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.

Slide 2

Vaccination clinics held at satellite, temporary, or off-site locations offer an efficient mechanism for vaccinating many people.

As a frontline healthcare provider, you play a key role in providing routine vaccinations and it is important to consider how to effectively use off-site clinics in your vaccination strategy.

Slide 3

In this webinar, we will:

* List four phases of planning for and hosting an off-site vaccination clinic.
* Describe recommended practices for planning and executing off-site vaccination clinics.

Slide 4

As a note, images in this webinar do not reflect pandemic considerations. A follow-up webinar is offered that does reflect COVID-19 considerations, or please refer to the link on this slide for more information on personal protective equipment.

Slide 5

Let’s get started!

To successfully host an off-site vaccination clinic, it is important to follow the four phases presented in this timeline:

Slide 6

First, plan for the clinic by identifying critical resources and key logistics necessary to host an off-site clinic.

Slide 7

Second, consider pre-clinic activities such as training staff and procuring the needed supplies and space.

Slide 8

Third, focus on operations during the clinic.

Slide 9

And finally, assess how the clinic went and wrap up the event with required documentation.

Slide 10

Let’s delve deeper into the first step, which is planning activities.

Slide 11

Planning activities for an off-site vaccination clinic include setting a goal and scoping out key components of the clinic.

Slide 12

We’ll start with developing the clinic purpose and goals.

Slide 13

When developing the clinic purpose and goals, you first need to

Slide 14

Define your population of focus. This is the population you aim to serve through your vaccination clinic. You might choose to open your vaccination clinic to the public or keep it for only prioritized groups.

Slide 15

Next, determine the number of people you plan to serve so that you can plan appropriately for supplies.

Slide 16

Finally, determine the vaccines that you plan to offer. With few exceptions, most vaccines may be given simultaneously with other vaccines.

COVID-19 vaccines are unique in that the vaccine series should routinely be administered alone, with a minimum interval of 14 days before or after administration of any other vaccine. Other vaccines may be administered within a shorter period in situations where the benefits of vaccination are deemed to outweigh the potential unknown risks of vaccine coadministration.

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For more on timing and spacing, refer to the resources listed on this slide.

Slide 18

Let’s now move on to developing a staffing plan,

Slide 19

To host an effective off-site vaccination clinic, you need a staffing plan that is scalable to the expected number of people to be vaccinated. Plan for staff to fill the following roles:

Slide 20

Any endeavor requires effective leaders, who will oversee and coordinate administrative functions, supervise clinic activities, clinic logistics, and site selection.

Slide 21

Clinical staff must perform core functions such as preparing and administering vaccines, as well as screening patients for contraindications and precaution.

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Finally, you will need support staff to help with clinic logistics, such as greeting or checking-in patients and directing clinic flow.

Slide 23

Let us now move on to determining the vaccination clinic location

Slide 24

There are several types of clinics to choose from when selecting a location for your off-site vaccination clinic.

Slide 25:

You could choose to hold an indoor clinic (either small or large), which is particularly good:

* In very cold or hot climates, or
* For important resources like refrigerators for storing vaccine or access to water and bathrooms

Slide 26

Or a curbside or drive-through clinic, which you might choose because:

* It can be more convenient for patients
* May provide more options for site selection

Slide 27

Or an outdoor walk-through clinic or clinic in an outdoor tent near a medical facility, which can be helpful if:

* You are limited on indoor venues
* You have a large outdoor space available to you in a temperate climate
* The outdoor space is a central location to your population, especially if they face transportation challenges

Slide 28

Or, a mobile clinic, which you might choose because:

* You can take the vaccine directly to communities
* It provides ease of access

Slide 29

Choose a clinic type that will effectively meet the needs of the population. Assure the location can accommodate people with disabilities.

Slide 30

Now let us move on to considerations for clinic layout.

Slide 31

There are many considerations to keep in mind when you are planning the layout of your vaccination clinic.

