



COVID-19 Vaccination Distribution Implementation Program

Planning a COVID-19 Vaccination Clinic Checklist



Prepared by: Wisconsin COVID-19 Vaccine Task Force

P-02973 (04/2021)





Table of Contents

Essential Planning Components	1
Purpose.....	1
Considerations for Hosting a Clinic.....	1
Key Considerations for Planning	1
Information/Messaging – Language Accessibility.....	2
Physical Accessibility	4
Community Partnerships and Advertising	4
Event Enrollment and Staffing.....	5
Registration.....	6
Considerations for Opening the Clinic.....	7
Site Design and Protocols	7
Staff Training	9
Vaccine Preparation and Administration	10
Considerations for Post-Clinic Operations	11
Staff Roles and Responsibilities	11
Greeter and Patient Triage	11
Registration.....	11
Medical Screening	12
Vaccination	12
Observation Station and Waiting Area	12
Data Entry Station.....	12
Drive-Through Clinic Considerations.....	13
Traffic Flow and Clinic Structure	13
Post-Vaccination Observation.....	13



Planning a COVID-19 Vaccination Clinic Checklist

Essential Planning Components

Purpose

The goal of the Wisconsin Department of Health Services (DHS) COVID-19 Vaccination Program is to:

- Administer COVID-19 vaccine safely, quickly, and equitably to populations across the state.
- Achieve 80% immunization among the adult population (est. 3.7 million people) by summer 2021, pending supply.

This document has been developed to provide guidance for COVID-19 vaccine providers, local and tribal health departments (LTHD), and all other stakeholders who are interested in establishing, or hosting, a community-based vaccination clinic for COVID-19 vaccine. A community-based vaccination clinic (CBVC) can be a single day, short-term, or long-term clinic that is open to the public. These clinics focus on providing a high-throughput of COVID-19 vaccine to targeted locations of a community, particularly those who otherwise have limited access to a vaccinator. This document details several considerations that DHS recommends to integrate into clinic operations in order to host a clinic that promotes accessibility, equity, and safety for participants. This checklist can also be used to assess existing or current community-based clinics for how well they adhere to equity practices and guidelines.

Considerations for Hosting a Clinic

Key Considerations for Planning

- Work with LTHDs, trusted community leaders, employers, faith-based groups, and other community-based organizations to review community demographics to establish or identify target populations, with specific attention to the following:
 - Limited English-proficient communities
 - Communities who would otherwise lack access to vaccination opportunities (such as under- or uninsured).
 - Communities comprised of individuals who are unable to travel to vaccination sites due to lack of public transportation, accessible transportation, or mobility limitations (individuals who are homebound or with disabilities).
 - Communities without available or affordable internet access.
 - Other populations that are disproportionately impacted by social determinants of health.
- Estimate anticipated number of participants to be vaccinated.
- Utilize data resources (such as [Social Vulnerability Index](#), [UW Neighborhood Health Partnerships Program – Barriers to Vaccination Tool](#), or local data sources like school district data) and leverage local partners (such as trusted community leaders and agencies, faith-based groups, etc.) to assess the community needs and any unique barriers or considerations that should inform planning of the clinic. Plan communication strategies to promote the clinic to the community or targeted audiences
- Identify the appropriate location for the clinic.
 - Location should be easily accessible for drivers and those using public transportation.
 - Work with partners to develop local and community-based plans that increase accessible transportation to and from vaccination sites. Plans can include working with local public transportation or cab companies, ride share companies (such as Uber), or coordinating with volunteer networks.
 - Any transportation services that are provided need to ensure proper protections for both the drivers and the riders of the service. Consider offering vaccination to volunteers who sign up to help with transportation and coordinating their start date to be two weeks after they have



been fully vaccinated. Ensure that driver and rider are both wearing masks, minimize the number of individuals in a given vehicle, and seat driver and rider as far apart as possible, with windows open.

- Assess the existing vaccination opportunities in the area and consider using this clinic location to fill geographical access gaps. Ideally, anyone in Wisconsin should be able to access a vaccination site within a maximum of 60 (rural) or 30 (urban) miles from their home. Consider how this clinic location can help to fill existing gaps to accommodate that goal.
- Schedule date(s) and time(s) of the clinic appropriate to reach targeted populations, accommodating differing work schedules and other accessibility issues (such as child care, no paid leave time). Accommodating different schedules reduces access-related barriers, particularly for people who work the night shift or have inconsistent schedules.
- Vaccination sites must be compliant with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 regarding accessibility requirements.
- Identify whether the clinic will be open to the public or closed to individuals from a targeted group of participants.
 - Closed clinics are those that are privately hosted by an employer, business, provider or LTHD, which is called the 'host.' Attendance is restricted only to a dedicated population of individuals such as staff or members associated with the host.
 - Open clinics are those that are publicly hosted by a vaccination entity, such as the LTHD, or collaboration between an entity and a vaccine provider. These events are open to the general public.
- Locations should be able to handle the volume of traffic the clinic target size will create so as not to create traffic back-ups and safety hazards.
 - If traffic conditions are a concern, safety barriers should be put in place to protect pedestrians. Individuals who drive to the vaccination site should be encouraged to wait in their vehicle until their scheduled appointment time.
 - Location should offer free and accessible parking with clearly placed way-finding signage.
- All clinic sites should offer both wheelchair-accessible walk-up and drive-up access.
- Site locations should consider having designated pick-up and drop-off zones for patients coming by taxi or rideshare.
- All locations should protect visitors, staff, and volunteers from inclement weather as feasible, including offering hand-warmers and/or heaters in the winter, bottled water and/or fans in the summer, and shelter from precipitation in all seasons. Weather accommodations should ensure physical/social distancing could be maintained at all times. Reference and follow tornado warning, fire evacuation, and security protocols.

Information/Messaging – Language Accessibility

- All messaging of any information throughout the entire process (such as planning, advertising, on-site instructions/materials, expectations, operations, etc.) should be available in different methods to facilitate language access across a range of potential needs:
 - Use plain language and pictograms/infographics.
 - Ensure materials are easy to read with large text and pictures/visual cue options.
 - Provide sign language interpreters and captioning services, and have face coverings on-site with clear inserts for staff to communicate with those who read lips.
 - Provide materials in Braille or offer audio recordings of information for those who are visually impaired.



- Ensure that electronic information display is also accessible (such as alternative text, high contrast, closed captioned videos).
- Include different strategies for on-site vaccination messaging as well as any additional supplemental messaging.
- Develop plans to ensure equitable access to information, including translating documents into Native languages and ASL.
- Include interpreters for commonly-used languages at vaccination clinic and any community engagement events related to the clinic. If interpreters are not available to support on-site services, consider using a phone-based interpretation line.
- Provide high-quality, accurate translations of all vaccine site-related info into commonly used languages in the community, based on the review of community demographics.
 - DHS aims to offer all state materials in English, Spanish, Hmong, Somali, Mandarin, and Hindi.
 - Work with community partners to identify if there are additional community-specific language needs in a given region.
 - Clearly advertise and emphasize information on how to obtain translated documents on all communications – work with local partners to engage with community groups who may require translation to ensure they have timely access to information.
- Develop messaging to ensure people understand the vaccine process, while being sensitive to and respectful of different beliefs. For example:
 - Ensure people understand where and how the vaccine is administered (such as upper arm, either arm), while being sensitive to people whose religion or spiritual practice entails modest dress. Offer the option for a more private space to receive the vaccine, if available.
 - People may request one vaccine over another for religious or ethical purposes. Be accommodating, if possible. If choice of vaccine is not available, provide enough information to explain the vaccine allocation process, whether the site only receives one type of vaccine, the parallel effectiveness of the different vaccines, and what, if any, options are available.
- Develop messaging addressing potential concerns people may have regarding site location and accessibility, including appropriate exemptions to safety or health protocols due to underlying conditions or religious practices (such as addressing the need to roll up a sleeve with a patient in modest dress for religious purposes).
- Provide clear information about the vaccine clinic's policy of not sharing immigration status. This policy must include the following:
 - Health care providers are not legally required to report or document immigration status.
 - Immigration status is protected by the Health Insurance Portability and Accountability Act privacy rule.
 - Health care facilities are considered sensitive locations and are to be avoided by U.S. Immigration and Customs Enforcement and U.S. Customs and Border Protection.
- Provide additional information to patients:
 - Resources for assistance in Wisconsin <https://www.dhs.wisconsin.gov/library/p-02784.htm>.
 - Announcement on extended open enrollment period.
 - 211 cards.
 - Information about medical homes in the area if not already a health care entity.
- Develop and execute a robust communications plan to inform the public about the CBVC's appointment-based system, including how to register online, where to find information and assistance with the online system, other available methods for making an appointment, what to expect when patients arrive, and an explanation of walk-in appointments or waitlist policies, where relevant.



Physical Accessibility

- Provide a mechanism (such as telephone number, email address, check box on registration) for patients to request disability-related accommodations prior to arrival.
- Ensure vaccination sites are equipped with assistive technology
Set aside locations to support patients who may require additional privacy or assistance. This may include older adults, patients with physical and cognitive disabilities who need effective communication access (such as ASL or texting through cell phones), patients with cultural considerations, or people who experience sensory sensitivities.
- Develop process for patients to file a complaint regarding operations, clinical care, alleged civil rights violations, or ADA non-compliance at the vaccination site. Develop messaging strategies to inform the public of this process.
- Develop plans to accommodate patients who are unable to wear masks due to medical or other conditions, or who require the removal of masks to communicate (such as where someone who communicates through lip-reading would need to see the mouths of staff or volunteers). Consider keeping a supply of masks with clear inserts to allow for lip-reading on-site.

Community Partnerships and Advertising

- If operating an open clinic:
 - Notify the LTHD of the upcoming community-based clinic and key information so that the LTHD can assist in distributing information to targeted populations and support other planning components of the clinic, such as public transportation to and from the clinic, if needed.
 - Work with LTHDs to develop outreach strategies to engage with community organizations, leaders, and local partners that represent, serve, or work with underserved or historically marginalized communities, patients with disabilities, and/or people with limited English proficiency. Center the LTHD input and guidance in the development and review of inclusive planning documents and messaging.
Consider incorporating LTHD and other partners like community health workers to establish a diverse and inclusive advisory team that can review and inform clinic plans, messages, and other materials to ensure cultural relevance and acceptance of the information shared.
 - Work with this advisory team to recruit and/or leverage volunteer networks to support staffing clinic activities (such as greeters, translators, interpreters, etc.).
 - Publicly advertise clinic to targeted population(s) after receiving confirmation of upcoming vaccination allocation using the appropriate language(s) and a variety of communication techniques and channels, including:
 - Verbal
 - Visual/posters
 - Written
 - Radio
 - Social media
 - Messaging apps
 - Community-specific social media groups
 - Messaging advocates (such as celebrities, sports stars, trusted community leaders)
 - Leverage trusted messengers, staff, and outreach workers to do door-to-door outreach around the vaccine clinic to raise awareness and encourage the public to register for an appointment. Provide these volunteers with masks, if needed, and emphasize the importance of distancing during in-person interactions.
 - Leverage these same trusted messengers to host pop-up events to help register people in-person who may struggle navigating or accessing online or phone-based registration processes. When holding these events, ensure masking and distancing, hold the event outdoors if possible, and



consider hosting these events in spaces where targeted individuals may already be visiting to access resources or services. This decreases the number of discrete places individuals would need to visit in order to accomplish all of their tasks (such as bus transfer points, laundromats, libraries, grocery stores, food pantries, etc.).

- Plan for accessible and multilingual messaging and communications through available ethnic and media outlets, wireless emergency communications, and use of virtual town halls for coordinated communications.
- Ensure all messaging is culturally appropriate and translated.

If hosting a closed clinic, work with the “host” to engage with relevant partners to promote clinic.

Event Enrollment and Staffing

Establish partnership(s) with prescribing medical authority for vaccine (such as a pharmacist or local medical director) that will be administered. A prescription is required; however, this authority can use the [state’s standing order](#).

Establish partnership(s) with medical authority to support clinical oversight of vaccine administration and clinical staff at the clinic.

Identify which entity will be taking the lead and responsibility for the vaccine, including ordering, storing and handling inventory management, and recording administered doses in the Wisconsin Immunization Registry (WIR). This entity must be registered and been approved as a COVID-19 vaccinator with Wisconsin DHS. DHS will assist in identifying if additional Form B registrations are needed as a distinct Form B registration is required for all sites that will be used to administer vaccine on an ongoing basis or for more than several days in a row. Contact dhscovidvaccinator@wi.gov for more information.

