

Mobile Vaccine Clinic Guidelines During COVID-19

and Other Circulating Infectious Respiratory Viruses

Welcome to the Mobile Vaccine Clinic Guidelines During COVID-19 and other circulating infectious respiratory viruses training. Please note that this training is a supplement to and should be taken along with the School Based Vaccination Just-In-Time Training, Alternative Mobile Vaccine Clinic Models Training and the CDC TRAIN Course: “COVID-19: How to Put on and Remove Personal Protective Equipment (PPE)”.

Main Menu

This training will cover the following topics:

Disease Overview

Infection Control & Prevention Tools

Pre-Vaccine Clinic Activities and Planning

During Vaccine Clinic Operations & Procedures

Today's training will provide an overview of COVID-19 disease specifics. It will also outline unique infection control and prevention best practices for minimizing transmission of COVID-19 and other circulating infectious respiratory viruses during mobile clinics. COVID-19 specific considerations for preplanning, pre-clinic, during and post clinic operations will also be discussed.

Objectives:

Define COVID-19 disease and understand how it is transmitted

Identify measures to keep staff and patients safe from COVID-19

Identify pre-clinic planning considerations

Identify how to successfully incorporate COVID-19 prevention measures into the clinic

At the conclusion of this training, you will have a comprehensive understanding of COVID-19 disease, the symptoms it causes and how it is spread. You will be able to identify measures to keep staff and patients safe from COVID-19 during mobile vaccination clinics. You will be able to successfully plan for these clinics and specify what actions should be taken prior to, during and after the clinic to minimize disease transmission during COVID-19.

COVID-19 Overview

- Contagious respiratory illness
- Caused by a novel (new) coronavirus, SARS-CoV-2
- COVID-19: CO (corona), VI (virus), D (disease), 19 (identified in 2019)
- Different from the flu or the common cold
- Range of symptoms
- Some individuals are at a higher risk for infection, severe illness and death from COVID-19
- No FDA approved therapeutics to prevent or treat COVID-19
- No vaccine to prevent COVID-19 currently but many vaccines are being tested



<https://www.cdc.gov/coronavirus/2019-nCoV/about-the-virus-and-disease/>
<https://www.cdc.gov/coronavirus/2019-nCoV/symptoms-and-treatments/>
<https://www.cdc.gov/coronavirus/2019-nCoV/risk-factors/>
<https://www.cdc.gov/coronavirus/2019-nCoV/therapeutics/>
<https://www.cdc.gov/coronavirus/2019-nCoV/vaccines-and-prevention/>

COVID-19 is a contagious respiratory illness that is caused by a novel or 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 still more to learn about COVID-19.

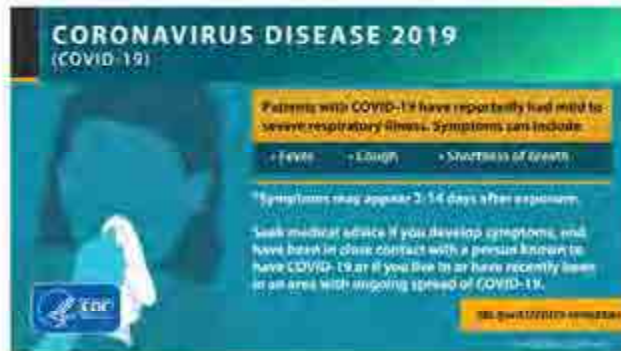
COVID-19 is different from the flu or the common cold but symptoms can be mistaken for both. COVID-19 symptoms range from mild or no symptoms to severe illness and death. Older adults and individuals with severe underlying medical conditions are at higher risk for severe illness. Data also suggests that communities of color, including racial and ethnic minorities, are at increased risk for infection, severe illness and death from COVID-19.

There are no FDA-approved therapeutics to treat COVID-19. Patients are generally provided supportive care. Remdesivir is an antiviral that is being explored and is available under an Emergency Use Authorization (EUA) and additional studies are underway as well. There is no vaccine currently to prevent COVID-19 but many vaccines are being tested and a few are in phase 3 trials. This photo is from CDC.

COVID-19 Symptoms

➤ Symptoms can include*:

- Fever or chills
- Cough
- Difficulty breathing
- Shortness of breath
- Body or muscle aches
- Headache
- Sore throat
- New loss of taste or smell
- Fatigue
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

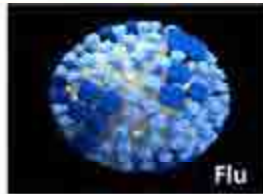


*CDC continues to update this list as more is learned about COVID-19

<https://www.cdc.gov/coronavirus>

If someone is infected with COVID-19, they may experience no symptoms, mild to severe symptoms, and even death. Symptoms can include fever, chills, cough, difficulty breathing, shortness of breath, body or muscle aches, headache, sore throat, new loss of taste or smell, fatigue, congestion or runny nose, nausea, vomiting or diarrhea. The incubation period for COVID-19, which is the time between exposure to infection and the first appearance of symptoms, is 2-14 days. It is not known with certainty how long a person is infectious after exposure to the virus, but it is believed to be at least 10 days and up to 20 days after symptom onset (or after testing positive if asymptomatic). This photo is also taken from the CDC.

Influenza (FLU) Disease Is it FLU or COVID-19?



Flu



COVID-19

Influenza and COVID-19 share similar symptoms and both have varying degrees of illness.

