

# COVID-19 Vaccine Distribution Clinic

## Operations Toolkit

Health centers are serving on the frontline, providing critical health care services in communities dealing with the coronavirus and COVID-19. This toolkit serves as a guide for healthcare providers and organizations preparing for and honing their COVID-19 vaccine administration processes. In this toolkit there are compiled tools, advice, workflows, and best practices from health centers across the country. There are also trusted external resources linked within the toolkit to serve as examples that you can use as you make your vaccine distribution workflows function well for your patients and staff.

These materials are offered as general samples for health centers as they determine the most appropriate and tailored operations for their organization, staff, patients and community.

### Enclosed are:

1. Sample vaccine workflows and floor plans
2. Sample COVID-19 appointment scheduling templates for in-clinic or mass events
3. Patient and staff communication scripts
4. Patient and staff education resources
5. Checklists and links to additional support documents
6. Vaccine staffing strategies for mass events or in-clinic vaccinations
7. Dress rehearsal planning documents

### Additional information and resources can be found at:

- **Centers for Disease Control and Prevention (CDC) COVID-19 Vaccination - Clinic Resources** <https://www.cdc.gov/vaccines/covid-19/index.html>
- **NACHC's Coronavirus webpage:** information, event postings and resources for health centers <http://www.nachc.org/coronavirus/> or email [preparedness@nachc.org](mailto:preparedness@nachc.org)
- **Centers for Medicare and Medicaid Services, CMS COVID-19.** <https://www.cms.gov/covidvax-provider>
- **Joint Commission COVID-19 webpage:** <https://www.jointcommission.org/covid-19/>
- **OSHA Protecting Workers:** <https://www.osha.gov/coronavirus/safework#role-employers-workers>
- **Health Center Resource Clearinghouse Vaccine Resources Page** includes tailored materials [www.healthcenterinfo.org](http://www.healthcenterinfo.org)
- **Noddlepod** is a communication tool and shared workspace for health centers. To gain access, email [trainings@nachc.org](mailto:trainings@nachc.org).

***Thanks to health center leaders and training partners for their generosity in sharing of these materials for the national network of community health centers:***

- Great Salt Plains Health Center, Enid, OK
- Delaware Valley Community Health, Philadelphia, PA
- Massachusetts League of Community Health Centers, Boston, MA
- Honor Community Health, Pontiac, MI
- HealthLinc, Valparaiso, IN
- Presbyterian Medical Services, NM
- Valley Community Health Centers, Los Angeles, CA
- Northwest Michigan Health Services Inc., Traverse City, MI
- The Michigan Primary Care Association
- Centro San Vicente, El Paso, TX

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## Introduction

Producing and delivering the COVID-19 vaccine to the global population in 2020 and 2021 has been an historic feat. From producing and testing the vaccine to preparing and launching a large-scale distribution effort, our already overstretched healthcare system has been asked to perform the heroic act of mass vaccine administration to our national population. While our current healthcare teams are no strangers to providing vaccines, this challenge poses some distinct differences. The purpose of this toolkit is to share emerging best practices that will help safety-net clinics and healthcare institutions run effective, streamlined, and successful vaccine clinics.

## Communication & Recruitment of Patients

Evidence-based communication regarding the COVID-19 vaccine is necessary to achieve the goal of vaccinations required to curb the pandemic and prevent unnecessary deaths and hospitalizations. The following are concrete steps to help organizations communicate with and recruit patients for vaccination.

## Educating Staff

Staff members are a critical link in reaching patients and community members with information about vaccines. Organizations must ensure that staff members possess accurate information about the vaccine and prepare them to answer patient questions. Many organizations find that some staff members have their own fears about the COVID-19 vaccine, and addressing these concerns must be a priority. Many of the resources that the organization uses for patients can help address vaccine hesitancy among staff as well. Remember that shaming and punishment tend to reinforce vaccine hesitancy, not alleviate it.

Staff may also need additional education on administering vaccines if this is not a regular or frequent part of their duties. Consider using the following resources and internal training ideas to educate staff and build support for the vaccination campaign:

- Videos and Live Q&As about the vaccine
- Vaccine [Fact Sheets and Infographics](#)
- Self-paced modules on immunization best practices available through the [CDC](#)
- [Scripting for staff to use when communicating with patients](#) like this example from the Massachusetts League of Community Health Centers
- Practice sessions for communicating with patients
- [Frequently Asked Question Resources for Staff](#)
- Dress Rehearsals for the Vaccine Clinics to practice administration processes. \*\*As a note, Coleman Associates highly recommends and encourages a dress rehearsal as you set up testing or vaccination clinics in new spaces with new processes. You are expecting high volumes of patients where low cycle times are a must.

## Addressing Disparities and Preventing New Disparities

Disenfranchised communities, particularly communities of color, have borne the pandemic's brunt<sup>1</sup> and have higher rates of vaccine hesitancy.<sup>2</sup> Communication must be tailored to specific communities and individualized to patients in order to have a positive impact. The following are suggested steps for beginning to develop these culturally competent communications:

- Consider reading [The covid vaccination programme is an achievement, but must not lead to more health inequalities](#) from the *British Medical Journal*.
- Consider watching [Heidi Larson, from the Vaccine Confidence Project, speak about vaccine hesitancy in her TED talk](#). Remember that using terms like anti-vaxxers and dismissing legitimate questions from patients can reinforce vaccine hesitance, not address it.
- Make sure that your Vaccine Taskforce mirrors the communities in your area. Even if you already have a diverse team, work with community stakeholders to examine communications and tailor them to communities appropriately. For example, consider reaching out to the respected leaders in a local faith-based organization and working collaboratively to tailor communications for their community. Remember that no community is a monolith, and reaching out and listening are critical steps for building trust.
- Make sure that all materials are available in predominant languages in the geographic region.
- Track data on vaccine administration when available to include breakdowns by race, ethnicity, language preference, gender identity, sexual orientation, socioeconomic status, housing status, etc.
- When available, use [social vulnerability data](#) to serve underrepresented communities more effectively in vaccination campaigns.

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<sup>1</sup> “COVID-19 Racial and Ethnic Disparities,” Centers for Disease Control and Prevention (Centers for Disease Control and Prevention), accessed January 27, 2021, <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/disparities-illness.html>; Justin Smit Says: et al., “Racial Disparities in COVID-19,” *Science in the News* (Harvard University, October 24, 2020), <http://sitn.hms.harvard.edu/flash/2020/racial-disparities-in-covid-19/>; Leo Lopez, Louis H. Hart, and Mitchell H. Katz, “Racial and Ethnic Health Disparities Related to COVID-19,” *JAMA*, 2021, <https://doi.org/10.1001/jama.2020.26443>.

<sup>2</sup> Rohit P. Ojha et al., “The Impact of Vaccine Concerns on Racial/Ethnic Disparities in Influenza Vaccine Uptake Among Health Care Workers,” *American Journal of Public Health* 105, no. 9 (2015), <https://doi.org/10.2105/ajph.2015.302736>; John Gramlich and Cary Funk, “Black Americans Face Higher COVID-19 Risks, Are More Hesitant to Trust Medical Scientists, Get Vaccinated,” Pew Research Center (Pew Research Center, August 27, 2020), <https://www.pewresearch.org/fact-tank/2020/06/04/black-americans-face-higher-covid-19-risks-are-more-hesitant-to-trust-medical-scientists-get-vaccinated/>; Published: Jan 22, 2021. “New Resources Track State Vaccinations by Race/Ethnicity and Examine Demographics of Health Workers.” KFF. Kaiser Family Foundation, January 22, 2021. <https://www.kff.org/coronavirus-covid-19/press-release/new-resources-track-state-vaccinations-by-race-ethnicity-and-examine-demographics-of-health-workers/>; “Early State Vaccination Data Raise Warning Flags for Racial Equity.” KFF. Kaiser Family Foundation, January 21, 2021. [https://www.kff.org/policy-watch/early-state-vaccination-data-raise-warning-flags-racial-equity/?utm\\_campaign=KFF-2021-Coronavirus&utm\\_medium=email&\\_hsmi=2&\\_hsenc=p2ANqtz--HcAXzz4eBVkE8hBuZ-\\_JQd6a1UdJS2QOjIvtYOTCJ6ceuLiIy2sJ4BkY1c39x7GVZk0EGfkxFgoXUdIcFe\\_lFEywZQ&utm\\_content=2&utm\\_source=hs\\_email](https://www.kff.org/policy-watch/early-state-vaccination-data-raise-warning-flags-racial-equity/?utm_campaign=KFF-2021-Coronavirus&utm_medium=email&_hsmi=2&_hsenc=p2ANqtz--HcAXzz4eBVkE8hBuZ-_JQd6a1UdJS2QOjIvtYOTCJ6ceuLiIy2sJ4BkY1c39x7GVZk0EGfkxFgoXUdIcFe_lFEywZQ&utm_content=2&utm_source=hs_email).

- Consider partnerships with community assistance organizations such as homeless shelters. People experiencing homelessness have unique vulnerabilities and are impacted by the COVID-19 pandemic in different ways. Access [this brief](#) for more information.

## Addressing Barriers

The Michigan Primary Care Association helped to compile a simple tool to aid health centers as they respond to barriers in obtaining the COVID-19 vaccine. The below is a summary of the barriers as well as suggested responses.

Barrier	Suggested Response
I can't get to the vaccine site	We can help you get here by _____ (ridesharing or organization service van)  We have a vaccine event near you/at your location (e.g. shelter)
I'm not comfortable leaving home due to my age or risks	We partner with _____ to have someone come administer your vaccine at home
I don't speak English	We have interpreters who speak _____ (list the languages available)  We have materials available in _____(list and procure materials available in those languages)
I have a hearing impairment	We have video based ASL interpretation available to _____
I have a disability	We can make sure the location is accessible for you by _____
I can't miss work	We offer vaccines _____
I'm worried about taking a vaccine	We could talk one-on-one before you decide <i>**Consider setting up a pre-vaccine education schedule for staff to make education phone calls to patients who are undecided.</i>
I don't have care for my kids/family members while I get a vaccine	We can accommodate you by _____

## Education Materials

Make sure that educational materials for staff and patients are accurate, up-to-date, and easily accessible. Education materials should be in multimedia formats such as informational videos [like this one in English](#) and [Spanish](#) from Delaware Valley Community Health. Other formats include live panels, group discussions, infographics, fact sheets, etc., in order to reach the broadest audience. Make education materials available everywhere a patient or community member may look.

The following are examples of educational materials for patients and community members:



Fact Sheets and Infographics \*



Videos and Live Q&A's about the vaccine



Text, Chat, or Phone lines for questions about the vaccine



Photos of staff and patients (with permission) getting the vaccine



Stickers or signs with "I got vaccinated for \_\_\_\_."



Buttons for staff that say, "Ask Me about the COVID-19 Vaccine."

- NACHC has downloadable [vaccine posters](#) and social media images "I got vaccinated because" [located here](#).
- \*Documents like [this one](#) from the American Academy of Family Physicians (AAFP) can be printed for in-office distribution or linked through your organization's website.

