Community Walk-In Vaccination Clinic Guidance for Providers

Community walk-in clinics are an important strategy in removing barriers to vaccination. They can be an especially valuable tool to advance equity among communities and populations who face significant barriers to accessing vaccination. A walk-in vaccination clinic does not require appointments or pre-registration, but rather allows individuals to walk-in at any time during the clinic hours.

The Wisconsin Department of Health Services (DHS) encourages vaccinators to leverage this tactic when planning or operating a vaccination clinic. This document highlights several factors and logistics for vaccine providers to consider when administering vaccine through a walk-in clinic.

Event Promotion and Messaging

A critical piece to vaccination access and a walk-in clinic’s success is ensuring the community is aware of the clinic through strategic event promotion and messaging. Close partnerships with local and community-based groups and leaders will be an important part in successfully leveraging walk-in clinics to advance vaccine equity. Consider the following factors when planning promotional activities for a walk-in clinic:

- Leverage media sources and outlets that are used and trusted by the target communities.
- Ensure messages are culturally appropriate and relevant to the target communities, and in all languages used by the target communities.
- Consider engaging with local influencers or trusted members or groups in the community who serve the targeted populations or areas.
- Consider deploying community-health workers or community members to go door-to-door in promotion of the clinic.
- Clearly communicate where and how to access the clinic (for example, do individuals need to come into the building, or can they be vaccinated in their cars, where to park, which bus lines or public transit serves the location, the entrance points).
- Clearly communicate that the vaccine is free for everyone, and neither an ID nor insurance is required.
- Communicate what accommodations will be available for individuals with disabilities.
- Clearly communicate the vaccine type administered at the clinic. While everyone 16 and older who lives, works or studies in Wisconsin is eligible to be vaccinated, Pfizer is currently the only vaccine that can be administered to 16- and 17-year-olds.

Location Selection and Set-Up

Walk-in clinics require extra thought and unique consideration when it comes to location. A few highlights to consider:

- Site location should be familiar to the community it intends to serve and easily accessible via walking or public transportation.
- Site location should have sufficient parking (at no cost) for individuals who may arrive by car.
- Site location must have sufficient capability to accommodate physical distancing for anticipated queueing, inventory management, and privacy for patient intake and vaccination.
- The primary bottlenecks can be intake and patient observation. Consider partnering with community organizations to identify large enough locations to accommodate larger groups of people.

Review this detailed checklist for setting up a community-based vaccination clinic.
Provider Form B and Redistribution Form Requirements for a Single-Day Clinic Event

If a walk-in clinic is being established at a new location or with a new provider that is not yet registered with DHS, adequate time and coordination is needed to complete the registration process. If the vaccine provider is enrolled, the single-day clinic scenarios below outline when additional paperwork must be submitted in advance of holding a clinic.

Single-Day Clinic Scenario #1: Vaccine is shipped to Clinic A. Clinic A transports vaccine to Site B for a single pop-up clinic. Site B is used for one day (under 24 hours) to administer initial doses and for one follow up day next month to administer the booster dose. Vaccine is not stored overnight at Site B.

- A separate Provider Form B is not required.
- A redistribution form is not required, but is encouraged to ensure that the responsible officers are aware of the legal responsibilities for moving vaccine.

Single-Day Clinic Scenario #2: Vaccine is shipped to Clinic A. Clinic A transports vaccine to Site B for a single pop-up clinic. Site B is used for one day (under 24 hours) to administer initial doses and for one follow up day next month to administer the booster dose. Vaccine is stored overnight at Site B before clinic starts.

- A separate Provider Form B is required for Site B.
- A redistribution form is required.

View additional details and Provider Registration Scenarios: When to Submit a Form B and Redistribution Form. For questions and support contact dhscovidvaccinator@wi.gov.

Entering Vaccinations in the Wisconsin Immunization Registry (WIR)

If the walk-in clinic is a single-day event, an enrolled provider could create a site in WIR that would not need a PIN. However, the provider must account for their inventory and document the vaccines administered.

If the walk-in clinic is a single-day event that will be repeated weekly, or a multi-day event, the vaccination location will be registered with a unique PIN. Therefore, the provider will document all administration in WIR under that PIN.

Webinars are available on how to document administered doses in WIR, manage your inventory, and manage transfers. Additional questions and support can be provided by contacting the WIR Help Desk at DHSWIRHelp@wi.gov.

Considerations for Second Doses

Providers need to consider if a second dose will be required to complete the vaccination series. If a second dose is required, the vaccine provider has the obligation to provide the second dose to walk-in patients. The following details need to be considered:

- Where and when to administer the second dose.
- Whether to provide second doses through scheduled appointments or through another walk-in clinic. If using a second dose walk-in clinic, providers should educate patients on the importance of returning for the second dose and the available dates and times of that second clinic.
- How to communicate this information to patients.
- Alternatives for patients who cannot make the date of a second dose clinic event.
• Support for second-dose-only patients. Providers should give the second dose to individuals who received their first dose elsewhere but were not able to return to that location. These individuals should not be turned away as long as there are no clinical contraindications, the vaccine is appropriate per the individual’s age, and is the same manufacturer type as the first dose.

**Never Waste an Opportunity**

As demand for vaccine across the state continues to soften, we are asking vaccinators to become increasingly creative to find new opportunities to offer vaccine to individuals in ways they trust that builds vaccine confidence, including in smaller settings such as primary care visits. In doing so, DHS understands that there will be operational implications for providers, especially around wasted doses. While it is essential that vaccinators across the state continue to be good stewards of public resources and leverage every dose to the fullest, the goal of getting vaccine into the arm of any willing, present individual must take precedence.

When faced with situations in which the choice is between opening a vial for a few individuals and assuming waste, or asking that individuals return another day—**DHS encourages all vaccinators to prioritize vaccination.** Every individual counts, and we now need to leverage every opportunity to vaccinate to the fullest. The ultimate goal at this point in the vaccination effort must be “no wasted opportunity,” rather than “no wasted doses.”

**Preventing and Reducing Wasted Vaccine**

Consider the following tactics to prevent and reduce waste.

1. **Correctly estimate your population:** Try to estimate how many doses you need. If possible, prior to a vaccination clinic, screen or poll your community for interest and plan accordingly for how many doses you will need.

2. **Only open vials as needed:** Make sure you only have one vial open at any given time even if you have multiple vaccinators working concurrently at a clinic.

3. **Reach out to your community:** Contact businesses, organizations, or schools in your area to organize a special block of time for their employees, community-members, or students to walk-in. Please note, Pfizer is the only vaccine authorized to be administered to individuals 16-17 years old.

If you are approaching a vaccine’s expiration date (for example, 120 hours for Pfizer or 30 days for Moderna), you can contact your DHS regional manager (if you have one) or email DHS. DHS can attempt to get those unopened vials to another nearby clinic to use. Do not do this on your own.