* Design clinic flow to move in one direction with separate entrance and exit areas
* Clinical best practice is that the person who administers vaccine should prepare that vaccine; however, in large-scale clinics this may not be possible. Always make sure that there is a designated vaccine preparation area for infection control purposes and consider separate preparation areas for each vaccine product to avoid mix-ups.
* Design layout to accommodate a wide range of patients. This should include:
  + Adequate seating for patients and
  + Designated areas and separate pathways for people with limited mobility and disabilities.
* Provide dividers between stations and at least one privacy screen.
* Make sure that you have an area where you can evaluate patients and medically treat them should they experience any adverse reaction after vaccination.
* And finally, make sure that you provide a separate administrative work area for on-site documentation of vaccination in an electronic health record or immunization information system.

Slide 32

Our final step in the planning stage is coordinating with key partners who can help with executing your clinic plans.

Slide 33

Partners may include government entities, like state and local immunization programs, as well as other nonprofit and private sector organizations.

Partners can provide important assistance with planning your event.

For example, your local or state immunization program can provide information about underserved areas and populations and nonprofits can help promote the clinic or provide support staff.

Planning tools can be found at the website listed on the screen.

Slide 34

Now that we have completed the planning activities, let us move on to the pre-clinic activities.

Slide 35

Pre-Clinic activities include planning for and securing resources for an off-site vaccination clinic.

Slide 36

Let us now start with your required supplies and materials.

Slide 37

You need to secure supplies and materials for your off-site clinic, including:

Slide 38

Vaccines, and if needed, diluents. Ensure you have the correct product(s) for the age group prioritized for vaccination.

Slide 39

Clinical supplies, such as syringes, alcohol prep pads, Vaccine Information Statements, and appropriate needles.

Slide 40

Administrative supplies and any other office supplies needed for documentation like notepads, pens, and computers to document vaccination in the Immunization Information System.

Slide 41

And emergency supplies like epinephrine autoinjectors, blood pressure monitor, and first aid kids.

Slide 42

The examples listed were not complete. 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.

Slide 43

Let us now move on to training your staff

Slide 44

Training your staff is critical. Ensure all staff are trained to answer common questions about the vaccines.

Slide 45

Additionally, make sure that all clinical staff know:

* Cardiopulmonary resuscitation and basic life support
* Infection control practices
* Screening for contraindications and precautions
* Vaccine storage, handling, preparation, and administration for the vaccines being offered
* How and where to document vaccines administered

Training should include an observation component to validate staff knowledge of and skills in vaccine administration.

Slide 46

CDC has many training resources, including vaccine storage and handling, preparation, and administration resources. See the links listed on this slide.

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Another pre-clinic activity is to ensure plans are in place for storing and handling the vaccine throughout the clinic day.

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* Draft a plan for monitoring temperatures and share this plan will all your staff.
* At a minimum, a plan should be drafted to monitor and record temperatures based on the storage unit and temperature monitoring device.
* The acceptable temperature range depends on the specific vaccine and type of storage. Please refer to the vaccine manufacturer’s guidance for storage information.

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Ultimately, having a robust plan in place helps you maintain the vaccine cold chain, which is critical to ensure vaccine safety and potency.

Slide 50

As a healthcare provider, you are responsible for the last three circles in this cold chain. From the moment the vaccine arrives at your facility to moment it is delivered in a patient’s arm, you are responsible for maintaining the cold chain.

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To maintain the cold chain, there are two options for transporting vaccines to a clinic

Slide 52

As a best practice, it is always preferable to have vaccine(s) shipped directly to the clinic site instead of transporting them from another facility. Considerations would include whether the facility has:

* Appropriate on-site equipment to store vaccines at appropriate temperatures, including temperature monitoring equipment.
* Staff to monitor temperatures.

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If a direct shipment is not possible, vaccines can be transported from another facility. However, plans must be made to ensure vaccines can be handled safely and the cold chain can be maintained during transport and throughout the clinic workday. You should not routinely transport vaccine, but as a practice use a portable refrigerator/freezer unit or qualified container or packout with a temperature monitoring device if you need to transport the vaccine from another facility.

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For more information on best practices for transporting vaccines, please refer to the resources on this slide.