Best practice indicates that a digital version of an informational sheet accessed through your portal and website will help direct patients to the correct information as they're deciding whether or not to get the vaccine.

Consider the following locations when placing educational materials in order to maximize viewing:

- Organization Website
- Community Partners' Website and physical locations (local newspapers, television, radio stations, libraries, schools, universities, churches, businesses, social services, etc.)
- Social Media
- Phone Tree Messages
- Exam rooms
- Hallway walls
- The back of bathroom stall doors
- Waiting rooms

## Patient Recruitment and Registries

Start collecting information from patients and community members who are interested in the vaccine immediately. Some interested people will not yet be eligible for the vaccine, depending upon the status of the vaccine tiers in the state. Even if they aren't eligible for a vaccine yet, start collecting contact information and consent for text and email updates, so the organization can reach out to them when the vaccine becomes available. Consider embedding a [form like this](#) ([Spanish version here](#)) on the organization's website and social media per internal policies and procedures. Staff can also use the embedded form or EHR to flag patients who express interest during clinic visits. Consider targeted outreach to all existing patients via phone, text, or email (as long as patients have given their permission) to start discussing the vaccine early. Prioritize groups of patients based on age, chronic conditions, occupation, and other pertinent factors. Encourage community partners to use the embedded form or other means to connect their clients with the organization's outreach registry. Ensure each potential vaccine recipient will submit information that will help the organization prioritize patients by tiers. Be sure to find your local health department's tiered protocol for administration using the CDC tracker [here](#).

Include the following in your communication to patients, whether it's through email, text, or phone call:



## Scheduling

Pre-schedule patients instead of encouraging walk-in or drop-in hours to prevent the waste of vaccines. Most organizations schedule in their Electronic Medical Record (EMR). Whenever possible, allow for online scheduling and text scheduling for patients. This helps reduce the burden of phone calls to the organization and makes scheduling accessible for more hours and via more scheduling modes.

## Number of Appointments

Consider waiting to schedule appointments until vaccine supplies are confirmed or very likely. Some organizations have had to reschedule patients when the vaccine was not delivered as anticipated. Rescheduling patients decreases patients' trust in the organization, increases no-shows, and increases the likelihood of losing patients to follow up.

The number of doses per multi-dose vial depends on which vaccine the organization is using. Specific product information about each vaccine is on the [CDC's website](#). Some vaccines have variability in the number of doses per vial. For example, some organizations have found that the [Moderna vaccine](#) vials include 11 doses, not ten doses, and the [Pfizer-BioNTech vaccine](#) vials can include up to 6 doses. So schedule at least one patient for every anticipated dose. For example, if the organization anticipates using 10 Moderna multi-dose vials in a vaccine clinic, then they should schedule at least 100 patients. Organizations have reported that there can be leftover doses at the end of a vaccine clinic due to vials that contain extra doses, no-shows, or cancellations. To prepare for possible extra doses, consider using a [standby schedule](#).

The formula for determining the number of patients to schedule is:

$$\frac{\text{\# of multi-dose vials to use} \times \text{\# of doses per vial}}{\text{=}} \text{minimum \# of patients to schedule}$$

In addition to vaccine availability, the hourly vaccination rate dictates the number of patients to schedule. Use the process guidance below and data from dress rehearsals to determine how many patients can be vaccinated per hour safely and effectively. Using vaccines quickly is especially critical since vaccines last only a few hours after opening (check specific guidance on the [CDC website](#)). Keep in mind that organizations need to move vaccine supplies efficiently to receive additional vaccines.

Although the case is rare, if the organization cannot administer at least 1.6 vaccines per hour, it must reevaluate its process. An administration rate of fewer than 1.6 vaccines per hour will likely result in wasted vaccines.

The formula for determining the maximum number of patients to schedule is below. The formula takes No-Show and Cancellation Rates into account to make sure the organization schedules enough patients.

$$\frac{\text{anticipated administration rate} \times \text{hours for event}}{\text{100\%} - \text{(anticipated no-show rate + cancellation rate)}} = \text{maximum \# of patients to schedule}$$

## Simplified Schedules

Simplified Patient Scheduling is a Coleman best practice that also applies to COVID-19 Vaccine Clinics. Some organizations are scheduling patients in cohorts, such as groups of ten at a time. The downside of this approach is that it can lead to backups and avoidable lines. Staggering patients to be scheduled at timed intervals such as 8:30, 8:40, and 8:50 instead of three patients all scheduled at 8:30 AM prevents lines and allows for more flexibility in [Jockey-ing the Schedule](#). Staggering allows for a steady flow of patients through the process. The following are guidelines for Simplified Patient Schedules:

- All slots are the same length.
- A patient can be scheduled in any slot.
- There are no indiscriminate double-books.
- The blocks (grey slots) have no scheduled patients in them. The Vaccine Squad administering vaccines can use the block slots for catch-up or schedule a standby patient in case of a No-Show or Cancellation.

Here are two examples of a Simplified Schedule for a vaccine clinic:

Time	Administrator
8:00 AM	Huddle
8:10 AM	Draw-Up Time
8:20 AM	
8:30 AM	Patient
8:40 AM	Block
8:50 AM	Patient
9:00 AM	Block
9:10 AM	Patient
9:20 AM	Block
9:30 AM	Patient
9:40 AM	Block
9:50 AM	Patient
10:00 AM	Block

Time	Administrator
8:00 AM	Huddle
8:10 AM	Draw-Up Time
8:20 AM	
8:30 AM	Patient
8:40 AM	Patient
8:50 AM	Patient
9:00 AM	Patient
9:10 AM	Patient
9:20 AM	Patient
9:30 AM	Patient
9:40 AM	Patient
9:50 AM	Patient
10:00 AM	Patient

Vaccine administrators draw their entire multi-dose vial and label syringes during the "Draw-Up Time." The first schedule on the left has grey blocks used for catch-up time. This Simplified Schedule is modular, so depending on the number of Administrators in place at a given time and the supply of vaccines, the organization can add schedules for additional Vaccine Squads.

