

Alternative Mobile Vaccine Clinic Models

And Considerations Specific to Each During COVID-19

Welcome to the Alternative Mobile Vaccine Clinic Models training. Please note that this training is a supplement to and should be taken along with the School Based Vaccination Just-In-Time Training, Mobile Vaccine Clinic Guidelines During COVID-19 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:

- Mobile Vaccine Clinic Models
- How to Choose the Best Model
- Benefits and limitations of each
- Considerations during COVID-19 to promote safety and reduce the risk of disease transmission

This training will discuss some of the alternative mobile vaccine clinic models, how to choose the best model, the benefits and limitations of each and the considerations for each model during COVID-19 to promote safety and reduce the risk of disease transmission.

Objectives

- Identify some of the different types of mobile vaccine clinic models
- Determine what factors to consider when choosing a clinic model
- Identify the benefits and limitations of each
- Identify strategies to promote safety and reduce the risk of disease transmission during COVID-19

At the conclusion of this training, you will be able to identify some of the different mobile vaccine clinic models and what factors to consider when choosing a model for your region. You will be able to describe the benefits and limitations of each and the strategies to promote safety and reduce the risk of disease transmission during COVID-19.

Mobile Vaccine Clinic Models

Walk-through

- Indoor
- Outdoor



*These activities can also be combined with activities, for example, they might be part of activity 1 or 3.

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



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

The mobile vaccine clinic models that we will be discussing today are traditional indoor walk-through clinics, outdoor walk-through clinics and curbside or drive-through clinic models.

Indoor walk-through vaccine clinic models traditionally and historically have occurred in schools, churches, auditoriums, medical facilities and other establishments.

Outdoor walk-through models are less traditional but can occur outside of the aforementioned facilities and/or in an athletic field or other outdoor space.

Curbside or drive-through mobile vaccine clinic models are also less traditional and may be set up in a large parking area outside of normal business hours or in another available open lot.

Work with your administration and local community partners to see what venues are available in your region.

There are many ways to set up your clinics. Some of the clinic activities may be combined or separated out depending on your region's needs and strategies regarding clinic flow. The images on this slide are from the CDC. They reflect the possible flow and stations needed for the various vaccine clinic models we will be discussing in this training.

Choosing the Best Model



- **Target Population** – transportation, technology, language needs, etc.
- **Geography** – urban, suburban, rural
- **Weather** – protection from the elements based on the season
- **Space/Size/Capacity Needs** – population being vaccinated, social distancing and ventilation needs; ADA compliant and accessible to patients with disabilities
- **Technology/Services**– wifi, printing, cell service, electricity, lighting, access to water, restrooms, etc.
- **Safety** –disease transmission, environmental factors, vehicle risks, demand for vaccine
- **Staffing Needs and Costs** – number, type, and necessary training
- **Associated costs** – equipment (tents, tables, chairs, traffic signs and cones, etc.) rental and delivery, traffic support

Choosing the best model or models for your region will be dependent upon many factors.

Target population: First, consider your target population, who the vaccine clinic is intended for. What are the transportation and technology needs of this population? Do they have the means to get to the clinic and do they have internet access to sign-up, preregister or access other information? Are options available for those who have transportation limitations or do not have access to a computer or wifi? What are the language needs in your community and what resources can you access to meet those needs?

Geography: Are you intending to access folks in cities and towns or are you looking at clinics in more remote locations?

Consider how to provide vaccination opportunities to those who are underserved in your communities, including those in remote areas, those with limited financial means or limited access to transportation and racial and ethnic minority populations.

Weather: Consider the season and climate during which the clinics will be held. If outside clinics are preferred and indicated, how can clinic staff and patients be protected and safe during extreme weather conditions, ie. extreme cold, snow, ice, especially considering the winters in New England?

Space/Size/Capacity: Consider the population being vaccinated, will it be appointment-only, limited to a certain group of individuals or accessible to a larger cohort of the community? Ensure that you have adequate space to maintain social distancing, minimize crowding and optimize ventilation.

Technology/Services: Consider what technology and other services will you need to efficiently run your clinic? Depending on your charting system, you may or may not need internet access.

Safety: What model will ensure the most safe environment for patients and staff? During a pandemic, what is the risk of disease transmission? What other safety risks should be considered? Is the vaccination area free from hazards, will traffic and vehicle risks be a factor and is there excessive demand for the vaccine but a limited supply that could ignite anger and frustration?

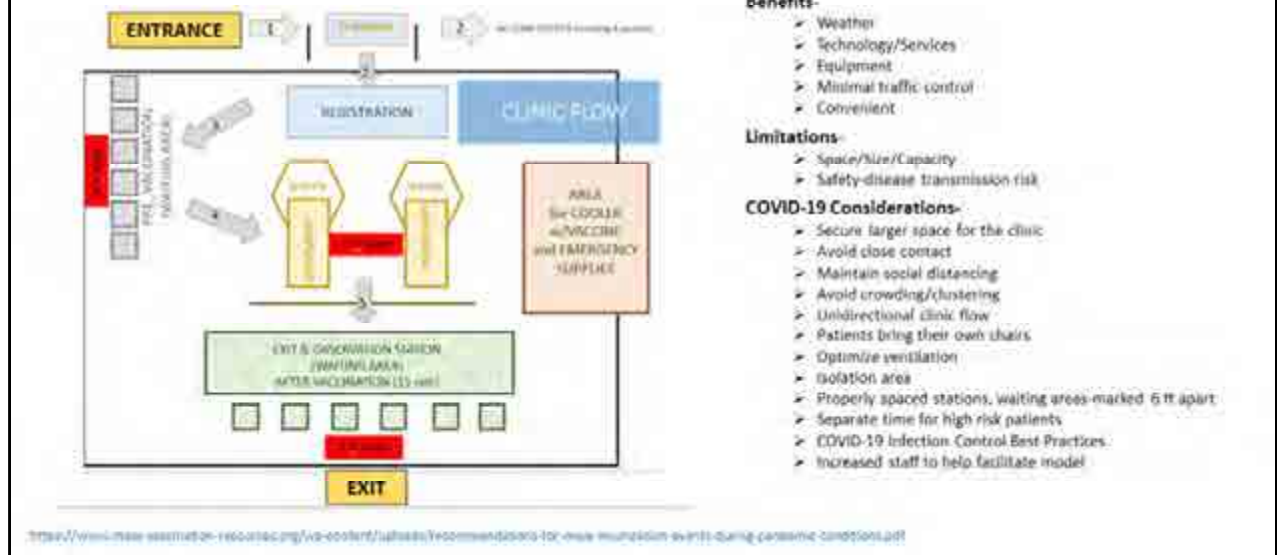
Staffing Needs and Costs: How many staff will you need to run your model efficiently? Do you have access to the appropriate number of staff with the proper skillset? How much training will be needed and is there adequate training available? Do you have the financial means to secure adequate staffing and training?

Associated Costs: What equipment is needed for the type of model you are planning? Will you need tents, tables, chairs, cones? Do have the equipment available? If not, can you rent or borrow it? What additional supplies or personnel are needed and what is the cost?

Taking these items into consideration will help determine what type of mobile vaccine clinic model may best serve your community.

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Traditional indoor walk-through mobile clinic model



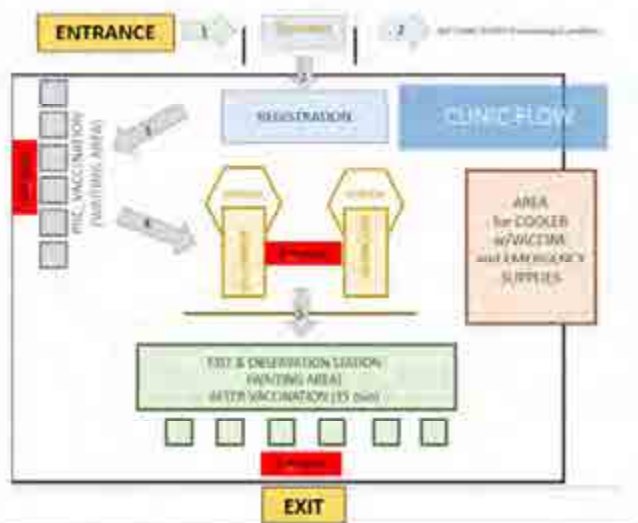
Benefits: The traditional indoor walk-through mobile vaccine clinic model provides protection from the weather and easier access to technology and other services such as electricity, lighting, water and restrooms which can improve the efficiency of the clinic. It may also provide increased access to other resources such as tables and chairs. There is minimal to no traffic control with this type of model and it is generally convenient for the patients being vaccinated, especially if it is held on-site of a facility where the patients live, work or go to school.

Limitations: As mentioned earlier, these types of vaccine clinics are often held in schools, gymnasiums, cafeterias and other similar venues. The space may be limited, unless a larger arena-type space or convention hall/conference center is available for use. During pandemics such as COVID-19, the World Health Organization has advised to avoid the 3 C's, crowded places, close contact settings and confined and enclosed spaces. Traditional indoor vaccine clinic models are less conducive to optimizing ventilation and social distancing as compared with other mobile vaccine clinic models, making it more difficult to avoid these 3 C's and possibly increase the risk of disease transmission.

COVID-19 Considerations: If this type of vaccine clinic model is employed during COVID-19 or any other respiratory virus pandemic, 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 also need to be established to promote and maintain social distancing, avoid crowding and optimize ventilation. 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. Patients could be encouraged to bring their own foldable chairs with the floor marked to designate proper distancing when waiting in between stations. With this clinic model, consideration of a special time or area for those with high risk medical conditions will be especially important. 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. All of the best practice guidelines as detailed in the Mobile Vaccine Clinic Guidelines During COVID-19 Training including but not limited to proper screening, universal masking, proper PPE, hand hygiene and enhanced cleaning and disinfection would need to be operationalized. Increased staff will be essential to support all of these processes.

Outdoor walk-through mobile clinic model



Benefits-

- Space/Size/Capacity
- Safety-disease transmission risk
- Minimal traffic control

Limitations-

- Weather
- Technology/Services
- Equipment
- Possible environmental hazards

COVID-19 Considerations-

- Secure space large enough for the clinic
- Avoid close contact
- Maintain social distancing
- Avoid crowding/clustering
- Unidirectional clinic flow
- Patients bring their own chairs
- Properly spaced stations, waiting areas- marked 6 ft apart
- Separate time for high risk patients
- COVID-19 Infection Control Best Practices
- Increased staff to help facilitate model

<https://www.mass.gov/info-details/faq-considerations-for-outdoor-walk-through-mobile-vaccine-clinics-during-pandemic-conditions>

Outdoor walk-through models may be set up similarly to indoor models since there are similar station needs throughout. They can be set up on a track, in a stadium, in a large open field or other large open outdoor space.

Benefits: Social distancing outside will still need to be maintained during pandemics but the outdoor model optimizes ventilation and may provide opportunities for enhanced social distancing and decrease the risks of disease transmission. There is generally minimal traffic control with this type of model.

Limitations: This type of model can be less efficient as compared to the indoor walk-through model due to decreased accessibility to some of the resources typically utilized during a mobile vaccine clinic. Tents, tables and chairs will need to be secured and set up outside along with with sanitizing stations and all other staging areas as needed. Extension cords to secure electricity and utilizing hot spots for wifi may also be needed. The weather could also pose challenges. In extremely cold temperatures, staff may find it difficult to perform their duties. This may be especially pertinent to vaccinators. 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 impede operations if there is not adequate shelter. Storms may present unsafe conditions such as the hazards of lightning and wind if using tents. Snow or ice-covered walkways present a fall risk for staff and patients. Other environmental factors to consider are uneven surfaces such as fields and

potential barriers for those with mobility challenges.

COVID-19 Considerations: If this type of vaccine clinic model is employed during COVID-19 or any other respiratory virus pandemic, proper planning and systems will need to be put in place to secure a large enough space and minimize close contact among patients and staff. As with the indoor walk-through mobile clinic model, standard procedures will need to be established to promote and maintain social distancing and avoid clustering. A unidirectional flow with one entry and one exit should be set up. Patients could also be encouraged to bring their own foldable chairs as with the indoor model. Cones, banners or other markings could be used to designate proper distancing when waiting in between stations. With this clinic model, you may also 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. All of the best practice guidelines as detailed in the Mobile Vaccine Clinic Guidelines During COVID-19 Training including but not limited to proper screening, universal masking, proper PPE, hand hygiene and enhanced cleaning and disinfection would need to be operationalized. Increased staff will be essential to support all of these processes.

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

Benefits-

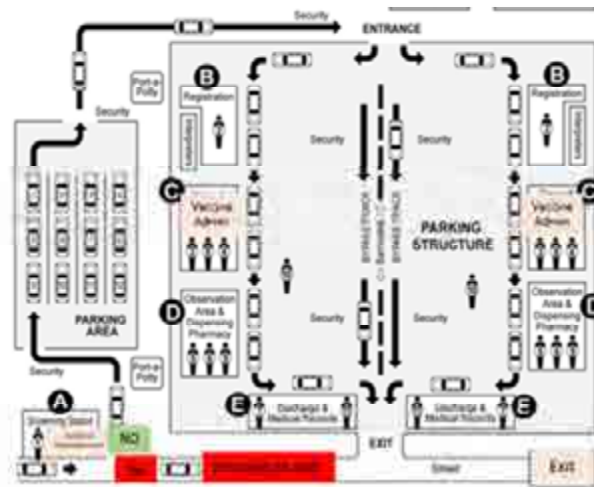
- Space/Size/Capacity
- Easier to maintain social distancing
- Safety-disease transmission risk
- May be more convenient, especially if offered to families

Limitations-

- Weather
- Technology/Services
- Equipment
- Safety-traffic control, vehicle safety, risks if driver is vaccinated
- 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



<https://www.usda.gov/sites/default/files/2020-04/20200407-141000-141000-141000-141000-141000-141000-141000-141000-141000-141000.pdf>
<http://www.cdc.gov/coronavirus/2019-ncov/clinical/vehicle-based-vaccination.html>

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: Drive-through vaccine clinics provide more effective social distancing. 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.

Limitations: There are some limitations to the drive-through clinic model. Similar to the outdoor walk-through model, this model can be less efficient due to decreased accessibility to many of the resources typically utilized during a mobile vaccine event. Tents, tables, chairs, electricity and internet work-arounds 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.

COVID-19 Considerations: If this type of vaccine clinic model is employed during COVID-19 or any other respiratory virus pandemic, proper planning and systems will need to be put in place to minimize close contact among patients and staff as with all other clinic models. Standard procedures will need to be established to promote and maintain social distancing and avoid clustering. There will need to be an exit pathway for patients who screen positive for COVID-19. All of the best practice guidelines as detailed in the Mobile Vaccine Clinic Guidelines During COVID-19 Training including but not limited to proper screening, universal masking, proper PPE, hand hygiene and enhanced cleaning and disinfection would need to be operationalized. Increased staff will be essential to support all of these processes.

This image, courtesy of the Maryland Partnership for Prevention, has been edited to reflect COVID-19 screening prior to clinic entry with pathways to clinic or exit, depending on results. Station C was renamed the Vaccine Administration station.

- d. Open windows at all clinic stations to communicate with clinic staff
 - e. Provide access to injection site, ideally patients would have been instructed prior to the clinic to wear short sleeves or shorts if child is less than 2 years old
- a. Strict enforcement of the 15-minute wait is strongly encouraged for drivers. This should be communicated in advance of the clinic and at the clinic in advance of the vaccination. Verbal agreement should be requested from the driver before they are vaccinated. Proof of documentation could be withheld until after the 15 minute wait time is completed. Adequate parking for drivers to wait as recommended after vaccination, ideally in the same space the vaccination occurs, should be provided. If logistics do not allow for patients to wait for 15minutes in the same space they were vaccinated, consider asking the driver if they feel well and assess for any symptoms of dizziness or lightheadedness or other adverse effects prior to allowing the driver to proceed to the observation parking area, do not allow them to proceed if they are feeling unwell. The observation parking area should be in close proximity to the vaccination area in this situation. The observation/waiting area should also be staffed by a clinic team member(s). You may consider washable window marker or chalk or bright paper with vaccination time under windshield wipers to clearly assess when the 15 minute period has been met.
 - b. Vaccine administration will include ensuring the patient and vaccinator are in correct orientation. Correct technique and anatomic site selection and access need to be maintained to avoid vaccine injury related to inappropriate needle placement. Patients could be expected to exit their vehicle and sit on a chair next to vehicle (in this case the vaccinator should be seated as well to ensure proper body mechanics; alternately vaccinators may sit next to open car doors (with the patient seated inside). Since vaccinating patients in a vehicle is non-traditional and presents some unique challenges, practicing these techniques ahead of the clinic and determining the steps and supplies needed will help to maximize efficiency, increase safety, reduce errors and protect patients and staff from injury. Always ensure patients are seated during vaccination to prevent injury if a patient faints. Have everything at the ready. This will help reduce patient anxiety and minimize close contact with the patient limiting risk of disease transmission during pandemics such as COVID-19. Parents may need to step out of the vehicle and assist when children are vaccinated.
 - c. Consider minimum age limits for the event since young children may not be able to reliably comply with positioning and physical requirements while in a vehicle. Consider whether or not to limit pets since clinic staff may be allergic, afraid and due to the potential for injury related to bites.
 - d. Think about environmental quality at your curbside or drive-through clinic. Consider partnering with your local Fire Department to test your environmental quality using a 4 gas meter to ensure that carbon monoxide levels are safe.

This image, courtesy of the Maryland Partnership for Prevention, has been edited as mentioned on the previous slide.

Drive-Up (a.k.a. Curbside) or Drive-Through CDC Guidance Document for Reference

Considerations for Planning Curbside/Drive-Through Vaccination Clinics

Because of COVID-19, there has been a decrease in non-urgent, face-to-face, routine medical visits, including those for routine vaccinations. But unfortunately, postponing or canceling routine vaccinations for children and adults leaves individuals vulnerable to becoming infected with vaccine-preventable diseases and increases the risk of vaccine-preventable disease outbreaks. One way to ensure that people continue to receive needed vaccines is to set up a curbside or drive-through vaccination clinic. If you are planning a curbside or drive-through vaccination clinic, some issues for consideration include:

- When to screen for contraindications and precautions
- How to store, handle, and prepare vaccines properly
- How to follow infection control practices
- How to ensure patient and health care provider safety while administering vaccines
- What measures to take if the driver is being vaccinated

This guidance should be used in conjunction with [Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations](#) and the [Satellite, Temporary, and Off-Site Vaccination Clinic Supply Checklist](#).

<https://www.cdc.gov/immzmnz/ncgi/summary/newsroom/curbside-vaccination-clinics.pdf>

This document from the CDC is a great resource and can be referenced to ensure best practices if you are planning a curbside or drive-through clinic.

It highlights the planning, pre, during and post clinic activities relative to this clinic model and addresses some of the unique aspects, as discussed on the previous slide.

- It points out the Advisory Committee on Immunization Practices (ACIP) and CDC's recommendation of a **15 minute post-vaccination observation period** because of the potential for fainting and describes this 15 minute waiting period practice as "critical" at a drive-through vaccination clinics because of the potential for injury when the vaccinated person is the driver.
- Other **safety guidelines** are also mentioned, for example, having passengers remain in their vehicles, restraining children properly, not allowing pets that could possibly bite health care personnel and having separate entrances and exits for vehicles.

- **Administration of vaccines** is discussed due to the unique challenges with vaccinating a patient in a car. Adequate practice and training relative to accessing patients, proper positioning, injection site identification and proper technique is highlighted.
- Finally, attention is drawn to the benefits of **appointments** which allow for the prescreening of individuals prior to the clinic, increased communication regarding requirements and restrictions and serve to help manage patient and traffic flow.

Promotion/Communications

- Email or SMS Using Existing Mailing Lists
- Create Mailing Lists
- Social Media
- Radio, Television, PSAs, Billboards, Bus Ads, Newspaper Ads



Clearly Communicate and Enforce Mask Requirement

Regardless of which clinic model you choose, clear communications and promotion of the clinic ahead of time is key. It can provide an opportunity to coordinate pre-registrations and appointments. It is also an opportunity to review guidelines, process information and minimize bottlenecks and confusion at the clinic. The photo and contents of this slide was provided by and is being used with the permission of the Maryland Partnership for Prevention.

Resources for Reference

➤ **NHIP-Developed Checklists**

- Mobile Clinic Supplies Checklist
- Mobile Clinic Checklist
- Mobile Clinic Site Visit Checklist

➤ **Resource websites and documents from CDC, IAC and more**

- Resource Links for the 2020-21 SBC and Adult Flu campaign

➤ **Call NHIP 603-271-4482 for assistance or with questions.**

Be on the lookout for updates as new information becomes available.

Whichever clinic model you choose, the NHIP-developed checklists and other resources provided should help guide you along the way. Refer to the Mobile Clinic Supplies Checklist to ensure you don't miss anything that you may need at the clinic. Consider adding to this checklist anything additional you will need for your region.

The NHIP Mobile Clinic Checklist is your hourly temp log and vaccine clinic data sheet to be completed at the clinic along with a checklist of important items to remember pre, during and post clinic.

The Mobile Clinic Site Visit Checklist is the checklist NHIP uses when we come to visit your clinic for a site visit. It is a great checklist to reference to ensure that all your process and procedures are adhering to best practices.

The NHIP-specific document titled Resource Links for the 2020-21 SBC Season and Adult Flu Campaign posts the links to many helpful and informative resources from the CDC, Immunization Action Coalition and more. Please take the time to explore these resources.

Please do not hesitate to reach out to NHIP at 603-271-4482 for assistance or with questions.

The NH Immunization Program will continue to update information as it becomes available.

Thank You

Thank you again for being part of a very important effort to reduce the burden of infectious respiratory diseases in our community. We could not do this without you!



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