Designate an on-site point of contact to respond to questions and make decisions. Identify a backup that is familiar with all on-site activities and processes.

Hire [qualified staff](#) at a quantity adequate to:

- Promote patient flow with proper distancing.
- Allow for one-way flow through space.
- Allow for ample observation area monitoring.
- Accommodate registering patients for the clinic location and size.
- Provide appropriate clinical expertise and decision making regarding vaccine precautions and contraindications.
- Provide technical support.
- Allow for coverage during staff breaks.

To the extent possible, staffing should reflect the demographics of the community. Work with partners to leverage volunteer networks to incorporate community members and known community leaders to be familiar faces at sites, if possible.

Plan for security of clinic site and staff.

Prepare to manage a medical emergency related to the administration of vaccines. Ensure the statewide 911 system and emergency medical service (EMS) information is located at the vaccination site and there is adequate cell phone coverage or ready access to a landline.

Train all staff on the procedure for identifying and managing an emergency.

Establish workplace attire expectations.

Site staff should wear some sort of uniform to make identification of staff easy and non-threatening. Staff should also wear clear identification of their name and their role at the site (such as greeter, ask me questions, vaccinator, etc.).



- Volunteers and other partners should also be encouraged to plan for some uniformity among attire in order to be easy to identify, wear a nametag to identify their name and role, and be discouraged from wearing any attire that may be considered as threatening or appears to promote a political affiliation.
- It is encouraged that all site staff wear professional, medical attire such as scrubs. Items such as military fatigues or clothing representing a political party may make patients uncomfortable and are discouraged.

Registration

- Develop plans to support applicants in virtual registration processes, particularly communities without available or affordable internet access and for people who do not have computers, are not familiar with technology platforms, or who are easily confused or stressed by them. Provide alternative methods (such as registration by phone, limited slots for in-person registration, extended hours, multilingual services) to ensure equitable availability and access.
Develop plan to allocate percentage of available appointments to be accessed by consumers needing additional assistance and who cannot register online, therefore needing phone or in-person registration assistance. This number of appointments to hold for alternate registration may be based on vaccine supply, eligibility phase, internet access of the community or eligible groups, current uptake, previous data on percentage of call-in vs. online vs. walk-in registration, etc.
- Develop and publish FAQs and key informational details needed for participants being vaccinated. Include details regarding how to arrive at the clinic location, personal protective equipment (PPE), social distancing expectations, what to wear (layers for access to injection site), screening expectations, and whether or not participants can be accompanied.
- Have available printed forms, vaccination cards, emergency use authorization (EUA) fact sheets, current CDC, manufacturer and other applicable guidance for reference by participants.
 - Prepare all printed materials ensuring they are in plain language that support all audiences.
 - Ensure copies are available in various languages appropriate for the location and intended population of patients.
 - Ensure support staff are available in the event an individual needs assistance in reading or understanding a form.
- Plan for language interpreters, including securing the services of additional forms of communication to facilitate language access, such as sign language interpreters, captioning, use of plain language, braille materials, and use of pictograms.
- Ensure that information displayed is accessible (such as having alternative text, high contrast, closed captioned videos). The [FDA](#) has COVID-19 vaccine fact sheets translated into many languages. Translate any written communication, including clinic signage.
- Consider implementing a call center for questions or to assist with scheduling appointments.
- Ensure phone or in-person registration support services are available during flexible hours to accommodate differing work schedules.
- Plan for strategies that help to facilitate earlier access for scheduling appointments for more marginalized individuals.
For example, set up a tiered system of prioritizing zip codes based on socioeconomic data which would allow certain zip codes access to scheduling appointments before others, therefore facilitating early access for registration to the most marginalized communities.
- Ensure that staff have the ability to look up patients in WIR to confirm eligibility (such as if the appointment is for their second dose, ensure that the correct minimum interval has been met and the clinic has the appropriate vaccine to match what was received for the first dose).



