October 18, 2022).

**Exhibit B1**

In consideration of the services provided by Contractor described in Exhibit A and subject to the terms of the Agreement, County shall pay Contractor based on the following fee schedule and terms:

**Mass Vaccination Clinics** – The total cost includes all staffing, hourly fees, supplies for vaccination services, and other services required to manage the clinic. MassVax clinic is expected to be minimum of 8-hours per day.

<b>Tiers</b>	<b>Total Vaccinations</b>	<b>Total Cost</b>
1	500 to 1,000	\$50,000
2	Up to 2,000	\$100,000
3	Up to 2,500	\$125,000
4	Above 3,000	\$150,000

**Standing Clinic/Pop-Up Clinics:** The total cost includes all staffing, hourly fees, supplies for vaccination services, and other services required to manage the clinics. The total cost is based on a 4-hour clinic as an average (noting that some are longer and others shorter).

<b>Tiers</b>	<b>Total Vaccinations</b>	<b>Total Cost</b>
1a	Up to 25	\$3,000
1	Up to 50	\$9,000
2	Up to 150	\$13,000
3	Up to 200	\$15,000
4	Above 200	\$23,000

**Congregate Care:** The total cost includes all staffing, hourly fees, supplies for vaccination services, and other services required to manage the clinics. Clinic cost is based on a 2-hour clinic in Tier 1 and Tier 2 and a 4-hour clinic for Tier 3 and Tier 4.

<b>Tiers</b>	<b>Total Vaccinations</b>	<b>Total Cost</b>
1	Up to 25	\$6,000
2	Up to 50	\$12,000
3	Up to 100	\$24,000
4	Above 100	\$30,000

**Homebound Vaccinations** – The total cost includes all staffing, hourly fees, supplies for vaccinations, and other services required to manage the event. Flat rate per day requires minimum of four (4) visits per day, where a visit equals a single home/location in which multiple vaccines may be administered. Contractor must be pre-approved to add additional visits per day by the County.

<b>Flat rate per day:</b>	\$7,000
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Contractor must submit detailed invoices to the County within 30 days of the event to include times and locations where Contractor’s assigned personnel are working and supporting documentation including sign-in/sign-out sheets per event documenting all staff members on site for the event. Contractor must keep timesheets and a description of work performed per staff member for a period of eight (8) years. Contractor may not deny service to a patient on the basis of the absence of insurance coverage or insurance information. In the event Contractor obtains payment from recipient insurance for vaccination services, the amount received must be deducted from the invoiced amount per clinic. For example, if the Contractor

obtains \$2,500 in insurance payment for a 50 person Standing/Pop-Up Clinic, the Contractor would deduct \$2,500 from the Total Cost of the clinic, i.e. \$9,000 (\$2,500) = \$6,500 total invoiced to County. Contractor may only invoice County for vaccination clinics operated by Contractor at the direction of County. Contractor will not invoice the County for any vaccination event where a third party has contracted to cover associated costs of a vaccination event or otherwise directed Contractor to provide vaccination services, even if such event occurs within the jurisdiction of the County of San Mateo.

Costs for different types of vaccines administered must be tracked and invoiced separately and clearly labeled (e.g. COVID-19 pop-up clinic, monkeypox standing-clinic, etc.).

**4. All other terms and conditions of the agreement dated July 16, 2022, between the County and Contractor shall remain in full force and effect.**

In witness of and in agreement with this Agreement's terms, the parties, by their duly authorized representatives, affix their respective signatures:

**For Contractor: BAY AREA PL SERVICES**

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Name (please print)

\_\_\_\_\_

**For County:**

COUNTY OF SAN MATEO

By:  
Director, Family Health Services, San Mateo County

Date: