NH DIVISION OF
Public Health Services
Department of Health and Human Services

Created by the New Hampshire Immunization Program

MOBILE, DRIVE-THRU & SCHOOL-BASED VACCINATION CLINICS:

Alternative Clinic Sites for COVID-19 & Influenza Vaccination

About This Course

WHO?

This course is intended for healthcare professionals who are administering or supporting the administration of vaccines for a temporary site vaccine clinic.

WHY?

This course is designed to assist in planning, implementing, and operating successful vaccination clinics.

WHAT?

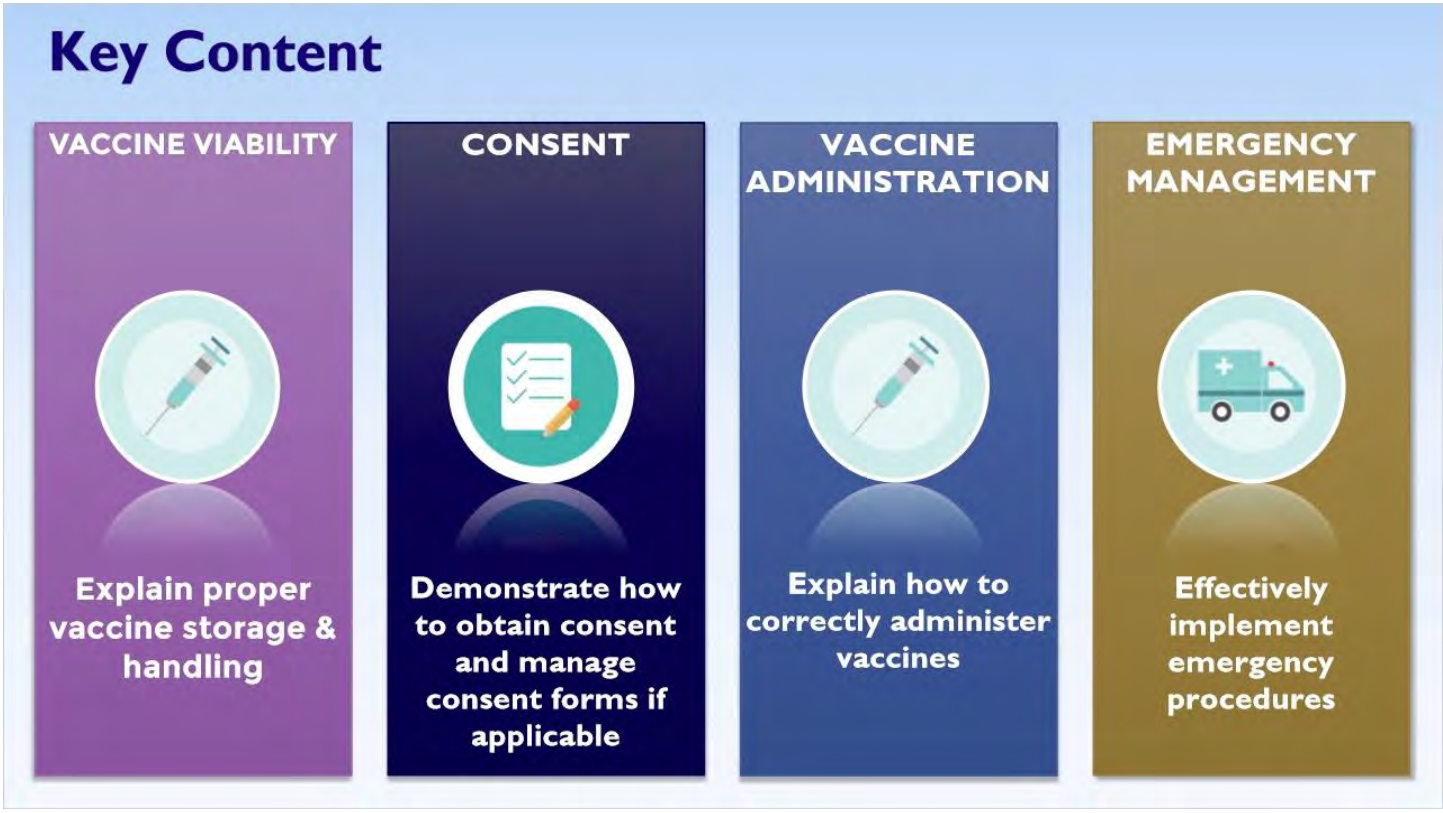
This course is designed to promote understanding of these vaccine concepts:

- Viability
- Consent
- Administration
- Emergency Management

HOW?

After each module, complete a short knowledge check to ensure understanding of content. At the end of the course, there will be a test on the CDC's TRAIN platform for certification.

This course is intended for health care professionals who may give or support patient vaccinations during a temporary vaccine clinic, and will help you to be successful in designing, implementing, and conducting a vaccination clinic. By the end of the course, you will have learned about vaccine viability, vaccine consent forms, vaccine administration, and emergency management.



While this course covers a variety of areas to assist you in conducting and implementing successful mobile clinics, we want to be sure you focus on some key areas. It's important that the vaccine is kept at certain temperatures and that you identify the correct patient who has been properly screened prior to administering the vaccine. We want to ensure that proper vaccine administration techniques are utilized, and that you are confident with your emergency protocols should an adverse reaction occur in a patient.

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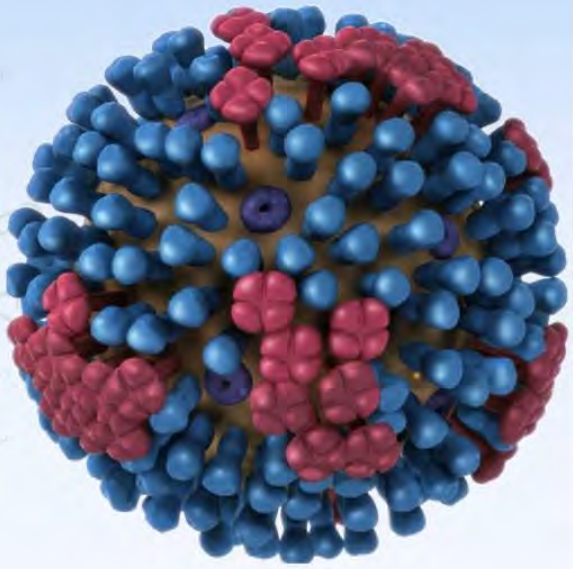
COVID-19 Overview

- Caused by a novel (new) coronavirus, SARS-CoV-2 first identified in 2019.
- Emerging areas of concern include variants Alpha, Beta, Gamma, and Delta, with more expected.
- Wide range of varying symptoms.
- 4,377,979 deaths worldwide (as of 8/19/21).
- The incubation period of SARS-CoV-2 is estimated to be 2-14 days, with symptoms usually occurring 4-5 days after exposure to the virus.

COVID-19 is a contagious respiratory illness that is caused by a new coronavirus that was first identified in Wuhan, China in 2019 and has since spread world-wide. COVID-19 is the disease caused by the SARS-CoV-2 virus and was named as such: CO for corona, VI for virus, D for disease and 19 for the year in which the virus was identified, 2019. Because the virus is new, there is ongoing research to learn more about COVID-19. COVID-19 is different from the flu or the common cold but symptoms can be mistaken for both. COVID-19 symptoms range from mild or no symptoms to severe illness and death. Patients that are hospitalized are generally provided supportive care.

Influenza Overview

- Influenza is a contagious respiratory illness caused by influenza viruses that infect the nose, throat and sometimes the lungs.
- People with the flu are most contagious in the first 3-4 days after their illness starts. Flu can be spread before symptoms develop.
- Flu symptoms are often mistaken for the common cold but over the last decade, the CDC estimates that on average, 36,000 people die each year from influenza.



Influenza, often known as the seasonal flu, is a respiratory illness caused by influenza viruses. Flu illness should be taken seriously as about 36,000 people die annually. Seasonal Influenza viruses that cause most human illness and the flu season is H1N1, H3N2, Victoria, and Yamagata.

Influenza History

The influenza virus of today shares similar characteristics to the influenza virus of the 1918 Pandemic Flu.

We can look back at the history of the influenza virus and past flu pandemics to prepare and prevent future flu pandemics.

Looking back at past flu pandemics and flu seasons help with preparing and preventing future flu pandemics. If you are interested in learning more about past flu pandemics and history of the flu then use the syringe.

Droplet Transmission

People expel tiny droplets of fluid they breathe, cough, sneeze or talk. Most, but not all, of these droplets travel to around 6 feet away. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
Droplets are less likely to be transmitted when they land on a surface.

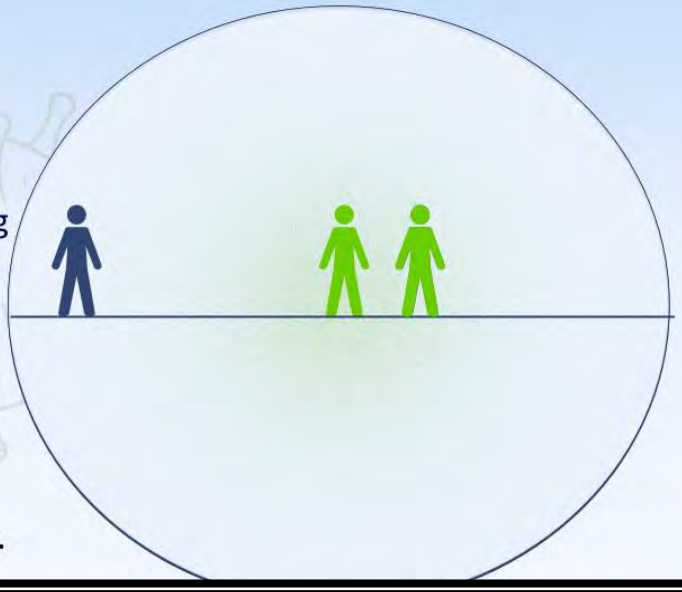
Aerosol Transmission

Aerosol transmission is a possible vector for Covid-19 transmission. These smaller particles will linger in the air for longer than a larger and heavier droplets.

The risk of SARS-CoV-2 infection varies according to the amount of virus to which a person is exposed.

Airborne viruses are more easily transmitted indoors, in areas with poor ventilation.

Your risk of getting infected is reduced outdoors.



Aerosol are even smaller air born particles. Like droplets we produce aerosols anytime we breathe, talk, sing, cough or sneeze. Aerosols can easily remain airborne until they evaporate. This can take hours. Face shield or goggles are is not a substitute and does not offer the same protection as a medical face mask. Aerosol transmission is reduced but not stopped by barriers such as face shields or hanging Plexiglas barriers.

How to prevent COVID-19 or Flu

- Wear a mask that covers your mouth and nose.
- Avoid close contact with others. Stay at least 6 feet (about 2 arms' length) from other people.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Clean and disinfect frequently touched surfaces daily.
- Wash hands often with soap and water.
- Use an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not available.

Wear a mask that covers your nose and mouth. Avoid places where close contact can occur with others as much as possible. Avoid touching your face--your eyes, nose, and mouth--with unwashed hands. Clean frequently touched surfaces regularly. Wash your hands often with soap and water for at least 20 seconds. And use an alcohol-based hand sanitizer with at least 60% alcohol, if soap and water are not readily available. These are all tools in our toolbox, and the more tools we use to prevent the spread of the virus, the safer we all will be.

Five easy steps you can do to prevent getting you or someone else sick. First wet hands. Second add soap. Third scrub hands, get the nails and all surfaces of your hands. Fourth rise thoroughly. Fifth Dry hands. One study looked at individuals and noticed that people touch their own face about 16 times an hour. Following proper handwashing can be easy and fun while keeping you healthy and safe. Try singing the chorus of “Sweet Caroline”, by Neil Diamond while washing your hands or ”Shake It Off” by Taylor Swift. All it takes is 15-30 seconds to remove germs from your hands.

PPE & Cloth Face Coverings

Face mask coverings for all patients 2 years of age and older that can tolerate them are important due to the potential for asymptomatic and pre-symptomatic transmission. Please keep in mind that a face shield or goggles provides eye protection and is not a substitute and does not offer the same protection as a medical face mask. When used, eye protection should be worn in addition to a medical face mask.

It is recommended to make medical masks mandatory for all clinic staff and have all other personal protection equipment items available for staff so that they can feel safe and adequately protected while doing their job. It is recommended that all Vaccinators wear a medical face mask, and gloves. Gowns and eye protection is optional. Your Clinical Director may provide additional guidance on this.

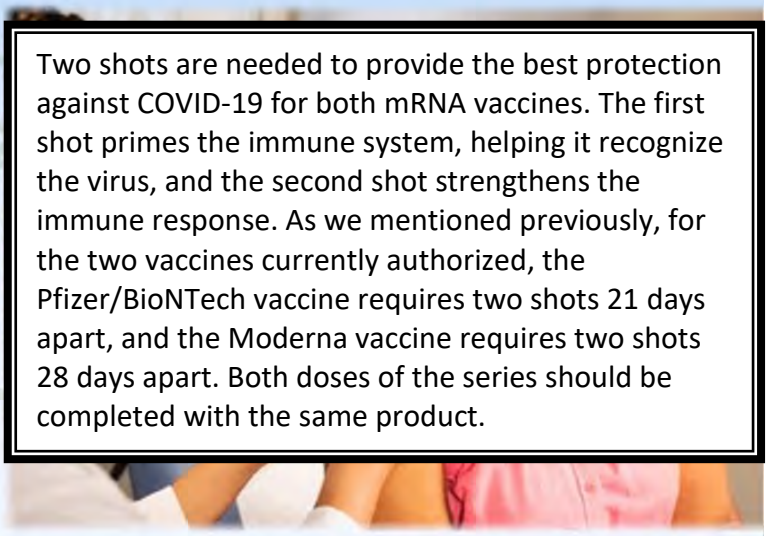
Cover your nose and mouth with a mask. The mask is secured it under your chin and that there are no gaps around the sides. Remember to maintain proper mask usage and communicate to those attending the clinic the proper mask usage to keep people safe. Masks should be discarded, at a minimum, at the end of each shift, or if the mask becomes saturated or soiled. When traveling between facilities or households, vaccinators and staff must remove PPE between vaccination sites. Disposable masks and eye protection should be discarded after use at each vaccination site.

Staff Mask Usage

- All healthcare providers and staff supporting the COVID-19 vaccination clinic must wear a surgical face mask over their nose and mouth at all times.
  - When within the vaccination clinic facility.
  - Including in break rooms and other spaces where they might encounter co-workers.
  - When entering a facility.
  - When on-duty outdoors and around other people.
- Staff must sanitize hands before and after removing and putting on face masks.

About COVID-19 mRNA vaccines

- Two shots are needed to provide the best protection against COVID-19 for mRNA vaccines such as Pfizer or Moderna.
- First shot primes the immune system, helping it recognize the virus.
- Second shot strengthens the immune response.
- mRNA vaccines DO NOT affect or interact with our DNA in any way.
- mRNA vaccines are new, but the technology is not. mRNA vaccines have been studied for other infections.



Two shots are needed to provide the best protection against COVID-19 for both mRNA vaccines. The first shot primes the immune system, helping it recognize the virus, and the second shot strengthens the immune response. As we mentioned previously, for the two vaccines currently authorized, the Pfizer/BioNTech vaccine requires two shots 21 days apart, and the Moderna vaccine requires two shots 28 days apart. Both doses of the series should be completed with the same product.

mRNA vaccines are expected to produce symptoms after vaccination, especially after the 2nd dose of vaccination. Side effects may include fever, headache, and muscle aches. These are similar to side-effects you may experience after other adult vaccines like the flu vaccine and the shingles vaccine. Side effects are an indication of a good immune response-so while they may be unpleasant, it means the vaccine is doing its job.

Side effects are generally short-lived, and you should feel better within a day or two.

One advantage of mRNA vaccines is that they are not made from the live virus that causes COVID-19. Therefore, there is no chance of getting the disease from the vaccine

It's important to note that both of these vaccines are a type of vaccine called an "mRNA" vaccine. mRNA vaccines are a new technology that teaches our cells how to make a harmless piece of what is called the "spike protein." The spike protein is found on the surface of SARS-CoV-2. After the protein piece is made, the cell breaks down the instructions (the mRNA) and gets rid of them.
Next, the cell displays the protein piece on its surface. Our immune systems recognize that the protein doesn't belong there and begin building an immune response and making antibodies, which are what protect us from getting infected when the real SARS-CoV-2 virus enters our bodies.
The vaccine mRNA does not enter the cell nucleus, so it does not affect or interact with our DNA in any way. This is a common myth about mRNA vaccines. The mRNA in COVID-19 vaccine does not interact with DNA.

About COVID-19 viral vector vaccines

- Uses a vector which is a harmless virus that only "***looks***" like the coronavirus to the body.
- When we are infected by the vaccine it uses the cell's machinery to produce a harmless spike protein, found on the COVID-19 virus.
- The body will recognize that protein again later, if when exposed to the real virus.
- Requires only 1 injection (J & J/ Janssen is viral vector vaccine)

Jannsen or J&J vaccine uses a relatively harmless virus, the vector, has genes from the disease producing virus spliced into it. The vector will enter a cell in our body and then use the cell's machinery to replicate. The vector causes our cells to produce a harmless piece of the virus that causes the disease like COVID-19. This piece is known as a spike protein and it is only found on the surface of the virus that causes COVID-19. Unlike inactivated vaccines, the vector provoke a long lasting immune response. Viral Vector vaccines often only need one dose for full protection. Some patients may have existing immunity to the vector reducing the effectiveness of the vaccine.

Inactivated vaccines also are made by inactivating, or killing, the germ during the process of making the vaccine. Inactivated vaccines are not live and cannot replicate. These vaccines cannot cause disease, even in an immune-deficient person. Inactivated antigens are less affected by circulating antibody than are live antigens, so they may be given when antibody is present in the blood (e.g., in infancy or following receipt of antibody-containing blood products).
Inactivated vaccines produce immune responses in different ways than live, attenuated vaccines. Often, multiple doses are necessary to build up and/or maintain immunity.
In general, the first dose does not produce protective immunity, but "primes" the immune system. A protective immune response develops after the second or third dose.

Inactivated Vaccines

Inactivated vaccines are produced by growing the bacterium or virus in culture media, then inactivating it with heat and/or chemicals (usually formalin).

Inactivated vaccines are not alive and cannot replicate.

Inactivated vaccines always require multiple doses. In general, the first dose does not produce protective immunity, but "primes" the immune system. A protective immune response develops after the second or third dose

Inactivated vaccines can be composed of either whole viruses or bacteria, or purified fractions. Fractional vaccines are either protein-based or polysaccharide-based.

Protein-based vaccines include toxoids (inactivated bacterial toxin) and subunit or subvirion products.

Egg Allergy Contraindications

Most vaccines are inactivated. Because the vaccines are manufactured using egg-based technology, they contain a small amount of egg proteins, such as ovalbumin.

Vaccine administration should be supervised by a health care provider who is able to recognize and manage severe allergic reactions.

A history of severe allergic reaction (e.g., anaphylaxis) to egg is a labeled contraindication to the use of most Inactivated Vaccines and Live Attenuated Vaccines.

However, ACIP recommends that persons with a history of egg allergy may receive any licensed, recommended influenza vaccine that is otherwise appropriate for their age and health status.

Patients who report having had reactions to egg involving symptoms should **not** be vaccinated in an alternative location:

- urticaria or hives
- angioedema or swelling
- respiratory distress
- lightheadedness
- recurrent vomiting
- who required epinephrine
- any emergency medical intervention

They should be vaccinated in an inpatient or outpatient medical setting including, but not necessarily limited to, hospitals, clinics, health departments, and physician offices).

Most inactivated vaccines are manufactured using egg-based technology, they contain a small amount of egg proteins, such as ovalbumin. Vaccine administration should be supervised by a health care provider who is able to recognize and manage severe allergic reactions.

A history of severe allergic reaction (e.g., anaphylaxis) to egg is a labeled contraindication to the use of most Inactivated Vaccines and Live Attenuated Vaccines.
ACIP recommends that persons with a history of egg allergy may receive any licensed, recommended influenza vaccine that is otherwise appropriate for their age and health status. They should be vaccinated in an inpatient or outpatient medical setting including, but not necessarily limited to, hospitals, clinics, health departments, and physician offices.
Don't vaccinate a patient that had these previous reactions when vaccinated: urticaria or hives, angioedema or swelling, respiratory distress, lightheadedness, recurrent vomiting, required epinephrine, or any emergency medical intervention.

Recombinant Vaccine

- Recombinant vaccines are created synthetically.
- To make a recombinant vaccine, flu scientists first obtain DNA, i.e., genetic instructions, for making a surface protein called hemagglutinin (HA) found on influenza viruses.
  Hemagglutinin (HA) is an antigen, which is a feature of a flu virus that triggers the human immune system to create antibodies that specifically target the virus.
  A cell culture is transformed to contain the DNA for making flu virus HA antigen.
- The cell cultures will grow and express the HA antigen.
- This antigen is grown in bulk, collected, purified, and then packaged as recombinant flu vaccine.

Proper vaccine storage and handling is an essential component of all mobile vaccination clinics. Vaccines must be maintained at appropriate temperatures at all times to maintain viability and minimize loss. If vaccinating adults and children with different vaccine presentations, consider methods to keep the vaccine separate for administration, documentation, and reporting. Consider separate storage units or consider a divider between the 2 different presentations of vaccine. Consider color coding to further distinguish the

Pre-Clinic Activities Vaccine Storage and Handling

- Importance of proper accounting and reporting
- Essential component of mobile vaccine clinics
- Storage and handling considerations depending on clinic size, population vaccinated and location
- Vaccine supply
- Enough portable storage units
- Different vaccine presentations for different populations
- Electricity/extension cord needs

Download and view CDC Vaccine Storage and Handling Toolkit

Ensure that you have adequate mobile vaccine storage units to accommodate your mobile vaccination plans. If you are using a portable storage unit that needs to be plugged in, make sure there is electricity at the planned clinic location and that you have adequate extension cords. Have processes in place to record vaccine usage and wastage for each of the vaccines. Consider labels to help simplify vaccine documentation and avoid errors. Planning ahead and adhering to best vaccine storage and handling practices will protect your vaccine and help ensure a successful clinic.

Cold Chain and Vaccine Viability

The vaccine is extremely temperature sensitive. It becomes nonviable quickly when it is above 8.0 degrees Celsius and especially if it is below 2.0 degrees Celsius. Keeping the temperature of the vaccine within the proper range (2.0 degrees Celsius - 8.0 degrees Celsius) at all times is required for the vaccine to be effective in creating immunity for the patient. Maintaining the proper temperature from the time it is created at the manufacturer until it is administered to the patient is termed the Cold Chain.

- Vaccine is light and temperature sensitive.
- Keep vials upright and protect from light.
- If kept out of temperature range, the vaccine can quickly become nonviable (no good)

- Check the portable vaccine storage unit's temperature at least every hour
- Make necessary adjustments to ensure vaccine stays in proper temperature range between 2.0 degrees Celsius and 8.0 degrees Celsius

Vaccine Pack-out

NHIP will supply the following inventory to each RPHN for vaccine pack-out

- 1 Portable Medical Refrigerator Cooler (PMR)
- 1 Extension electrical cord *with vehicle adapter socket
- 2 FridgeTag2L Data Loggers (1 for permanent storage unit, 1 for portable transport)
- Daily Temperature Log
- Daily Mobile Clinic Data sheet

NHIP will supply the following inventory to each RPHN for vaccine pack-out #2 for dual clinics emergency back-up

- 1 Cooler (sized for appropriate pack out with supplied materials)
- 6 Phase Change Material (PCM) Panels
- Barrier Material (bubble wrap and fitted cardboard squares)
  - Contact NHIP if more barrier material is needed
- 1 Fridge Tag 2L Data Logger for this cooler (for a total of 3)
- 1 Laminated packing instruction visual
- PCM conditioning guides

Your Regional Public Health Network (or RPHN) contact person is in charge of packing the vaccine and transporting it to the clinic. While in the mobile clinic setting, it is very important to check the vaccine temperature at least every hour and make adjustments to ensure that the vaccine stays in the proper temperature range. Make any adjustments necessary to ensure that the vaccine stays in the proper temperature range.

Vaccine Cooler Pack-out

Step 1
Place a CONDITIONED panel on bottom of cooler.

Step 2
Position CONDITIONED panels around perimeter of cooler, forming a cube.

Step 3
Place 1/2 of the insulating material/barrier inside of cube.
(2 strips bubble wrap and cardboard)

Step 4
Load vaccines and data logger (centered). More vaccines can be placed on top of data logger.

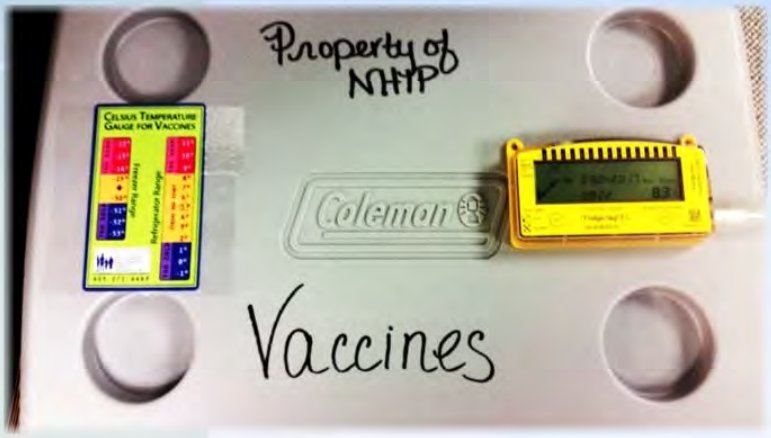
Step 5
Place another layer of bubble wrap and cardboard on top of product.

Step 6
Place a CONDITIONED

(frozen but just beginning to thaw) panel on TOP.

Vaccine Pack-out

- For added insulation protection-add more bubble wrap to fill the remaining space in the cooler (if available)
- Be sure data logger cord is not tangled and able to be extended to the outside of cooler.
- Be sure data logger cord is flat when the lid is closed on in.
- Close lid with attached data logger on outside for easy viewing of internal temperatures during transport and clinic hours.

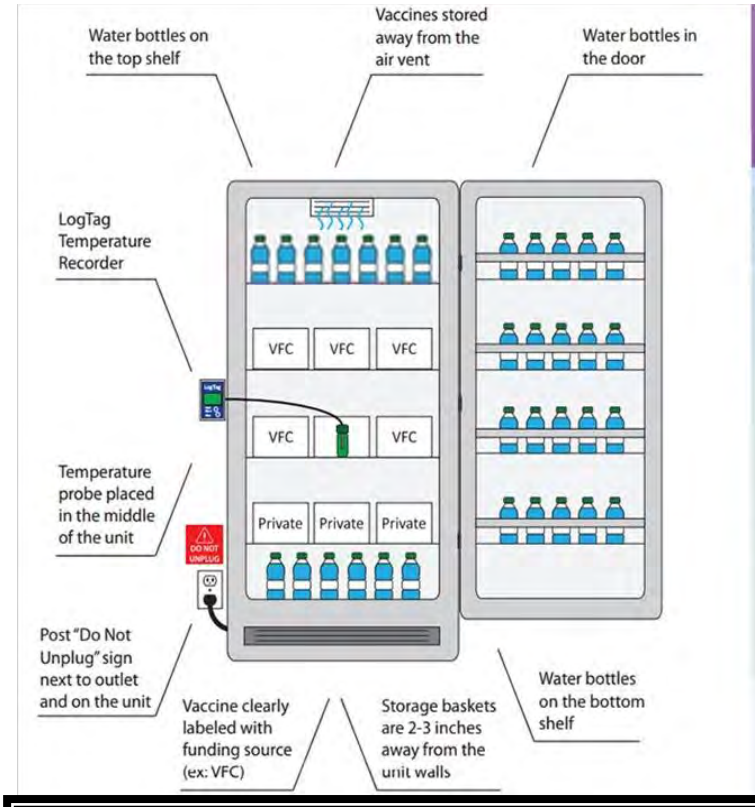


If you are using a hard-sided cooler and phase change materials, ensure the phase change materials are charged and conditioned properly prior to use. Keep the coolers well insulated. Fill all empty spaces with insulation like bubble wrap. Arrange data logger so the display is attached to the lid. The display should be easy to read during transport and clinic hours. Make sure the lid closes completely and is latched.

Vaccine Storage Units

The safest way to store vaccines is in a dedicated stand-alone refrigerator or freezer.

- Air circulation: large enough to store vaccine supply and wire shelving best for good air circulation.
- Proper management: vaccines in original boxes and earliest expiration at the front of the shelf.
- Water bottles throughout the unit and on doors if equipped.
- Fasten door closed with Velcro or clasps
- Glycol bottles in center of unit
- Do not store vaccines in drawers, on floor, or door of unit
- No food/drink
- No Dorm/Bar-Style units at any time

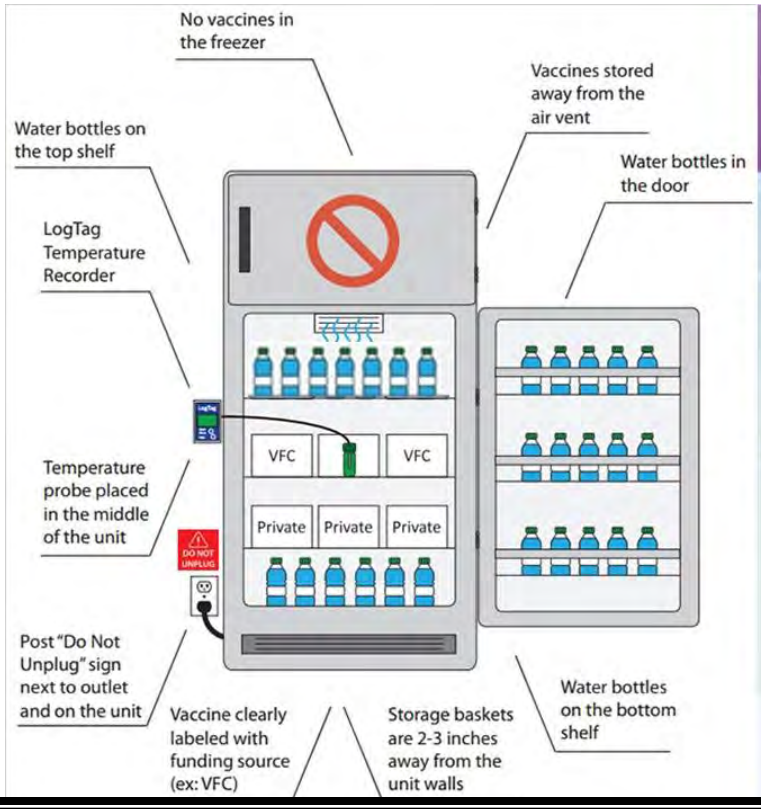


Vaccine Storage in stand alone refrigerator

- Use water bottles to keep the temperature constant. The water bottles can help keep stable temperatures despite frequently opening and closing unit doors or a power failure.
  - Place water bottles in the top and bottom layers and in the door.
- Keep Vaccines away from the vents.
- Place a temperature probe in the center of the fridge.

Use water bottles to keep the temperature constant despite frequently opening and closing unit doors or a power failure. Place water bottles in the top and bottom layers and in the door. Keep Vaccines away from the vents.

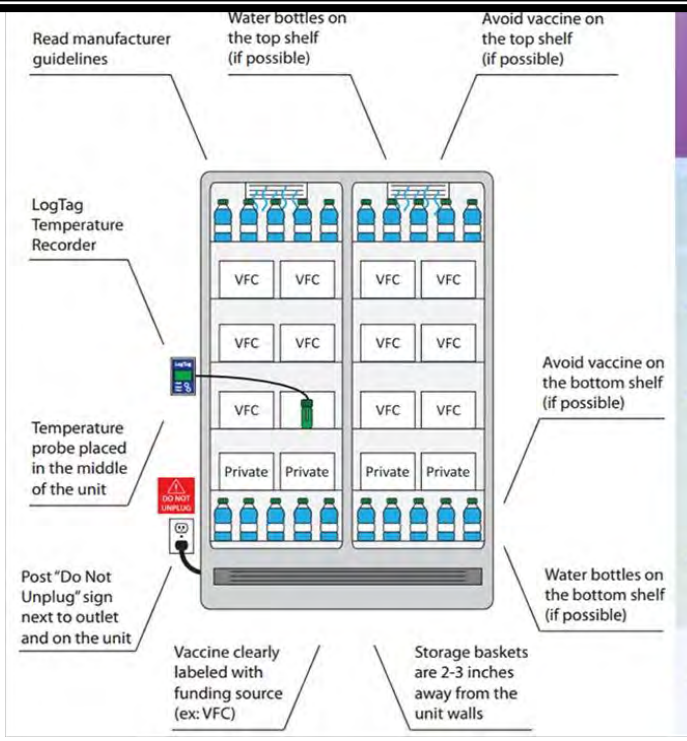
Do not block air flow. A Temperature probe should be placed in a central area of the unit directly with the vaccines and not be placed in the doors, near or against the walls, close to vents, or on the floor of the unit. An exemption may be made for a pharmaceutical grade unit with its own probe.



Vaccine storage in freezer/refrigerator

- Do not store frozen vaccine in a combination freezer/refrigerator.
- Whenever possible, store diluent with the corresponding refrigerated vaccine. Never store diluent in a freezer.
- The freezer of a household-grade unit may be used for non-vaccine, medical storage, so long as the use does not compromise the temperature range within the refrigerator compartment where vaccine is stored.

Do not store frozen vaccine in a combination freezer/refrigerator. Don't use the freezer of a combination freezer/refrigerator any vaccine storage. Never store diluent in a freezer.
The freezer of a household-grade unit may be used for non-vaccine, medical storage, so long as the use does not compromise the temperature range within the refrigerator compartment where vaccine is stored. Frozen water bottles can be kept in the freezer for transport. Whenever possible, store diluent with the corresponding refrigerated vaccine.



Vaccine storage organization

- Label shelves and containers to clearly identify where each type of vaccine and diluent is stored.
- Store vaccines in their original packaging with lids closed until ready for administration.
- If other medications and biological products must be stored in the same unit as vaccines, they must be clearly marked and stored in separate containers or bins from vaccines
- Arrange vaccines and diluents in rows and allow space between them to promote air circulation.
- Food and beverages should never be stored in the unit with vaccines.

Storage Unit power

Do Not Unplug

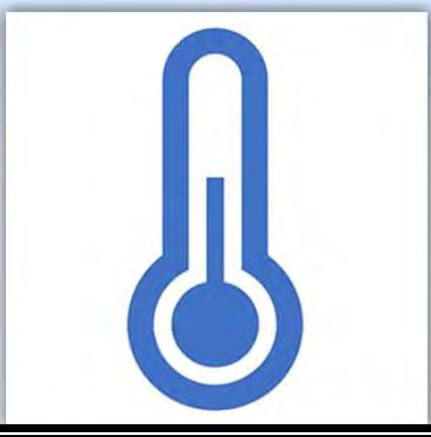
Prepare for Emergency Power Loss

Emergency Transport

- Post "DO NOT UNPLUG" warning signs at outlets and on storage units to alert staff, custodians, electricians, and other workers not to unplug units.
- Plug in only one storage unit per electrical outlet to avoid creating a fire hazard or triggering a safety switch that turns the power off.
- Label fuses and circuit breakers to alert people not to turn off power to a storage unit.
- Don't use outlets that can be activated by a wall switch.
- Don't use multi-outlet power strips or surge protectors.

During Clinic Operations & Procedures
Vaccine Storage and Handling

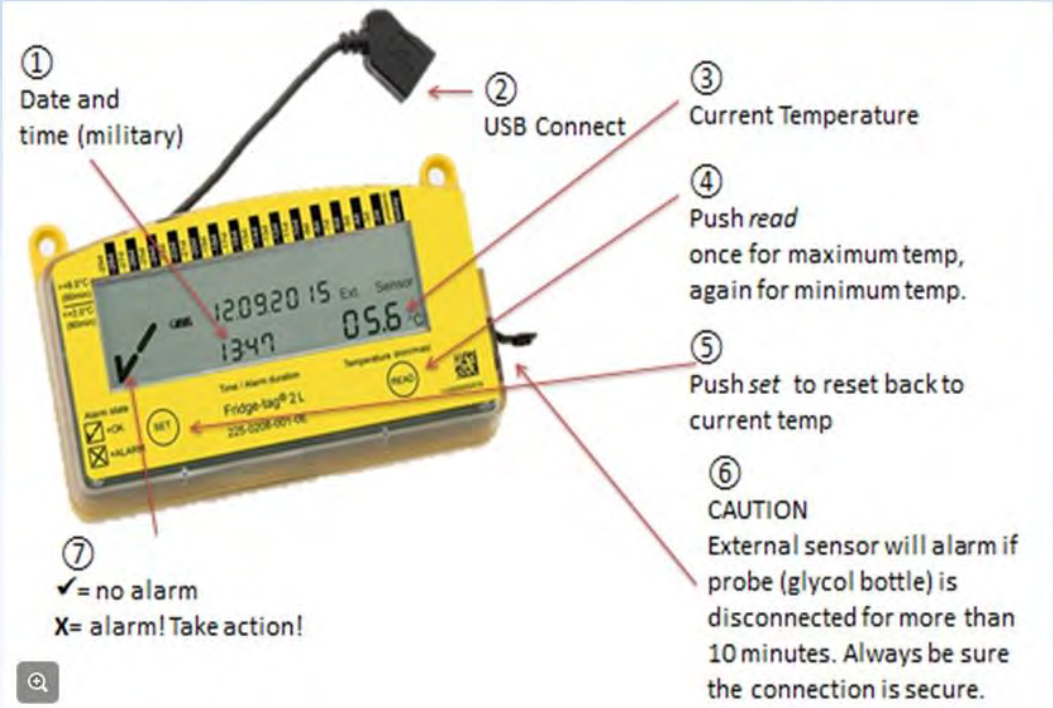
- Monitor temps
- Document temp every hour
- No more than 10 doses of vaccine are out at a time
- Vaccine should not be left out for more than 30 minutes
- Account for each and every dose of vaccine
- Keep different presentations separate
- Keep electric portable storage units plugged in at all times



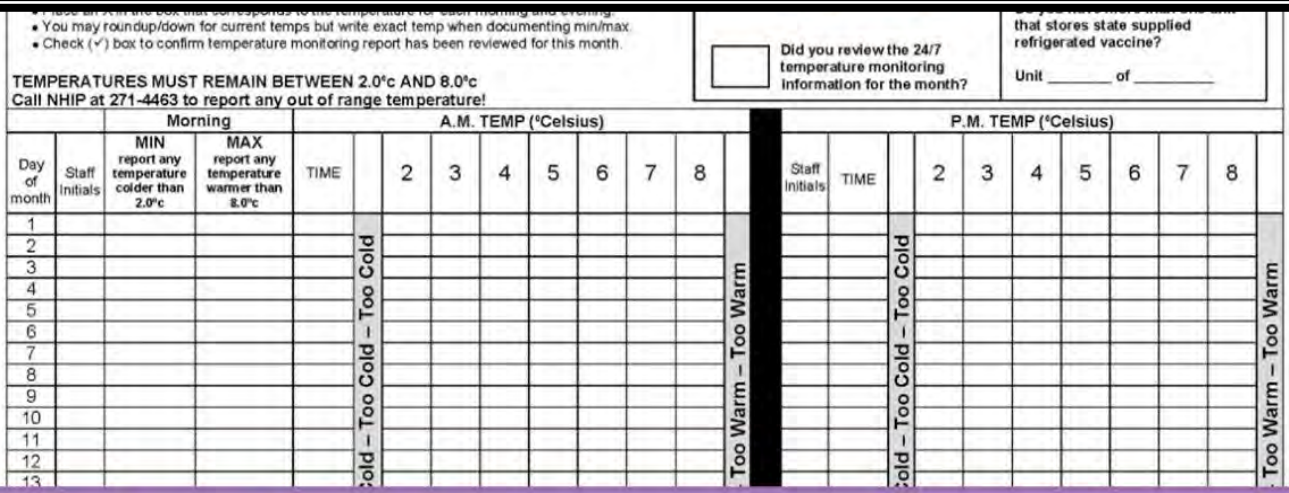
Monitor and document vaccine temperatures as required every hour and ensure no more than 10 vaccines are out of the portable unit at a time per Vaccinator and the vaccine is not out of the unit for more than 30 minutes. Account for each and every dose of vaccine. Ensure that vaccines for different populations, such as adult and child, are easily identifiable and kept separate from each other for administration and reporting. Keep electronic portable storage unit plugged in at all times. Do NOT administer any vaccine that has been compromised. If storage temps are noted to be out of range, stop the clinic and follow the SOPs for a temperature excursion. For detailed guidance, refer to NHIP's training on best practices for Vaccine Storage and Handling during mobile vaccine clinics.

Temperature Monitoring

Click on the picture to enlarge



An example of the temperature log utilized to monitor the temperature for the entire time the vaccine is stored in the portable refrigerator or cooler. You may be responsible for this important task. Familiarize yourself with the device that you will be using. Test and calibrate all digital probes before using. Maintaining the vaccine between 2.0 and 8.0 degrees Celsius is crucial. You must monitor and record your portable refrigerator or cooler's temperatures hourly to ensure temperatures stay within range. Vaccine should not be kept out of the portable refrigerator or cooler for more than 30 minutes.



- You may roundup/down for current temps but write exact temp when documenting min/max.
- Check (✓) box to confirm temperature monitoring report has been reviewed for this month.

Did you review the 24/7 temperature monitoring information for the month?

that stores state supplied refrigerated vaccine?

Unit _____ of _____

TEMPERATURES MUST REMAIN BETWEEN 2.0°c AND 8.0°c
Call NHIP at 271-4463 to report any out of range temperature!

Day of month	Staff Initials	Morning MIN report any temperature colder than 2.0°c	Morning MAX report any temperature warmer than 8.0°c	A.M. TEMP (°Celsius) TIME	2	3	4	5	6	7	8	Too Warm – Too Warm	Staff Initials	P.M. TEMP (°Celsius) TIME	2	3	4	5	6	7	8	Too Warm – Too Warm
1																						
2																						
3																						
4																						
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Too Cold – Too Cold

Back up Monthly Temperature Log

Record Temperature logs in the NHIIS

NH IMMUNIZATION PROGRAM
MOBILE CLINIC
Daily Data Sheet

New Hampshire Immunization Program

Daily Clinic Temperature Monitoring
VACCINE MUST ALWAYS BE STORED UNDER PROPER CONDITIONS
TEMPERATURES MUST REMAIN BETWEEN * 2.0°C AND 8.0°C
Check and document the temperature of mobile storage unit EVERY HOUR
Document the time checked, current temperature, initial of person taking temperatures.
Must be confirmed by 2nd person.

(Record temp when unit is packed/ready for transport to location and upon arrival back to main storage unit)	Time	Current Temp	Taken by (Initial)	Confirmed by (Initial)	Notes
Temp of storage container at pack-out					# of doses at pack-out: _____
HOUR 1					
HOUR 2					
HOUR 3					
HOUR 4					
HOUR 5					
HOUR 6					
HOUR 7					
HOUR 8					
HOUR 9					
HOUR 10					
Temp of storage container at return					# of doses at return: _____

To avoid unnecessary alarms and keep vaccine safe:
Keep the glycol bottle in proper conditions before, during and after daily clinic.
Keep glycol bottle as close to the center of the storage container as possible during clinic.
*If temperature is out of range, STOP vaccinating, move the vaccine to a safe place, download the data logger report and call NHIP

Daily Clinic Vaccination Data

Clinic Location:_____ Vaccine Type:_____ Total Consent Forms:_____ Total Vaccinated:_____ Total Wasted:_____ Notes:	Clinic Location:_____ Vaccine Type:_____ Total Consent Forms:_____ Total Vaccinated:_____ Total Wasted:_____ Notes:	Clinic Location:_____ Vaccine Type:_____ Total Consent Forms:_____ Total Vaccinated:_____ Total Wasted:_____ Notes:	Clinic Location:_____ Vaccine Type:_____ Total Consent Forms:_____ Total Vaccinated:_____ Total Wasted:_____ Notes:

PIN NUMBER: _____CLINIC DATE: _____
RESPONSIBLE PERSON: _____
Fax or email this Mobile Clinic Daily Data sheet to 603-271-3850 or immunization@dhhs.nh.gov within 24 hours after clinic day.

Temperature Data Sheet

Proper Temperature Range
2.0°C - 8.0°C

- Remove no more than 10 prefilled syringes at one time
- Vaccine should not be out of the portable refrigerator or cooler for more than 30 minutes

Download and view this form

Twice-daily temperature monitoring is required by NHIP when the vaccine is stored in the primary vaccine storage unit. A log of documented daily temperatures that is submitted monthly by the Regional Public Health Network to the New Hampshire Immunization Program demonstrating that the vaccine is being stored correctly between clinics. The Public Health Network Contacts are in charge of maintaining the cold chain once they receive the vaccine. As a Vaccinator, it is important to know that the vaccine that you are administering was kept at appropriate temperatures and is still viable.

Out of Range Temperatures

- Any temperature below 2.0°C or above 8.0°C must be addressed. Take the following steps to address the issue:

1. **Determine issue** - door ajar (close door), power failure (move to back up facility), unit failure (alternate storage/ back up facility)
2. **Quarantine** – Notice/label on unit. "Do Not Use"
3. **Review Temperature Report Data,** is it (highest or lowest) out of range temp, number of minutes/hours out of range)
4. **Call NHIP,** for guidance/complete Cold Chain Incident Report
5. **Call manufacturers,** to confirm viability (stability data)- NEVER assume vaccine is ok to use OR that it is compromised

Failure to Manage and Store Vaccines Properly

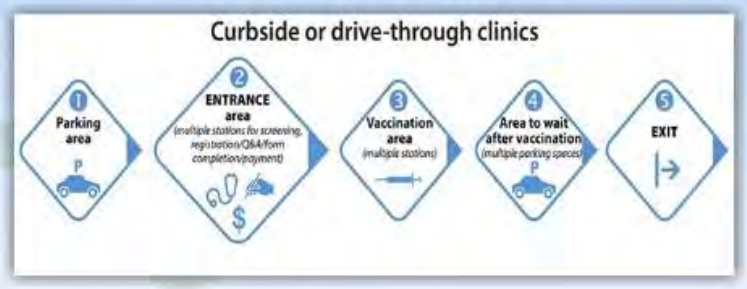
- May reduce potency, resulting in inadequate immune responses in patients and poor protection against disease
- May cause patients to lose confidence in vaccines and our school-based/ mobile clinics when re-vaccination is necessary
- May result in significant financial loss if the vaccine(s) cannot be used

Failure to store vaccine properly may reduce potency, resulting in inadequate immune responses in patients and poor protection against disease. This may result in significant financial loss if the vaccine cannot be used. Failure to manage vaccines may cause patients to lose confidence in vaccines and our school-based and mobile clinics when re-vaccination is necessary. Remember it is your responsibility to prove that the vaccines were properly stored and handled.

Drive-Up (a.k.a. Curbside) or Drive-Through

Benefits

- Space/Size/Capacity
- Easier to maintain social distancing
- Safety-disease transmission risk
- May be more convenient, especially if offered to families



Limitations

- Weather
- Safety-traffic control, vehicle safety,
- If driver is getting vaccinated, vehicle safety becomes a concern.
- Increased risk of poor immunization technique

COVID-19 Considerations

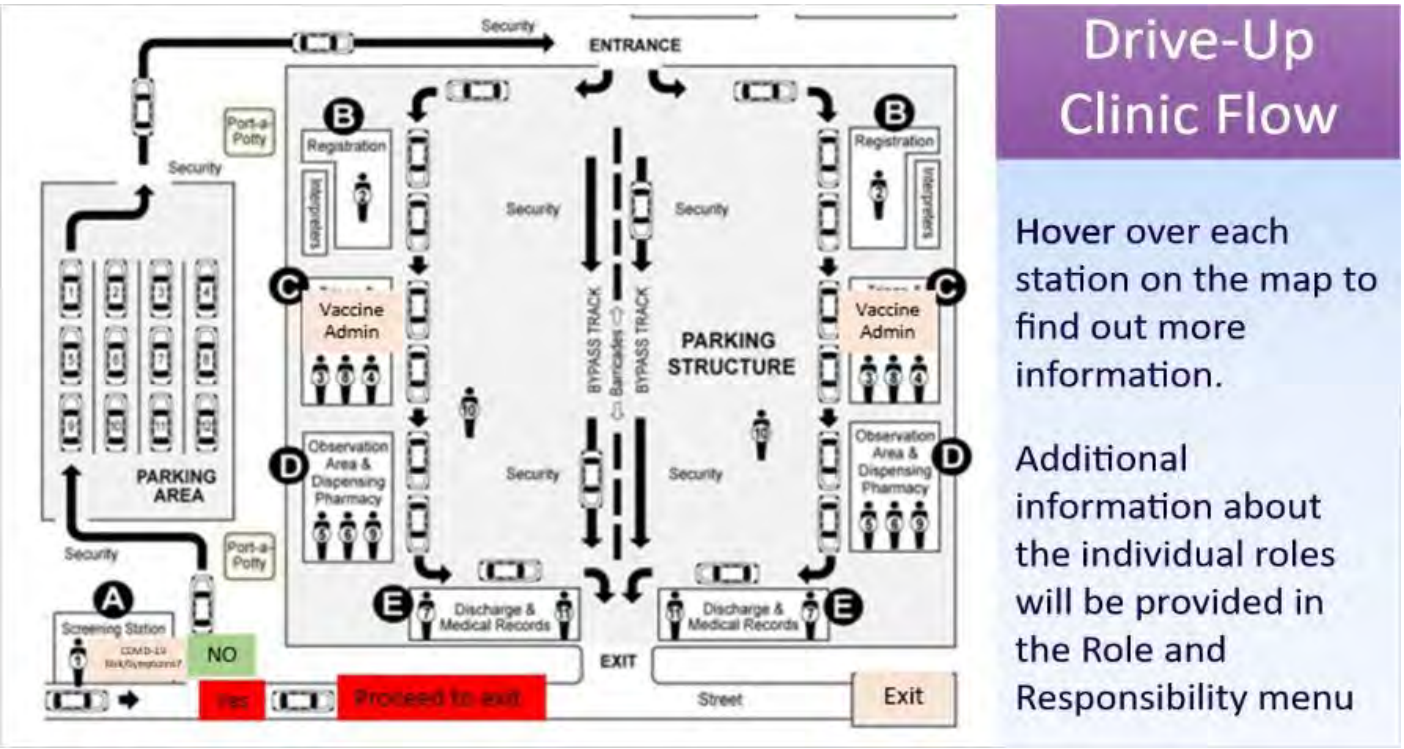
- Avoid close contact
- Maintain social distancing
- Exit pathway if positive COVID-19 screening
- COVID-19 Infection Control Best Practices
- Increased staff to help facilitate model

Drive-Up or drive-through clinics may be held in vacant parking lots or other parking lots outside of normal business hours. Coordination with partners in the community will be needed to secure a location. The Department of Defense (DoD) reports that they have utilized drive-through mass immunization clinics successfully under both normal and pandemic conditions in the past.

Benefits of Drive-through vaccine clinics are that they can provide more effective social distancing due to their sheer size. This helps to reduce the risk of disease transmission. This model may also be more convenient in situations where the clinic is open to all family members.

There are some limitations to the drive-through clinic model. This model can be less efficient due to decreased accessibility to many of the resources typically utilized during an indoor vaccine event. Tents, tables, chairs, electricity, internet/Wi-Fi and other resources may be needed. The weather could also pose challenges. Extremely cold temperatures may make it difficult for staff to perform their duties, especially vaccinators. Portable heaters could be considered. It also may be difficult to properly clean and disinfect stations between patients as the products may not work properly in the cold weather. Precipitation may also impede operations. Adequate shelter would need to be in place. Driving conditions could be affected. Storms may present unsafe conditions such as the hazards of lightning and wind if using tents. Snow or ice-covered walkways can present a fall risk for staff and patients. Other safety considerations with this type of model are managing traffic backups and flow, vehicle safety risks relative to speed, driver error and the risks to pedestrian staff members. Due to the possibility of fainting, risks associated with vaccinating the driver are also unique to this model. Particular challenges with vaccinating patients while they are in a car and the potential for poor immunization technique and injury to patients and staff are also a factor.

During COVID-19 or any other respiratory virus pandemic there will need to be an exit pathway for patients who screen positive for COVID-19.



While each clinic may vary slightly, this diagram illustrates the important aspects necessary to ensure accountability of all patients being immunized.

First it will important for the screener to run procedures to verify that those entering do not have respiratory illness symptoms. If a patient passes screening, stamp all copies of the consent form, if using paper documentation, or document electronically to indicate screened and cleared. Remind people to prepare to provide access to injection site (upper arm if greater than or equal to 2 years old). The patient should be directed to Registration, where their ID and paperwork will be verified. If the patient screens positive for communicable illness, they should not be allowed entry into the clinic and should be advised to contact their medical provider.

The Registration Station is one of multiple patient identification checks. Ensure that the patient takes home a copy of their consent form and the Vaccine Information Statement. Once it has been determined that the consent form has been signed and that the clinic has all necessary documentation, the patient heads either to the Pre-Vaccination Waiting Area or straight to an open Vaccinator station.

Once with the Vaccinator, the patient's identity and consent form will be verified again. Vaccine Administration should only be completed after identity and medical history/contraindications is confirmed. Verify there is NO documentation or notes indicating that the patient should NOT receive or has already received the vaccine. The Vaccinator will then administer and document administration of the vaccine.

Following Vaccination, the patient will go to the Exit & Observation Station waiting area, where they will be under direct observation for 30 minutes to monitor for any adverse reactions.
Notify the Clinic Supervisor **immediately** if a patient is not feeling well. Notify the RN or paramedic **immediately** with any signs of anaphylaxis. Ask the patient if they are feeling well. If they are feeling well and are not having any signs of an adverse reaction, dismiss the patient if at least 30 minutes have passed since the time of vaccination. If a patient leaves AMA, ensure all patient documentation is complete, patient(s) have their vaccine record card VIS or EUA form and copy of medical record, if applicable.

Indoor Walk-through School or Community-based Clinics

COVID-19 Considerations:

- Avoid close contact/Maintain social distancing
- Avoid crowding/clustering
- Properly spaced stations, waiting areas-marked 6 ft apart
- Unidirectional clinic flow
- Optimize ventilation
- Schedule Separate time for high risk patients

Benefits:

- Serves the community
- School support
- Minimal traffic control
- Convenient

Limitations:

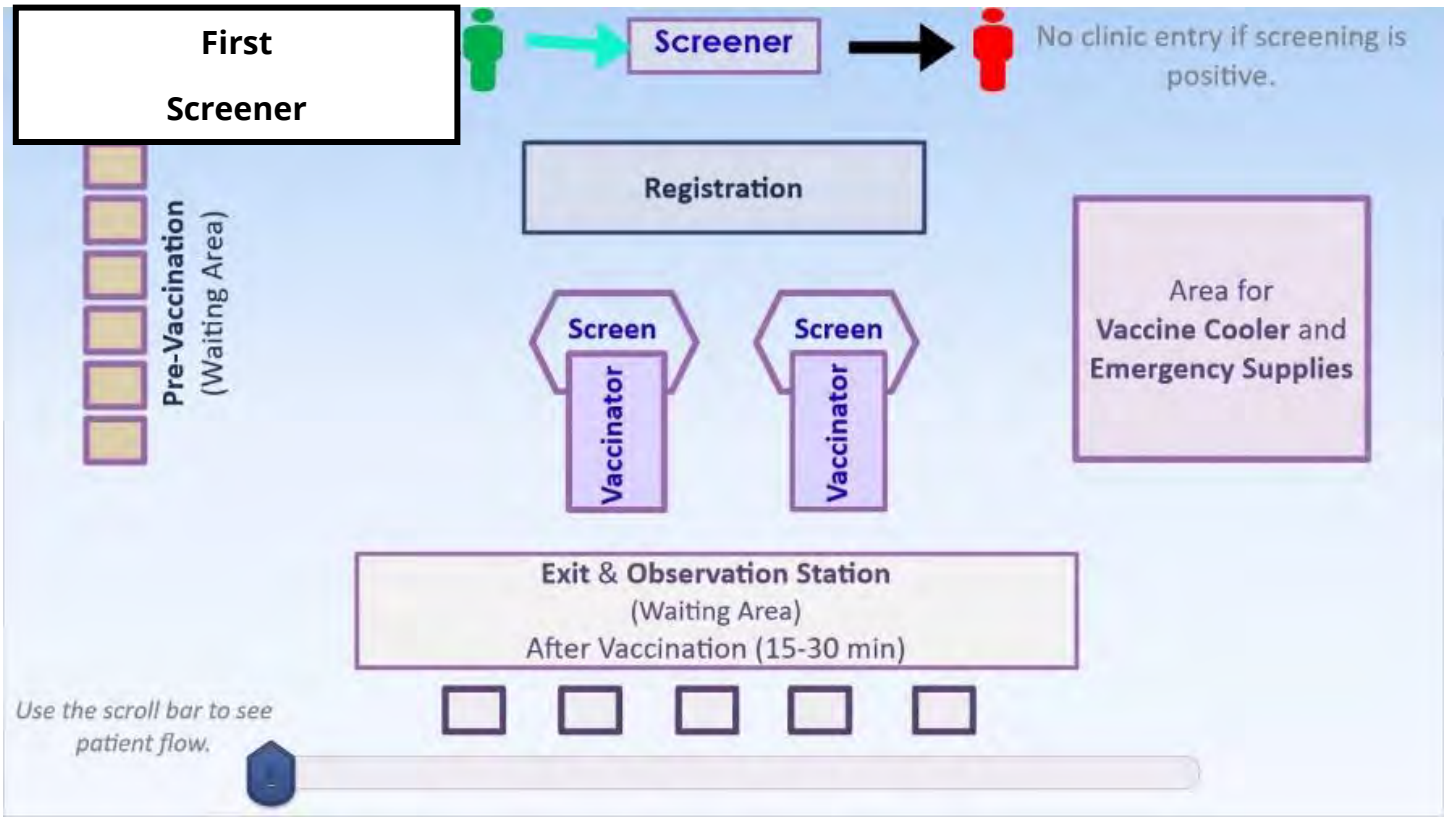
- Limited time
- You are guests in a "borrowed" working environment

Benefits of these "traditional" indoor walk-through vaccine clinic models include protection from the weather, easier access to technology and access to other services such as electricity, lighting, water and restrooms. It may also provide increased access to other resources such as tables and chairs and office supplies. This type of clinic is also convenient for the patients being vaccinated, especially if it is held at a facility where patients live, work or go to school.

Drawbacks are that useable space and available dates and times may be limited (unless it's a larger arena-type space or convention hall/conference center). Remember that you're a guest who is essentially "borrowing" the space.

During a respiratory virus pandemic like COVID-19 a larger than usual space will need to be secured and processes and systems will need to be put in place to minimize close contact among patients and staff. Close contact is defined as within 6 feet for 10 minutes or more. Standard procedures will need to be established to promote and maintain social distancing with properly spaced stations, waiting areas, and appropriately marked sign-age to avoid crowding, as well as to create a unidirectional flow with one entry and one exit and a closed-off area to isolate patients who screen positive prior to clinic entry, that are unable to leave the area immediately, would need to be established. You'll need to optimize ventilation and you may want to consider a special time or area for those with high risk medical conditions

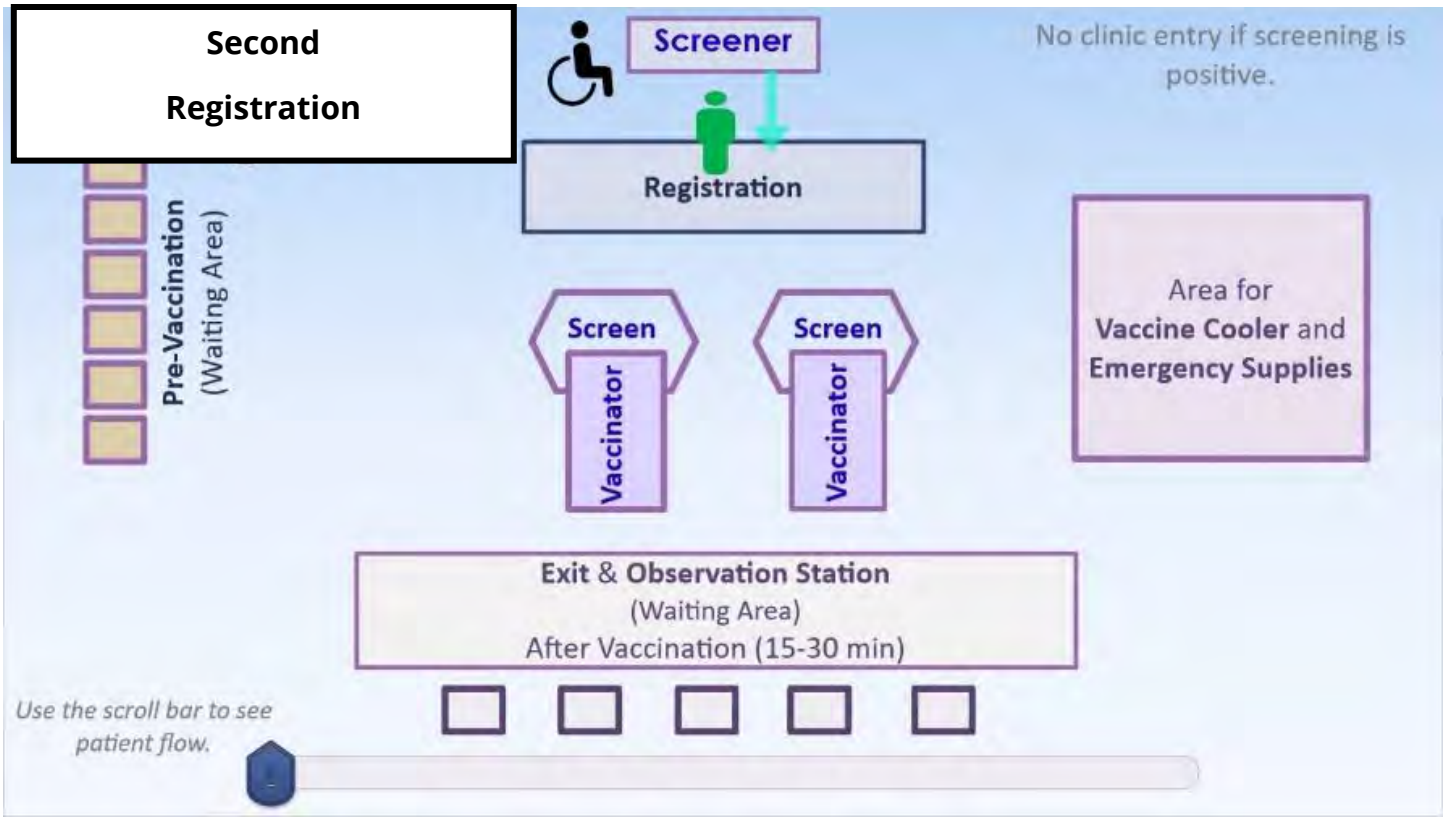
Methods for avoiding crowding and optimizing clinic flow such as preregistrations, appointments, vaccinating small groups at a time and enhanced communication before and during the clinic would all need to be considered.



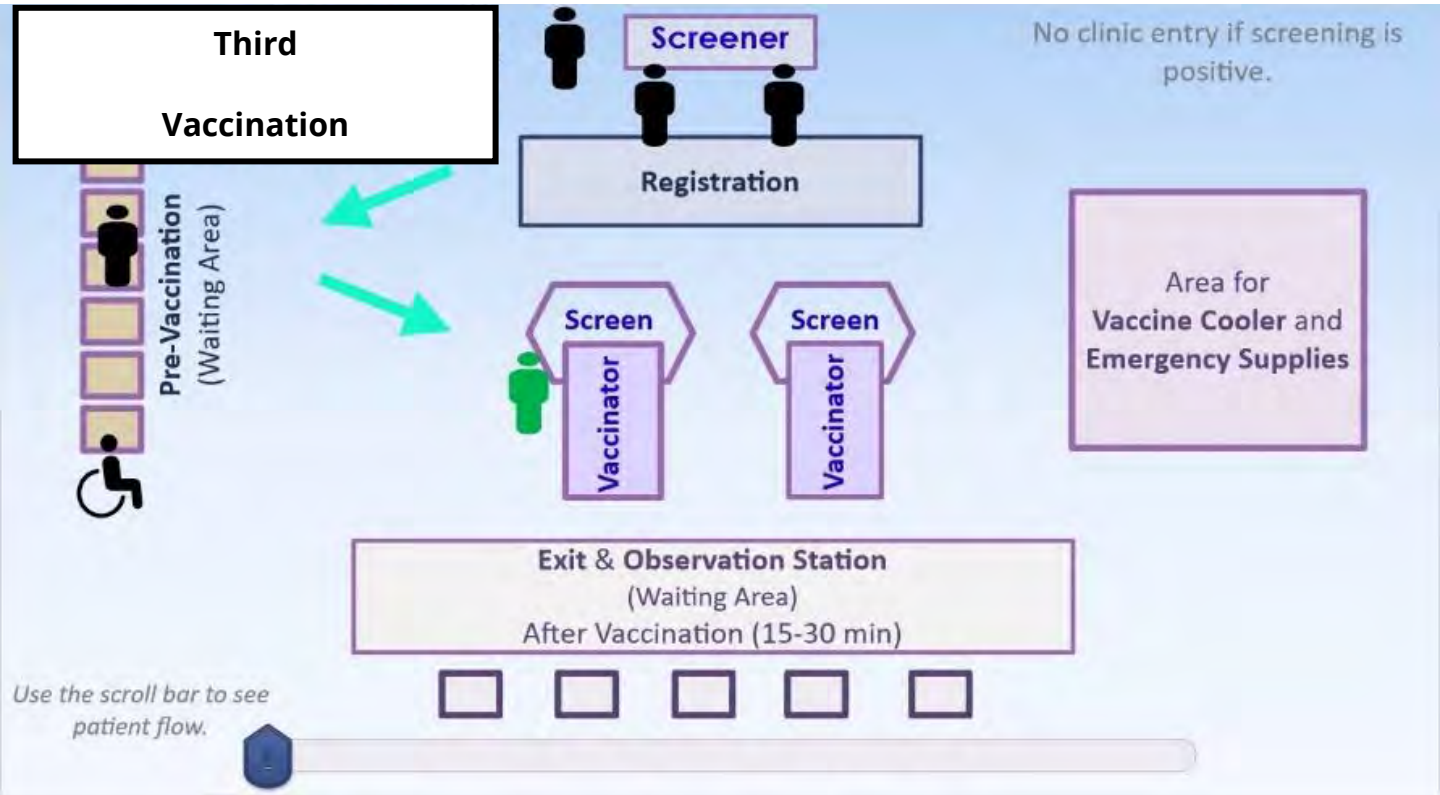
Let's go over the flow of a typical clinic. While each clinic may vary slightly, this diagram illustrates the important aspects necessary to ensure accountability of all patients being immunized.

First the screener will run procedures to verify that those entering do not have respiratory illness symptoms. If the Screener clears the patient for entry, the patient should be directed to Registration, where their ID and paperwork will be verified. If the patient screens positive for communicable illness, they should not be allowed entry into the clinic and should be advised to contact their medical provider.

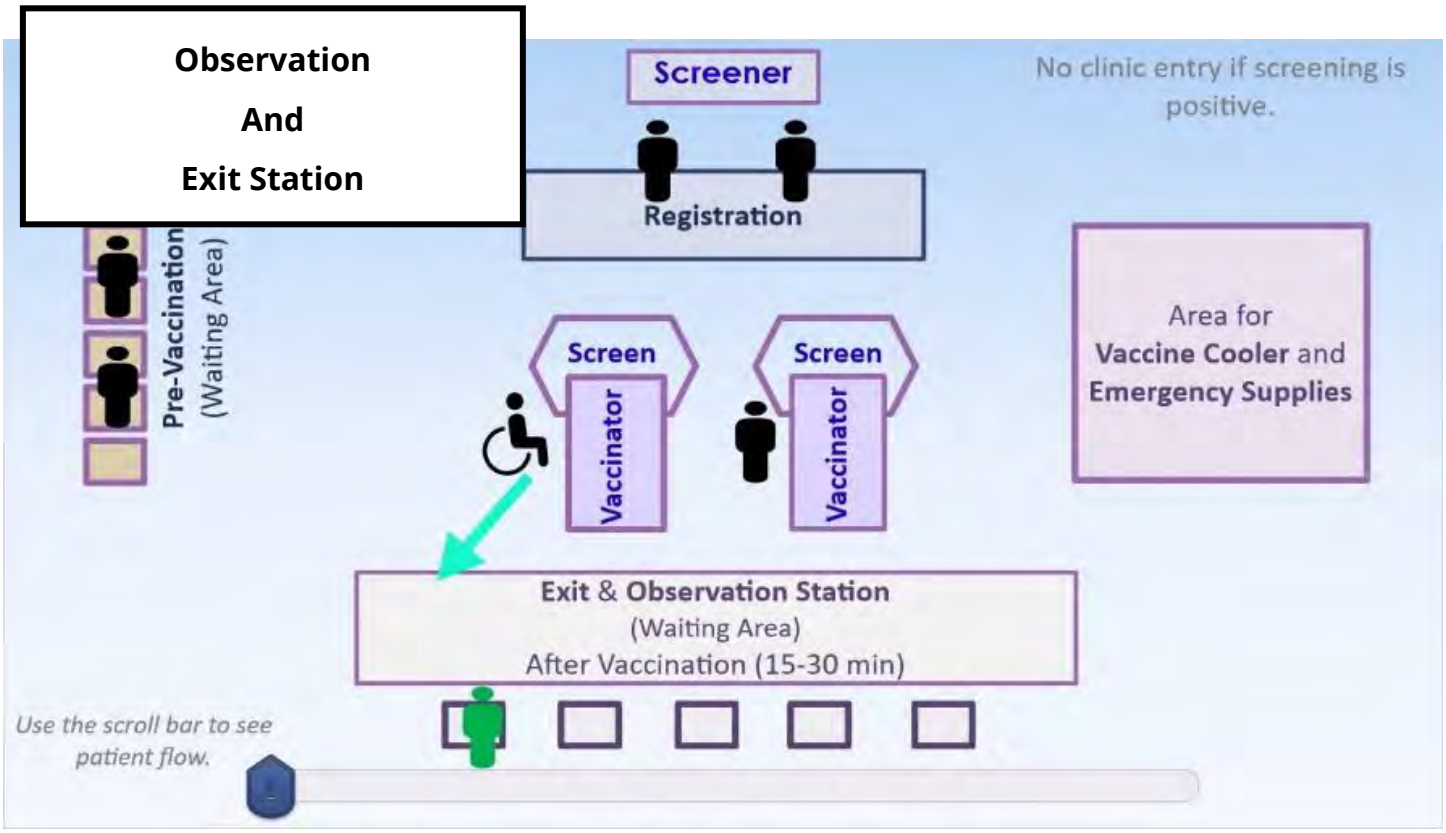
Registration Station is one of multiple patient identification checks. It's very important to set up multiple checks of patient information by different people in the mobile clinic to promote patient safety and decrease the chance of error. These multiple steps, referred to as redundancies, should focus on patient identity verification, and making sure that there are no contraindications for the vaccine to be administered. Vaccine Administration should only be completed after identity and medical history/contraindications are confirmed. Ensure that the patient takes home a copy of their consent form and the Vaccine Information Statement. Once it has been determined that the consent form has been signed and that the clinic has all necessary documentation, the patient heads either to the Pre-Vaccination Waiting Area or straight to an open Vaccinator station.



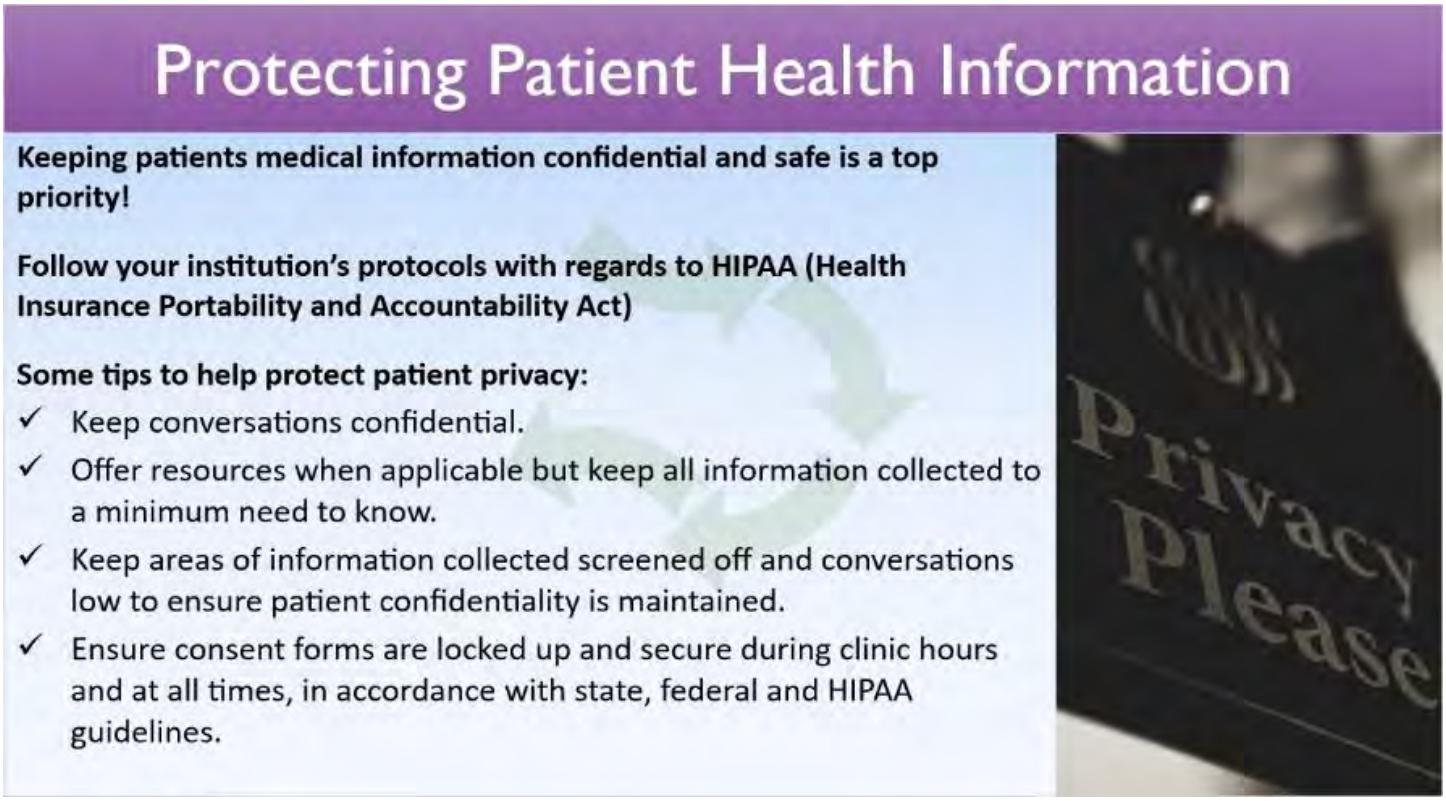
Now that the patient is with the Vaccinator, the patient's identity and consent form will be verified again. The Vaccinator will then administer and document administration of the vaccine.



Finally following Vaccination, the patient will go to the Exit & Observation Station waiting area, where they will be under direct observation for 15 minutes to monitor for any adverse reactions.



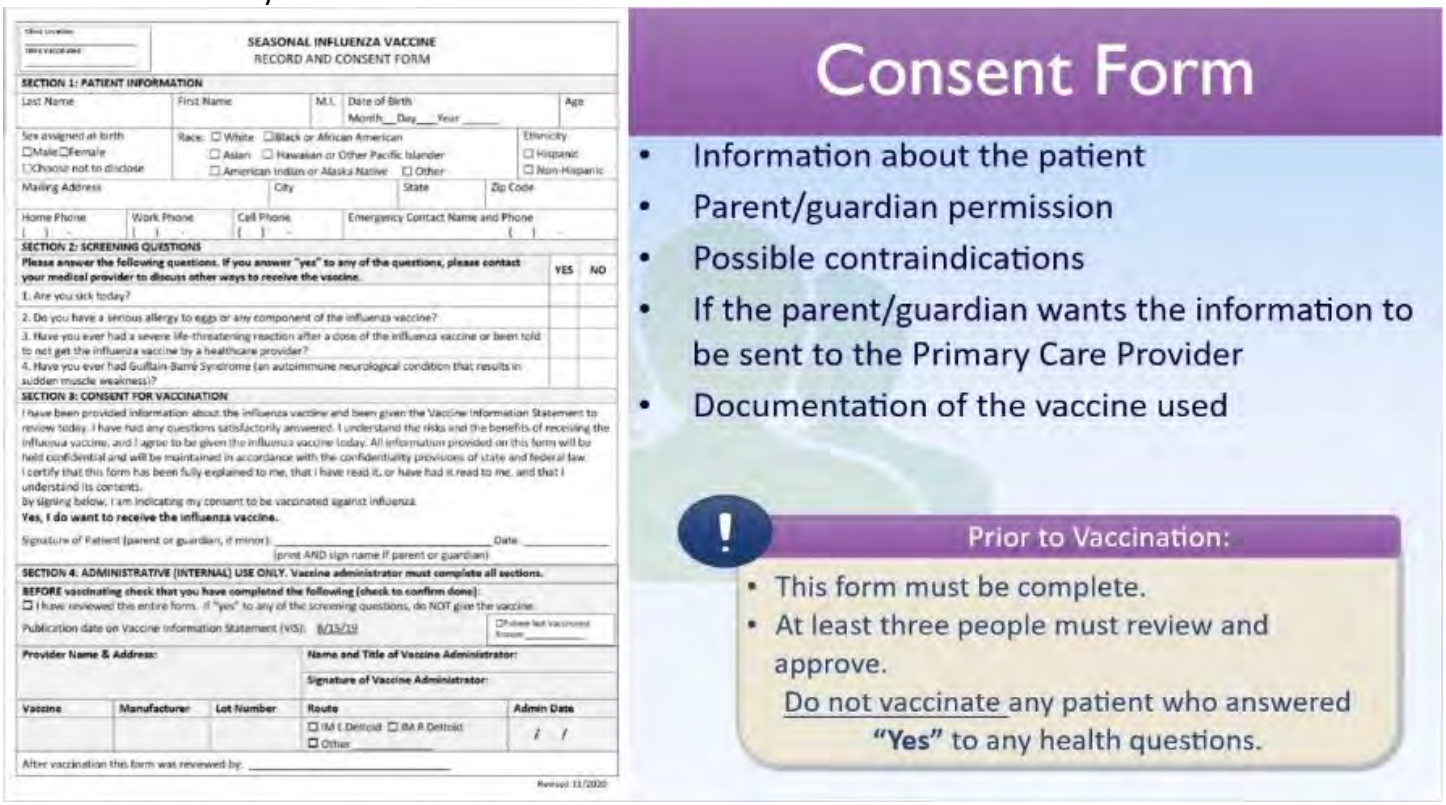
It is important for all clinic staff to know where the emergency equipment is kept and to know what roles they will play in the event of an emergency. Keep the emergency supplies close by.



Protecting patient's privacy and keeping patient health information confidential and safe is a top priority. Follow your institution's protocols with regards to HIPAA compliance.

Some tips in protecting patient information would be to keep conversations confidential, offer resources when applicable ensuring only need to know information is collected. Keep areas where patient information is collected screened off and out of sight. Ensure consent forms and all personal health information is protected during vaccination efforts and locked up at the end of the clinic day.

If you chose to store the consent forms at the State of New Hampshire, mail the consent forms to the New Hampshire Immunization Program within 24 business hours of the clinic day closure. In unusual circumstances, such as a pandemic, NHIP can grant extended submission times. If you chose to store the consent forms locally and mail them at the end of the season. This may be acceptable as long as it is approved by NHIP and the consent forms are stored in accordance with state, federal and HIPAA guidelines. Ensure the chain of custody form, which we will talk about shortly, accompanies the consent forms and is signed and checked for accuracy.



SEASONAL INFLUENZA VACCINE
RECORD AND CONSENT FORM

SECTION 1: PATIENT INFORMATION

Last Name | First Name | M.I. | Date of Birth Month__ Day__ Year____ | Age

Sex assigned at birth: ☐Male ☐Female ☐Choose not to disclose

Race: ☐ White ☐Black or African American ☐ Asian ☐ Hawaiian or Other Pacific Islander ☐ American Indian or Alaska Native ☐ Other

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Mailing Address | City | State | Zip Code

Home Phone | Work Phone | Cell Phone | Emergency Contact Name and Phone

SECTION 2: SCREENING QUESTIONS

Please answer the following questions. If you answer "yes" to any of the questions, please contact your medical provider to discuss other ways to receive the vaccine.	YES	NO
1. Are you sick today?		
2. Do you have a serious allergy to eggs or any component of the influenza vaccine?		
3. Have you ever had a severe life-threatening reaction after a dose of the influenza vaccine or been told to not get the influenza vaccine by a healthcare provider?		
4. Have you ever had Guillain-Barré Syndrome (an autoimmune neurological condition that results in sudden muscle weakness)?		

SECTION 3: CONSENT FOR VACCINATION

I have been provided information about the influenza vaccine and been given the Vaccine Information Statement to review today. I have had any questions satisfactorily answered. I understand the risks and the benefits of receiving the influenza vaccine, and I agree to be given the influenza vaccine today. All information provided on this form will be held confidential and will be maintained in accordance with the confidentiality provisions of state and federal law. I certify that this form has been fully explained to me, that I have read it, or have had it read to me, and that I understand its contents.

By signing below, I am indicating my consent to be vaccinated against influenza.

Yes, I do want to receive the influenza vaccine.

Signature of Patient (parent or guardian, if minor): _____ Date: _____
(print AND sign name if parent or guardian)

SECTION 4: ADMINISTRATIVE (INTERNAL) USE ONLY. Vaccine administrator must complete all sections.

BEFORE vaccinating check that you have completed the following (check to confirm done):

☐ I have reviewed this entire form. If "yes" to any of the screening questions, do NOT give the vaccine.

Publication date on Vaccine Information Statement (VIS): 8/15/19 ☐Patient Not Vaccinated Reason: _____

Provider Name & Address: | **Name and Title of Vaccine Administrator:** | **Signature of Vaccine Administrator:**

Vaccine	Manufacturer	Lot Number	Route	Admin Date
			☐ IM L Deltoid ☐ IM R Deltoid ☐ Other: _____	/ /

After vaccination this form was reviewed by: _____

Revised: 11/2020

Consent Form

- Information about the patient
- Parent/guardian permission
- Possible contraindications
- If the parent/guardian wants the information to be sent to the Primary Care Provider
- Documentation of the vaccine used

Prior to Vaccination:

- This form must be complete.
- At least three people must review and approve.

Do not vaccinate any patient who answered **"Yes"** to any health questions.

The consent form is a single page of information. This form contains the first and last name, date of birth, health information, and a signature for permission to be vaccinated. **If the form is incomplete, do not vaccinate.** In an effort to mitigate human error, the form must be reviewed for accuracy by at least 3 people.

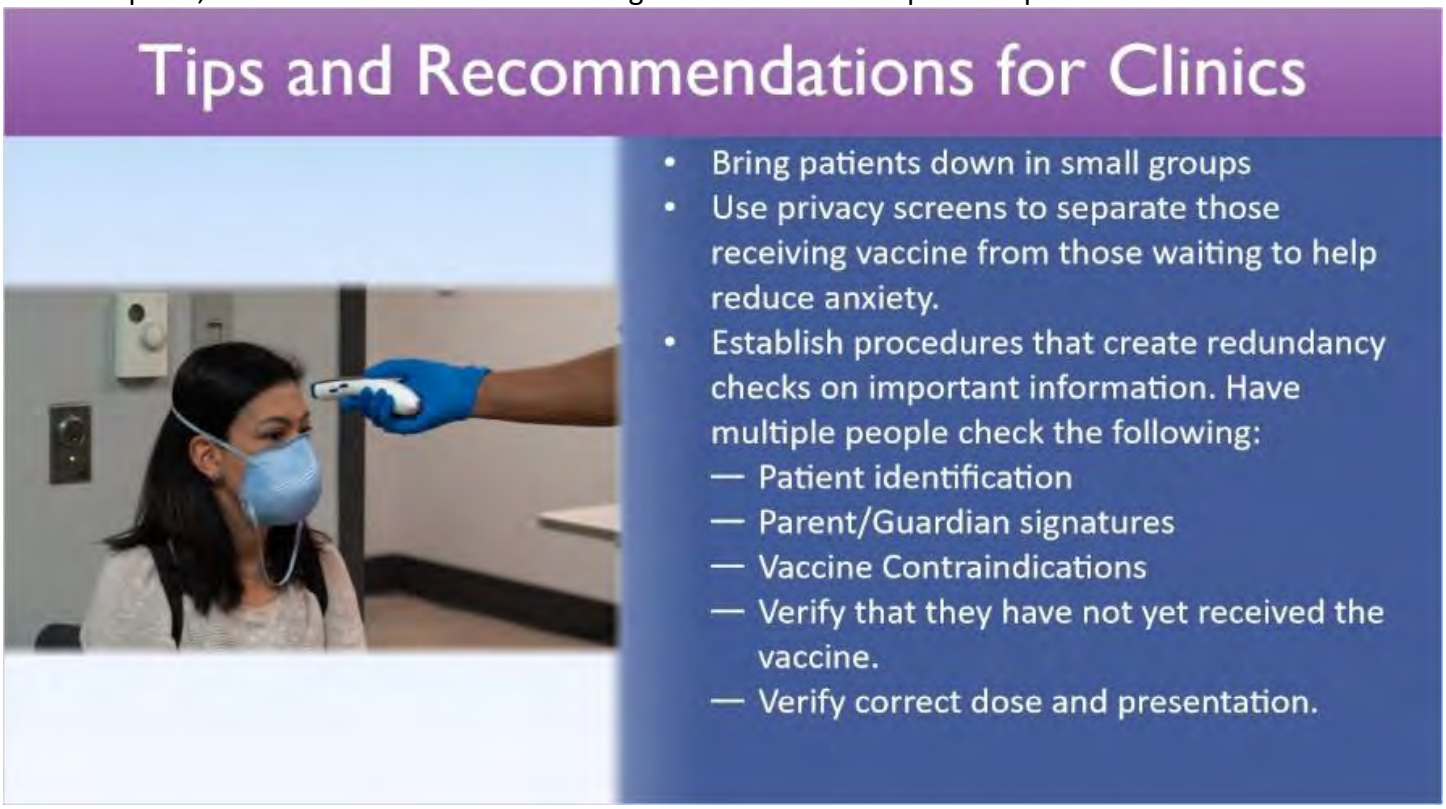
The Registrar first reviews the form ensuring that it is complete at the reception table. The Vaccinator must also review the information on the form insuring that the patient can receive the vaccination. After the Vaccinator completes the documentation on the bottom of the form, another person reviews the form and initials after the sentence "After vaccination this form was reviewed by". If the patient was not vaccinated, this should be documented with the reason why.

After at least three people have reviewed and approved the Consent Form a Vaccine Information Statement (VIS) is attached to the copy of the consent form. Think about ways to have patients complete consent form BEFORE the clinic, when possible, and ensure that the VIS is given BEFORE the vaccination, as required.

All responses to health screening questions must be "NO", and a signature must be present.

Do not vaccinate any patient that has answered “YES” to any of the screening questions.

It is very important to double check the entire consent form. Clinics have encountered situations where a consent form was completed and signed, but upon closer inspection, there were notes at the very bottom stating that they did NOT actually want to be immunized. Without a close look at the form and the multiple checks in place, it could’ve lead to the child being vaccinated without parental permission!



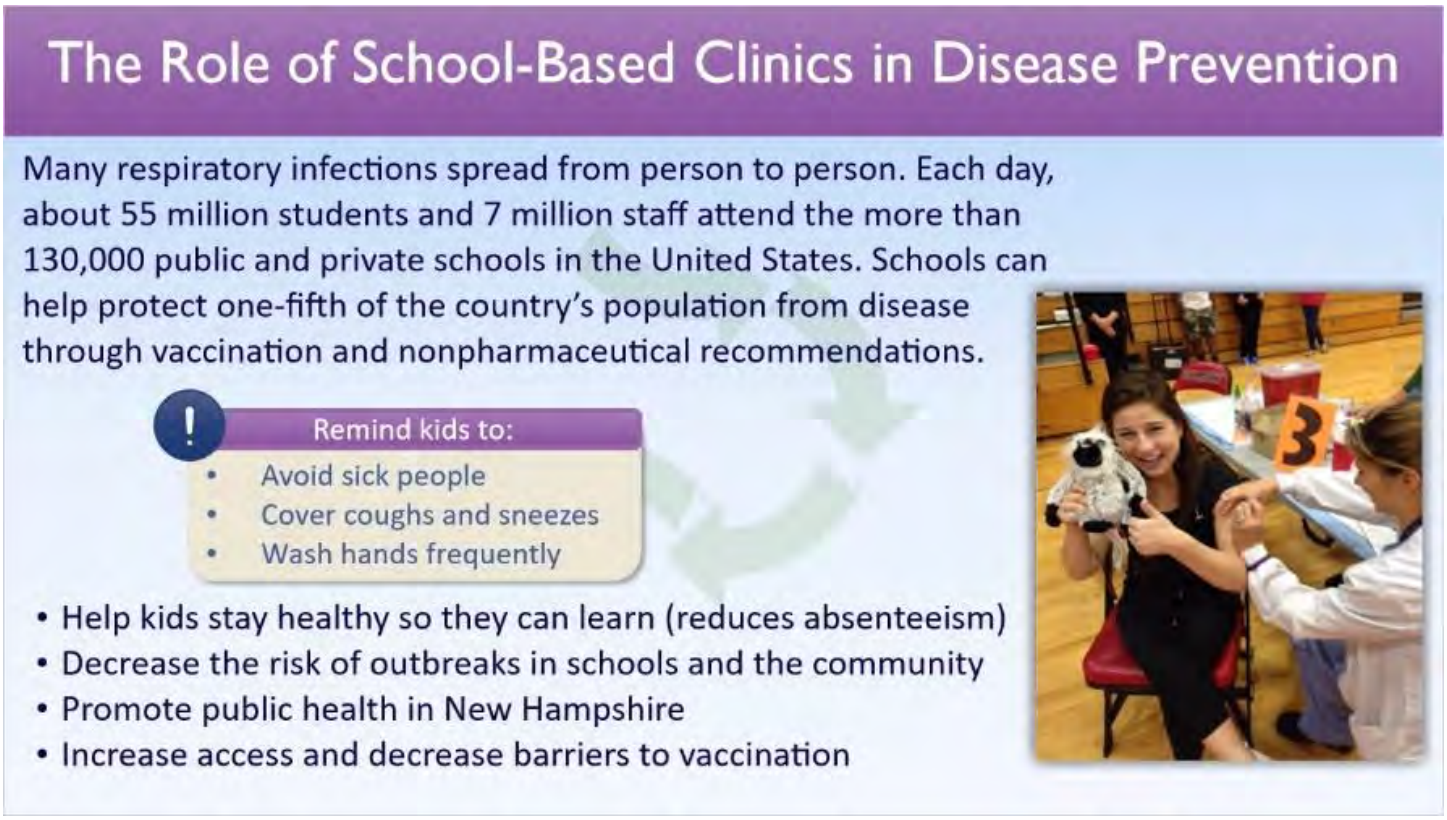
When thinking of your clinic flow, there are tips and strategies that have been garnered over the years that the NHIP would like to share with you:

- Bringing patients in small groups as it provides easier numbers to manage and keep track of.
- Using privacy screens to separate those receiving the vaccine from those waiting can decrease anxiety of those waiting as well as provide patient privacy.
- Set up redundancies (having different people checking consent forms, documentation and patient ID) that decrease the chance for errors, including vaccination of the wrong patient or vaccinating the same patient more than once.

Note: Some clinics have used name tags in the past, but if you wish to implement this strategy be aware that young children and occasionally teenagers will switch name tags.

Enhanced cleaning and sanitizing will be needed at the mobile clinics.

Processes and procedures should be established for the clinic to ensure that frequently touched surfaces, objects, workstations and shared items are cleaned with an EPA-registered, hospital-grade disinfectant following the cleaning product guidelines and appropriate safety precautions. Workstations should be sanitized between patients. This can help prevent disease transmission if a person touches a contaminated surface and then touches their eyes, nose or mouth. You should also consider limiting shared items, for example pens and clipboards, etc. and consider using items that can be easily disinfected between patients and/or purchasing one-time use items.



Many respiratory infections spread from person to person. Each day, about 55 million students and 7 million staff attend the more than 130,000 public and private schools in the United States. Schools can help protect one-fifth of the country's population from disease through vaccination and nonpharmaceutical recommendations.

Since germs are spread easily at school. Having a school-based clinic makes sense. School-based clinics can help reduce absenteeism and keep kids in school. This helps facilitate a better learning environment and decreases disruption in the school day, which is better for students, teachers and administrators.

Remind Kids to:

- Avoid people who are sick to help minimize the spread of germs.
- Cover their coughs and sneezes.
- Remind kids to wash their hands frequently.

Providing vaccination opportunities in schools can also help to reduce disease in both the school and the community. School-based clinics increase access and reduce barriers to vaccination for school-aged children, especially to those families that have limited resources and/or access to vaccination. Providing a vaccine in a school-based clinic promotes public health and wellness through prevention and provides opportunities for education and awareness for students. School-based clinics may also be less intimidating to kids as the camaraderie of getting the vaccine with their peers can be helpful.

Communicating Vaccine Effectiveness in Prevention

When communicating with schools, parents, and the community it is important to talk about the efficacy. We all can tell stories of bad outcomes of children not vaccinated, but the data backs up the importance of vaccination.

Vaccine Effectiveness Data

- 2019-2020 Flu Vaccine Effectiveness for Children was 55% in the US.
- Vaccine efficacy in 12-15 year old participants after 2 doses of the Pfizer vaccine was 100% (Zero cases of COVID-19)

Communicating the efficacy of kids getting vaccinated with the approach of sharing personal stories of vaccine preventable diseases with data. Connecting with individuals in the schools, parents, and community on a personal level how effective vaccines can prevent easily preventable diseases.

Letters for School Based Clinics

When announcing that a School Vaccination clinic will be offered at their child's school. Among the materials provided to parents/guardians should be a letter announcing the clinic. Typically, this letter is sent out as a cover letter to accompany other materials, including the consent form, information about the vaccine, and when the School Vaccination clinics are scheduled to occur. Such a letter could be sent well in advance of the planned clinic date, perhaps even before vaccine is available in the area.

Click Here to View Parental Consent Form

Letters should include:

1. An explanation about why the vaccination is recommended for children.
2. An announcement that the vaccine will be offered at the school, along with the clinic date(s) for both doses (if a second-dose clinic is planned and dates are possible to determine).
3. Request for parental/guardian consent.
4. Contact information in case parents/guardians have questions or concerns.

Planning Vaccine Clinics

Considerations and Guidelines for Establishing a Vaccine Clinic:

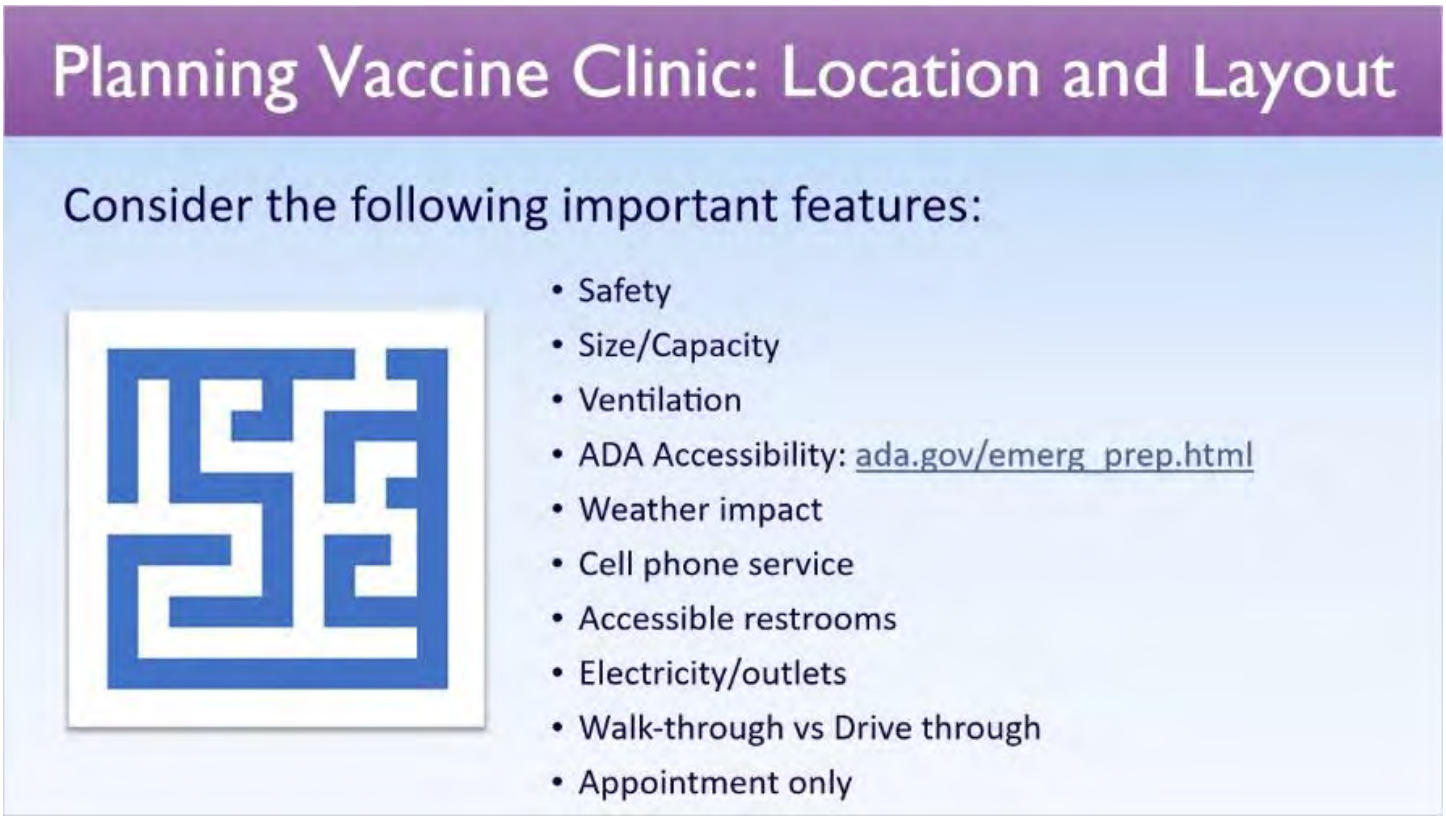
- Vaccine Clinic Location and Layout
- Staffing
- Supplies and Materials
- Coordination with Partners
- Compliance with Standing Orders and EUA
- Documentation

You will need to incorporate these practices into all aspects of your mobile vaccine clinic from the planning stages through to the end of the vaccination event. The next slides will highlight measures to consider as you strategies with your teams for these upcoming mobile vaccine clinics.

Start by determining what kind of clinic it will be. Decide and provide clear parameters on who can be vaccinated at the clinic. Is the clinic only available to those who have an appointment and have been pre-screened? Is it invitation-only or for a certain subgroup of the population, for example children or adults only or healthcare workers, high-risk populations, or other subset of the population?

Are appointments needed and, if so, how does someone go about scheduling an appointment?

Will there be enough vaccine for all who want it or is it available on a first-come, first serve basis? If the vaccine is on a first-come, first serve basis and/or you are unsure if there will be adequate supply to meet demand, communicate that ahead of time and be prepared to communicate other options for accessing the vaccine. This can include directing patients to other clinics, facilities, providers and/or if you are planning to offer another clinic at a later date to capture those who were unable to be vaccinated on the day of the clinic.



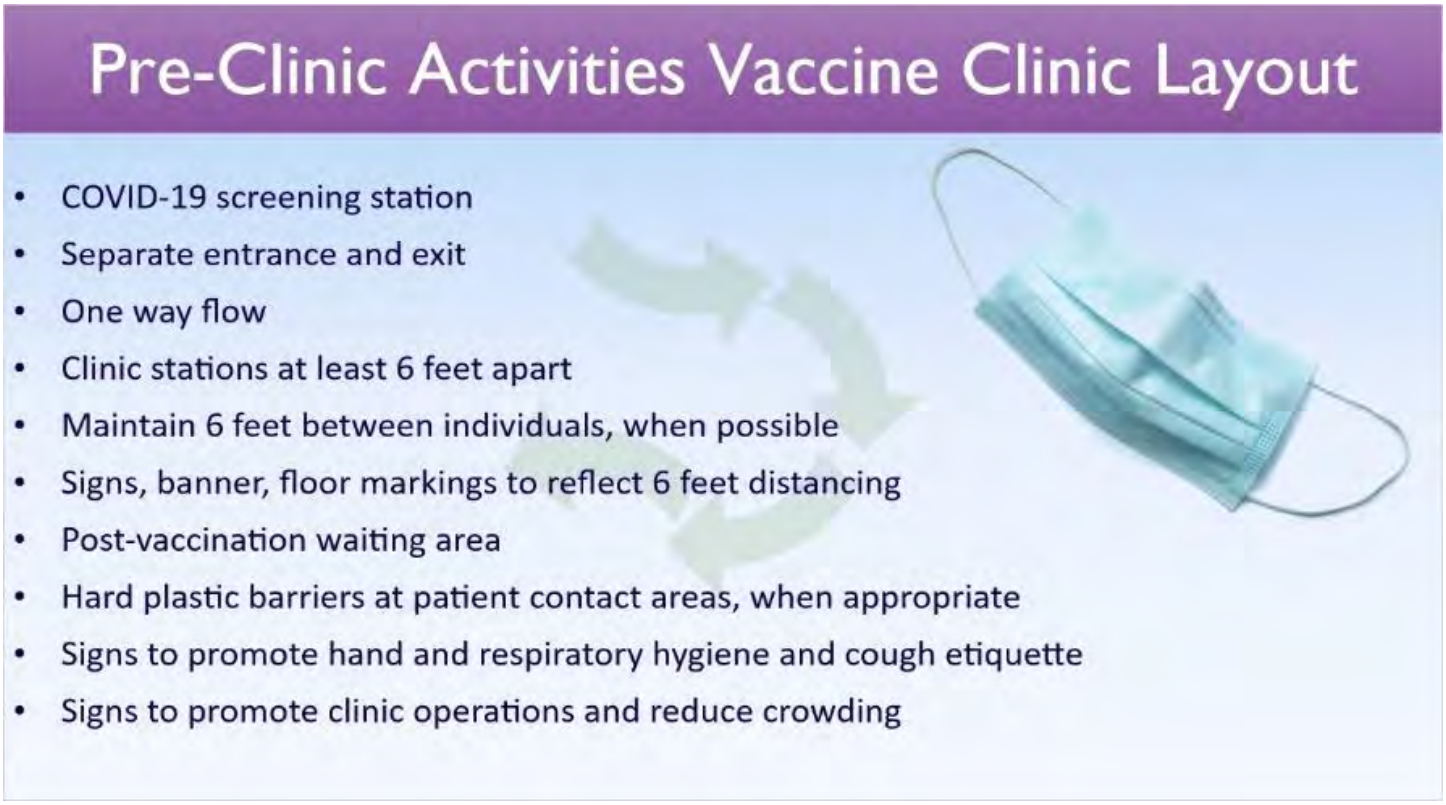
Your vaccine clinic location and layout is especially important to think about because of COVID-19. Locations that were successful and appropriate in prior years may need to be reconfigured or abandoned for another location due to the enhanced safety precautions needed because of COVID-19, including the need for adequate social distancing and optimal ventilation. Limits on the number of visitors to schools further challenged the traditional vaccine clinic model.

Consider what locations might work best for your region. Will the clinic be offered as an indoor or outdoor walk-through or will it be curbside or drive-through? Consider the clinic location's size and capacity given federal, state and local guidance on COVID-19.

Discuss how many vaccination stations are needed to keep things moving. Reach out to local businesses, schools, shelters, social service agencies and other community organizations to assess clinic location options and identify pockets of need. Assess potential vaccination clinic locations for size and safety.

- Does it provide sufficient access to electricity for portable vaccine storage units and other equipment that need to be plugged in? Is there adequate light, water, heat, shelter and/or any other identified clinic necessities?
- Is there access to restrooms?
- Is the area large enough to accommodate the clinic operations and expected patient population given the additional precautions needed for COVID-19?
- Does it comply with the Americans with Disabilities Act (ADA) standards and is it accessible to those with disabilities or mobility issues? Refer to ada.gov/emerg_prep.html for guidance.
- Is the location's environment safe and free from hazards?
- What additional resources might be needed to support a clinic at this potential site? For example, will you need tents and tables, extension cords, and/or any other items to support clinic operations?
- What opportunities are available to optimize ventilation at these sites?

If the clinic is outdoors, it is important to include planning for the weather. Standard processes and procedures to check the weather ahead of a clinic and to communicate with those planning to attend the clinic if cancellation is indicated, would need to be established. The clinic layout should have sufficient capacity to accommodate vaccine inventory management and all aspects of the vaccine clinic model.



Clinic location(s) should be setup to ensure proper social distancing and avoid crowding. The layout should limit entrance to the clinic to one area and provide a separate exit area. A screening station should be at the entrance to the clinic and all patients must be screened prior to entry.

COVID-19 screening area should be set up to allow for escorting patients who screen positive away from the clinic immediately and, if indoors, to be able to isolate them until they can be escorted out.

Procedures should be developed to move patients through the clinic efficiently and minimize congestion. Direction through the clinic should be unidirectional and patients and staff should maintain 6 feet of social distance at all times, when possible. Signs, tape, cones and floor markings can help support this. Each clinic station should be separated from each other by at least 6 feet and all stations should have adequate supplies and staffing. **Consider developing a checklist for each clinic station to maximize efficiency.**

A clean area should be designated for vaccine preparation and vaccinating supplies should be at the ready for proper vaccine administration and disposal of equipment. If vaccinating adults and children, consider different stations for each, if possible. Consider privacy screens and how to best accommodate patients with special needs or mobility limitations.
Provide a socially-distanced area for the 15 minute post-vaccination waiting period and an area for patients who experience medical events.

Consider hard plastic barriers that can be cleaned and disinfected at all patient contact areas. Post signs to promote hand and respiratory hygiene and cough etiquette. Provide access to hand sanitizer, tissues and no-touch dispensers throughout the clinic.

Consider simulating vaccination event before the clinic to test if the layout and processes will work as planned. Identify potential risks, gaps and problems that may arise. Be willing to alter plans and processes as needed based upon results of simulation and input from mobile vaccine clinic planning team. Clearly define clinic operations and flow, delineate clinic station procedures and ensure all staff have a clear understanding of the procedures and their responsibilities prior to the clinic.

Planning Vaccine Clinic: Ventilation

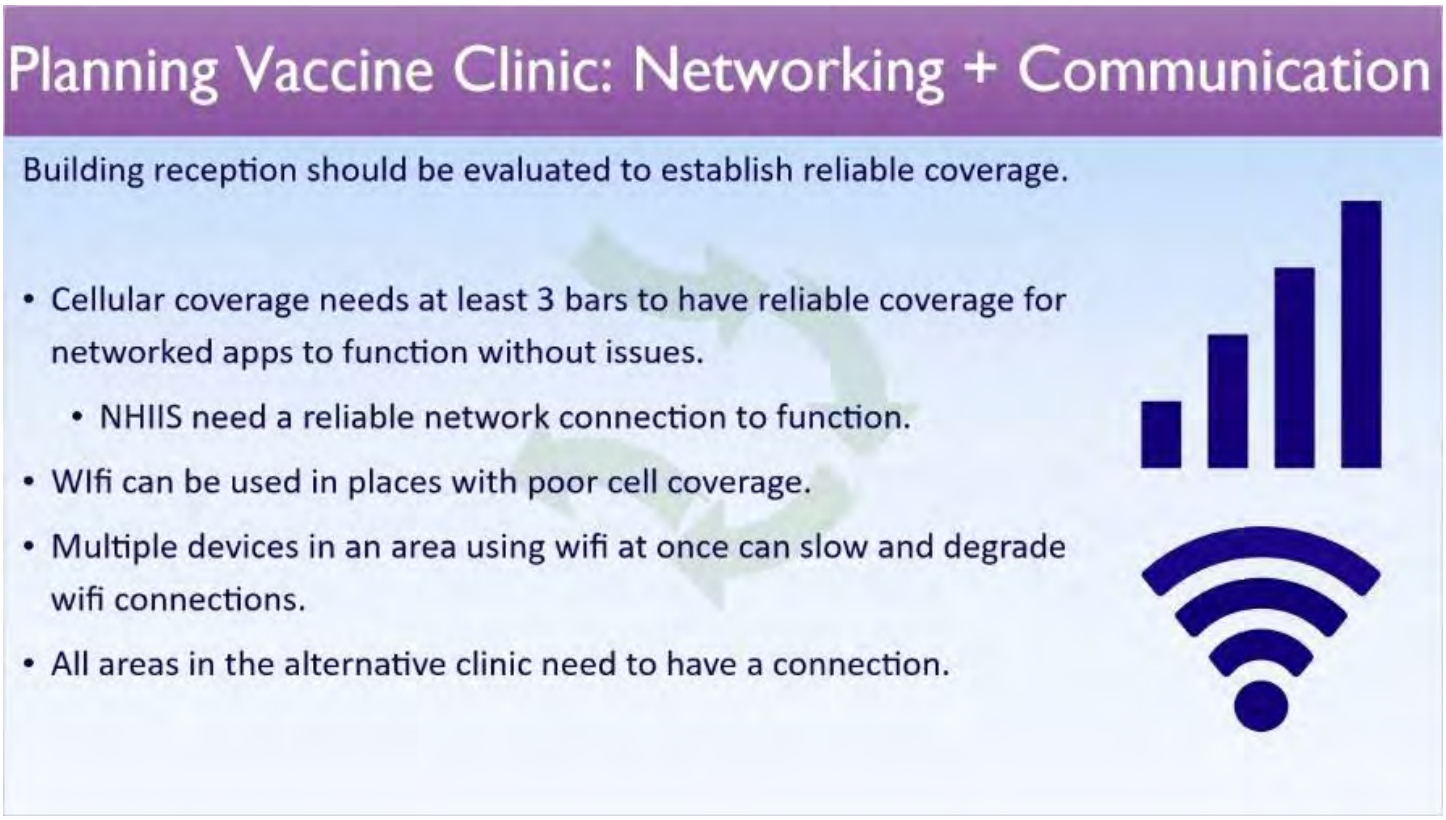
Building ventilation systems should be evaluated to increase room and overall building ventilation to the extent possible. This includes:

- Increasing the number of air exchanges.
- Increasing outdoor air ventilation.
- Limit internal air recirculation.
- Improve central air filtration.
- Adequate heating and cooling.

Ventilation systems' filters must be routinely replaced along with other necessary maintenance should be performed as needed.

We don't expect you to be master HVAC technicians, but it is important to consider air circulation to mitigate infection risk of respiratory illnesses. Remember these key points:

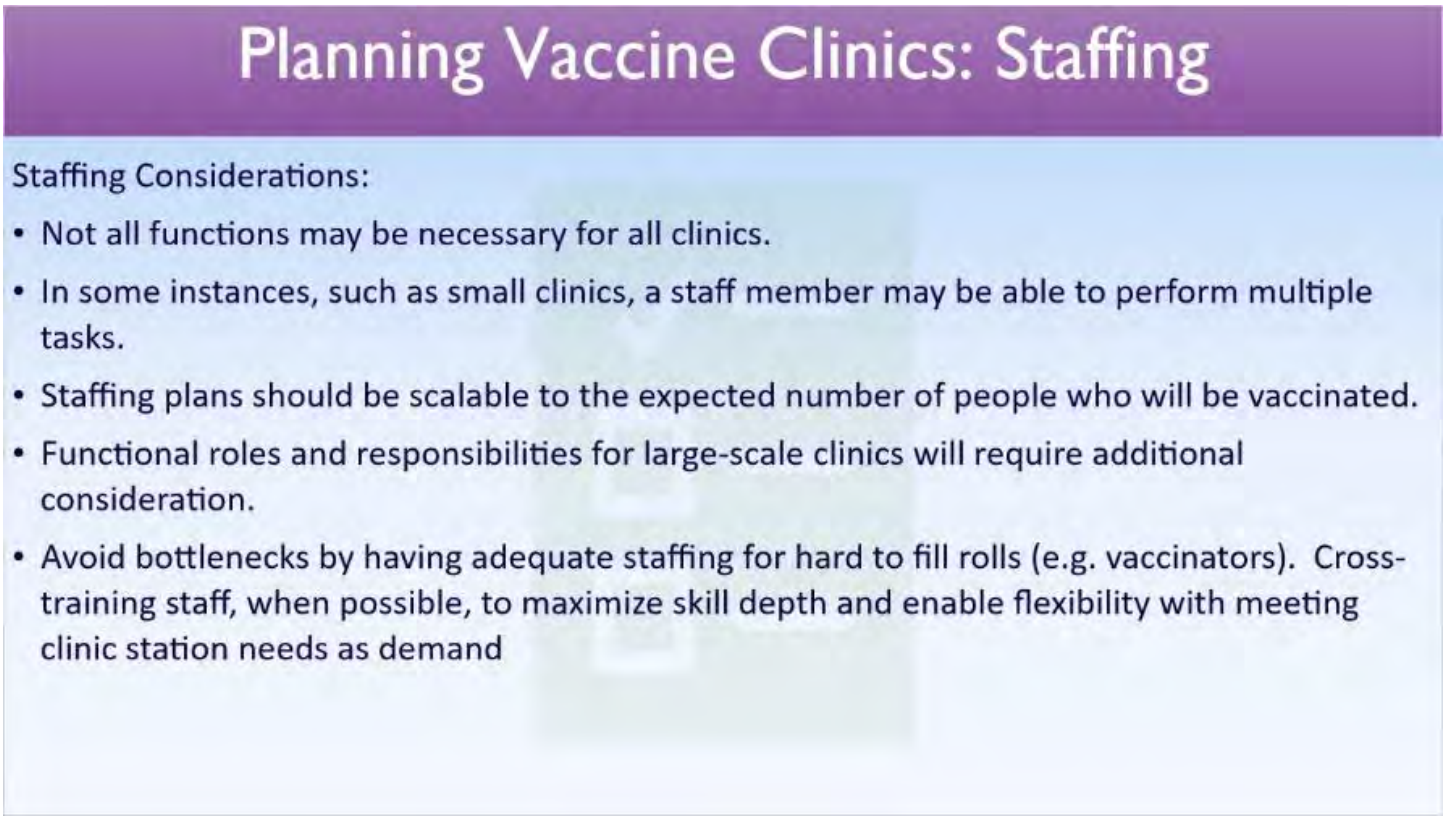
- Increasing the number of air exchanges.
- Increasing outdoor air ventilation.
- Limit internal air recirculation.
- Improve central air filtration.
- Adequate heating and cooling.



Having essential internet connection for alternative vaccine sites. It must be reliable. Use a cell phone to test coverage in the building and test the Wi-Fi.

Cellular coverage needs at least 3 bars to have reliable coverage for networked apps to function without issues.

Every station that uses electricity should have an outlet nearby. Tape all power cords down to avoid tripping.



It is important to determine what clinic roles will be needed and the responsibilities for each of those clinic members. The Job Action Sheets that NHIP has developed to date will assist with this effort.

Additional roles may be indicated based on your region's clinic model, location and layout.

Clearly define clinic operations and flow, delineate clinic station procedures and ensure all staff have a clear understanding of the procedures and their responsibilities prior to the clinic. Consider developing a checklist for each clinic station to maximize efficiency.

Ensuring adequate and trained staff who have clearly defined roles and responsibilities will help your clinic run more smoothly, minimize disease transmission and promote safety overall. Also, consider cross-training staff, when possible, to maximize skill depth and enable flexibility with meeting clinic station needs as demand and staffing levels fluctuate throughout the season.

Remove unnecessary tasks from key positions like vaccinators.

Additional staff will be needed at the clinics to: help manage patient flow, maintain social distancing throughout the clinic, support the additional screening processes needed during COVID-19, assist with enhanced cleaning and disinfection and assist Vaccinators and other clinic staff members as needed to help keep the clinic operating efficiently. Supplemental staff can replenish supplies and promote universal masking and respiratory and hand hygiene. They can provide technical assistance and answer patient questions as needed. Resources for communicating with non-English-speaking patients should also be considered.

Planning Vaccine Clinics: Additional Staffing

The Clinic may need additional people to help with managing patient behavior:

- Additional patient screening
- Promote universal masking
- Promote hand and respiratory hygiene
- Maintain social distancing
- Manage patient flow

Additional staffing for communicating:

- Communicate with non-English-speaking patients
- Recording vaccine administration and scheduling

Additional staffing for technical support:

- Assist with enhanced cleaning
- Replenish supplies
- Assist Vaccinator and other clinic staff
- Provide technical assistance

Planning Vaccine Clinic: Environmental Factors

- Ensure there is adequate lighting.
- Clinic managers and safety officers should ensure walkways and drive-up areas are safe and free of ice and snow to prevent slips and falls.
- In the case of unsafe or inclement weather (e.g., snow storm or heat wave), clinics should have plans for mitigating controllable factors (e.g., heaters, fans, etc.).
- Outdoor vaccination areas like drive-thru clinics should have space where staff can safely shelter from weather (socially-distanced space) and also provide an appropriate place for breaks and snack/lunch if needed due to weather.

If the clinic is outdoors, it is important to include planning for the weather. Standard processes and procedures to check the weather ahead of a clinic and to communicate with those planning to attend the clinic if cancellation is indicated, would need to be established.

Planning Vaccine Clinic: Responding to schedule changes

- Have a plan in place for cancelling and re-scheduling vaccinations if needed.
- Have a process for notification of Vaccinators and staff of schedule changes.
- Make sure there is reliable Wi-Fi. Cellular modems can be used for limited Internet access.
- Make sure there is reliable cell coverage. Wi-Fi can be used to for VOIP calling in remote areas.

Preparation for events should things change. Consider having contact information for staff and relay information in a timely manner. An example would be should a snow event that would make driving hazardous then have a plan to let staff and attendees know before travel conditions become hazardous. Many places in remote areas will require you to have good phone and internet connection, and that includes having a plan should strong wind down phone lines.

Pre-Clinic Activities: Training

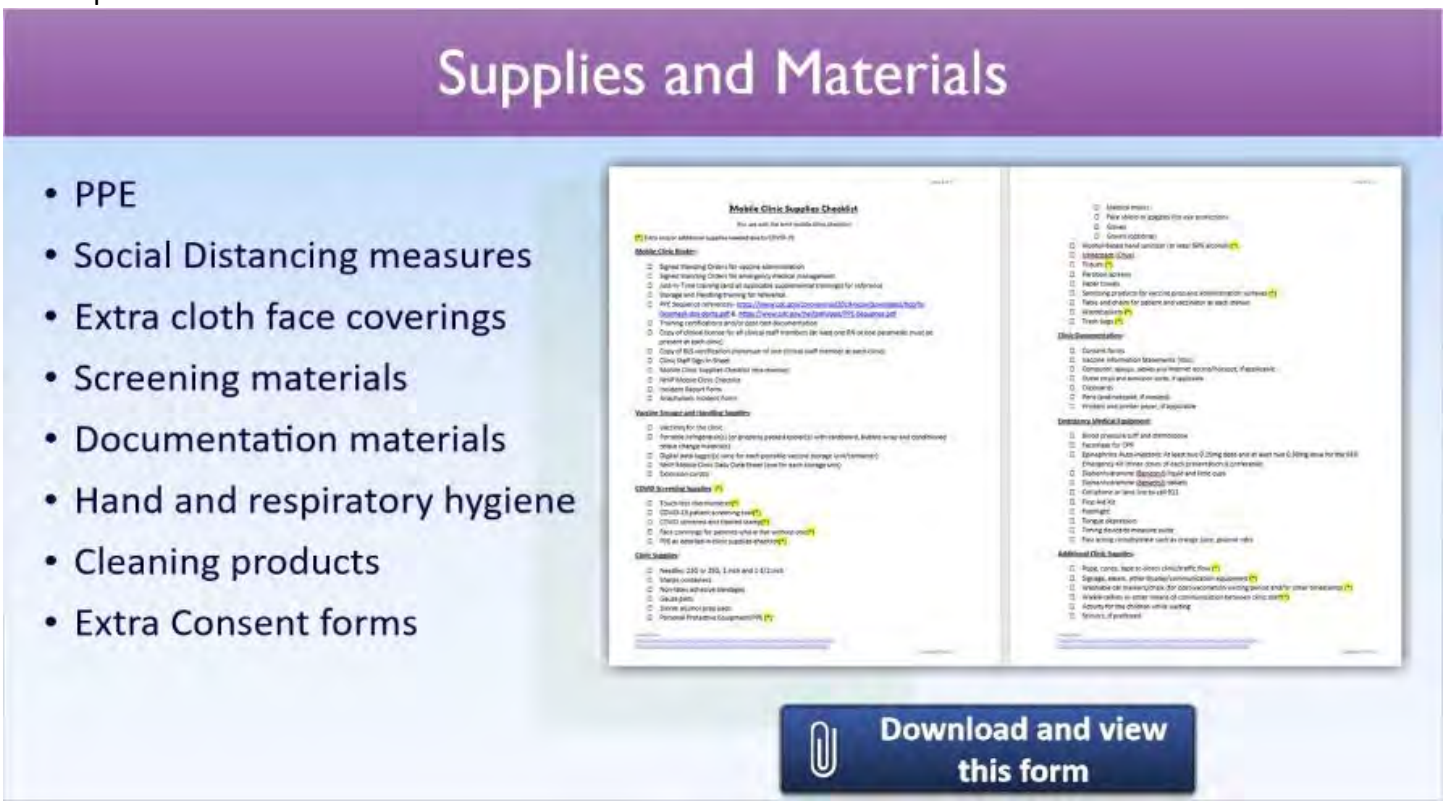
Review the following:

- Vaccine Specific Storage and Handling Requirements
- Vaccine Specific Administration
- COVID-19 Vaccine Training Modules
- At least one Clinical staff member must hold current CPR/BLS certification
- Clinical staff must complete brand-specific epinephrine auto-injector training's available on manufactures website (for clinical staff in charge of emergency response).

Keep in mind that there are more trainings required for clinic staff during COVID-19. Please account for the extra time needed for clinic staff to get up-to-speed prior to the vaccination event. Completion of all trainings ahead of the clinic is recommended.

Staff training is essential for all mobile vaccine clinics. Additional trainings, including this training on the specific guidelines during COVID-19, will help staff to understand the unique strategies and considerations that should be implemented during the pandemic. Vaccinators and any other clinical staff that will be responding to emergencies must also be CPR and BLS certified and review the epinephrine auto-injector specific training

for the brand of epinephrine in their emergency kit. Vaccine storage and handling training will continue to be a crucial aspect of training. All staff should also be trained to address common questions about the vaccine and clinic operations.



- COVID-19 screening materials will also be needed including a no-touch thermometer, COVID-19 screening checklist and a COVID-19 screened and cleared stamp. A COVID-19 screened and cleared stamp will be provided by NHIP and a COVID-19 screening template has also been provided and is available on e-studio.
- Ensure documentation materials such as pens and clipboards for completing consent forms is available. Consider making labels for the vaccines in your inventory to simplify and promote accuracy of vaccine documentation.
- Extra hand sanitizer, tissues and no-touch trash receptacles should be available throughout the clinic. Patients should be advised to wash their hands upon entry to the clinic. Hand and respiratory hygiene supplies should be readily available.
- Staff should promote infection control best practices and signs detailing this should be displayed.
- You will need an adequate and appropriate amount of cleaning supplies to sanitize each station between patients.
- Extra consent forms for students and adults may be needed as well depending on the clinic model.

Clinic Promotion and clear communication ahead of time is important to ensure the community is aware of the vaccination event and has reasonable expectations about it. Promotion and communications should be coordinated with your clinic partner such as a school or local business, as applicable. Communications should be provided via multimedia and multilingual channels to broaden access. Consider email or SMS using existing or newly created mailing lists. Social media, radio, TV, PSA's and other methods may also be considered. Electronic communications can be used to share clinic information and documents in advance of the clinic. All communications should be developed in accordance with the Americans with Disabilities Act.

Promote the date, time and location of the clinic and specify if the clinic will be "weather-permitting", if applicable. Specify if there are dedicated times for high-risk patients only.

Determine and provide clear parameters on who can be vaccinated at the clinic. Is the clinic only available to those who have an appointment and have been pre-screened? Is it invitation-only or for a certain subgroup of the population, for example children or adults only or healthcare workers, high-risk populations, or other subset of the population?

Will there be enough vaccine for all who want it or is it available on a first-come, first serve basis? If the vaccine is on a first-come, first serve basis and/or you are unsure if there will be adequate supply to meet demand, communicate that ahead of time and be prepared to communicate other options for accessing the vaccine. This can include directing patients to other clinics, facilities, providers and/or if you are planning to offer another clinic at a later date to capture those who were unable to be vaccinated on the day of the clinic.

Consider developing a patient instruction document with specific instructions patients should be aware of prior to the clinic.

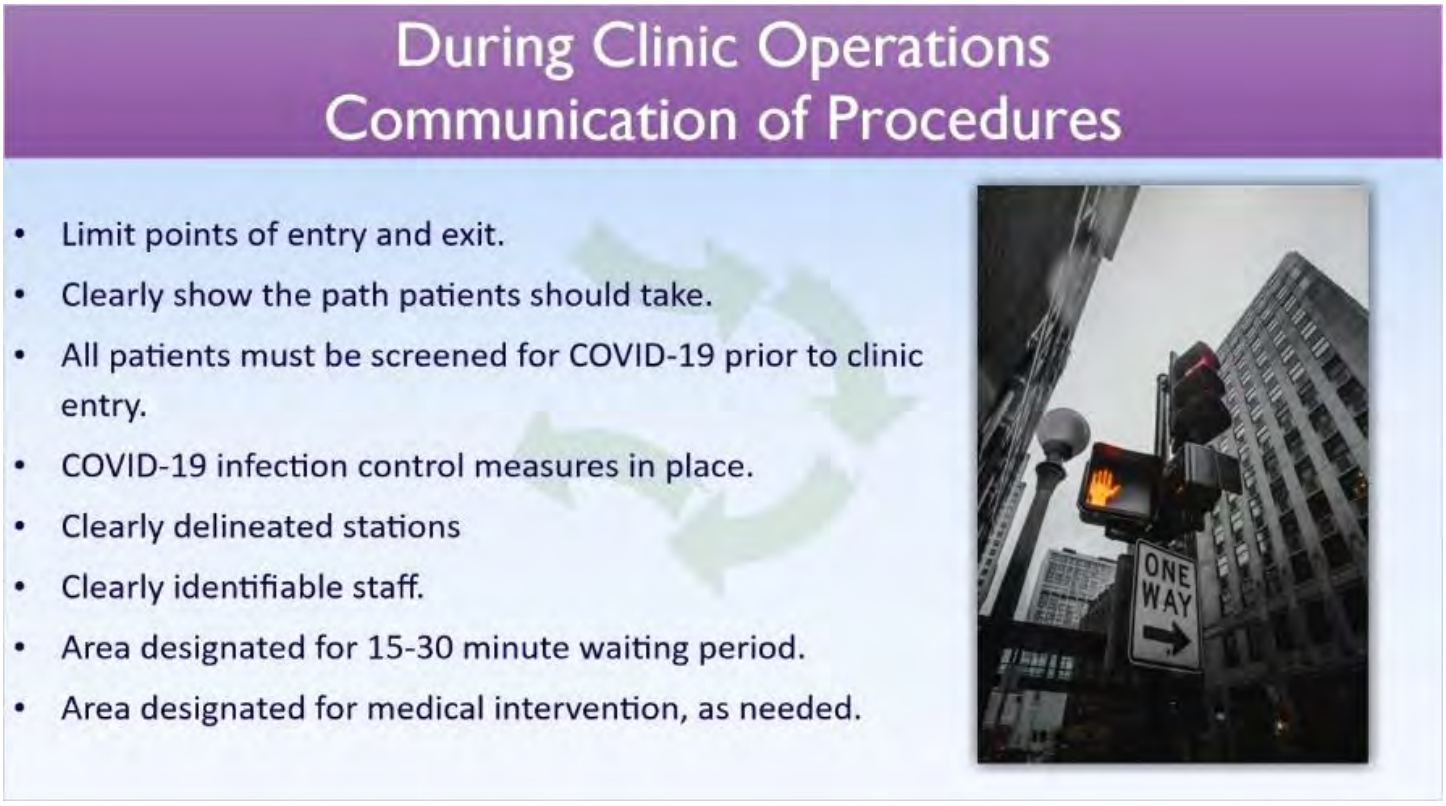
- COVID-19, for instance, it will be important to clearly instruct patients on the **mandatory cloth face covering requirement** for all patients 2 years of age and older that can tolerate it
- Patient should also be made aware of the **COVID-19 prescreening requirement** and **social distancing**

requirements throughout the clinic.

- Patients should be provided the prescreening questions in advance and, if your region has the capacity to contact and screen patients prior to the clinic day, this should be done and patients should be made aware of this.
- Instructions should also clearly outline the **15 minute waiting period requirement.**
- If the clinic is a drive-through, inform the patient that they will need to **place their car in park at each station** and that all patients planning to be vaccinated should **remain buckled in their seatbelt throughout the clinic (unless specifically requested otherwise by the clinic staff) and should wear clothing that will provide easy access to their upper arm such as short sleeves (or thigh if vaccinating children less than 2 years old, shorts would be preferable in this circumstance).**

Fact Sheets about the vaccine, including its importance, and the Vaccine Information Statements (or VISs) should be available to all patients prior to the clinic.

It will be especially important to reassure patients about the safety precautions being taken at the clinic to minimize the risks of disease transmission. This would include the COVID-19 screening, universal masking, social distancing, enhanced cleaning and disinfection, hand and respiratory hygiene stations and any other precautions that your region is taking. Plan for communications at the clinic as well to reinforce the patient instructions and clinic procedures. Ensure that stations are clearly marked and social distancing is maintained. Scale your promotion based on the amount of vaccine that you expect will be available.



During the clinic, limit points of entry to and exit from the clinic. Ensure that patients receive a copy of the VIS **BEFORE** vaccine administration. Ensure all patients are screened for COVID-19 **BEFORE** entering the clinic area to determine if eligible to proceed to vaccination.

- Ensure patients 2 years of age and older are wearing a cloth face covering, if tolerated. Provide one to the patient, if needed.

- Ensure signage, barriers, cones, tape, other markings to promote appropriate social distancing of 6 feet or more and proper hand and respiratory hygiene and cough etiquette
  - Make sure that staff can be clearly identified with identification cards, vests, shirts, etc.
  - Communicate with your patients throughout the clinic about processes, wait times, vaccine availability, etc. Answer questions as needed.
  - Clearly delineate stations. Post signs that make it easy for patients to follow directions and keep patients and staff safe. Ensure all clinic staff are trained and familiar with your clinic's procedures and clinic flow.
  - Ensure patients with special needs or mobility limitations are accommodated.
  - Develop a checklist for each station to help minimize errors and move things along smoothly and efficiently. This should help to reduce congestion and avoid crowding.

Enforce your SOPs for the 15 minute waiting period, including a process for patients who chose to leave before 15 minutes Against Medical Advice (AMA), ie. signing a form to document their decision and understanding of the risks.
Ensure there is an area available for medical intervention, as needed, and the appropriate supplies and resources are available.

Meet with your local Fire, EMS and police to see if they are willing and able to provide assistance at the clinics. Consider staging a dry run of the clinic to identify inefficiencies or gaps in the planning process ahead of time. Consider if you will need additional safety and security measures based on your clinic location and model. Discuss whether or not a police office would be indicated for traffic management and/or security. A security guard could also be considered. Having your local Fire or EMS on site at the clinic to assist with emergencies may also be beneficial. Coordinate with your local agencies to see what options may be available to you.
If a drive-through or drive-up clinic model is planned, consider safety vests or brightly colored apparel for clinic staff. Ensure that there is a process for all clinic staff to be clearly identified.

Personal Protective Equipment is Professional Attire

During vaccinations, or when interacting with members of the public, vaccination clinic staff should wear appropriate PPE, including the following:

- Surgical face mask
- Eye protection: face shield (preferred) or goggles
- Gloves are provided for healthcare workers delivering vaccine

Staff going into a long-term care facility (LTCF) experiencing an outbreak or with concern for facility transmission **must** follow the PPE guidance and infection control procedures.

All staff are required to wear personal protective equipment. Things like surgical face masks or N95 disposable masks should be provided for staff.

Chain of Custody Form

Click see the entire form

STATE OF NEW HAMPSHIRE
Immunization Program
CHAIN OF CUSTODY FOR CONSENT FORMS
2020/21 SCHOOL INFLUENZA IMMUNIZATION CLINICS

Mailing address:
Division of Public Health Services
Immunization Program
Attention: Anne Lucey
29 Hazen Drive
Concord, NH 03301

PLEASE COMPLETE ONE FORM FOR EACH SCHOOL

School: _____ City/Town: _____

Clinic Date: _____

A Chain of Custody form is needed for every mobile clinic that you hold. The school or other location and date of the clinic, public health region, and the number of patients vaccinated, and number of consent forms obtained should be filled out. The number of patients vaccinated should match the number of consent forms you have. If you chose to retain the consent form of a patient not vaccinated and submit it, the total number of consent forms should include those forms as well. You should also report the number of patients with Medicaid that were vaccinated. Please ensure this form is legible and accurate. Please cross-reference and double-check the information before you send it to the State. Sound accounting practices save time and minimize errors, and we appreciate your diligence in this regard. Sign the form when you mail your records to the New Hampshire Immunization Program.

Emergency Use Authorization	Standing Orders
FDA may authorize unapproved medical products or unapproved uses of approved medical products to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases. This authorization may be issued in the event of chemical, biological, radiological, and nuclear threats when some criteria are met, including there are no adequate, approved, and available alternatives.	Where authorized under state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess and vaccinate people who meet certain criteria. They may do so under the standing order without the need for clinician examination or direct order from the attending provider at the time of the interaction.

Standing Orders will be provided to you by your Clinical Director (MD, DO, FNP) and signed copies should be brought to each clinic. Always review the Standing Orders before the start of each clinic and follow them exactly. This is your permission to vaccinate the patient and treat them in a medical emergency.

Standing orders include the name of the vaccine, who may receive the vaccine, what dose, and how to administer. Mobile vaccine clinics, like the School Based Flu Clinics, utilize standing orders for routine vaccination administration as well as how to treat a patient in an emergency. The standing orders for an emergency situation may also be called **emergency protocols**. It is very important for the clinic staff to be familiar with both the routine and emergency protocols prior to the clinic's start.

Example Standing Order

Standing Orders: Routine

Purpose	Includes	Types	Review
Standing Orders give the Vaccinator the authority to administer the vaccine	• Name of medication • Who may receive it • What is the dose • How to	• Standing Orders for Routine Medication • Standing Orders for Emergency Management	It is the Vaccinator's job to be familiar with both the routine and emergency standing orders

Presentation	Age	Dose/Amount	Route
Fluzone® Quadrivalent Inactivated Influenza Vaccine Sanofi Pasteur, Inc.	Age 4 through 19 years with no medical contraindications	0.5 mL prefilled syringe	Intramuscular (IM) administered in the deltoid muscle (upper arm)

Standing Orders: Emergency Management

Medical Management of Vaccine Reactions in Adults in a Community Setting

The table below describes steps to take if an adverse reaction occurs following vaccination.

Administering any medication, including vaccines, has the potential to cause an adverse reaction. To minimize the likelihood of an adverse event, screen patients for vaccine contraindications and precautions prior to vaccination (see "Screening Checklist for Contraindications to Vaccines for Adults" at www.immunize.org/catg.d/p4065.pdf). When adverse reactions do occur, they can vary from minor (e.g., soreness, itching) to the rare and serious (e.g., anaphylaxis). Be prepared.

Vaccine providers should know how to recognize allergic reactions, including anaphylaxis. Have a plan in place and supplies available to provide appropriate medical care should such an event occur.

REACTION	SIGNS AND SYMPTOMS	MANAGEMENT
Localized	Soreness; redness, itching, or swelling at the injection site	Apply a cold compress to the injection site. Consider giving an analgesic (pain reliever) or antipruritic (anti-itch) medication.
	Slight bleeding	Apply pressure and an adhesive compress over the injection site.
	Continuous bleeding	Place thick layer of gauze pads over site and maintain direct and firm pressure; raise the bleeding injection site (e.g., arm) above the level of the patient's heart.
Psychological fright, presyncope, and syncope (fainting)	Fright before injection is given	Have patient sit or lie down for the vaccination.
	Patient feels "faint" (e.g., light-headed, dizzy, weak, nauseated, or has visual disturbance)	Have patient lie flat. Loosen any tight clothing and maintain open airway. Apply cool, damp cloth to patient's face and neck. Keep them under close observation until full recovery.
	Fall, without loss of consciousness	Examine the patient to determine if injury is

- Create and review your Emergency Management Standing Orders prior to the clinic start
  - There are example templates like the document on the left. https://www.immunize.org/standing-orders/
- Know where the Emergency Management Standing Orders will be located during the clinic
- Know where emergency supplies are located
- Have a plan
- Know your role

Your Clinical Director will provide the staff with an outline of steps to take in the event of an adverse vaccine reaction.

These will be the clinics standing orders for emergency medical management, also called emergency protocols. Review your Emergency Management Standing Orders prior to your clinic's start.

Adverse vaccine reactions are rare, but that does not mean they don't happen. Be prepared! Things happen quickly in an emergency. Become thoroughly familiar with your emergency protocols outlined in this document before each clinic. Discuss how your clinic group will handle an emergency prior to the start of the clinic. Assign roles such as who will be clearing the area and "crowd control", who will be the primary medical provider, who will be getting vital signs, who will activate 9-1-1, etc.

Vaccine Preparation

- **Understand the clinic flow and where to receive and send patients**
- **Wash your hands before preparing and administering each vaccine**
  - If you chose to wear gloves, remove them between every patient, wash your hands, and apply new gloves before preparing and administering the next vaccine
- **Don't practice vaccine administration if you don't feel comfortable or if you haven't given an immunization or vaccine injection in a while.**

When preparing to vaccinate, remember to always wash your hands before and in-between each vaccination. There will be hand sanitizer in your area. CDC has no requirement to wear gloves for vaccine administration. You may choose to wear gloves or not to wear gloves; it is your choice. Of course, either way, you must wash your hands in a sink or with an alcohol based product in between each administration. Become familiar with the injection technique, especially if you haven't given injections in a while. Understanding best practices and delivering vaccinations in a smooth, quick, and efficient manner allows for a smoother clinic flow and can provide nervous patients with some much needed confidence.

Each patient will have their identity verified by multiple people checking their name, form, etc. to ensure the correct patient receives the vaccine. Never offer a name, always ask "What is your name?" Use second identifier like date of birth, or another piece of identifying information that is unique to that child. Ensure that the consent form and the patient name match. The Vaccinator is ultimately responsible for making sure that the right vaccine gets administered the correct way to the right patient.

Patient Verification

- **Establish procedures with multiple redundancies to ensure:**
  - The correct and properly authorized patient receives the right vaccine
  - The patient is not vaccinated more than once
- **Use two patient identifiers:**
  - Ask "What is your name?"
  - Ask "When is your birthday?"

Tips for Vaccine Administration

- **Don't underestimate your calming presence!**
  - Be conscious of your verbal and non-verbal communication
    - Adopt a reassuring manner
    - For younger patients, don't underestimate hand holding and affection where appropriate
  - Have medication ready and deliver it quickly, especially if the patient is nervous

- **Ensure patient is seated for vaccination**
- **Do not administer vaccine to patients that are completely refusing**
  - A little reassurance can go a long way, but if it doesn't help, then stop
  - Send a note home explaining why the patient did not get the vaccine.

As you are providing these important safety measures, don't forget that this is often a scary thing for the patients. Do what you can to make the patient as comfortable as possible. This might involve having someone the child is familiar with holding them or their hand while they get their vaccine, or other creative comfort measures.

Explanations go a long way towards decreasing anxiety, so always explain what you are doing. You might say, "I am going to wash your arm with a wipe and give you a vaccine that will help protect you from getting sick from the flu. Then I will put a Band-Aid on the spot and you can pick out a sticker."

Don't forget that most communication between you and your patient is non-verbal. About 55% of your communication is non-verbal. These are things like your posture, how you position the patient, and whether you are towering over them or at eye level. About 38% of communication is the tone of your voice, and only about 7% of communication is the words you speak. All of these factors play a role in decreasing anxiety. Use all of these aspects to create a calming environment. Do not draw out the administration of the vaccine. Have the vaccine ready. Once the patient is determined to be appropriate for vaccination and clear on the procedure, deliver it quickly.

Do not vaccinate a patient who is refusing even after instituting these suggestions. We encourage patients to get vaccinated - we do not force.

Special Vaccination Instructions For Children (Flu)

- Children between 6 months to 8 years old that are receiving the flu vaccine for the first time or have only previously gotten one dose of vaccine are required to receive two doses of flu vaccine for adequate protection from flu. Children should get two doses of vaccine this season—spaced at least 4 weeks apart. A child's health care provider should communicate that a child needs two doses.
- If a child needs the two doses, begin the process early. This will ensure the child is protected before flu starts circulating in your community.

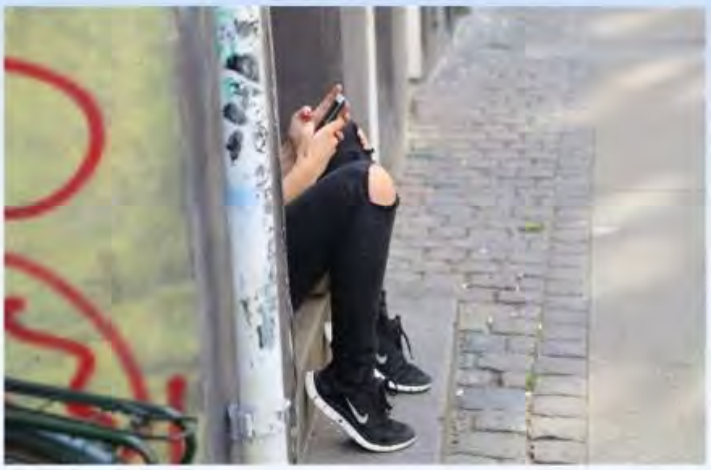
! Second Dose is required

Be sure children receive a second dose if they need one. It usually takes about two weeks after the second dose for protection against flu to begin.

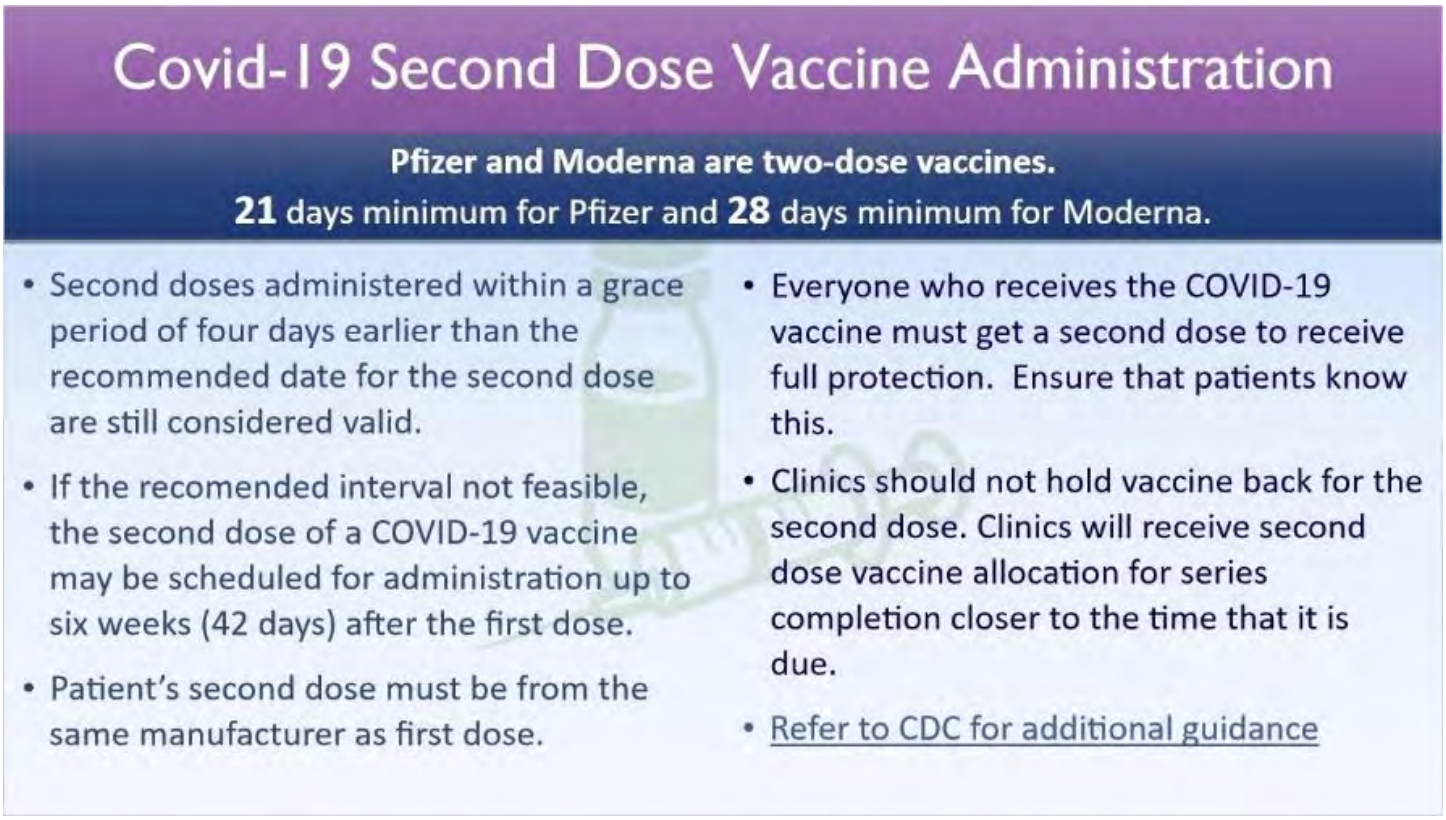
If this is the first time a child under age 9 receiving a flu vaccine a second dose should be given one month later. Be sure the child's family is aware that the child needs a second dose and to contact their healthcare provider to schedule that.

Special COVID-19 Vaccination Instructions For Adolescents 12-17 (2 dose series)

- The Pfizer COVID-19 vaccine is available to individuals 12 years and older.
- This is a 2 dose series spaced 21 days apart.
- During clinical trails no members of the 12-15 year old experimental group got sick from COVID-19 after 2 doses of the Pfizer vaccine.
- Common vaccine side effects in 12-15 year old participants were similar to other age groups.



Currently, the Pfizer COVID-19 vaccine is the only vaccine available to patients under the age 18. Updates on the COVID-19 vaccines will be available on the FDA and CDC website.



Everyone who receives a Pfizer or Moderna COVID-19 vaccine must get a second dose, from the same manufacturer, to receive full protection. A single does only offers partial protection. With more dangerous variants, like Delta it is even more important that they receive full protection.

The recommended timing of the second dose is 21 days for Pfizer and 28 days for Moderna. If the second dose is given within 4 days of the recommended interval it is considered valid. The second dose should be given no later than 42 days after the first. However even if the second dose is given more than six weeks after the first the dose is valid and the patient is considered fully vaccinated two weeks after the second dose.

Vaccine Preparation

- Follow the temperature requirements.
- Vaccine should be prepared carefully following manufacturer instructions.
- Reconstitute vaccine with proper diluent, if applicable; ensure correct dose.
- Determine which needle size is needed.
- Once the needle is attached to the syringe:
  - Sterile field is broken
  - Syringe needs to be used by the end of the clinic day.

Maintain Appropriate Temperature

- Use vaccine within 30 minutes of removal from the cooler
- Do not take out more than 10 doses at a time
- Vaccine 'use by' dates vary depending on the conditions of the vaccines.

The vaccine you will be using comes in prefilled syringes and does not contain preservatives. You will be provided with 25 gauge, 1 inch and 1 ½ inch needles to attach to the prefilled syringe. We will discuss when to use which size needle on the next screen. Keep in mind that you only want to attach needles to the prefilled syringes that will be used that day. Once you break that sterile field by attaching a needle, the syringe cannot be kept longer than the clinic day. Also remember, that you need to maintain the cold chain all the way until the vaccine enters the patient's body. This means ensuring that the vaccine is not outside of the portable refrigerator or cooler for longer than 30 minutes and that you never take out more than 10 doses of vaccine at a time.

Needle Preparation for Intramuscular Injections

Sex / Weight	Needle Length	Injection Site
Male & Female <130 lbs.	1"	Deltoid Muscle
Female 130 lbs. - 200 lbs.	1" - 1½"	
Male 130 lbs. - 260 lbs.		
Female >200 lbs.	1½"	
Male >260 lbs.		

When attaching a needle to prefilled syringes, choose the needle based on the estimated weight of your patient. Most children will need a 1 inch needle. Some patients who weigh more may need a 1 ½ inch needle. For the School Based Influenza Clinics, the injections must be given deep into the center of the deltoid muscle. We will discuss administration technique in greater detail later.

Intramuscular Continued…..

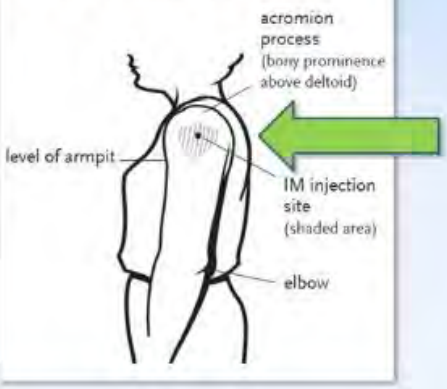
Intramuscular (IM) injection
Use a 22–25 gauge needle. Choose the injection site and needle length that is appropriate to the person's age and body mass.

AGE	NEEDLE LENGTH	INJECTION SITE
Newborns (1st 28 days)	⅝"	Anterolateral thigh muscle
Infants (1–12 mos)	1"	Anterolateral thigh muscle
Toddlers (1–2 years)	1–1¼"	Anterolateral thigh muscle
	⅝–1"	Deltoid muscle of arm
Children (3–10 years)	⅝–1"*	Deltoid muscle of arm
	1–1¼"	Anterolateral thigh muscle
Adolescents and teens (11–18 years)	⅝–1"*	Deltoid muscle of arm
	1–1½"	Anterolateral thigh muscle
Adults 19 years or older		
Female or male <130 lbs	⅝–1"*	Deltoid muscle of arm
Female or male 130–152 lbs	1"	Deltoid muscle of arm
Female 153–200 lbs Male 153–260 lbs	1–1½"	Deltoid muscle of arm
Female 200+ lbs Male 260+ lbs	1½"	Deltoid muscle of arm

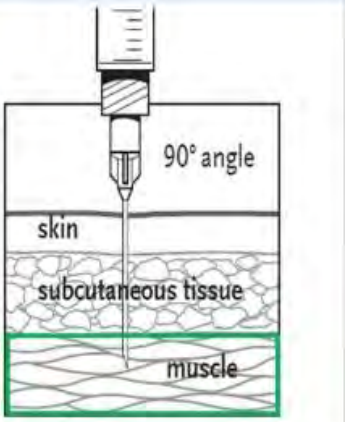
- A 5/8" needle MAY be used for patients weighing less that 130 lbs for IM injections in the deltoid muscle ONLY if the skin is stretched tight, the Subcontinuous tissue is not bunched, and the injection is made at a 90-degree angle.
- A 5/8" needle may also be appropriate for little babies, such as newborns, for IM injections in the anterolateral thigh muscle
- Most 3+ year old children and up will require a one inch needle for IM injections.
- For females over 200lbs and males over 260lbs go to 1 ½ inch needle.

Intramuscular Injections

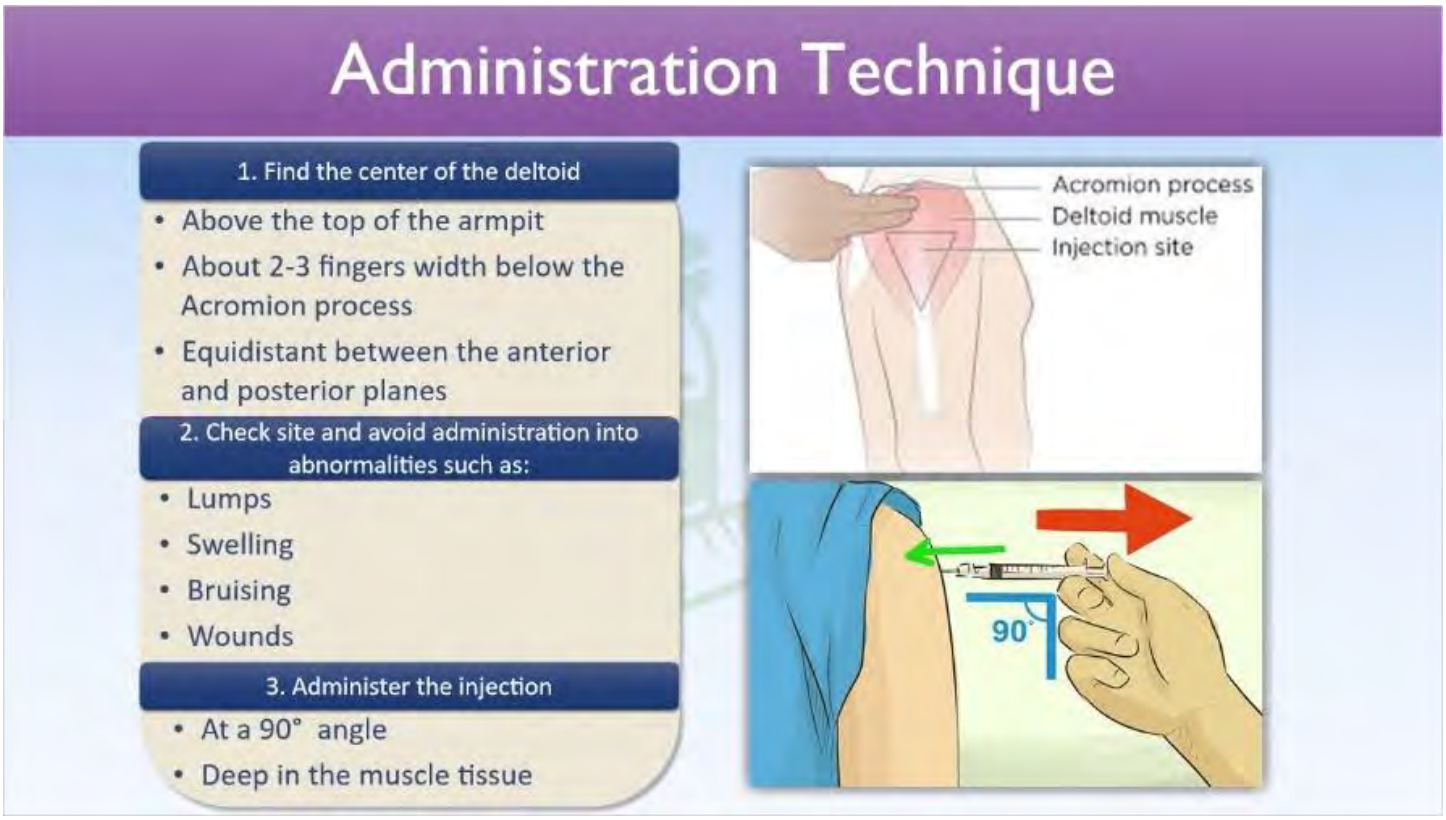
Intramuscular (IM) injection site for children and adults



Intramuscular (IM) injection site for infants and toddlers



If administering a shot to a patient in a vehicle. Ensure that arm is relaxed at patient's side and not up on window sill



Now we will take a minute to discuss delivering vaccine through the intramuscular route. When administering the actual vaccine, find the central and thickest portion of the deltoid. Utilize your landmarks as there has been an increase in the number of injuries associated with vaccine injections. If the injection is given too high, it can be given in the shoulder joint. If it is given too low it can be administered in the distal tendons of the deltoid.

The center of the deltoid can be found approximately 2-3 finger-widths below the Acromion process (the boney part sticking out at the top of the shoulder) and above the level of the armpit. You should locate the top of the armpit which indicates the lower most border of the deltoid muscle which is shaped like an upside down triangle. Make sure that you are in the middle section of the lateral portion of the shoulder with equal distance between the anterior and posterior sides. Make sure to check the site for any abnormalities such as lumps, swelling, bruising, wounds, warmth, etc. and avoid injecting into any of these abnormalities. Administer the injection at a 90 degree angle and remember that there is no need to aspirate (or draw back on the syringe plunger) prior to injection to see if you are in a blood vessel.

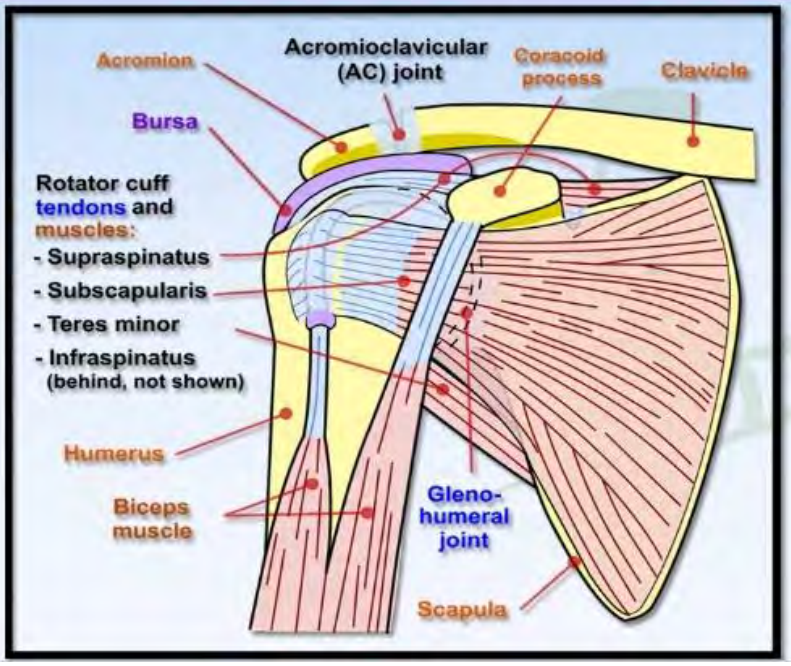
SIRVA: Shoulder Injury related to Vaccine Administration

Shoulder Injury related to Vaccine Administration, or SIRVA, is believed to be caused by an immune response following inadvertent, direct injection of a vaccine into the deltoid bursa or joint space.

- Rapid onset of severe, long lasting shoulder pain, usually within the first 48 hours following vaccination
- Limited range of motion
- Absence of infection

Remember it is important to use correct technique when administering intramuscular vaccinations to reduce the risk of shoulder injury. If the injection is given too high, it can be given in the shoulder joint. This can cause deltoid bursitis. If the shot is given too low it can be administered in the distal tendons of the deltoid.

The Cost of SIRVA



Directly related to vaccine administration

- Cases occur primarily in adults
- In 2016 there were 202 cases reported totaling more than $29M in payout for these injuries.

After the Injection

1. Activate the safety mechanism of the needle:

- Activate the safety mechanism immediately after administration,
- Use a one-handed technique when possible; ensure the safety mechanism is fully engaged. Never hold a needle in one hand and attempt to recap with another.
  - Example:
    - Center your thumb or forefinger on the textured finger pad
    - Push the safety cover forward over the needle until you hear a click

2. Dispose of the syringe and needle in the sharps container

Immediately after you give the injection, engage the safety device. Use a one handed technique and make sure that the mechanism is fully engaged before moving towards disposal in the sharps container. Apply gauze to the injection site if needed to control bleeding before applying an adhesive bandage.

After the Injection

3. If needed, apply gauze to the site for a few seconds

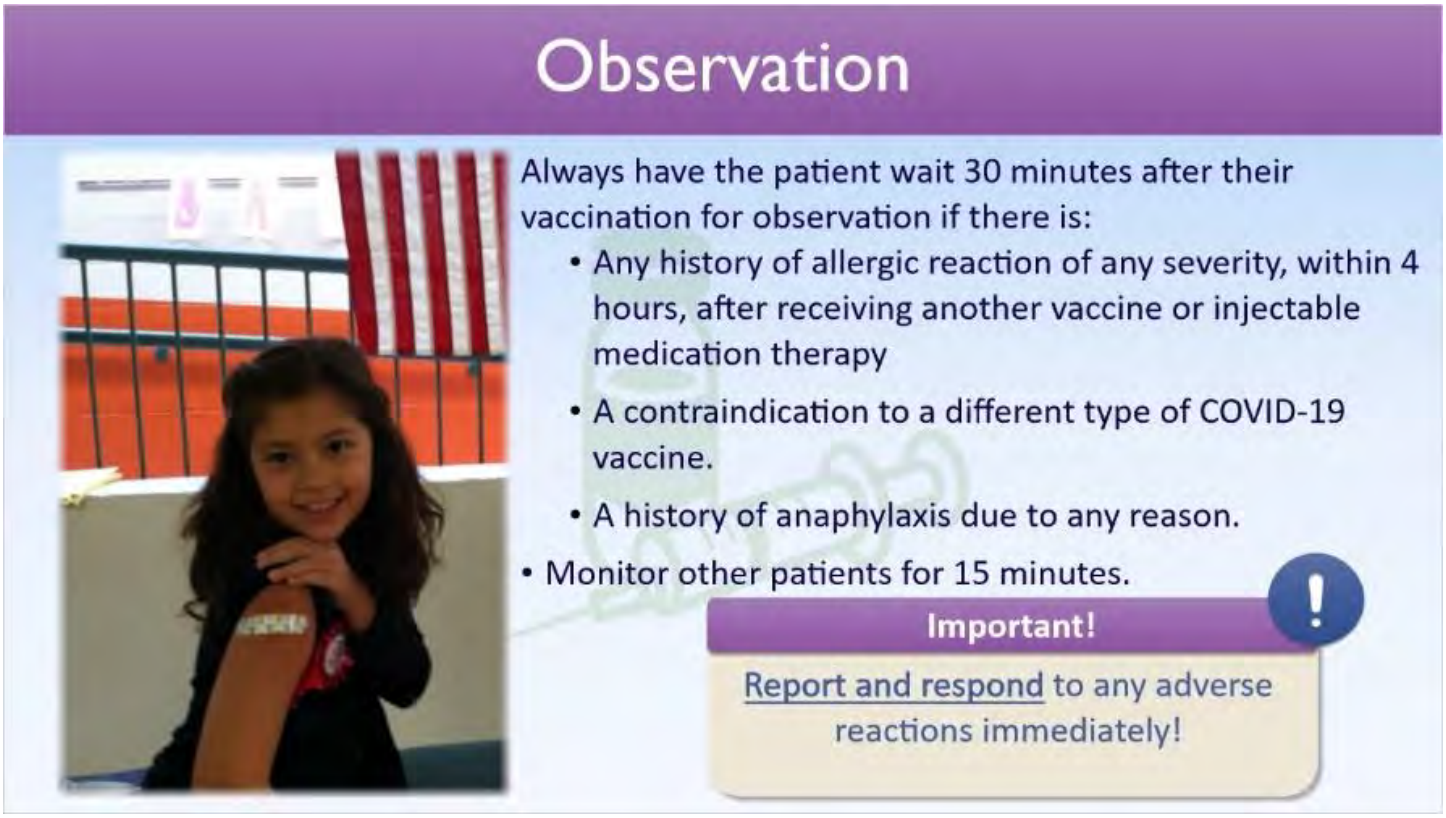
4. Apply bandage

5. Give the patient:

- Vaccine card and instructions for next appointment if applicable.
- Extra copies, if desired, of Patient or Caregiver EUA Fact Sheet (for Covid) or VIS (for Flu).
- Copy of Consent Form if applicable.
- Promotional materials (stickers, etc.)

6. Document

Give the patient instructions about where to go next, what information to share with their parent/legal guardian, including the VIS and the yellow copy of the consent form, and any promotional material. Make sure the documentation is complete and is passed on to the other clinic staff for a final check.



Watch for adverse reactions and check to make sure the patient feel okay before they before return to class or leave the clinic.

Observe every vaccinated patient for a minimum of 15 minutes. Observe these patients closely and make sure they are ok before they leave.

Any adverse reaction should be reported to the Clinic Supervisor and addressed immediately.

Document any non-compliance, for example an Against Medical Advice waiver form, be sure to discuss with your Clinical Director.

Emergency Management

- **Adverse vaccine reactions are rare, but preparation is essential**
  - Learn what protocols and equipment your Public Health Network has provided
  - Have a plan, Know your role
- **Monitor patients after receiving vaccination.** Reactions can occur within the first few minutes or hours.
- Have the patient wait 30 minutes after their vaccination for observation If there is:
  - Allergic reaction of any severity within 4 hours after receiving another vaccine or injectable medication therapy
  - A contraindication to a different type of COVID-19 vaccine.
  - A history of anaphylaxis due to any reason.
- Monitor other patients for 15 minutes.

Adverse vaccine reactions are rare, but preparation is essential. Reactions can occur within the first few minutes or hours. This is part of the rationale behind monitoring patients for 15 minutes after receiving vaccination. It is important to know what protocols and equipment are available, to understand the emergency plan and for clear roles to be established before the start of the clinic. As part of the preparation, understanding the vaccine reaction categories and how they are typically treated will allow for faster response as well. Vaccine reactions are categorized into Localized, Moderate, and Severe.

Localized Reactions

Click on the buttons to learn more about each vaccine reaction category.

Localized | **Moderate** | **Severe**

Signs and Symptoms	Treatments
• Soreness • Redness • Itching • Swelling	• Apply a cold compress. • Observe to ensure symptoms do not develop into generalized symptoms (anaphylaxis)
Bleeding (mild)	• Apply pressure and an adhesive bandage
Bleeding (severe)	• Apply thick layer of gauze pads over site • Apply direct pressure and elevate above heart

Localized reactions, or adverse vaccine reactions that develop with or around the injection site, can involve soreness, erythema or redness, along with itching, swelling or bleeding. Symptoms that involve soreness, redness, itching or swelling can be treated with cold compresses. It is important to continue to observe these symptoms to ensure that they don't develop into anaphylaxis.

For mild bleeding from an injection site, apply pressure and an adhesive bandage. For more severe bleeding, apply a thick layer of gauze pads over the site, apply direct pressure and elevate the site above the heart.

Remember that all of the information listed here for Emergency Management treatment is recommended by the Immunization Action Coalition and should not replace your Clinical Director's emergency management protocols. Always review the Emergency Medical Management procedures determined by

Moderate Reactions

Click on the buttons to learn more about each vaccine reaction category.

Localized | Moderate | Severe

Signs and Symptoms	Treatments
• Paleness • Sweating • Coldness in hands and feet • Nausea • Light-headedness • Dizziness • Weakness • Visual disturbances	• Have the patient lie flat on the floor or sit with their head between their knees. • Loosen the patient's clothing. *Reminder*: Always give the vaccine to a patient that is sitting.
Fall (with or without loss of consciousness)	• Assess for trauma • Apply cervical spine and neck precautions, if appropriate • If cervical precautions are not needed, lie patient flat on their back • Call 9-1-1 if the patient does not recover immediately

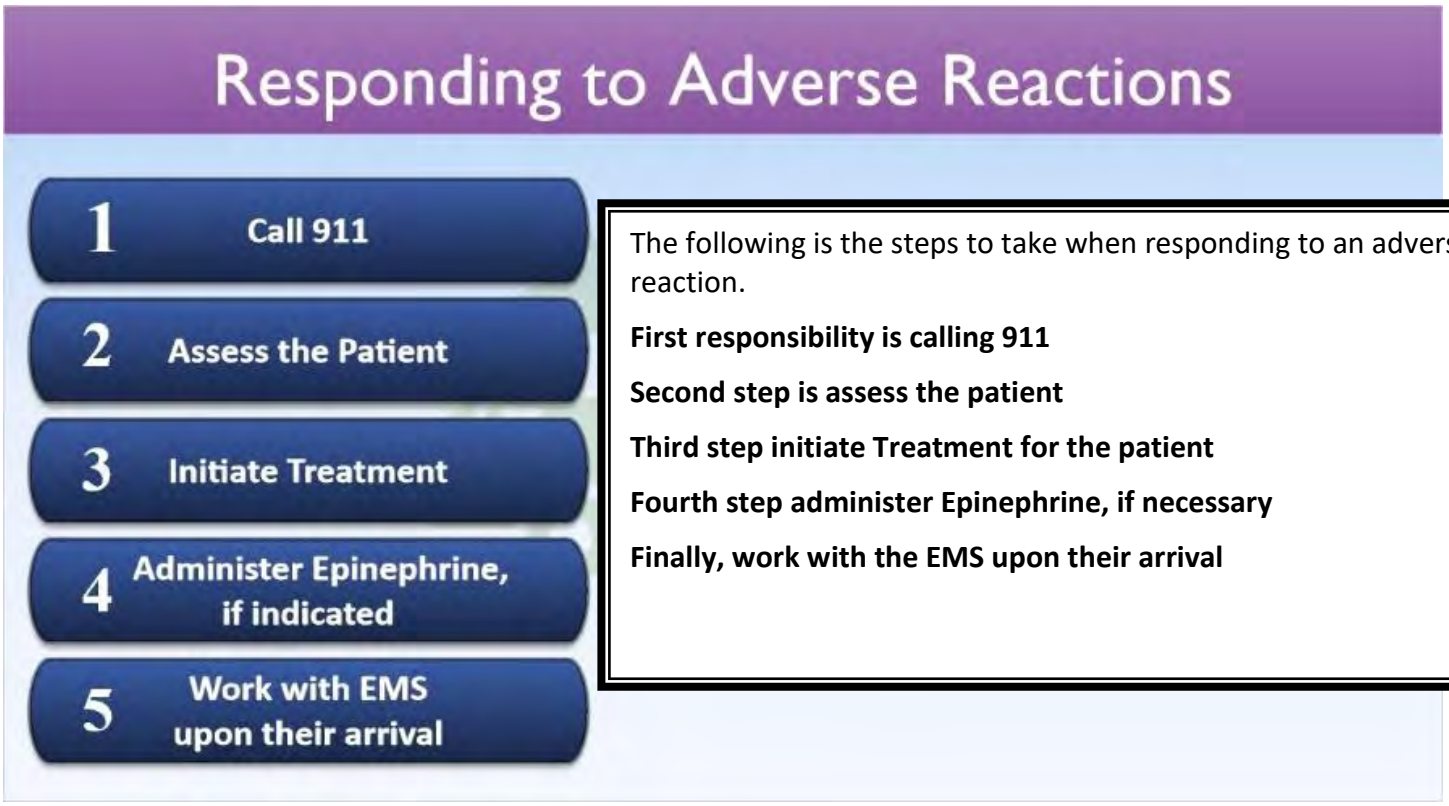
Moderate reactions that the patient may experience include becoming pale, sweaty, and cold in their hands and feet, nauseous, light headed, weak or have acute visual changes such as blurred vision or seeing black spots. If any of these occur, have the patient lie flat on the floor or sit with their head between their knees. Where appropriate, you can loosen restrictive clothing. It is important to remember to immunize patients while they are seated, just in case one of these symptoms present. If a fall does occur, assess for trauma, apply C-spine precautions if appropriate, if not, then lie the patient flat on their back. Call 9-1-1 if the patient does not recover immediately.

Severe Reactions

Localized | Moderate | Severe

Signs and Symptoms	Treatments
Sudden or gradual onset of: • Swelling of lips, face, or throat • Severe wheezing • Shortness of breath • Shock • Abdominal cramping • Cardiovascular collapse	• If symptoms are generalized, have someone call 9-1-1 while patient's airway, breathing, and circulation are assessed and Epinephrine is administered per guidelines (up to 3 times, spaced 5-15 minutes apart) • Monitor vital signs every 5 minutes • Keep the patient flat on their back. If the patient is having difficulty breathing, their head may be elevated • Perform CPR if necessary, maintaining open airway • Record vital signs, medications given, and by which personnel, as well as other relevant clinical data

Treating severe reactions, swelling of lips, face or throat, severe wheezing, shortness of breath, shock, abdominal cramping and/or cardiovascular collapse, will involve immediate mobilization of 9-1-1 and assessment of the patient's condition.
Administration of epinephrine should not be delayed and can be administered per your Public Health Network emergency protocols. Epinephrine can be administered up to 3 times every 5-15 minutes. Your clinic is required to have at least three 0.3 mg doses of epinephrine auto-injectors and three 0.15 mg doses of epinephrine autoinjectors on-hand. Discuss with the school nurse prior to the clinic to determine what emergency equipment is at the school that may be utilized in an emergency. Have a plan in place of how to access that equipment, if available.
In the event of a severe reaction you will need to continue to monitor the patient by assessing vital signs every 5 minutes until EMS arrives and continually assess if you need to start CPR. Make sure to record vital signs as well as medications given, who gave the medications, and any relevant clinical data. EMS will take over when they arrive.



The following is the steps to take when responding to an adverse reaction.

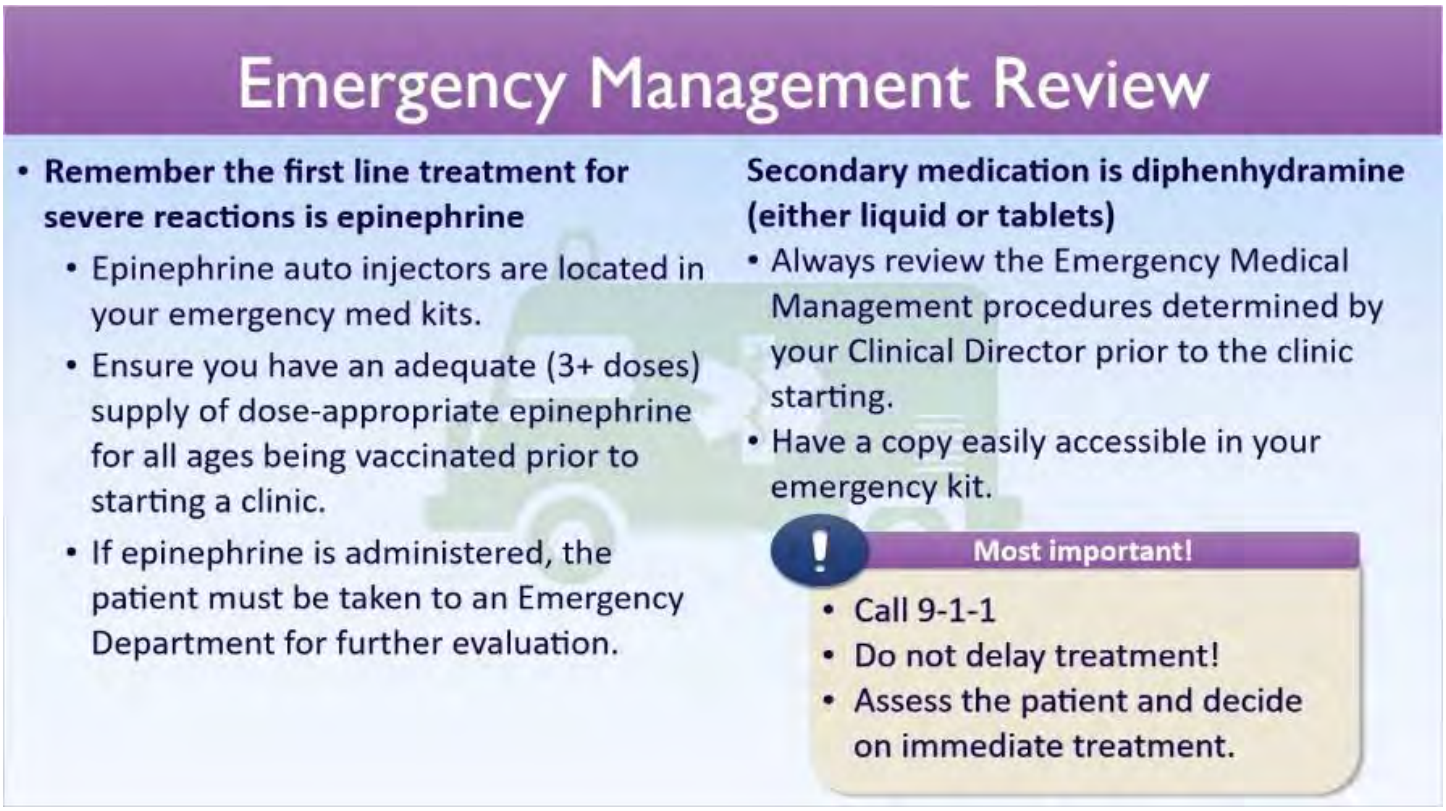
First responsibility is calling 911

Second step is assess the patient

Third step initiate Treatment for the patient

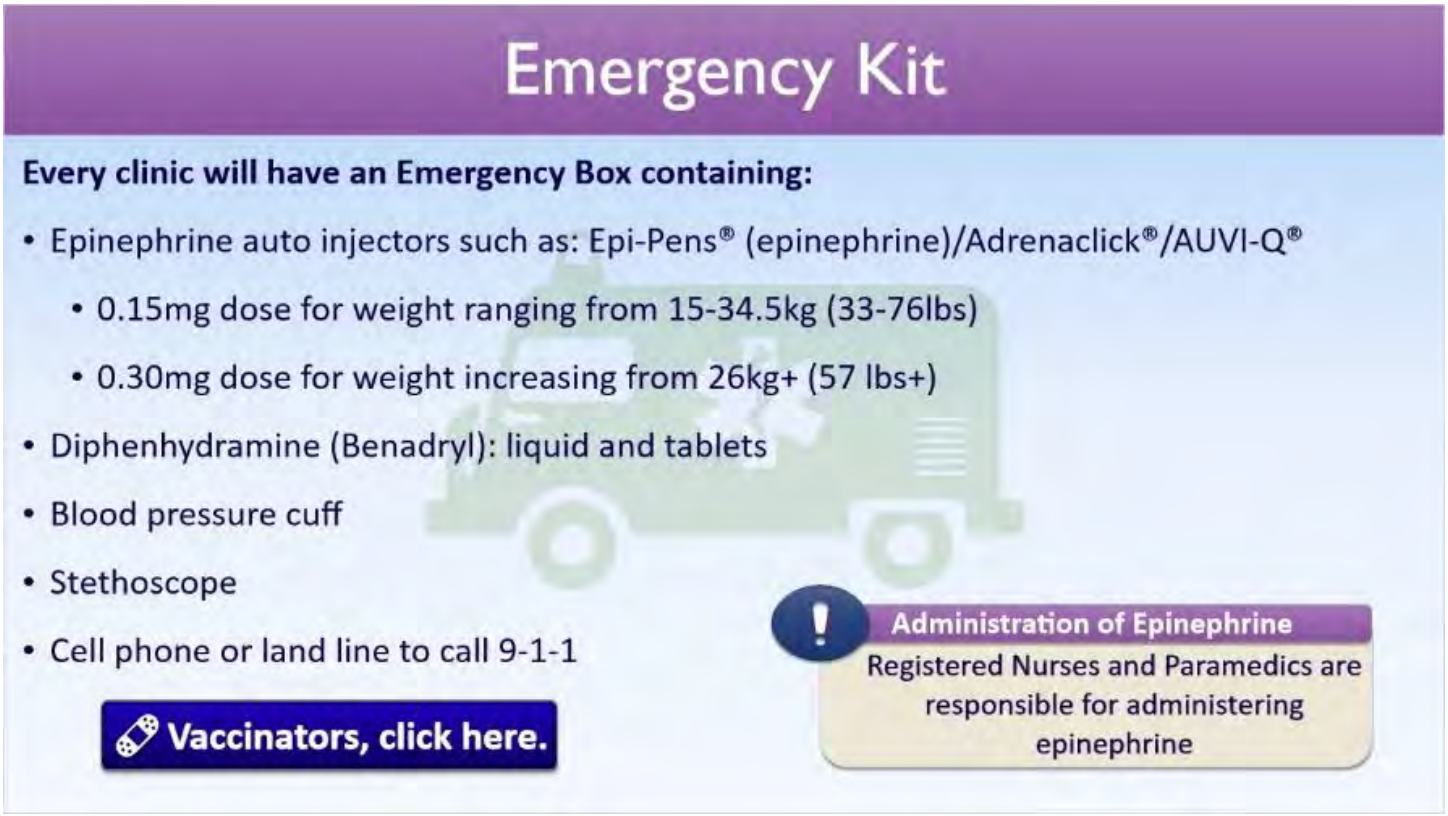
Fourth step administer Epinephrine, if necessary

Finally, work with the EMS upon their arrival



To review, do not delay in calling 9-1-1. Assess the patient and immediately get EMS mobilized. Do not delay administration of epinephrine if it is medically indicated. There is epinephrine in the emergency medical kits and make sure that you have worked with the school nurse ahead of time to determine other emergency resources on site.

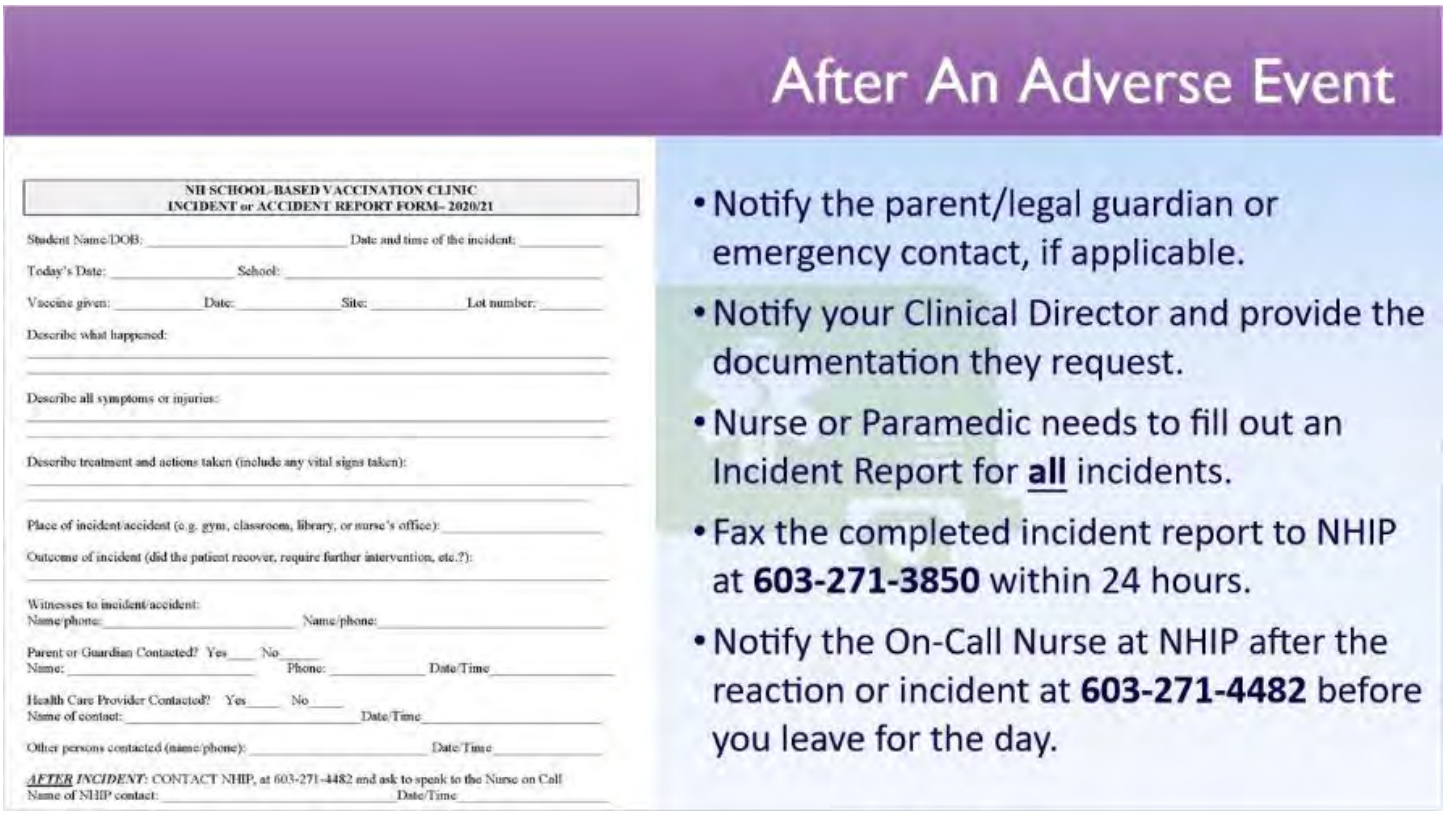
Remember, if epinephrine is administered, the patient must be taken to an Emergency Department for further evaluation. Epinephrine should be given first if indicated, then work on getting the diphenhydramine (Benadryl) on board. Remember that patients must be conscious and have a patent airway (meaning the ability to speak, breathe and swallow) to administer medications by mouth. Always have a copy of your emergency protocols on site and easily accessible. In the event that more medical advice is needed, reach out to your Clinical Director. Keep in mind that you should not vaccinate anyone for whom you do not have adequate emergency medications on hand.



All Vaccinators and volunteers need to know where the emergency kit is located at each clinic before the clinic starts. Your clinic will have epinephrine on site to counteract severe anaphylactic reactions. This epinephrine will most likely come in the form of an auto-injector, saving the need to draw up the medication from a vial before administration.

Another medication on hand is Diphenhydramine, which is the generic form of Benadryl. Your emergency box contains both liquid and tablet/capsule forms. Review your emergency guidelines to determine when to administer each. There should also be a blood pressure cuff and stethoscope at the clinic available in case of an emergency and a cell phone or land line to call 9-1-1. Remember, if you are an RN or Paramedic, you will be responsible for the administration of the epinephrine.

Some types of epinephrine auto-injectors currently out on the market are Epi-Pens® and the generic version, Adrenaclick® and AUVI-Q®. Make sure you are confident with your epinephrine administration and be aware of which dose to use for which sized patient. The 0.15mg dose is to be used on patients between 33-76lbs and the 0.3mg dose is to be used for patients weighing 57lbs and up. You'll notice that there is an overlapping weight between 57 and 76 lbs. in which either auto-injector may be used. In recent history, there have been intermittent epinephrine auto-injector shortages, so medical providers may opt to utilize epinephrine in ampules or vials that needs to be drawn up (through a special filter needle if using ampules) and then administered. If ampules or vials are to be utilized, additional training is needed. Make sure that you are aware of which presentation you have on hand and that you are confident in its administration.



After an adverse vaccine event has occurred, a number of things needs to occur. The parent/legal guardian of the patient needs to be notified if applicable. The Clinical Director needs to be notified. An incident report needs to be completed by the medical professional that responded to the incident and submitted to the New Hampshire Immunization Program within 24 hours of the event. Call the New Hampshire Immunization Program and notify the nurse on call before the end of the work day. This screen shows an example of the Incident Form that needs to be completed. There is an additional form if anaphylaxis occurred or epinephrine is administered**. Medically trained personnel involved in the incident needs to fill out an Incident Report for all incidents.**

In the event of anaphylaxis or the administration of Epinephrine, After an Anaphylaxis Event Form needs to be completed in addition to the Incident Report. Make sure to have the medical professional who responded to the incident complete the forms and fax both pages to the New Hampshire Immunization Program after the event has concluded.