Slide 55

Finally, before the clinic starts, it is important to promote and communicate your clinic information to the targeted audience.

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To promote your clinic:

* Use multilingual and multimedia channels to widely post clinic purpose, dates, locations, times, and population that will be served.
* Be clear about who the clinic is for— such as those who have an appointment.
* Provide instructions on clinic logistics, such as how to set up appointments if prescheduling will be used.
* Scale your promotion to the amount of vaccine that will be available.
* Include partners in promotion, who can be helpful for reaching populations of focus.

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

As a healthcare provider, you are responsible for maintaining the cold chain from the time the vaccine arrives at the provider facility until it is administered.

Pause this video to think about your answer, then resume when you are ready to review.

Slide 58

Time to review. The answer is true. You are responsible for maintaining the cold chain from the instant the vaccine arrives at the facility until you administer it.

Slide 59

Next, we will cover activities during the clinic.

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Activities during the clinic include general operations, vaccination, and end of the workday.

Slide 61

Let’s start with general operations.

Slide 62

General operations refers to operationalizing and overseeing the plans that you developed in the planning and pre-clinic phases, such as the plans for location and layout, supplies and materials, and storage and handling.

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Let’s move to vaccination processes

Slide 64

During the vaccination process, ensure the following occur:

* Screen for eligibility
* Screen for contraindications and precautions
* Distribute Vaccine Information Statement or Emergency Use Authorization fact sheet prior to vaccine administration
* Prepare and administer vaccine following manufacturer’s guidance and proper administration practices
* Observe patients in a waiting area for at least 15 minutes after vaccination for syncope or other adverse events
* Document the vaccination in your state’s Immunization Information System.

Slide 65

I want to draw your attention to the practice of pre-drawing vaccines. CDC does not recommend predrawing a vaccine, however if vaccine must be predrawn:

Set up a separate station for each vaccine type.

Draw vaccines after arriving at the clinic site, not beforehand.

Draw up no more than 10 doses/1 MDV at one time.

Monitor patient flow to avoid drawing up unnecessary doses.

Predraw reconstituted vaccine into a syringe only when ready for administration. If a predrawn vaccine is not used within 30 minutes of being reconstituted, follow manufacturer guidance for storage conditions and time limits.

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And finally, let us discuss what to do when you reach the end of your clinic work day.

Slide 67

At the end of the clinic workday, always ensure that all remaining vaccine in syringes is discarded according to protocol. Some vaccines may have short beyond use dates and need to be discarded as well. Store any remaining viable vaccine is as recommended to protect the cold chain.

Slide 68

Now let's give you another opportunity to check your knowledge so far. What do you think? Which of the following statements about predrawing vaccine is FALSE?

1. Monitor patient flow to avoid predrawing unnecessary doses.
2. Draw up doses at the clinic site, not beforehand.
3. No more than 20 doses should be withdrawn at one time.
4. Set up an administration station for each vaccine type.

Again, pause your video to think about the answer and resume when you are ready to review.

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The answer is C. No more than 10 doses or 1 multidose vial should be withdrawn at one time.

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Finally, let us discuss the final phase of this timeline. Post Clinic Activities.

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After a patient has received a vaccination:

* Complete any required documentation and give the patient a record of the vaccine they received. Submit information on vaccinations administered to the jurisdiction’s immunization information system or patient’s primary care provider, as required by your state or local immunization program.
* Report any suspected adverse events to the [Vaccine Adverse Event Reporting](http://www.vaers.hhs.gov/index) System or VAERS. The link to VAERS is provided here.
* And finally, develop an after-action report to capture lessons learned from the clinic and to make recommendations for improvements. Your local health department may have a template you can use.

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So there you have it! We’ve walked through the four phases to successfully host an off-site vaccination 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 life saving vaccines.

Slide 74

On the following slides are resources for off-site clinics, including storage and handling resources.

Slides 75-77 no voice over

Slide 78

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 Guidance for Hosting Off-site Vaccination Clinics in the COVID-19 Vaccine Webinar Series. Thank you so much for your time.