In the following example, the Huddles and Draw-Up Time are staggered to ensure an even throttle up to the session:

Time	Administrator 1	Administrator 2	Administrator 3	Administrator 4	Administrator 5
8:00 AM	Huddle		Huddle		Huddle
8:10 AM	Draw-Up Time	Huddle	Draw-Up Time	Huddle	Draw-Up Time
8:20 AM		Draw-Up Time		Draw-Up Time	
8:30 AM	Patient		Patient		Patient
8:40 AM	Patient	Patient	Patient	Patient	Patient
8:50 AM	Patient	Patient	Patient	Patient	Patient
9:00 AM	Patient	Patient	Patient	Patient	Patient
9:10 AM	Patient	Patient	Patient	Patient	Patient
9:20 AM	Patient	Patient	Patient	Patient	Patient
9:30 AM	Patient	Patient	Patient	Patient	Patient
9:40 AM	Patient	Patient	Patient	Patient	Patient
9:50 AM	Patient	Patient	Patient	Patient	Patient
10:00 AM	Patient	Patient	Patient	Patient	Patient
10:10 AM	Draw-Up Time	Patient	Draw-Up Time	Patient	Draw-Up Time
10:20 AM		Draw-Up Time		Draw-Up Time	
10:30 AM	Patient		Patient		Patient
10:40 AM	Patient	Patient	Patient	Patient	Patient
10:50 AM	Patient	Patient	Patient	Patient	Patient
11:00 AM	Patient	Patient	Patient	Patient	Patient
11:10 AM	Patient	Patient	Patient	Patient	Patient
11:20 AM	Patient	Patient	Patient	Patient	Patient
11:30 AM	Patient	Patient	Patient	Patient	Patient
11:40 AM	Patient	Patient	Patient	Patient	Patient
11:50 AM	Patient	Patient	Patient	Patient	Patient
12:00 PM	Patient	Patient	Patient	Patient	Patient
12:10 PM		Patient		Patient	
12:20 PM					
12:30 PM					
12:40 PM	Lunch		Lunch		Lunch
12:50 PM		Lunch		Lunch	
1:00 PM					
1:10 PM					
1:20 PM	Draw-Up Time		Draw-Up Time		Draw-Up Time
1:30 PM		Draw-Up Time		Draw-Up Time	
1:40 PM	Patient		Patient		Patient
1:50 PM	Patient	Patient	Patient	Patient	Patient
2:00 PM	Patient	Patient	Patient	Patient	Patient
2:10 PM	Patient	Patient	Patient	Patient	Patient
2:20 PM	Patient	Patient	Patient	Patient	Patient
2:30 PM	Patient	Patient	Patient	Patient	Patient
2:40 PM	Patient	Patient	Patient	Patient	Patient
2:50 PM	Patient	Patient	Patient	Patient	Patient
3:00 PM	Patient	Patient	Patient	Patient	Patient
3:10 PM	Patient	Patient	Patient	Patient	Patient
3:20 PM	Draw-Up Time	Patient	Draw-Up Time	Patient	Draw-Up Time
3:30 PM		Draw-Up Time		Draw-Up Time	
3:40 PM	Patient		Patient		Patient
3:50 PM	Patient	Patient	Patient	Patient	Patient
4:00 PM	Patient	Patient	Patient	Patient	Patient
4:10 PM	Patient	Patient	Patient	Patient	Patient
4:20 PM	Patient	Patient	Patient	Patient	Patient

Add or subtract blocks to the schedule to hit the desired number of Patient Visits Per Hour.

## Standby Schedules

A standby schedule is a powerful tool for preventing missed opportunities. A Missed Opportunity can include a No-Show or canceled appointment. A Missed Opportunity can also occur if there is no eleventh patient to take an unexpected vaccine dose.

Standby schedules are paired with the regular schedule. Standby patients do not need to automatically come to the clinic and know that they may not get a vaccine that day. Instead, standby patients keep their phone handy and know they may receive a call if a spot opens up. The number of standby spots depends on the anticipated No-Show or cancellation rate and how conservative the organization wants to be. The following is an example of a standby schedule with two standby spots per hour:

Time	Administrator 1	Standby
8:00 AM	Huddle	
8:10 AM	Draw-Up Time	
8:20 AM		
8:30 AM	Patient	Standby Patient
8:40 AM	Patient	
8:50 AM	Patient	
9:00 AM	Patient	
9:10 AM	Patient	
9:20 AM	Patient	Standby Patient
9:30 AM	Patient	
9:40 AM	Patient	
9:50 AM	Patient	
10:00 AM	Patient	

## Workflows and Processes

### Focus on Fundamentals Checklist

This is a quick, ‘at-a-glance’ fundamentals checklist compiled by the Michigan Primary Care Association. While many of these bullets are covered in greater detail in other sections of this toolkit, we highly recommend reviewing this easy checklist to ensure that you are completing these fundamental steps as part of your start-to-finish vaccine workflow.