NH SCHOOL-BASED VACCINATION CLINIC
ANAPHYLAXIS EVENT and/or EPINEPHRINE ADMINISTRATION FORM– 2020/21

Student Name/DOB: _____/_____ Age: _____ Date and Time of Symptom Onset: _____

Gender as Assigned at Birth: M ☐ F ☐ Choose not to disclose ☐

School Name/School Contact/Phone#: _____/_____/_____

Known allergen(s): _____

SYMPTOMS:

Mouth or Skin Itching/Rash/Hives?	Yes ☐	No ☐
Nausea, Abdominal cramps or pain, vomiting?	Yes ☐	No ☐
Shortness of breath, labored breathing, wheezing or stridor?	Yes ☐	No ☐
Other Symptoms:		

VITAL SIGNS:

Blood Pressure(s) (include time): _____ Pulse(s) (include time): _____
Respiratory Rate(s) (include time): _____

MEDICATION ADMINISTRATION/TREATMENT:

EPINEPHRINE administration

Epinephrine 1:1000 (1 mg/mL) Location: Right Thigh ☐ Left Thigh ☐
Dose: _____ Time: _____

Epinephrine Auto injector Location: Right Thigh ☐ Left Thigh ☐
Dose: 0.3mg ☐ 0.15mg ☐ Time: _____

Second dose administered? Yes ☐ No ☐ If yes: Dose: ____ Time: _____ Location: _____
Third dose administered? Yes ☐ No ☐ If yes: Dose: ____ Time: _____ Location: _____

Administered by: _____/_____

Approximate time between onset of symptoms and administration of Epinephrine: _____
Location of student when symptoms developed: _____
Location of student when Epinephrine administered: _____

Antihistamine (diphenhydramine/Benadryl) administered? **Yes** ☐ **No** ☐
Drug/Dose: _____ Date/Time: _____ Administered by: _____/_____
(printed name and title / signature)

CPR performed? Yes ☐ No ☐

Section completed by: _____/_____ Date: _____
(printed name and title / signature)

After an Anaphylaxis Event or if Epinephrine is Administered

- Nurse or Paramedic must fill out this form in addition to the Incident Report
- Fax both the completed incident report and this form to the NHIP at **603-271-3850 within 24 hours**

Vaccine Adverse Event Reporting System

- VAERS is a national vaccine safety surveillance program run by CDC and the Food and Drug Administration (FDA).
- VAERS is used to detect possible safety problems that may be related to vaccination. If a vaccine is identified through VAERS, scientists may conduct further studies to find out if the vaccine represents an actual risk.
- Anyone who gives or receives a licensed vaccine in the U.S. is encouraged to **report any significant health problem** that occurs after vaccination.
- Anyone can report to VAERS.
- An adverse event can be reported even if it is uncertain or unlikely that the vaccine caused it.

Any adverse event that occurs after receiving a vaccine should be reported to Vaccine Adverse Event Reporting System or VAERS even if it's unclear that the adverse event was caused by the vaccine. Anyone can report to VAERS, VAERS is a passive surveillance system used for ongoing safety monitoring of vaccines.

Vaccine Adverse Event Reporting System

Click to go to the sites

VAERS

There are 2 ways to submit a report to VAERS:

- Option 1: Submit a VAERS Report (Preferred)

The online VAERS Report must be completed and submitted in the same session; it cannot be saved and edited at a later time. Note: sessions time out after 20 minutes of inactivity; no information is saved.

- Option 2: Download a Writable PDF Form and upload The Writable PDF Form can be downloaded and completed electronically on your own time. When ready, return to the VAERS Writable PDF web page and follow Step 2 instructions to upload the form.

VSAFE : Smart phone-based reporting tool

V-safe is a smart phone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccine. Through v-safe, you can quickly tell CDC if you have any side effects after getting a COVID-19 vaccine. Depending on your answers to the web surveys, someone from CDC may call to check on you and get more information. V-safe will also remind you to get your second COVID-19 vaccine dose if you need one.

V-Safe does not provide medical advice!
If you have symptoms or health problems that concern you at any time following COVID-19 vaccination, please contact your healthcare provider.

V-Safe is a smart phone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccine. Through V-Safe, you can quickly alert CDC if you have any side effects after getting a COVID-19 vaccine.

VSAFE : Smart phone-based reporting tool

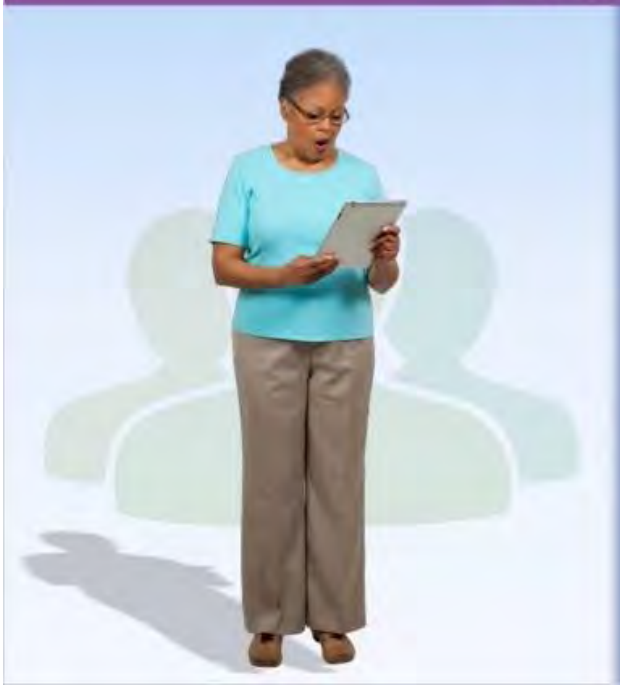
V-safe cannot schedule COVID-19 vaccination appointments, including second dose appointments if required. If you need to schedule, reschedule, or cancel a COVID-19 vaccination appointment, contact the location that set up your appointment or a vaccination provider in your area. This may be your state or local health department, employer, or vaccination provider.

V-Safe cannot be used to schedule COVID-19 vaccine appointments. It is the newest tool to monitor the safety of COVID-19 vaccines. Be sure to provide V-Safe information to vaccine recipients and encourage them to sign up.

Clinic Screener

- Greet patient(s).
- Review face covering requirement for patients 2 years of age and older, if tolerated, and provide cloth face covering if patient does not have one available.
- Take patient(s)' temperature with touchless thermometer.
- Review COVID-19 screening questions with all patients.

Clinic Screener



- If patient(s) pass COVID-19 screening, stamp all copies of the consent form, if using paper documentation, or document electronically to indicate COVID-19 screened and cleared.
- If patient(s) DO NOT pass COVID-19 screening, do not allow entry into the clinic. Ask patient(s) to contact their medical provider and direct them how to leave the clinic area to avoid contact with other staff and other patients.
- Note: If the clinic is in a building, the patient(s) should be isolated from other patients and staff until they leave.

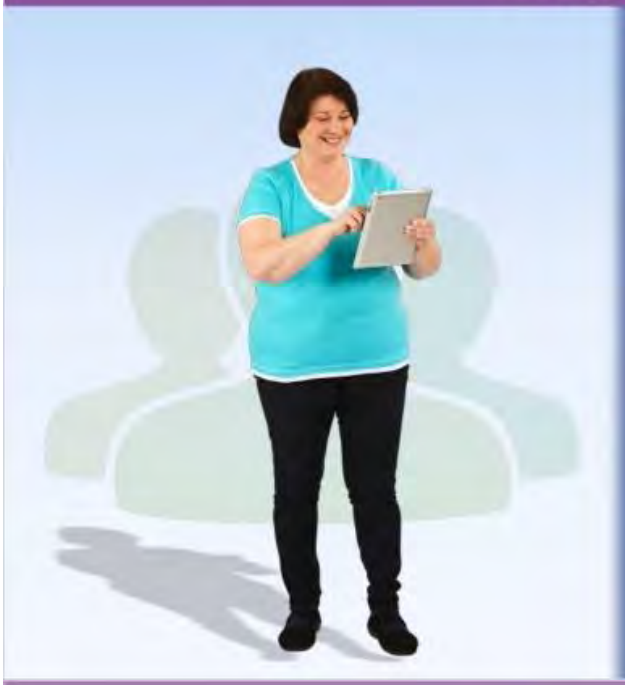
Clinic Screener

- Review the following clinic rules with the patient(s):
  - Prepare to provide access to injection site (upper arm if greater than or equal to 2 years old, upper leg if less than 2 years old).
  - Mandatory 15/30 minute waiting period after vaccination.
  - Compliance with the directional flow through the clinic.

Clinic Screener

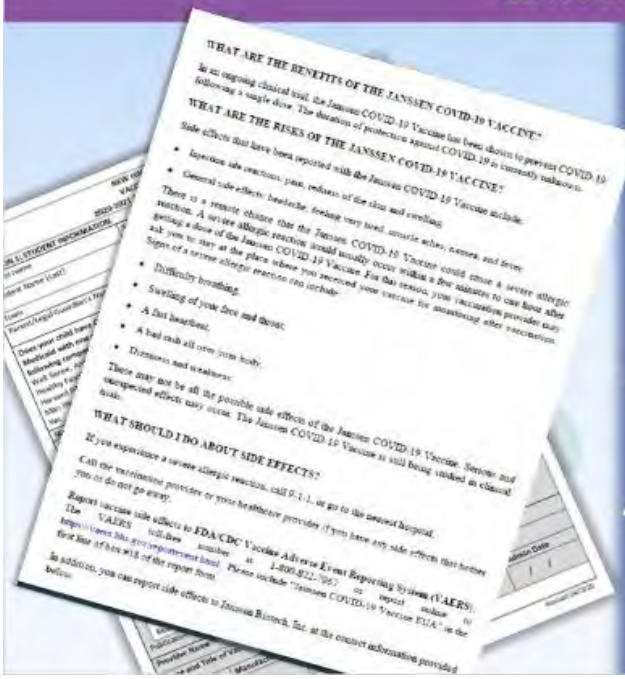
- If your site is a Drive Through Review the additional clinic rules with the patient(s):
  - Drive slowly and watch out for pedestrians.
  - Place car in park and turn off engine at each station.
  - Roll down window at each station.
  - Remain in the car and buckled in the seat belt unless requested otherwise.
- Direct patients to Registration Station.

Clinic Registrar



- Greet patient(s). (if drive-through, wait until car is in park and the engine is turned off before approaching the vehicle)
- Verify EVERY patient using at least 2 patient identifiers.
- Provide consent form(s), if applicable.
- Provide Vaccine information statement (VIS or EUA form) to adult patients and to parents and guardians that are present with their child for vaccination on the day of the clinic.
- Verify that the patient or parent/guardian has given consent for vaccination.

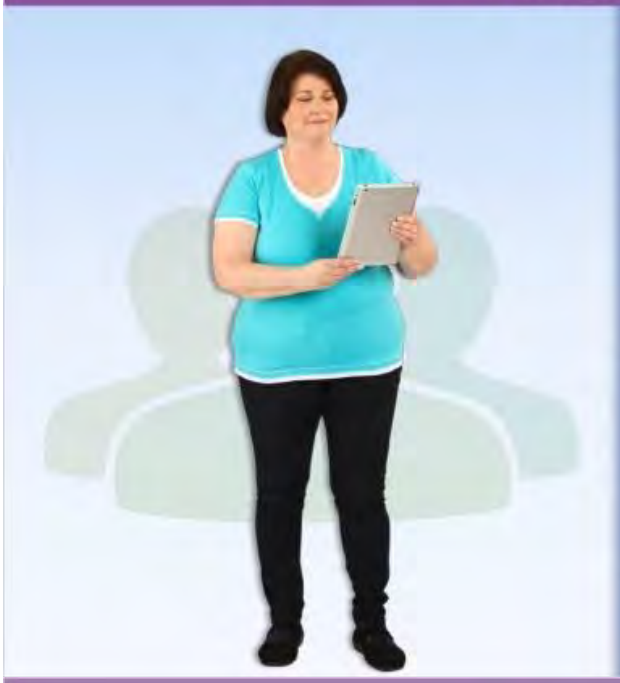
Clinic Registrar



Review vaccine registration information:

- Ensure all patient information is complete.
- Ensure that EVERY patient(s)' name and DOB are accurate and match the registration information.
- Ensure consent form is signed and dated, if applicable.
- Verify that all questions are answered and that the patient has NO CONTRAINDICATIONS to vaccination.
- Review registration information and/or consent forms to confirm there is NO documentation or notes indicating that the patient should NOT receive or has already received the vaccine.

Clinic Registrar



- Review clinic layout, stations and COVID-19 precautions including cloth face coverings, social distancing, hand washing, cough and respiratory etiquette, enhanced cleaning and disinfection and unidirectional flow of patients through the clinic.
- Review requirement to wait for 15 minutes after vaccination or 30 if instructed by the vaccinator.
- Monitor patients as they wait for their turn.
- Direct patients to Vaccination Station when Vaccinator is ready.

Clinic Vaccinator

- Greet patient(s). (if drive-through, wait until car is in park and the engine is turned off before approaching the vehicle)
- Verify EVERY patient using at least 2 patient identifiers.
- Verify that the patient or parent/guardian has given consent for vaccination. Verify that the consent form is signed and dated, if applicable.
- Comply with standard universal precautions.
- Comply with any enhanced PPE recommendations and infection control guidelines, as indicated.

Clinic Vaccinator

- Screen patient(s) for contraindications to vaccination.
- Review registration information and/or consent forms and confirm **NO CONTRAINDICATIONS** to this vaccination.
- Respond to any adverse vaccine reactions according to the standing orders for emergency medical management.

Clinic Vaccinator

- Screen patient(s) for contraindications to vaccination.
- Review registration information and/or consent forms and confirm **NO CONTRAINDICATIONS** to this vaccination.
- Respond to any adverse vaccine reactions according to the standing orders for emergency medical management.

Clinic Vaccinator

Determine the length of time to monitor a patient.

- Monitor patients for 30 minutes if patient has:
  - A history of an immediate allergic reaction of any severity to another vaccine or injectable therapy.
  - A contraindication to a different type of COVID-19 vaccine.
  - A history of anaphylaxis due to any cause.
- Monitor all other patients for 15 minutes.
- Remind patients about the waiting period after vaccination

Clinic Vaccinator

- Administer vaccine to eligible patients according to the NHIP Vaccine Administration Training guidelines and professional "best practices".
  - Wash hands before and after vaccinating EVERY patient.
  - Change gloves between patients, if worn.
  - Ensure patient is seated during vaccination.
  - Vaccinate the driver first, if applicable.

Clinic Vaccinator

- Complete all required documentation for EVERY patient BEFORE the patient(s) proceed to the next station, including:
  - Vaccine type, lot # and manufacturer
  - Vaccine information statement (VIS or EUA form) publication date and date given to the patient
  - Route and site of vaccine administration
  - Vaccinator's printed name and title and signature
  - Provider's name and address
  - Clinic location (if different than provider address)

Clinic Vaccinator

- Provide the vaccine record card, including date due for next dose and brand of vaccine needed.
- Provide a copy of the medical record, if applicable, and ensure patient has the vaccine information statement (VIS or EUA form), as applicable. Vaccine type, lot # and manufacturer,
- Retain original medical record documentation. Do NOT give original medical record documentation back to the patient.

Clinic Vaccinator

- Complete all appropriate incident report paperwork for any adverse events.
- Remind patients about the mandatory waiting period after vaccination.
- Direct patients to Observation Station.

Clinic Observer

- Greet patient(s).
- Verify EVERY patient using at least 2 patient identifiers.
- Observe patients after vaccination for adverse reactions for 15 minutes or 30 minutes if directed by the vaccinator.
- Time each patient for 15 minutes, or 30 minutes if directed by the vaccinator.
- Ensure patients maintain social distancing while they wait.
- Direct patient(s) to Exit Station.

Clinic Observer

- Notify the Clinic Supervisor immediately if a patient is not feeling well. Notify the RN or paramedic immediately with any signs of anaphylaxis.
- In the event of a medical emergency, react quickly and calmly while following Emergency Medical Protocols.

Clinic Observer

- Ask the patient if they are feeling well. If they are feeling well and are not having any signs of an adverse reaction, dismiss the patient if at least 15/30 minutes have passed since the time of vaccination.
- Watch all patients in the waiting area and respond quickly for an adverse reaction.

Clinic Observer

- Follow established policies and procedures for adult patients who refuse to stay 15 minutes after vaccination for observation, including requiring the adult to sign an Against Medical Advice (AMA) form for documentation.

NOTE: If a patient leaves AMA, ensure all patient documentation is complete, patient(s) have their vaccine record card VIS or EUA form and copy of medical record, if applicable.

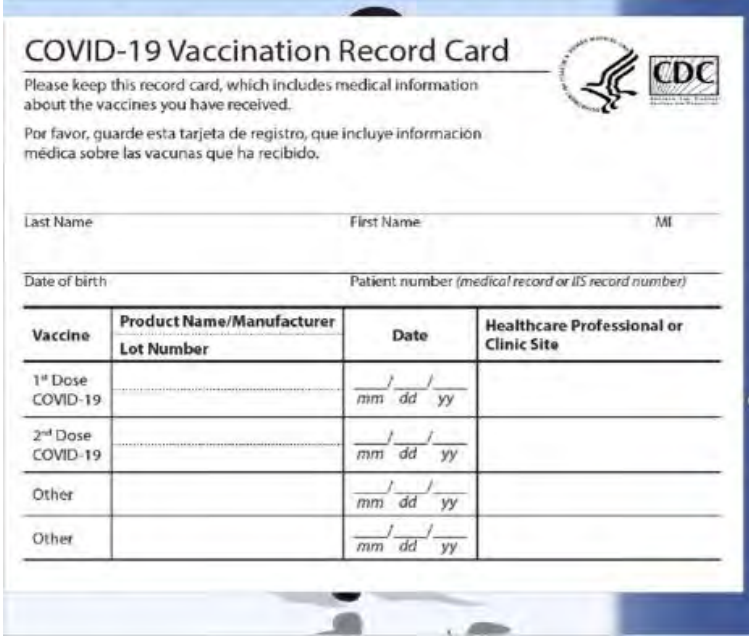
Exit Station Administrator

- Greet patient(s). (if drive-through, wait until car is in park and the engine is turned off before approaching the vehicle)
- Verify EVERY patient using at least 2 patient identifiers.
- Review patient record to ensure all information and documentation is complete, accurate and accounted for.
- Initial and date to indicate review complete, if applicable.

Exit Station Administrator

- Ensure that the patient has completed the 15 minute waiting period for observation after the vaccination.
- Ensure that established policies and procedures for adult patients who refuse to stay 15/30 minutes after vaccination for observation, including requiring the adult to sign an Against Medical Advice (AMA) form for documentation, have been followed.

Exit Station Administrator



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
1st Dose COVID-19		___/___/___ mm dd yy	
2nd Dose COVID-19		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	

- Ensure patient(s) have:
  - Their vaccine record card
  - Vaccine information statement (VIS) or Emergency Use Authorization (EUA) fact sheet
  - A copy of their medical record, if applicable.
- Remind patient(s) to keep their vaccine record card secure and review how to schedule their 2nd vaccine dose, if applicable.
- Direct patient(s) to leave the clinic.

Exit Station Administrator

- Ensures all paperwork is accounted for
- Checks to make sure that all documentation is complete
- Ensures that patients will go home with both a record of their immunization and a Vaccine Information Statement

Clinic Supervisor

- There are several documents that are required on-site. Refer to these guides as applicable:
- Mobile Clinic Checklist on the back of the Mobile Clinic Daily Data Sheet (MCDDS) for guidance.
- Emergency Use Authorization
- Standing Orders for Vaccination
- Standing Orders for Emergency Treatment
- Manufacturer guidelines
- Supplemental provider agreement

Clinic Supervisor

- Other Documents that are required on-site day of clinic include:
  - Mobile Vaccine Clinic Training for reference
  - Important Numbers at a Glance (recommended)
  - Completed training certificate(s) or post-test(s) for all staff
  - Documentation to ensure Vaccinators are operating under a valid current NH license

Clinic Supervisor

- Meet with clinic staff prior to vaccinating any individuals, ensure the following:
- All staff have screened negative for COVID-19 risk (answers "no" to all questions and is without fever).
- All staff wear a medical-grade facemask at all times.
- Mobile Vaccine Clinic Training and post-test are completed by all clinic staff.
- Supplemental trainings have been completed by clinic staff, as applicable.
- All clinic staff have reviewed the Standing Orders for Vaccination and Emergency Treatment Protocol.

Clinic Supervisor

- Ensure emergency treatment supplies, including age and weight appropriate medications for all patients being vaccinated, are available to the clinic staff.
- Discuss the emergency plan with the clinic staff before the clinic and ensure roles are clearly defined.
- Discuss Infection Control precautions with the clinic staff before the clinic.
- Discuss the clinic model, patient flow and clinic procedures with the clinic staff before the clinic.
- Discuss policies and procedures (including review of AMA form) for adult patients who refuse to stay 15 minutes after vaccination with the clinic staff.

Clinic Supervisor

- Ensure that all clinic station staff are completing their duties as assigned.
- Ensure that properly trained staff and supplies are available at all times.
- Ensure one RN or Paramedic is present at every clinic to provide emergency management, emergency treatment and complete documentation of medical events
- Ensure one BLS certified clinic staff person is present at every clinic to assist with emergency management protocols
- Sign-In Sheet (separate sheet for each clinic)

Clinic Supervisor

- Monitor clinic operations.
- Prioritize and ensure patient and staff safety throughout the clinic.
- Ensure that vaccine is managed appropriately.
- Ensure that refrigerated vaccine is not out of the cooler for more than 30 minutes.
- Verify no more than 10 doses of vaccine are taken out at one time.

Clinic Supervisor

- Monitor and ensure vaccine temperature stays between 2.0 and 8.0 degrees Celsius at all times for refrigerated vaccines. STOP clinic if temperature goes out of range.
- Monitor and ensure all other vaccine is managed according to the EUA, specific manufacturer guidelines and the supplemental provider agreement, paying special attention to the vaccine storage and handing requirements and expiration and beyond use dates. **STOP** clinic if temperature goes out of range or if vaccine expiration or beyond use date has passed.

Clinic Supervisor

- Ensure hourly recording on Mobile Clinic Daily Data Sheet for temperature monitoring.
- Ensure all Infection Control and Safety measures are being followed.
- Ensure all predefined clinic policies and procedures are being adhered to.
- Ensure that all adverse events are addressed immediately and managed appropriately, according to established protocols and standing orders, as applicable.

Post-Clinic Activities

- Remove and dispose of PPE and biohazards properly
- Clean and disinfect entire clinic area
- Properly secure all patient information
- Perform a Team Debrief or complete an After Action Report

Clean and disinfect entire clinic area, including all surfaces. Make sure to dispose of all PPE, sharps and biohazards properly. Check the area to make sure it is in good shape. Properly secure all patient information. Debrief with the team.

Clinic Demobilization: Vaccine

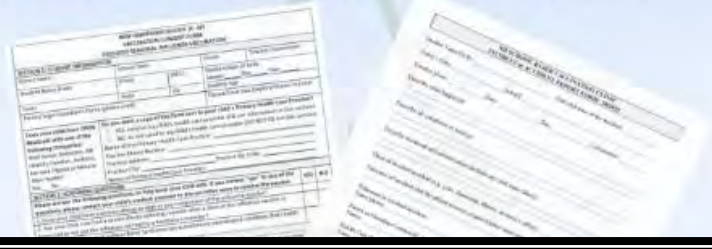
- Make sure to account for vaccine in your inventory.
- Verify that unused vaccine has been kept at proper temperature
- Continue temperature monitoring, to ensure vaccine temperature stays between 2.0 °-8.0° Celsius
- Transfer vaccine to an approved refrigerator for longer term storage

Place all of the unused vaccine that has not had a needle attached back into the portable refrigerator or cooler. Continue the hourly temperature monitoring of the vaccine until the vaccine goes back into an approved vaccine refrigerator. Approved vaccine refrigerators have already been established with the New Hampshire Immunization Program and temperature logs have been submitted to demonstrate that the vaccine is being stored in a stable environment.

Clinic Demobilization: Documentation

Safely store in a secure location all HIPAA-protected paperwork and shred when/if data has been transferred to electronic storage (via EMR documentation or scanning paper versions of forms)

- Consent Forms
- Incident Forms



Return all of the remaining documentation to the PHN contact, including consent and incident forms. The Mobile Clinic Daily Data Sheet, including hourly temperature monitoring and daily clinic vaccination data, needs to be accurately and completely filled out and faxed or emailed to the state within 24 hours. VOMS should be updated within the same timeframe. After every clinic incident, it is necessary to complete an Incident Report form and submit to NHIP within 24 hours.

Mobile Clinic Summary

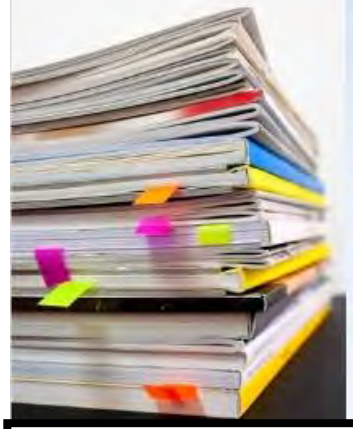
- Prior Proper Planning… goes a long way!
- Understand what paperwork to use and when to submit it
- Ensure proper preparation and administration of the vaccine
- Protect your vaccine! Keep it between 2.0-8.0°C
- Account for each and every dose of vaccine
- Be able to implement your emergency protocols

Young Dr. Fauci above.

Mobile Clinic Summary

- ✓ Protect your vaccine! Keep vaccine between 2.0-8.0°C
- ✓ Prior, proper planning goes a long way!
- ✓ Understand the Consent Form
- ✓ Ensure proper preparation and administration of the vaccine
- ✓ Be able to implement your emergency protocols
- ✓ Understand what paperwork to use and when to submit it
- ✓ Account for each and every dose of vaccine

Resources



- NHIP (NH Immunization Program):
  www.dhhs.nh.gov/dphs/immunization/
- Center of Disease Prevention and Control:
  www.cdc.gov/
- NH COVID-19 Vaccine Provider Resources:
  www.covid19.nh.gov/resources/vaccine-information

It is always helpful to know where to go if additional resources are needed. Please discuss questions with your Public Health Network Contact as well as your Clinical Director. Copy of the standing orders and emergency protocols will be present at the clinic. Clinic will have a paper copy of the vaccine storage and handling training, as well as temperature logs and a mobile clinic checklist. An emergency kit should be present at every clinic and contain emergency medication and other tools. Can always revisit this training. A paper copy of this training will be at the clinic. You may always reach out to the New Hampshire Immunization Program with any questions. For general vaccination questions please ask to speak to the Nurse on Call. For Vaccine Storage and Handling questions ask to speak to a representative in the Vaccine Storage and Handling section.

Resources

Consider creating a "Vaccine Operations" binder/file to have on hand during clinics, that contains:

- ❑ Emergency Protocols
- ❑ Standing Orders for appropriate vaccines
- ❑ ImmunizationTraining materials:
  - ❑ Vaccination/Administration: "cheat sheets" from CDC's "You Call the Shots"
- ❑ Vaccine Storage & Handling Training materials
  - ❑ EUA fact sheets and CDC Vaccine preparation "cheat sheets"
- ❑ Temperature Logs
- ❑ Mobile Clinic Checklist

Support Phone Numbers

New Hampshire Immunization Program
Vaccinate for Life!
NH DEPARTMENT OF HEALTH & HUMAN SERVICES

- For vaccine questions contact the NH Immunization Program:

  Between 8 am and 4:40 pm: **603-271-4482**

- For assistance after hours contact our public health nurse on-call.

  After 4:30 pm: **603-271-4496**

  After 8:00 pm: **603-271-5300**

- Regional Public Health Network Program Area Contact list