- Leverage trusted staff and outreach workers to go door-to-door and help the public register for appointments either using the individual's phone, tablet, or computer; or equip partners with a phone or tablet. Provide partners with appropriate PPE to engage with individuals in-person and train on best infection mitigation practices (such as distancing, hand washing, respiratory etiquette, etc.). DHS offers in-depth trainings and a tailored presentation to partners about the vaccine communication framework. Our goal is to give the trusted voices in the community the information and resources they need to feel confident about educating their communities. For more information, please email the [vaccine team](#).
- Consider offering a drop-down list in the registration process of potential accommodations, as well as "other" to ensure there is a clear invitation for patients to indicate their need for accommodations and to help sites anticipate and prepare for accommodations.
Include the option to indicate a point person if accommodations will require pre-planning (such as discussing the best approach and/or a unique accommodation). The point person may be the patient with the disability, their guardian or power of attorney, or a primary caregiver.

Considerations for Opening the Clinic

Site Design and Protocols

- All locations should be prepared with adequate signage to clearly guide patients to park in designated areas and access dedicated entryways for vaccination clinics.
- Design the clinic layout so that it promotes one-way traffic with limited queuing, while ensuring physical distancing. Ensure clinic layout is supportive for patients with disabilities or limited mobility. This includes adequate spacing in walkways and available seating and spacing for wheelchairs.
- Establish a clinic layout that incorporates the following stations:
 - Greeting and triage
 - Registration
 - Education
 - Screening
 - Vaccination
 - Observation
 - Closed-observation, away from public observation area
 - Data-entry for WIR
 - Exit
 - Patient de-escalation
 - Staff break area
 - Vaccine preparation
- Use visuals to support clinic flow and social distancing including standing circles on the floor.
- Vaccination stations should be at least six-feet apart, equipped with barriers, and clinic flow should be one-way and allow maintenance of six-feet between patients whenever possible, including in all waiting areas.
- Provide visual barriers and screens between stations for privacy.
- Use rope or cones, tape, and signs outside the clinic entrance area and inside the clinic to show routes for patients to follow from station to station.
- If traffic conditions are a concern, safety barriers should be enacted to protect those who are walking. Patients who drive to the vaccination site should be encouraged to wait in their vehicles until their scheduled appointment time.



- To prevent back-ups that could result from some patients having questions, confusion, or anxiety, consider having two registration lines. One for those who do not have questions or require consultation, and one for those who may need additional support (such as they have questions they need answered first, they need an interpreter, they have had previous reactions to other vaccinations or flu shot).
These lines should be equally-resourced so that people who have questions or need additional assistance are not penalized in any way, such as longer waiting times.
- Provide adequate, physically-distanced seating for patients in waiting areas. Consider signage that encourages those waiting to prioritize available seating for those who may be unable or struggle to stand for long periods of time.
- Provide single-use coloring book and crayon kits, donated books, or small promotional toys, etc. that can be taken home to help keep kids busy during wait times (such as waiting in line or during the recovery period).
Consider providing Wi-Fi access onsite as well.
- Provide a table and seating for both the patient and vaccinator at each vaccination station for walk-through clinics.
- Provide a friendly, welcoming, and informative onsite check-in area. Consider providing maps and other materials with clear directions that ensure patients arriving at the clinic know where to go and what to expect (such as steps of the process, what will be asked of them, how long they should expect to be there, possible side effects, etc.).
- Provide a calm, comfortable area for monitoring and recovery period. This space should be large enough to accommodate distancing.
 - To prevent patients from losing track of time while they are waiting 15-30 minutes, the waiting area should have digital clocks prominently displayed. It is also encouraged to provide each patient with a slip of paper that states the exact time they received the shot and the time that they can leave, or send people out to the monitoring area as a socially distanced group with a volunteer that releases the group.
 - Utilize monitoring areas as a place to sign-up for second doses.
- Provide a private area where patients who experience acute adverse events after vaccination or who have medical problems can be evaluated and treated.
Consider offering bottled water or single-serving, individually wrapped snacks for those who may need it during their recovery period, especially in the event of an adverse reaction.
- Provide a protected, secure area for staff to leave personal items and take breaks; ensure that staff and volunteers have access to regular breaks and time for meals, etc. This may involve a break in appointment schedules or increased staff coverage to provide position relief.
- Secure sufficient supplies to meet the needs of staff and the highest anticipated number of patients, including extra masks to provide to clinic attendees if needed.**
- Secure sufficient supplies to maintain infection control and proper cleaning of entire clinic.
- Establish protocols to repeatedly clean common areas and shared supplies such as pens, clipboards, and chairs.
- Provide ample access to hand sanitizer and PPE for patients, staff, and volunteers.
- Establish a process for walk-in appointment requests or extra vaccine doses available at the end of the day due to cancellations and no-shows.
- Develop a waitlist policy to ensure all vaccine doses are utilized. Consider keeping a list of community organizations that can readily support leftover doses (such as shelters, YWCA/YMCA, community centers, etc.). Also consider a homebound policy that safely transfers leftover vaccine to waitlisted, residents who are homebound.



- Develop a system for contacting individuals from the waitlist in accordance with the current prioritization criteria and sub-prioritization criteria as necessary that accounts for:
 - The method of follow-up contact (such as phone, email, or text) allows for as many methods as possible.
 - Available information on supports or resources to access the clinic.
 - Expectations on amount of notice to arrive for vaccination and amount of time to accept the available appointment, permitting as much time as possible.
 - Expectations if the patient cannot accept the offered appointment time. It is recommended that patients be provided the opportunity to remain on the waitlist for additional opportunities.
 - The process for second dose appointments.
 - Information on what the patient can expect at the clinic and incorporating any accommodations for disabilities, children who need to attend due to the last-minute scheduling, etc.
- Identify a process for handling group appointments who are split by 30 minutes or more. This process will support the ability to incorporate couples or family vaccinations based on vaccine availability while minimizing disruption of the vaccination process.
- Consider providing the opportunity for the public to receive a bag of printed community information and resources (such as register to vote, get help applying for unemployment, access other social services, etc.).

This consideration may be more appropriate as larger portions of communities become vaccinated. If the clinic considers providing information tables or Q&A of these resources, it is highly recommended that these resources are accessed outside of the clinic area, with barriers and other physical modifications to ensure proper social distancing.
- Ensure plans are in place for vaccine transport, security, and maintenance at appropriate temperatures while it is stored and throughout the clinic day based on [vaccine storage and handling guidance](#).
- Develop plans for the proper onsite disposal of medical and other waste to ensure it does not disproportionately affect any community.

Staff Training

- Ensure staff are trained and have appropriate access to WIR and can look up information as well as enter the data as needed. Training should also support how to address complex situations such as when a patient presents for a second dose and their first dose is not documented in WIR or the patient WIR record is locked.
- Ensure all staff are fully trained in clinic protocols.
 - Staff administering vaccines must review vaccine manufacturer instructions for administration before the vaccination clinic.
 - Best practices for utilizing PPE, including how to use and dispose of PPE.
- Ensure staff is using [proper hygiene techniques](#) to clean hands before vaccine administration, between patients, and anytime hands become soiled.
- Review location of emergency equipment and emergency plan.
- Consider providing additional trainings to ensure equity and access, such as:
 - How to recognize and accommodate patients who experience sensory overload or otherwise get overwhelmed during the vaccination process.
 - Sources of vaccine hesitancy, how to engage in discussions, and information to answer questions or address concerns. This training should include common myths or misinformation, and understanding that some members of refugee, immigrant, and migrant communities have suffered oppression and/or violence by government authorities in their country of origin.



- How to engage individuals with a trauma-informed lens so staff and volunteers are prepared to accommodate the needs of patients who require additional support for the vaccination process.
 - How to communicate with patients and the public when the staff questioned did not get vaccinated or has personal opinions towards specific vaccine manufacturers.
- Site staff should be instructed to gather only necessary information, clearly explain how any information collected will be used, and to avoid asking questions that are not necessary for procuring or processing a vaccination (such as social security number, immigration status, pending charges, or overdue fines, fees, or child support).
Staff should be trained to explain clearly how any personal information or demographic data collected will or will not be used or shared, and should understand proper methods to collect race and ethnicity data in a culturally sensitive manner.

Hold a practice dry run of all clinic procedures at least one day in advance to allow staff to practice protocols and procedures. Hold morning “pre-clinic huddles” with all staff and volunteers so all are familiar with any changes to procedures, clinic flow, roles, responsibilities, and customer service standards for the clinic.