- Ensure registry with [VaccineFinder](#), and keep info current
- Establish COVID-19 Clinic/Dispense workflow (practice!)
- Ensure post-injection observation period and prepare for adverse effects ([VAERS Report](#))
- Plan for using all doses before expiration
- Follow your state’s eligibility guidelines
- Use CDC Vaccination Tools ([V-Safe](#) and [VaxText](#))
- Vaccination Card and EUA Fact Sheet (in the right language)
  - ◆ A sample Moderna Vaccine Fact Sheet in English and Spanish by HealthLinc is included in [Appendix C](#).
- Plan for Second Dose (recall strategy)
- Ensure data entry into state registry within 24 hours of dispensing
- Ensure billing for vaccine administration is being captured
- Coordinate with Community Vaccination Partners to ensure coverage of eligible populations, especially vulnerable populations
- Maintain and update communication strategy with public and staff
- Complete HRSA survey

### Paperwork Reduction

One of the most time-consuming parts of vaccine administration is collecting information from scheduled patients via paperwork or electronically. Streamlining collected information improves the patient experience and saves staff time. Some organizations schedule and collect patient information outside of their regular EMR using applications, such as [Schedulicity](#), [Acuity](#) or [Luma Health](#) to control what fields are required. The CDC published a [simple form](#) that includes all of the necessary fields for federal data reporting. The following is an example of the information that should be collected from patients. It is highly recommended that this information is collected in advance of vaccination appointment.

- Name
- Date of Birth
- Gender Identity
- Race/Ethnicity

- Contact Information: address, phone number, email
- Permission to contact via text or email
- Basic Health History to determine the safety of vaccination-[the CDC's clinical considerations can be found here](#)
- Consent
- Privacy Notice (some organizations have laminated or posted copies of the Privacy Notice instead of printing out copies for every patient)

## Visit Preparation

[Visit Prep or Pre-Visit planning](#) is another best practice that is also helpful in vaccine clinics. Visit Prep reduces wasted time during the patient vaccine visit, reduces no-shows and missed opportunities, and facilitates charting in real-time during vaccine visits.

Some organizations are using their vaccine clinics to recruit new patients. If the organization wants to convert vaccine patients into primary care patients, the Visit Prep and registration information may be more in-depth (all UDS metrics, demographics, health history, medications, etc.).

If the organization does not need to recruit patients, whittle down the following Visit Prep lists to the bare minimum allowed by local, state, and federal guidelines. Collect critical information for Visit Prep via a secure online form, phone, text, email, etc. Having various means of collecting information increases the percentage of patients with completed Visit Prep. A higher percentage of patients with completed Visit Prep allows staff to focus their in-person time on the patients who need it most.

The following is a simple list for Visit Prep and Pre-Registration:

- Confirm Patient Demographics
  - Name
  - Date of Birth
  - Gender Identity
  - Race/Ethnicity
  - Contact Information: Address, Phone Number, Email
  - Permission to Contact via text or email
- Confirm Patient's Health History and any contraindications
- Confirm that the patient has given consent and received the privacy notice

If the organization wants to recruit patients, then consider completing more comprehensive Visit Prep on vaccine patients who want to become clinic patients. The following is an example of more comprehensive Visit Prep:

<b>Visit Prep</b>	<b>Financial Prep</b> 	<ul style="list-style-type: none"> <li>• Verify insurance</li> <li>• Update demographics and UDS data</li> </ul>
	<b>Clinical Prep</b> 	<ul style="list-style-type: none"> <li>• Complete screening tool for COVID-19 Vaccine</li> <li>• Update allergies</li> <li>• Update medications</li> <li>• Update problem list</li> </ul>
	<b>Pre-Registration</b> 	<ul style="list-style-type: none"> <li>• Consent Forms</li> <li>• Privacy Notice</li> <li>• HIPAA Disclosure</li> <li>• Any other information needed for registration - excluding marking patient as "checked-in/arrived"</li> </ul>

## Robust Confirmations

Robust Confirmation calls are a tried-and-true method for decreasing no-shows, and these calls help the patient and the organization prepare for the visit. Robust Confirmation Calls are different from traditional reminder calls, as they focus on open-ended questions and information gathering. For example, they ask patients, “what else do you want to talk to your provider about during your appointment?” Robust Confirmation Calls can be phone calls, but they can also occur via text or email as long as two-way communication is available. A text or email reminder does not include the necessary information gathering for a Robust Confirmation Call. If the organization contacts patients for Visit Prep within 1-2 days of their appointment, a separate Confirmation Call is likely unnecessary. Instead, combine the Confirmation Call and the Visit Prep.

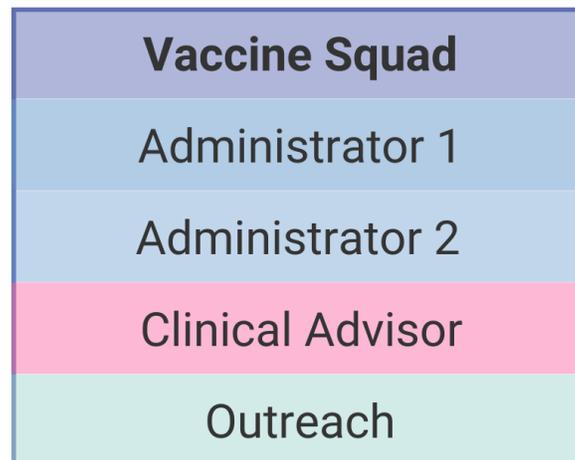
## Vaccine Squad Huddles

Vaccine Squad Huddles are critical for preparing for the patients coming in that day and for strategizing as a team. A Vaccine Squad Huddle is a chance for the entire squad (administrators, outreach and clinical advisor) to meet and discuss the patients coming in that day as well as any updates to policies, vaccine handling procedures, equipment, and lessons learned from the last vaccine clinic. It is important to build the Vaccine Squad Huddle into the first 15-20 minutes of the patient schedule. Blocking this time ensures that the time is protected for the team, allows for a crisp start to the session, and pays off in terms of productivity. For a great huddle, the Vaccine Squad needs a private space and their computers (or paper schedules if not using an EMR). Ensure that the person in charge of Visit Prep and Robust Confirmations attends the huddle to share critical information learned as part of that process. Great huddles start on time and end on time, so the first appointment begins exactly when it should.