- Symptoms of COVID-19 that are different from the flu include a new loss of taste or smell.
- Testing may be needed for diagnosis.

[cdc.gov/flu/season/flu_faqs_2019-20.htm](https://www.cdc.gov/flu/season/flu_faqs_2019-20.htm)
CDC (2019, July 18)https://www.cdc.gov/flu/season/flu_faqs_2019-20L1.htm

It can be hard to differentiate the flu from COVID-19. Influenza and COVID-19 are caused by different viruses but the symptoms of both diseases are similar. One of the symptoms that can help differentiate the two illnesses, if present, is a new loss of taste or smell, which appears to be one of the hallmarks of COVID-19 but not a common symptom of the flu. Otherwise, it can be difficult to tell the difference and testing may be needed to make an accurate diagnosis.

It is expected that flu and COVID-19 will be co-circulating in the community this fall and winter. The CDC and NHIP recommend that all eligible persons 6 months of age and older receive a flu vaccine this season to help reduce the burden of respiratory disease in the community, help protect vulnerable populations and reduce the demands on our healthcare system and other critical infrastructure. Developing plans to deliver flu vaccines safely without increasing the risk for exposure to COVID-19 and other respiratory germs is an especially important public health initiative this flu season. The images on this slide are from [cdc.gov](https://www.cdc.gov).

COVID-19 Transmission



- Person-to-person
- Respiratory droplets
- Close contact within 6 feet

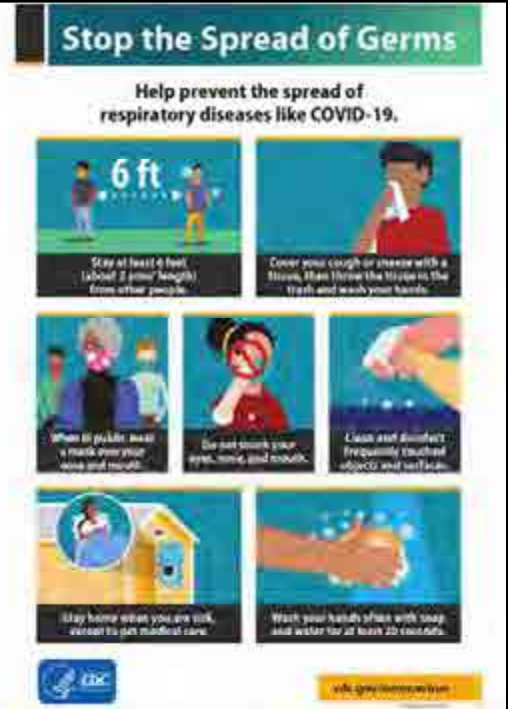
<https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html>
<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>
[cdc.gov/flu/symptoms/flu-vs-covid19.htm](https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm)
[cdc.gov/corenavirus](https://www.cdc.gov/corenavirus)

Similar to the flu, it is believed that COVID-19 is primarily spread person to person through respiratory droplets that are produced when an infected person coughs, sneezes or talks. These droplets can land in the nose or mouth of another person close by and then be inhaled into the lungs. Less commonly, transmission can occur if someone touches a surface where an infected droplet has landed and then touches their eyes, nose or mouth. The spread of COVID-19 and any other circulating infectious respiratory disease is more likely when individuals are in close contact within 6 feet of each other. Since studies have suggested that COVID-19 may be more contagious than the flu among certain age groups and populations and the virus appears to spread easily in the community, the phrase social distancing has become a household term. Studies have shown that both asymptomatic and pre-symptomatic transmission is possible when a person is infected with COVID-19. This picture is courtesy of the CDC Public Health Image Library.

COVID-19 Infection Control Measures

- COVID-19 Screening
- PPE for staff
- Cloth face coverings for patients
- Social distancing
- Hand hygiene
- Respiratory Hygiene/Cough Etiquette
- Enhanced Cleaning & Disinfection
- Optimize Ventilation
- Avoid the 3 C's

<https://www.cdc.gov/coronavirus/2019-nCoV/faq.html>
<https://www.cdc.gov/nczod/d/disease/coronavirus/index.html>
<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control-recommendations.html>
<https://www.who.int/news-room/fact-sheets---english>



There are several measures that can help prevent the spread of COVID-19 at a vaccine clinic.

Best practices for the safe delivery of vaccines during the COVID-19 pandemic include screening all patients prior to and on the day of the vaccination clinic. Since asymptomatic and pre-symptomatic transmission is possible, universal source control measures including cloth face coverings for all patients 2 years of age or older that can tolerate them and proper PPE including medical face masks at a minimum for all clinic staff, are especially important. Since respiratory droplets generally do not travel beyond 6 feet, 6 feet is the recommended guidance for social distancing to help minimize disease transmission. Hand and respiratory hygiene are additional strategies to decrease the spread of COVID-19. Enhanced cleaning and disinfection practices are also recommended. Air quality and ventilation should be optimized and outdoor clinics should be considered when possible. Finally, keeping the 3 C's in mind, avoiding crowded places, close contact settings and confined and enclosed spaces, provides a simple guide to your overall clinic model. We will discuss each of these prevention measures in greater detail on the following slides.

COVID-19 Screening

Sample Screening Questions for Patients

BEST PRACTICE/RECOMMENDATION: CDC recommends screening (1) prior to the clinic and (2) screening on the day of the clinic before vaccination.

Perform temperature check (if pre-clinic, ask the patient if they have had a fever, felt feverish or have had a temperature above 100.4 degrees Fahrenheit within the past 48 hours). Do NOT vaccinate if temperature is above 100.4 degrees Fahrenheit.

1. Ask patient if they are experiencing the following symptoms or have experienced them in the past 48 hours:
 - Fever of 100.4 degrees Fahrenheit or higher, chills or feeling feverish
 - cough
 - shortness of breath or difficulty breathing
 - fatigue
 - muscle or body aches
 - headache
 - new loss of or change in your sense of taste or smell
 - sore throat
 - nasal congestion or runny nose
 - nausea or vomiting
 - diarrhea
2. Within the past 14 days, have you had close contact with someone who is known to have laboratory-confirmed COVID-19 or anyone who has any symptoms of COVID-19? Close contact is defined as less than 6 feet apart for more than 10 minutes.
3. Have you travelled in the prior 14 days outside of New Hampshire, Vermont, Maine, Massachusetts, Connecticut, or Rhode Island, regardless of mode of transportation?
4. Have you been advised to self-quarantine because of exposure to someone with COVID-19?
5. Are you worried that you may be sick with COVID-19?
6. Have you tested positive for COVID-19 in the past 14 days?
7. ~~8-4 (You recently traveled to COVID-19 hot spots?)~~

If "yes" indicate the patient and ask them to leave the clinic. ~~Do NOT~~ ~~advise~~ ~~the~~ ~~patient~~ ~~to~~ ~~contact~~ ~~their~~ ~~medical~~ ~~provider~~.

If "no", all the patient to take a self-temperature screening for symptoms & contact of fever (100.4 or higher) (source: [Massachusetts Department of Health](#)) and cover persons and activities exposed to the virus (source: [Public Health Law Center](#)) or other activities for persons who do not have them.

- Actively screen patients prior to AND on the day of the clinic
- If a patient screens positive for suspected or confirmed COVID-19, they should NOT be vaccinated
- Screen staff prior to working at the clinic

The CDC and NHIP recommend screening all patients for symptoms of COVID-19 prior to vaccination and NOT to vaccinate if a patient has suspected or confirmed COVID-19, even if the patient is only mildly ill or asymptomatic.

When possible, screening should take place prior to the clinic AND at the clinic prior to vaccination. While there is no known health concern related to giving the flu vaccine to a known or suspected COVID-19 positive or suspected person, it is recommended NOT to vaccinate in this case due to the risk of exposing healthcare providers and other patients to the virus.

It is recommended to screen staff as well, as is required in New Hampshire and outlined in the Universal Guidelines for All New Hampshire Employers and Employees. This is a best practice to help minimize disease transmission.

Keep in mind that screening does not replace the other recommended infection control and prevention measures such as universal masking, social distancing, hand hygiene and proper disinfection practices, since a person can be unknowingly infected with COVID-19 and transmit the virus to others. Based on the data thus far, the CDC estimates that approximately 40% of infections are asymptomatic and

that 50% of transmission occurs prior to symptom onset.

Each of the regional public health networks will be provided a stamp indicating that a patient has been screened and cleared for vaccination. You are encouraged to use this stamp to document verification of this on the consent form. NHIP has developed a screening tool template for patients and staff. Work with your Clinical Director to finalize the template you will use and draft policies and procedures for screening all patients and staff as recommended.

Screening policies and expectations should be clearly communicated to patients, parents and guardians prior to and throughout the clinic.

PPE & Cloth Face Coverings

Personal Protection Equipment for clinic staff:

- Medical face mask (mandatory)
- Eye Protection (recommended)
- Gloves (recommended)
- Gown (optional)

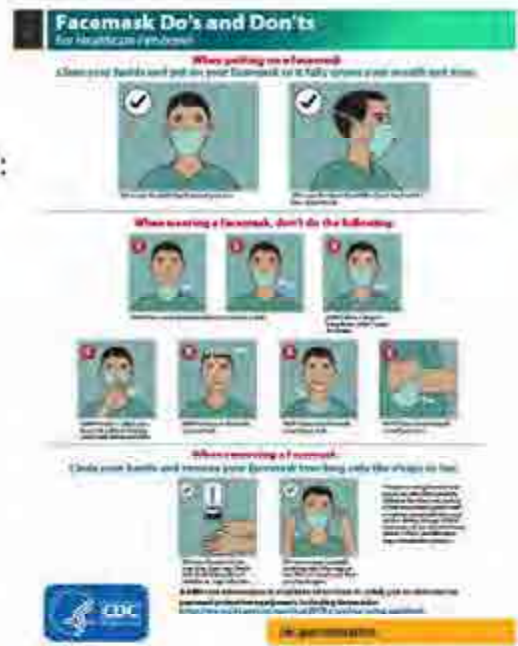
Cloth Face Coverings for patients

- mandatory for patients 2 years and older that can tolerate

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

<https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html>



During COVID-19, universal source control measures at all vaccination events, including cloth face coverings for all patients 2 years of age and older that can tolerate them and proper PPE including medical face masks at a minimum for all clinic staff are important due to the potential for asymptomatic and pre-symptomatic transmission. Eye protection such as a face shield or goggles, is recommended in areas of moderate to substantial community transmission and optional in areas with little to no community 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. Gloves are recommended for intranasal and oral vaccines and optional for injectable vaccines. Wearing gloves may help convey the message to patients that infection control measures at the clinic are strong and taken seriously. A gown is optional.

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, eye protection and gloves. Your Clinical Director may provide additional guidance on this.

Proper donning and doffing, which is putting on and taking off, of PPE is also essential in minimizing the spread of disease during COVID-19. All clinic staff must complete the World Health Organization’s “COVID-19: How to Put on and Remove Personal Protective Equipment (PPE)” training offered on CDC train. . A link to this training will be provided to all RPHN mobile vaccine clinic coordinators to share with their staff.

Policies and procedures should be drafted and implemented for patients over the age of 2 to wear cloth face coverings. These policies and expectations should be clearly communicated to patients, parents and guardians prior to and during the clinic. **Extra supplies should be available at the clinic for patients who arrive without a cloth face covering.**

Social Distancing

- Keep patients & staff at least 6 feet apart
- Limit points of entry to, exit from the clinic
- Maintain unidirectional clinic flow
- Consider scheduling appointments
- Provide sufficient staff, resources and signage to expedite clinic flow
- Arrange a separate vaccination space or time for patients at risk for severe illness, if possible



Social distancing is the practice of keeping a safe space between yourself and others. Since respiratory droplets generally do not travel beyond 6 feet, this is the recommended spatial guidance for social distancing to help minimize disease transmission. Social distancing should be followed both indoors and outdoors and should be followed in conjunction with other infection control measures.

During COVID-19, ensure that your clinic space is large enough to accommodate appropriate physical distancing. Limit points of entry to and exit from the clinic and monitor patients and staff to help avoid crowding. The flow of the clinic should be unidirectional and staff should be assigned to help support and improve efficiency at clinic stations to expedite movement through the clinic, avoid congestion and maintain adequate space. Signage and other resources, such as ropes, cones, floor markings, etc., can help as well. When feasible, a separate vaccination time or space can be arranged for patients at risk for severe illness.

Hand Hygiene

Hand Hygiene

- Adequate supplies of hand sanitizer
- Proper training of all clinic staff
- Signage/Communication



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

<https://www.cdc.gov/flu/professionals/infectioncontrol/resphgiene.htm>

Frequent and proper hand hygiene is one of the simplest ways to help prevent the spread of disease, including COVID-19. The CDC and NHIP recommend healthcare workers and clinic staff wash their hands between patients and before and after putting on and taking off gloves. Proper hand hygiene is also needed after coughing, sneezing, touching the eyes, nose, face or mouth and after contact with any other infectious material. Clinic staff should perform hand hygiene with an alcohol-based hand rub (ABHR) containing at least 60% alcohol for at least 20 seconds. Soap and water should be used instead if hands are visibly soiled. Following proper handwashing technique is important and will be reviewed in the required PPE training.

During COVID-19, additional supplies of hand sanitizer will be needed and should be available to all staff and patients. Signage encouraging frequent and proper handwashing and where supplies are available should be considered.

Respiratory Hygiene/Cough Etiquette

Respiratory Hygiene/Cough Etiquette

- Universal masking
- Adequate supplies: tissues, no-touch dispenser, hand sanitizer, cloth face coverings/masks
- Signage/Communication



<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>

<https://www.cdc.gov/media/releases/2020/p0714-americans-to-wear-masks.html>

<https://www.cdc.gov/ibp/professionals/infectioncontrol/respiratory.html>

<https://www.cdc.gov/vaccines/bcnp/admin/mass-clinic-activities/index.html>

Since COVID-19 can be spread to others even when a patient is pre-symptomatic or asymptomatic, the CDC recommends that all people 2 years of age and older wear a mask, if tolerated, in public settings and when around people other than their household members. This is especially important when social distancing cannot be maintained.

Studies have shown that universal masking policies reduce the spread of COVID-19. Cloth face coverings may not protect the wearer but it may prevent the wearer from spreading the virus to others. This is referred to as source control and is an important step in ensuring that staff and patients feel protected in the clinic setting.

Covering the nose and mouth with a disposable tissue during coughs and sneezes, discarding the tissue into a no-touch dispenser and washing hands afterwards is another important step in reducing transmission of COVID-19 and other circulating infectious respiratory viruses.

During COVID-19, extra supplies of tissues, hand sanitizer and no-touch trash receptacles should be available at the clinics. Consider posting signs to encourage

proper respiratory and cough etiquette and to make it clear where supplies can be accessed. This photo was taken from the CDC.

Enhanced Cleaning and Disinfection



- Clean and sanitize frequently
- Use EPA-registered antimicrobial product for use against SARS-CoV-2
- Follow cleaning product guidelines for safety and efficacy of the product
- Adequate cleaning supplies, available for each workstation
- Establish procedures for cleaning and disinfection
- Consider purchasing one-time use items that patients can keep
- Communicate expectations with patients ahead of time

<https://www.cdc.gov/media/releases/2019/s0415-cdc-practice-checklist.html>
<https://www.cdc.gov/ncidod/diseases/ebola/admission/major-risk-activities/during-clinic-activities.html>
<https://www.cdc.gov/eid/content/25/11/2181a11.htm>

Enhanced cleaning and sanitizing will be needed at the mobile clinics during the COVID-19 pandemic. 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. While this is not felt to be a primary route of COVID-19 transmission, it is important to follow best practices for transmission prevention to maximize the safety of patients and staff.

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. Another option to consider is to communicate ahead of time to your patients to bring their own pen and something to write on.

During COVID-19, you will need to purchase adequate supplies of cleaning products

and follow the product guidelines to ensure safety and proper sanitation. This image is taken from CDC.

Optimize Ventilation

- Consider options for open air vaccination clinics
- If indoors, optimize air quality to the extent possible:
 - Provide fresh air
 - Improve filtration
 - Maintain temperature and Humidity
 - Consider Air Cleaning Technology

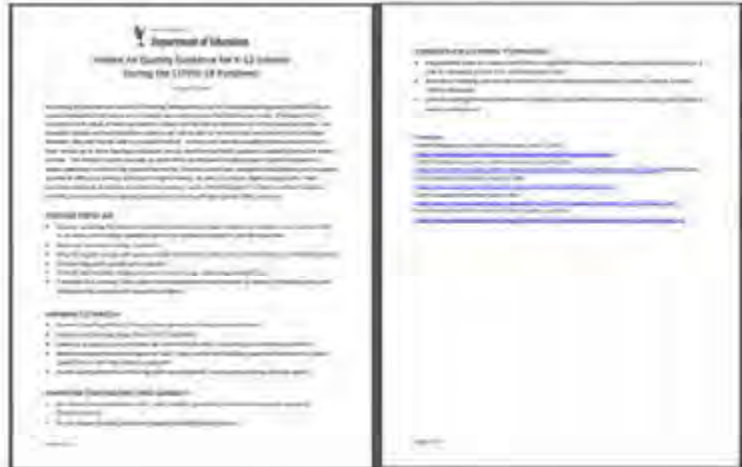


Image source: <https://www.education.nh.gov/sites/g/files/ohbemt326/files/inline-documents/sonh/iag-guidance.pdf>
<https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/during-clinic-activities.html>

Air quality and ventilation should be optimized and outdoor clinics should be considered, when possible, to minimize risk of disease transmission during COVID-19. Social distancing of 6 feet between individuals and universal masking of clinic staff and patients, as mentioned previously should be maintained. If the clinic is held indoors, consider larger, more open spaces and take steps to minimize crowding. Open windows when possible and discuss air quality conditions with the facilities manager and/or HVAC professional at the institution you are considering the vaccination event at. With the New England winter to consider, don't automatically exclude outside clinics such as drive-through clinics, but weigh their decreased transmission levels with safety concerns such as ice and vaccinators staying warm.

Avoid the 3 C's

Design and plan your clinic model to avoid the 3 C's:

1. Crowded Places
2. Close Contact Settings
3. Confined and Enclosed Spaces



<https://www.who.int/brunei/news/infographics--english>

Avoid the 3 C's. Consider scheduling appointment times and/or limiting the number of patients to avoid overcrowding at the clinic. Ensure the clinic space is large enough and designed to flow in one direction to avoid congestion. Design clinic stations to limit close contact.

If the recommended 6 feet of social distance cannot be maintained, it is recommended to ensure proper PPE and handwashing, limit interactions to less than 10 minutes and use physical barriers such as plexiglass, when and if appropriate. As mentioned in the previous slide, consider outdoor clinic settings, when possible, or large, well-ventilated rooms. This image is from the World Health Organization.

Vaccine Clinics During Covid-19 (and other Circulating Respiratory Viruses)

Unique Considerations and Guidelines for:

- Planning Vaccine Clinics During COVID-19
- Pre-Clinic Activities
- During Clinic Operations & Procedures
- Post-Clinic Activities

<https://www.cdc.gov/vaccines/imz/admin/mass-t/line-activities/index.html>

<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

Following best practice infection control guidelines as discussed on the previous slides will help keep your patients, staff and community safer and more protected this season. 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 strategize with your teams for these upcoming mobile vaccine clinics.

Planning Vaccine Clinics During COVID-19



- Vaccine Clinic Location and Layout
- Staffing
- Coordination with Partners

<https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html>

<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

Comprehensive and detailed planning increases the likelihood of success at any mass vaccination event.

Planning mobile vaccine clinics during the COVID-19 pandemic presents some unique challenges which should be factored into the planning process. Meet with your leadership ahead of time to consider the mobile vaccine clinic options available to best serve your community. Discuss vaccine clinic locations and layouts, staffing and how to best coordinate with your local partners. Keep in mind that opportunities to reach those who are underserved and racial and ethnic minority populations should be provided. You may also consider whether or not you have the capability to offer a dedicated time for higher-risk patients to limit their exposure to others. Consider developing backup plans to address unexpected events.

This training highlights many of the mobile vaccine clinic best practices which should be followed during the COVID-19 pandemic. For more comprehensive planning guidance, please refer to the CDC's websites referenced on this slide.

This image was taken from cdc.gov.

Planning Vaccine Clinics During COVID-19

Vaccine Clinic Location and Layout

- Safety
- Size/Capacity
- Ventilation
- ADA Accessibility:
[ada.gov/emerg_prep.html](https://www.ada.gov/emerg_prep.html)
- Weather impact
- Cell phone service
- Electricity/outlets
- Walk-through vs Drive through
- Appointment only



Your vaccine clinic location and layout is especially important to think about during 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 during the COVID-19 pandemic, including the need for adequate social distancing and optimal ventilation. Limits on the number of visitors to schools and other community businesses have 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.

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. 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](https://www.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.

This image is taken from the CDC.

Planning Vaccine Clinics During COVID-19 Staffing



- Roles and responsibilities
 - Job Action Sheets
- Adequate/additional staffing
 - Additional patient screening
 - Manage patient flow
 - Maintain social distancing
 - Assist with enhanced cleaning
 - Assist Vaccinator and other clinic staff
 - Replenish supplies
 - Promote universal masking
 - Promote hand and respiratory hygiene
 - Provide technical assistance
 - Communicate with non-English-speaking patients

During COVID-19, 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. If additional roles are needed, a Job Action Sheet for that role should be developed locally.

Additional staff will be needed at the clinics to:

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

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. This image is from the CDC.

Planning Vaccine Clinics During COVID-19 Coordination with Partners

- Local engineers, HVAC or other experts
- Fire, police and EMS for safety and security

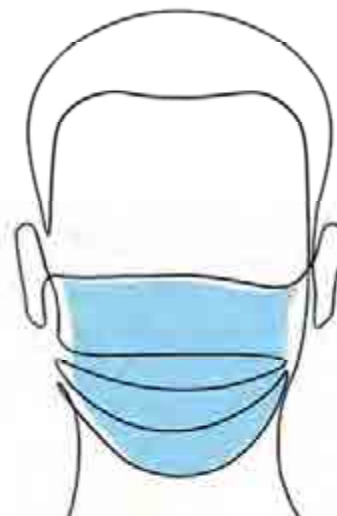


<https://www.cdc.gov/media/releases/2020/s1119-vaccine-planning.html>
<https://www.cdc.gov/media/releases/2020/s1119-vaccine-planning.html>

During the planning process, coordinate with your local partners and experts to identify what resources are available in your region and to develop strategies to optimize clinic efficiency, ventilation, safety and security. Determine what costs are involved and how and where to secure supplies. 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. Try to be flexible and adjust processes and procedures along the way as needed to maximize success. This image is taken from the CDC.

Pre-Clinic Activities

- Supplies and Materials
- Training
- Vaccine Storage and Handling
- Vaccine Clinic Layout
- Clinic Promotion and Communication
- Technical Capabilities Testing
- Clinic Security



<https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html>

<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

Before the clinic, it is essential to establish the purpose and goal of the clinic, including what population will be vaccinated, whether or not it will open to the public and the size of the population served. Supplies, staffing and resources can be better determined once this has been defined.

During the COVID-19 pandemic, there are many aspects of the pre-clinic activities that will be affected. Additional and extra quantities of supplies will be needed and clinic staff will need additional trainings. Vaccine storage and handling capabilities will need to be sufficient for the types and sizes of the clinics being offered and the clinic layout and flow will need to be adapted to the COVID-19 guidelines in your community.

Unique clinic processes relative to COVID-19, including but not limited to COVID-19 screening and universal masking, will need to be communicated to all patients and staff ahead of time. Signs, physical markings of the area, handouts and discussions with patients should be employed to promote adherence. It will be important to consider all aspects of the clinic ahead of time to ensure that technical capabilities are available and functioning properly on the day of the clinic. This may include cell service, access to wifi and electricity and any other technical support that is needed. Consider coordinating with your local police to have an officer available to direct traffic and support security or contract with a security agency if indicated. Also consider having local Fire or EMS on site

at the clinic, if possible, to assist with emergencies. We will discuss each of these in greater detail on the following slides. This image is taken from the CDC.

Pre-Clinic Activities Supplies and Materials

- PPE
- Extra cloth face coverings
- Screening materials
- Documentation materials
- Hand and respiratory hygiene
- Cleaning products
- Extra Consent forms



- During the COVID-19 pandemic, you will need to secure adequate supplies of personal protective equipment (PPE) for staff and extra cloth face coverings for patients.
- 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 during the pandemic. Patients should be advised to wash their hands upon entry to the clinic and 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. Refer to the Mobile Clinic Supplies Checklist as shown on this slide for guidance.

Pre-Clinic Activities Training

- School Based Vaccination Just-In-Time Training
- CDC TRAIN Course: "COVID-19: How to Put on and Remove Personal Protective Equipment (PPE)"
<https://www.train.org/main/course/1091029/>
- Mobile Vaccine Clinic Guidelines During COVID-19
- Alternative Mobile Vaccine Clinic Models
- CPR/BLS-certified and complete brand-specific epinephrine auto-injector trainings
(For clinical staff in charge of emergency response)
- Vaccine Storage and Handling



Staff training is essential for all mobile vaccine clinics and additional trainings will be needed during the COVID-19 pandemic. All clinic staff will still need to take the School Based Vaccination Just-In-Time training for the upcoming season. Supplemental trainings on what personal protective equipment (PPE) is needed and the proper donning, doffing and disposal of PPE to promote safety and limit disease transmission is a **required training** this season as well for all clinic staff. This PPE training is accessible via CDC TRAIN at <https://www.train.org/main/course/1091029/> and will be essential during the pandemic. A link to this training will be provided. Additional trainings, including this training on the specific guidelines during COVID-19 and a training on the alternative mobile vaccine clinic models, 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 during COVID-19, although practices are relatively unchanged from the traditional mobile vaccine clinic model. All staff should also be trained to address common questions about the vaccine and clinic operations.

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. This image is courtesy of the CDC.

Pre-Clinic Activities Vaccine Storage and Handling



- Essential component of mobile vaccine clinics
- Refer to best practices outlined in the mobile vaccine clinic storage and handling training
- Importance of proper accounting and reporting
- 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

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. The NH Immunization Program's Vaccine Storage and Handling training will review best practices for ensuring vaccines are stored and handled appropriately at mobile vaccine clinics. The Vaccine Storage and Handling training and School Based Vaccination Just-In-Time Vaccine training discuss the importance of proper accounting of each and every dose of vaccine and the prompt and detailed reporting to NHIP as required.

During COVID-19, consider the size, population being vaccinated and location of your clinic. Ensure that you have an adequate supply of vaccine to meet demand and adequate mobile vaccine storage unit capacity to accommodate your vaccine supply.

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, if needed. 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. Review the pack-out process ahead of time so you are clear how to properly pack and store your vaccines during the clinic.

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, if possible. If not, consider a divider between the 2 different presentations of vaccine. Consider color coding to further distinguish the presentations.

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.

Pre-Clinic Activities Vaccine Clinic Layout

- COVID-19 screening station
- Separate entrance and exit
- Unidirectional flow
- Clinic stations at least 6 feet apart
- Maintain 6 feet between individuals, when possible
- Signs, banner, floor markings to reflect 6 feet distancing
- Post-vaccination waiting area
- Hard plastic barriers at patient contact areas, when appropriate
- Signs to promote hand and respiratory hygiene and cough etiquette
- Signs to promote clinic operations and reduce crowding



During COVID-19, the clinic location 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 COVID-19 screening station should be at the entrance to the clinic and all patients must be screened for COVID-19 prior to entry. **The 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. Consider assigning additional staff members to assist the Vaccinators as needed to minimize close prolonged patient contact and ensure safety. 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. The image on this slide is from the CDC.

Pre-Clinic Activities

Clinic Promotion and Communication

Clinic Promotion:

- Who can be vaccinated
- If appointments are needed
- How much vaccine is available
- Date, time and location of the clinic
- Patient instructions for the clinic
- Fact Sheets/VIS
- Safety precautions in place

Communication Methods:

- Coordinate communications with clinic partner, if applicable
- Multimedia channels
- Multilingual channels
- Electronic communications
- ADA compliant



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.

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?

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.

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

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

- During the COVID-19 pandemic, 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 during the COVID-19 pandemic 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. The image on this slide is from the CDC.

Pre-Clinic Activities Technical Capabilities



- Computers
- Tablets
- Printers
- Barcode readers
- Wifi
- Cell phone service
- Electrical outlets

<https://www.cdc.gov/nczod/diseases/zoonotic/d/2019-nCoV/faq-essential-services.html>
<https://www.cdc.gov/nczod/diseases/zoonotic/d/2019-nCoV/faq-essential-services.html>

During the COVID-19 pandemic, you may be hosting clinics in locations that are new to you. You may also be using an alternative clinic model and may need additional resources. As a result, you should assess the technical capabilities and resources in advance of the clinic. Identify the equipment and resources that you will need for the clinic and verify that all needed equipment will function properly, that there is cell phone service or a land line to access emergency assistance at the location and that all of the needed resources are available. This image is from the CDC.

Pre-Clinic Activities Safety and Security

- Police Officer or Security Guard
- Local Fire and/or EMS
- Extra Staff
- Clinic Flow Management (Traffic Control, if needed)
 - Signs
 - Cones
 - Traffic control, if needed
- Brightly colored apparel
- Staff identification
- Emergency supplies for all patients being vaccinated



As mentioned in the previous slide, mobile vaccine clinics during COVID-19 may be different from those you have coordinated in the past. 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.

Extra clinic staff will also be essential during COVID-19 to help with the additional roles needed at the clinic and to help ensure safety throughout; whether to maintain social distancing, reinforce universal masking policies, assist the Vaccinator, minimize crowding or help to direct patients where they need to go. Signs, cones, extra staff members and traffic control can help ensure smooth clinic flow.

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.

Always make sure you have adequate emergency supplies for all patients being vaccinated, including all ages being vaccinated. If emergency medications and supplies are insufficient

or are not available for a particular age group, patient vaccination should not occur until appropriate emergency medications and supplies are available. This image is courtesy of the CDC.

During Clinic Operations & Procedures

- Vaccine Storage and Handling
- General Operations
- Vaccination Process & Procedures
- End of Clinic

<https://www.cdc.gov/schools/media/2020/s190919a.html>
<https://www.cdc.gov/schools/media/2020/s190919a.html>

During your mobile vaccine clinic, follow the procedures and guidelines outlined in the School Based Vaccination Just-In-Time training and incorporate the COVID-19 specific best practices and strategies that are recommended based on your clinic location and mobile vaccine clinic model. The additional infection control precautions, safety measures and other strategies to ensure a successful mobile vaccination clinic during COVID-19 should be developed in accordance with the guidance provided in this and the other supplemental trainings required. Vaccine storage and handling, general clinic operations, vaccination processes and procedures and end of clinic activities will be discussed on the following slides.

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.. This image is from the CDC.

During Clinic Operations & Procedures General Operations

- Limit points of entry and exit
- All patients must be screened for COVID-19 prior to clinic entry
- COVID-19 infection control measures in place
- Clearly delineated stations
- Clearly identifiable staff
- Area designated for 15 minute waiting period
- Area designated for medical intervention, as needed



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.

During the COVID-19 pandemic, ensure physical distancing and enhanced infection control measures are in place and implemented as detailed previously in this training.

- Cleanse and disinfect vaccination stations between patients, if possible. If not, disinfect at a minimum every hour, between shifts and if station becomes visibly soiled.
- Ensure patients 2 years of age and older are wearing a cloth face covering, if tolerated. Provide one to the patient, if needed.
- Ensure staff is wearing appropriate PPE. All staff should wear a medical mask at a minimum. Vaccinators should also wear a face shield or goggles and gloves. **Gloves must be changed and hand hygiene performed between patients if gloves are worn.** Other clinic staff should be offered the same PPE. Gowns should be available for all clinic staff that prefer to wear them.
- Ensure an adequate supply of tissues, hand sanitizer and no touch wastebaskets for patients and staff.
- 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

- Provide extra cleaning and sanitizing support throughout the clinic

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.

The image on this slide is the Immunization Action Coalition's "Protective Measures for Vaccinating During the Pandemic" document. A copy of this pdf should be kept with your standing orders for reference.

During Clinic Operations & Procedures Vaccination Processes and Procedures



- Patient screening
- VIS
- Signed consent
- PPE and hand hygiene guidelines
- Vaccine preparation, administration and handling
- Documentation
- Observation

Follow the standard Vaccination Process as outlined in the School Based Vaccination Just-In-Time Vaccine training during COVID-10. When alternative mobile vaccine clinic models are employed, such as drive-through clinics, make sure staff are trained on how to access vaccine sites and administer vaccines safely and aseptically.

- Screen for eligibility, contraindications and precautions prior to vaccination-ensure patient answers “no” to all screening questions on the consent form. Do NOT vaccinate if the patients answers “YES” to any of the screening questions.
- Ensure patient has reviewed the VIS and has had an opportunity to have all questions answered prior to vaccination.
- Ensure consent form is signed by the patient, parent or legal guardian, as appropriate.
- Ensure vaccine is prepared and handled appropriately. Prepare in designated area, ensure cold chain has been maintained, needles and syringes are handled and disposed of appropriately and vaccine is not left out of the portable storage unit for more than 30 minutes.
- Monitor patient flow to avoid drawing up/preparing unnecessary doses and wasting vaccine.
- Ensure hand hygiene is performed before vaccination, between patients, before and after glove removal and any time hands become visibly soiled.
- Ensure Standing Orders are available and being followed.
- Ensure each vaccine dose is being accurately documented and patients receive record of

their vaccination.

- Ensure patients are observed for 15 minutes after vaccination for syncope (fainting) and other adverse events. Keep in mind that this is especially important during a drive-through clinic when the driver is vaccinated.
- This image is from the CDC.

During Clinic Operations & Procedures End of Clinic

- Account for all vaccines doses
- Discard wasted doses
- Store all remaining viable vaccine in portable cooler or refrigerator

At the end of the clinic, follow all SOPs as detailed in the School Based Vaccination Just-In-Time training. During COVID-19, remember to maintain social distancing between clinic staff and any remaining patients or other personnel. Ensure that all vaccine that has been drawn up and not used is discarded appropriately and wasted doses are accounted for. Ensure all vaccine doses are appropriately reported and accounted for and patient information is secured according to state, federal and HIPAA guidelines. Any remaining viable vaccine should continue to be stored and handled as appropriate, monitoring and recording the temperature closely every hour as per protocol, and returning the vaccine to the primary storage unit once post-clinic activities are completed.

Post-Clinic Activities

- Remove and dispose of PPE
- Clean and disinfect vaccination clinic area
- Follow “Clinic Demobilization” procedures outlined in the JIT training
- Secure all patient information
- Debrief/After Action Report

<https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html>

<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

At the end of your mobile vaccination clinic during COVID-19, staff should remove all personal protective equipment using appropriate technique, including PPE disposal and proper hand hygiene. All surfaces should be cleaned and disinfected and trash and biohazard waste disposed of per your SOPs. The clinic area should be returned to the original pre-clinic appearance. No trash or other items should be left behind. All clinic demobilization actions as outlined in the School Based Vaccination Just-In-Time training relative to vaccine storage and handling, temperature recording, documentation and vaccine accounting should be followed as per usual practices. Patient information must be kept secure at all times. Consider holding a debrief with clinic staff immediately following the clinic to discuss what went well, what could be improved upon and lessons learned. Identify strategies for improvement going forward. Sharing this knowledge with the other Regional Public Health Networks can also help to minimize errors, improve safety and increase the opportunities for successful vaccination clinics across all of our communities in New Hampshire.

Resources for Reference:

The image displays a collection of resources for mobile vaccination during COVID-19. At the top right, there is a 'Resource Links' box containing various links from organizations like the CDC, FDA, and NHTSA. Below this, there are three checklists: 'Traditional Mobile Clinic Checklist', 'Mobile Clinic Site with Checklists During COVID-19', and 'Mobile Clinic Supplies Checklist During COVID-19'. The checklists are partially obscured by a large, diagonal watermark that reads 'Mobile Clinic Vaccination During COVID-19 Resource Links'.

NHIP has put together a list of resource links and developed some checklists for guidance in planning and successfully executing mobile vaccine clinics during COVID-19. Please keep in mind that information and guidance is fluid since we are still learning about COVID-19. It is important to stay current with new recommendations and guidance as it becomes available. While the information in this training, the additional trainings and these resources are not all-inclusive, they are meant to help provide the foundation upon which you can plan and hold successful and safe mobile vaccination clinics in your community. NHIP is available for questions when you need us and is eager to help support you. While COVID-19 challenges how we have traditionally thought about holding mobile vaccine clinics, it has also provided a unique opportunity to grow our capacity and to foster new relationships in the community.

Thank You

Thank you for being part of a very important effort to reduce the burden of infectious respiratory diseases in our community and the resultant demands on our health care systems. We could not do this without you!



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