Vaccine Preparation and Administration

- Prepare vaccine for administration in designated area. Vaccines should not be prepared at individual vaccination stations. See [Medication Preparation Questions](#) and the [Vaccine Administration Resource Library](#) for additional guidance.
- Prior to administration, review the “Rights of Medication Administration” for each patient:
- Right patient.
 - Right vaccine and diluent, when applicable.
 - Right time, including the correct age and interval, as well as before the product expiration time/date.
 - Right dosage.
 - Right route, including the correct needle gauge and length and technique.
 - Right site.
 - Right documentation.
- During the vaccination process, ensure the following actions are occurring:
- Triage for eligibility, registration completion, and COVID-19 symptoms.
 - Screen for contraindications and precautions.
 - Verify previous COVID-19 vaccine dose history or other recent vaccines.
 - Educate on common side effects of COVID-19 vaccine; provide v-safe registration information and EUA fact sheets.
 - Verify each delivery of second dose is of the same brand as the patient’s first dose.
 - Distribute EUA fact sheets prior to every vaccine administration.
 - Give patient record of vaccines received.
 - Tell patient time of vaccination and communicate appropriate wait time, based on screening information, in observation area (such as 15 or 30 minutes).
 - Observe patients for immediate adverse reactions.
 - If possible, schedule booster dose appointment while patient is on-site.



Considerations for Post-Clinic Operations

- Report all mandated medical events to the [Vaccine Adverse Event Reporting System](#).
- Medical events include:
 - Adverse reactions.
 - Serious adverse events, irrespective of attribution to vaccination.
 - Cases of Multi-System Inflammatory Syndrome (MIS) in adults.
 - Cases of COVID-19 that result in hospitalization or death.
- Document each vaccine into the WIR within 24 hours of administration. It is recommended that the clinic provide staffing to record administration during clinic hours as long as staffing levels and privacy considerations of data permit.
- Update vaccine inventory appropriately in WIR (adjust for wastage or additional doses).
- Document all vaccine administration errors and waste in WIR. All waste must also be reported to [DHS using the Vaccine Wastage Form](#) (F-02768).
- Store and handle any remaining viable vaccine according to cold chain storage requirements.
- Have a plan to use any doses that cannot be transported or stored for a future clinic (such as having a standby call list, or vaccinating clinic staff who are eligible for vaccine).
- Discard all remaining vaccine in syringes and used medical supplies, including disposal of sharps containers, according to protocol.
- Hold a post-clinic huddle with all staff and volunteers to identify areas of success, any areas of concern, and opportunities for improvement at future clinics.

Staff Roles and Responsibilities

The following staff roles and positions are recommended to be specifically created to aid in the success of the vaccination clinic. The specific need for these positions vary according to the size of the vaccination event. Some roles may be able to be combined according to the site's needs.

Greeter and Patient Triage

- Greet patients and provides assistance with directing patients into the clinic
- Direct traffic flow by limiting number who are allowed to enter. Contingency plans should be in place in the event of bad weather.
- Provide initial symptom screening such as temperature checks and ensuring patients are wearing PPE.
- Monitor traffic flow and directs patients to registration station.
- Cleanse and disinfect station at a minimum every hour, between shifts, and if station areas become visibly soiled.

Registration

- Verify patients are eligible for receiving COVID-19 vaccine at the clinic.
- Verify Vaccination Administration Record, via paper based forms or vaccine registry tool, is complete. If not, direct to area designated for completion.
- If only one brand of vaccine is being given at this clinic, EUA and patient education can be provided at this station.
- Monitor traffic flow and direct patients to screening or waiting area after check-in.
- Cleanse and disinfect station at a minimum every hour, between shifts, and if station areas become visibly soiled.



Medical Screening

- Screen patient using [CDC's Pre-Vaccination Checklist for COVID-19 Vaccines](#).
- Review patient's current symptoms and previous immunization record (either WIR or COVID-19 vaccine card) to verify eligibility.
- If multiple vaccine brands are available at the clinic, this station will provide EUA and patient education based on vaccine brand identified as appropriate for the patient.
- If screening determines ineligible to receive vaccine that day, provide one-way exit from clinic and instruct on next steps (such as when to reschedule, consult physician, etc.).
- Monitor traffic flow and direct patients to vaccination station.
- Cleanse and disinfect station at a minimum every hour, between shifts, and if station areas become visibly soiled.