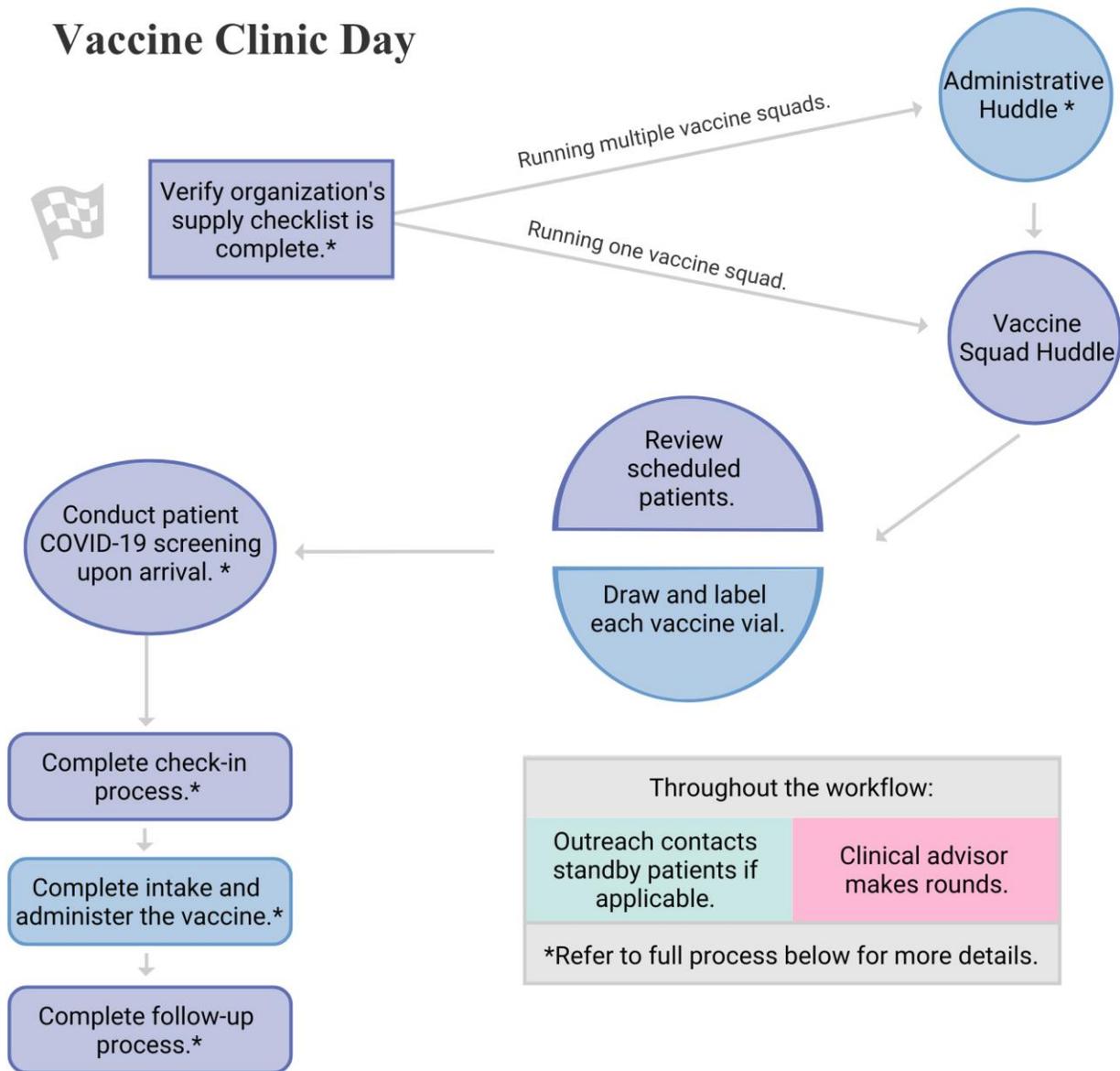
## Staffing for Vaccine Clinics & Mass Events

Knowing the goals for any vaccine clinic is critical for staffing appropriately. Think about space, time available, and how many vaccines the organization wants to administer during the vaccine clinic. Some organizations focus on running vaccine clinics alongside their regular services, while others are doing large scale events. Ensure that the organization has a plan for using vaccine supplies within 1-3 days of receipt and for utilizing every dose once a vial is opened. Organizations that are slow to use vaccines have reported receiving fewer vaccines in subsequent shipments. The vaccine process described below is modular, like the schedule. Each group below is called a Vaccination Squad. Increase the number of Vaccine Squads depending on the goals of the vaccine clinic like how many patients you aim to vaccinate and whether you are running a mass event or administering vaccines in the clinic on a smaller scale.

The Vaccine Squad includes the following:



## Vaccine Clinic Day



Organizations use many different roles as **administrators**. Examples include Medical Assistants, Nurses, Community Health Workers, Providers, and National Guard Troops. Make sure to follow federal, state, and local laws for scopes of practice.

The **Clinical Advisor** can include someone from a variety of roles, such as a Registered Nurse or a Provider. The Clinical Advisor needs to be available to answer questions and provide care in case of a medical emergency. In some situations, ease of accessing outside emergency services dictates what training level the Clinical Advisor needs to possess. For example, in a rural area where emergency services are not easily accessible, a Physician, Nurse Practitioner, or Physician Assistant may be most appropriate in case of an adverse event.

The **Outreach** role can also be filled from a variety of backgrounds. These team members are responsible for greeting patients when they arrive. They may also act as runners for other staff members who need supplies or other assistance. Outreach personnel also confirm that all patients are coming in on time, and they call or message patients who have not yet arrived. They also work to call the standby schedule in case an extra vaccine dose becomes available. The exact role of the Outreach person depends on the space used for the vaccine clinic. For example, larger spaces with more room for patients to traverse may require a screener at the door and a separate outreach person in the clinical area. In drive-thru clinics, the outreach worker may focus on working lines of cars.

Ideally, the Vaccine Squad also completes all the Visit Prep for the day's patients. If other team members have completed the Visit Prep and Robust Confirmations, they should join the morning Vaccine Squad Huddle in-person or virtually to relay findings that might inform the Vaccine Squad's discussion. This staffing model cannot hold if other workflow components such as pre-registration are not also leveraged.

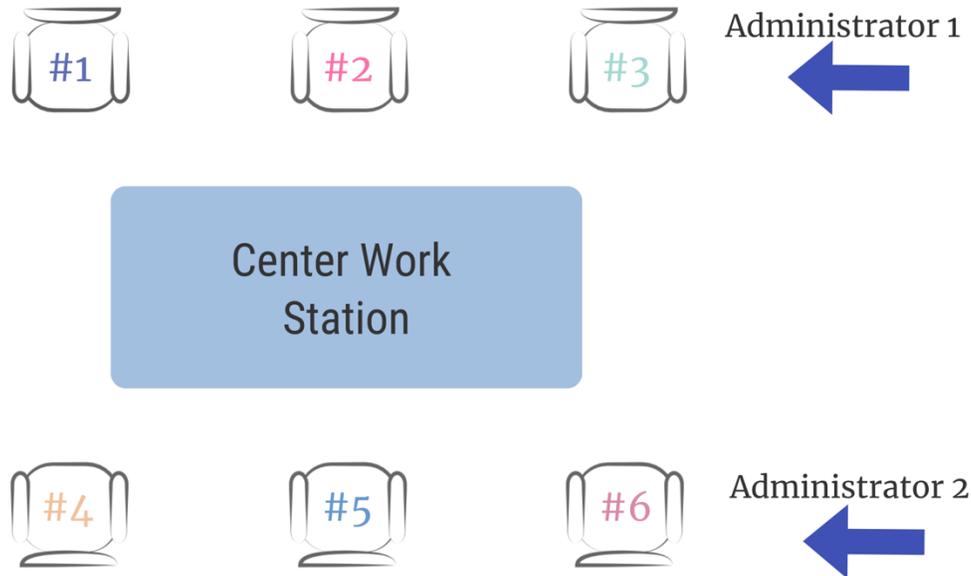
Each of these Vaccine Squads is a self-contained unit that cares for scheduled patients. Suppose multiple Vaccine Squads are running at the same time. There will likely need to be a manager or overseer available to keep the individual teams in communication and to troubleshoot. When the organization scales up the number of vaccine administrators it must also consider scaling up the number of Clinical Advisors to ensure safety and adequate support. Organizations may also need to tweak the suggested team structure if the vaccine clinic is in a large venue where patients may get lost, or if the focus is converting vaccine administrations into established primary care patients. Organizations may also need to adjust the Vaccine Squad components if they have only a small supply of vaccines that one administrator could successfully distribute.

Here is an example of a staffing structure for an organization running four Vaccine Squads:

## Floor Plans

It is recommended that health centers follow [Principles of Redesign](#) to promote efficiency and outstanding patient experiences such as "Don't Move the Patient." The following floor plan design prevents the patient from making multiple stops and crossing paths with other patients. It also keeps the team together with minimal "sneaker time." Make sure chairs are at least six feet apart. This floor plan is also modular and can scale up for multiple teams. The following floor plan is for one Vaccine Squad and the possibility of scheduling ten-minute visits:

Vaccine Squad 1	Vaccine Squad 2	Vaccine Squad 3	Vaccine Squad 4
Administrator 1	Administrator 1	Administrator 1	Administrator 1
Administrator 2	Administrator 2	Administrator 2	Administrator 2
Clinical Advisor	Clinical Advisor	Clinical Advisor	Clinical Advisor
Outreach	Outreach	Outreach	Outreach
Manager or Lead			



In addition, teams will need stools or chairs for themselves, rolling carts for their computers, and plenty of outlets.

## Process Steps

### Before Any Vaccine Clinic

- Complete competency assessment for all staff involved in administering vaccines. Even in this time of crisis, no staff member deemed less than 100% competent should be administering vaccines.

### Before Clinic Day

- Confirm that schedules are open for the vaccine clinic. If possible, offer online scheduling to patients.
- Notify patients who are eligible for the vaccine that they can schedule appointments. Provide information and answers to questions that patients may have before arrival. Prepare patients to dress in clothes that make the shoulder easily accessible.
- Schedule patient appointments.
- Complete Visit Prep for all patients.
- Complete Robust Confirmations (via call or text) for all scheduled patients.
- Collect all supplies using the organization's checklist.
- Pre-print labels for vaccine syringes according to the organization's internal procedure. Make sure to include the medication name, date, lot number, and space for initials.

Consider printing labels for vaccine cards in bulk with the manufacturer and lot number information.

### Vaccine Clinic Day

- Before the morning huddle, make sure all the necessary supplies are available. Use the organization's supply checklist to double-check supplies. [This link](#) provides a sample supply checklist which was adapted from Honor Community Health and can be formatted with your health center's branding. It is also located in [Appendix B](#) of this document.
- For organizations running multiple Vaccine Squads, an administrative huddle may be appropriate. An administrative huddle is a short (~5 minute) huddle for all staff working that day. The administrative huddle covers the following:
  - who to call in case of a problem & how to reach them
  - any changes for the day
  - an overview of supplies available
  - any staffing plan changes
- Immediately following the administrative huddle, the squads break into their Vaccine Squad Huddles.
- Each Vaccine Squad huddles and reviews every scheduled patient.
- The administrators begin drawing up their vaccine multi-dose vials and carefully labeling each vaccine.
- Patients are screened for COVID-19 symptoms upon arrival. The Vaccine Squad can complete this, or patients can use the regular screening procedure for the building. If the vaccine clinic is a drive-thru, screening may be unnecessary.



*Photo Credit: Denver Post*

- Any member of the squad can complete the check-in process. During check-in:
  - Mark that the patient has arrived in the Electronic Health Record or scheduling software (or on paper if no EHR)
  - Double-check that the patient has completed the consent and any other required paperwork
- The administrator completes a brief intake on the patient and administers the vaccine. The brief intake and administration process include the following:
  - Double-check allergies or contraindications for the vaccine
  - Confirm that the patient has the vaccine information sheet
  - Ask the patient if there are any questions
  - Administer the vaccine

- Apply a Band-Aid
- Set a timer for the patient for 15-30 minutes depending on risk factors for an adverse event<sup>3</sup>
- Documents the vaccine administration in the EHR and, if necessary, in any state systems
- Any member of the squad can complete the follow-up process. The follow-up process includes:
  - Give the patient information for V-Safe
  - Give the patient the vaccine administration card
  - Schedule follow-up vaccine appointment or direct patient to scan the QR code for future scheduling
  - Schedule follow-up primary care appointment, if appropriate
  - Monitor for any adverse events
  - Discharge the patient
  - Check the patient out of the EHR (or on paper if no EHR)
  - Sanitize the patient space according to internal protocols
- If there is a No-Show, cancellation, or extra dose, the outreach person calls patients from the standby schedule to have them come in.
- The Clinical Advisor makes the rounds with patients to see if anyone has any questions, encourages patients to schedule appointments, is available in case of an adverse event, and checks with the administrators to see if they need anything.

## Curbside & Drive-Thru Vaccine Clinics



*Photo Credits: Denver Post*

Considerations when running curbside or drive-thru clinics:

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<sup>3</sup> “Interim Clinical Considerations for Use of MRNA COVID-19 Vaccines,” Centers for Disease Control and Prevention (Centers for Disease Control and Prevention, January 21, 2021), <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>.

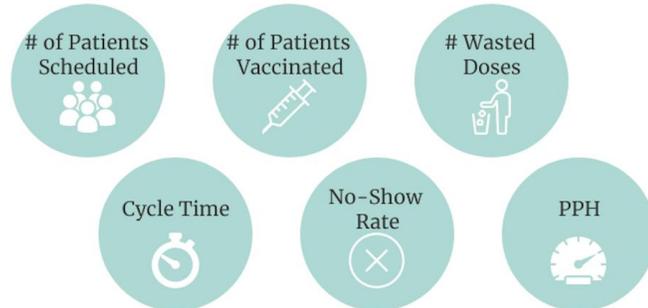
- What signage do you need made to direct cars appropriately to register, to park in vaccine testing spots, waiting areas post-injection, etc.
- Do you need to get cones, paint lanes, etc. to direct traffic?
- How many cars can you accommodate in your parking lot? This may determine the number of patients you can schedule per hour. [See scheduling section above.](#)
- Where and how will you safely store the vaccine vials or drawn doses? (Tents, trailers, tables, etc.)
- If using a trailer for staff in very hot or cold weather, how will you equip it with power to keep it temperature-controlled?
- Do you have a WiFi internet access point set up to access patient lists/records/schedules and your EMR if applicable?
- If your staff and vaccine squads will be working outside to monitor patients in cars during the mandatory waiting period, what type of gear do they need for safety and comfort (think OSHA, visibility and climate concerns)? Do they need vests/long coats and can you supply those to staff?
- What PPE will you need per staff member for the number of staff available for your drive-thru clinic? (*See example protocol below for curbside services*).
- What paperwork will you need to have printed should patients arrive who have not completed an online registration in advance? [EUAs](#), consents, etc.
  - If you need to disseminate any paper information or collect signatures, ensure you have clipboards that can be sanitized in between use and pens that can be cleaned or given to patients to take after use.

#### **PPE Protocol for Curbside Services**

- All staff with direct patient or hazardous material contact will don appropriate PPE. Appropriate PPE includes a face mask, face shield/eye protection, gown, gloves, and surgical foot covers/provided boots. Staff anticipated to have such contact includes all staff working outside during drive-through testing. Staff working inside, do not need full PPE as listed above. Inside staff should continue use of a face mask and proper hand washing techniques.
- If face mask, eye shield, or gown is not visibly soiled after patient encounter, change gloves using doffing and donning techniques described below in CDC graphic. Gowns should be changed at least every 10 patients.
- If any portion of your PPE becomes soiled at any time, use doffing and donning techniques as listed below in CDC graphic and clean with appropriate wipes per manufacture guidelines or replace.
- If entering the building or clean utility tent after patient encounters, all PPE must be removed using the below doffing techniques noted in the CDC graphic and hand must be washed.

## Data Tracking

Data tracking is critical for building and improving on a new process. [Click here](#) to access a template for real-time, manual data tracking. [Click here](#) for a template google sheet for tracking the trajectory of the vaccine administration program. The following data points are included:



- