Slide 1

Hello and welcome to this webinar. My name is Dr. Elisha Hall, and I am part of the Immunization Services Division at the Centers for Disease Control and Prevention. Vaccines are critical tools that we have to protect populations, and in this webinar, we’re going to discuss how you as a frontline healthcare worker can successfully host an off-site vaccination clinic to reach populations of focus during the COVID-19 pandemic.

Slide 2

The ongoing COVID-19 pandemic has placed a great strain on our nation’s public health and healthcare system. As of March 2021, there have been over 27 million cases and over half a million deaths in the United States from this disease.

Slide 3

Thankfully, we now have multiple COVID-19 vaccines authorized under emergency use by the Food and Drug Administration.

Slide 4

These vaccines are key tools that we have in our fight against COVID-19. To quickly reach as many people as we can with these life-saving vaccines, we need to establish off-site vaccination clinics that serve our communities.

Slide 5

As a healthcare provider, you play a key role in ending this pandemic. Let's learn how you can effectively host an off-site COVID-19 vaccination clinic.

Slide 6

In this webinar, we will:

* Describe considerations for implementing off-site COVID-19 vaccination clinics.
* Describe considerations to prevent exposure to SARS-CoV-2 at off-site clinics.

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Let’s get started!

Slide 8

Today I’m going to discuss considerations for hosting an off-site COVID-19 vaccination clinic.

Slide 9

Let’s start with practices to prevent SARS-CoV-2 exposure.

Slide 10

Before hosting an off-site COVID-19 vaccination clinic, you should always consider federal, state, and local guidance that may inform specific policies on hosting a clinic. Make sure that your clinic location and layout adhere to these governmental policies.

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Furthermore, you should also establish engineering controls to protect patients and staff from exposure to the SARS COV2 virus.

Slide 12

Ask patients to complete required paperwork online or over the telephone to reduce the number of stations and patients in the waiting room at one time.

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Post signs, posters, and banners to enforce lines and to promote good hand hygiene and cough etiquette.

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At the entrance of your clinic, consider establishing a screening station to screen patients for symptoms of COVID-19.

Slide 15

Enforce one-way traffic flows to maintain physical distancing throughout the clinic site

Slide 16

If possible, make sure that you offer multiple hand sanitizer stations throughout the clinic site for both patients and staff.

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Provide hard plastic barriers at patient contact areas to limit transmission.

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If you are hosting an in-person or walk-through clinic, your clinic location should be large enough to accommodate physical distancing of at least 6 feet from each other.

Slide 19

Additionally, if scheduling appointments, ask patients to wait in their cars until their appointment time to reduce crowding.

Slide 20

Let’s move into an example of how I might design an indoor walk-through clinic during COVID-19.

In this example, I have a clinic with a variety of stations:

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1. A patient begins at the screening area that has multiple stations to check-in, screen for eligibility, and screen for COVID-19.

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2. Next the patient enters the clinic

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3. And proceeds a waiting area with seats spaced at least 6 feet apart. If forms were not completed ahead of time during a pre-registration process, they can be completed in this area. Staff should be available to collect forms and provide disinfected pens and other materials after each use.

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4. Next, some patients may go to a medical screening area. For instance, if they have indicated a precaution and need to discuss further.

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5. Next, patients will move into the vaccination area to be vaccinated.

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6. Then all patients will need to be observed for 15 minutes or 30 minutes. Refer to the link on this page for the most up-to-date observation guidance.

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7. Finally, when observation is complete, patients exit the clinic

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Next, consider staffing. Additional staff may be necessary to:

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* Supplement signage and enforce physical distancing measures
* Ensure all patients and accompanying attendants wear a face mask that covers nose and mouth

Slide 30

* Cleanse and disinfect vaccination stations at a minimum of every hour, between shifts, and if station areas become visibly soiled.
* Ensure supplies such as tissues, hand sanitizer, and wastebaskets are readily accessible throughout the clinic

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Provide IT support for online processes, if your clinic is using online preregistration

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Additionally, given the ongoing COVID-19 pandemic, you will need supplies such as:

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Thermometers for checking patients’ temperatures before they enter the clinic,

Slide 34

Face masks, such as disposable procedure face masks, for patients who arrive without one,

Slide 35

Personal protective equipment for staff, including face masks, gloves, and eye protection, if applicable,

Slide 36

Cleaning supplies and disinfectant for more frequent cleanings,

Slide 37

And alcohol-based hand sanitizer with at least 60% alcohol or hand soap if washing stations are available.

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For further details on all the supplies and materials you might need to host an off-site vaccination clinic, please refer to this You Call the Shots checklist, with a link provided here.

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Now let's give you an opportunity to check your knowledge so far. What do you think? Which of the following is an additional layout consideration during the COVID-19 pandemic?

1. Entrance screening station
2. Barriers at contact areas
3. Capacity for physical distancing
4. All of the above

Pause your video to think about your answer and resume when you are ready to review.

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Time to review.

The correct answer is D. All of the items listed are additional layout considerations.

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Now let’s move on to optimizing limited vaccine supply. Vaccine supply is limited at the beginning of a pandemic vaccination program. While limited, there are a variety of considerations for clinics to optimize supply and reduce vaccine wastage.

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The Advisory Committee on Immunization Practices (ACIP) recommends that, when supplies of COVID-19 vaccine are limited, vaccination should be offered in a phased approach.

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* Phase 1a: Healthcare personnel and long-term care facility residents

Slide 44

* Phase 1b: People 75 years of age and older and frontline essential workers, such as fire fighters, correctional officers, or food and agricultural workers.

Slide 45

* Phase 1c: People 65-74 years of age and people 16-64 years of age with high-risk medical conditions, such as cancer, chronic kidney disease, heart conditions, and others.

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As supply increases, vaccination recommendations will expand to include more people. Some states may already be in phase 2.

While ACIP makes recommendations for who should be offered COVID-19 vaccine first, each state has its own plan for deciding who will be vaccinated first and how they can receive vaccines. Refer to your state immunization program’s plan for allocation.

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Next, forecast clinic attendance to accurately assess the amount of vaccine and supplies necessary for a clinic and to avoid potentially wasting a limited vaccine supply. Consider:

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making appointments or a combination of appointment and walk-ins/no appointments

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allowing the option to cancel up to 24 hours before the event (or an alternate time that is feasible for preparation); this may help minimize no-shows and allow a more accurate head count

Slide 50

creating a “back-up” or “on-call” list of people that can be at the vaccination site within 15-30 minutes if there are doses left nearing the end of the clinic workday.

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Based on your forecasted attendance, if you are transporting vaccine from another facility, transport only the number of doses you need for that day.

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As a regular part of preparation for any vaccination clinic, staff should be trained on proper storage and handling, preparation, and administration of vaccines to be administered at the clinic.

It is not only important for vaccine safety and effectiveness, but also to avoid unnecessary waste.

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You can find recommendations by COVID-19 product on our website, shown on this slide.

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Finally, consider starting with a smaller scale vaccination clinic, especially if you have not previously managed a mass vaccination clinic. Starting small allows you to:

* Test workflow, throughput, protocols, procedures, and training of volunteers and staff
* Reflect on successes and lessons learned, which can be applied to larger settings
* Focus on populations in a certain geographic areas that may not have access to larger, centralized mass vaccination clinics

Slide 55

Now let's give you an opportunity to check your knowledge so far. What do you think? True or false:

As a standard part of preparation for any vaccination clinic, staff should be trained on proper storage and handling, preparation, and administration of vaccines being offered at the clinic. It is not only important for vaccine safety and effectiveness, but also to avoid unnecessary waste.

Pause your video to think about your answer and resume when you are ready to review.

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Let’s review. The correct answer is True.

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Finally, let’s close out with maximizing clinic throughput

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When working to maximize the number of people moving through a vaccination clinic, start with planning and honing operations.

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As described previously, initiate vaccination processes at a smaller scale initially and build to large operations after staff is familiar with processes and procedures. This will help in working out the kinks so large clinics run more efficiently.

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As capacity allows, operate large vaccination sites to include multiple shifts, evenings, and weekends.

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* Consider multiple scheduling options to reach more people, such as:
	+ Altering scheduling for vaccinations from an exact appointment time system to a time block method. In other words, consider asking people to sign up during a one- or two-hour time block rather than for an exact appointment time. This still allows you to forecast attendance, while allowing patients more flexibility and fewer no-shows for those running late.
	+ Allowing a combination of appointments and walk-ins, with a specified number of walk-ins per hour scaled to the capacity of the clinic. This will allow more people that cannot commit to an appointment while still limiting crowding. However, this may impact forecasting attendance. Always use caution in relaxing appointment-based systems to prevent site congestion and crowding.

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Consider the vaccine products offered.

* COVID-19 vaccine differs from most vaccines that can be administered simultaneously. COVID-19 vaccination clinics should not offer other routine vaccines.
* Consider offering only one product per clinic (e.g., only Moderna or only Pfizer-BioNTech) to streamline storage, preparation, and administration.
* It may not be feasible to only offer one product. If you offer more than one COVID-19 vaccine product per clinic, consider designating different preparation areas and lines for each product to help streamline and prevent vaccine administration errors. Maintain one-way traffic from entrance to exit.

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Online registration is an option for any clinic, however it is especially applicable during COVID-19. Completing registration tasks prior to the clinic can reduce throughput time.

Consider online or telephone pre-registration to reduce the time each patient spends at a large venue. This can include:

* Scheduling
* Screening for eligibility
* Screening for contraindications and precautions
* Obtaining insurance information, if applicable
* Providing Emergency Use Authorization Fact Sheet for Recipients and Caregivers
* Providing other patient education

Make sure all information is accessible and in an easy-to-read format.

For populations without internet access, avoid online-only registration. Offer the option to complete pre-registration over the phone. Or if time allows, send forms to complete by mail that the patient can complete and bring to the clinic.

If pre-registration is not feasible at all, provide a socially distanced area to complete forms with frequent cleaning/disinfection processes in place.

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Now we’ll talk about some layout strategies you can implement to maximize the number of people moving through the clinic.

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First, consider utilizing the waiting room to reduce time spent at the vaccination stations:

* Ask patients to fill out forms if pre-registration was not possible. Consider tablets preloaded with registration forms. These should be sanitized after each use.
* Provide patient education while waiting to reduce time spent at the vaccination station. Consider displaying video loops and posters in waiting areas that include key patient education information. Place staff in the waiting area to answer questions, give information about waiting times, and address concerns for those expressing anxiety about being vaccinated.

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If space permits, consider establishing multiple vaccination pathways throughout a large facility. Layout should still:

* Allow for physical distancing
* Accommodate one-way traffic flow
* Accommodate people with disabilities
* Have bathrooms, entrances, and exits to support each set-up

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Keep lines moving and notify patients when they may move to the next step:

* Provide clear instructions before patients arrive so they know where to go first (e.g., wait in car, or come inside)
* Establish a separate vaccination process/line for those who have mobility issues or disabilities to allow them more time moving through the process. Consider erecting partitions so those using that line will be shielded from others for privacy concerns.
* Assign staff to continually monitor immunization areas to determine needs for restock of supplies.
* Include roving non-medical observers in the post-vaccination observation area to answer questions, discuss v-safe and other reminder programs, and ensure that each vaccine recipient knows when and where they need to return to receive their second dose of vaccine (if needed).
* Assign staff and security at venue exits to prevent people from entering the venue through the exits and to ensure orderly exit from the venue.

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Finally, evaluate the layout

* Observe and evaluate station set up locations to maximize efficiency when patients are moving from station to station.
* Assess staff placement and efficiency. Adjust staff roles, as competencies allow, and number of staff per station as needed. Optimizing staff utilization can improve throughput and increase the number of people vaccinated.

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Drive-through and curbside vaccination settings can provide an efficient way of vaccinating a large population and, at the same time, maintain physical distancing, as patients remain in their vehicles for the entire vaccination process.

Refer to CDC[’s specific guidance](https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/curbside-vaccination-clinics.html) for considerations in planning drive-through vaccination clinics.

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We’ve walked through considerations to prevent exposure to SARS-CoV2, optimize limited vaccine supply, and maximize the number of patients through your clinic.

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I hope the information presented here can help you become an effective vaccinator so that you can reach populations of focus with lifesaving vaccines.

Slide 72

On the following slides are resources for off-site clinics.

Slides 73-75, no voice over

Slide 76

I would like to thank the CDC COVID-19 Vaccine Task Force Clinical Education Team for their contribution.

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That concludes our webinar on COVID-19 Considerations for Hosting Off-site Vaccination Clinics in the COVID-19 Vaccine Webinar Series. Thank you so much for your time.