Vaccination

- When vaccine arrives, check temperature logger and confirm appropriate temperatures were maintained. Continue to check at regular intervals throughout the clinic.
- Administer vaccine according to best practice methods.
- Monitor traffic flow and direct patients to observation station.
- Cleanse and disinfect station at a minimum every hour, between shifts, and if station areas become visibly soiled.

Observation Station and Waiting Area

- Review observation protocols with patients. Instruct patients to report adverse reactions immediately to staff.
- Schedule booster vaccination appointment before instructing patient to wait in observation area.
- Observe patients for initial vaccine reactions. CDC currently recommends that patients without [contraindications](#) to vaccination who receive an mRNA COVID-19 vaccine be observed after vaccination for the following time periods:
 - 30 minutes:
 - Patients with a history of an [immediate allergic reaction](#) of any severity to another (such as a non-mRNA COVID-19) vaccine or injectable therapy.
 - Patients with a history of anaphylaxis due to any cause.
 - 15 minutes: All other patients
 - Patients may be observed for longer based on clinical concern. For example, if a patient develops itching and swelling confined to the injection site during their post-vaccination observation period, this period may be extended to assess for development of any hypersensitivity signs or symptoms consistent with [anaphylaxis](#).
- Monitor traffic flow and direct patients to clinic exit.
- Cleanse and disinfect station at a minimum every hour, between shifts, and if station areas become visibly soiled.

Data Entry Station

- Document each vaccine into WIR.
- If privacy can be maintained, this role can be combined with the observation station.
- Ensure HIPAA compliance with administration data entered into WIR.
- Monitor traffic flow and aid in directing patients to clinic exit.
- Cleanse and disinfect station at a minimum every hour, between shifts, and if station areas become visibly soiled.



Drive-Through Clinic Considerations

In addition to the above detailed considerations for hosting a vaccination clinic, DHS recommends the following considerations be incorporated when hosting a drive-through vaccination clinic.

Traffic Flow and Clinic Structure

- Choose parking lots and locations that allow for queuing that do not impact the general traffic patterns.
- When selecting a location, consider impacts of carbon monoxide due to parked cars that affect staff, volunteers, and the public from idling vehicles in waiting or monitoring areas.
- DHS does not recommend establishing drive-through clinics in car parks, underground parking, or enclosed garages due to potential exhaust exposure.
- Dedicate lanes for patients using taxis or rideshare, so that those rides can be expedited.
- Patients should be encouraged to wait in their vehicles, rather than park and use a walk-up access option, even if the walk-up line may appear shorter.
- Dedicate a process for walk-up appointments or individuals who arrive by public transit.
- Plan the traffic pattern for flow, observation, and safety. One direction traffic flow should be established to prevent anyone from exiting before they have been moved to the observation parking area. Enhance this with clear and consistent signage, and barriers if needed.
- Create parking lot monitors to park vehicles in rows based on the recommended vaccination wait time (such as a 15-minute observation area or row and 30-minute observation area or row).
- Patients who are higher risk of adverse reactions may need to leave their vehicle and wait in a designated area so that they are more easily observed.
- Create usher roles to transition cars out of the observation parking area based on observation times. Ushers should initiate one last point-of-contact before patients leave the observation area of the vaccination site.
- Train staff on proper technique to administer vaccine to a patient in a car. This includes exposing the injection site, properly positioning the arm to allow proper identification of landmarks, and avoiding administering vaccine too high and causing shoulder damage. Recipients should be instructed to turn the car off or put in park prior to receipt of vaccination.

Post-Vaccination Observation

- Clinic location should include a large enough parking area to serve as a post-vaccination monitoring area where vehicles can park spaced apart (such as every-other-space is empty) so clinic staff can walk up to a vehicle window to check on and treat a patient while keeping social distancing and patient privacy guidelines.
- Clinic sites should establish and communicate to staff the emergency protocols and a plan to respond to a reaction, while continuing to monitor other cars in the observation area.
- Patients should be given clear, written communication on what reactions to watch for and how to notify staff in case of an allergic reaction (such as honk the horn, flash lights, leave window open while waiting and shout or wave arm at staff).
- Patients should be instructed to leave their doors unlocked and windows down should they experience a reaction and staff need access to assist them.
- Staff assigned to the observation role should systematically roam and navigate the parking lot to monitor for reactions and patients trying to request assistance.
- Train staff on how to extract a patient from their vehicle in the event of a medical emergency.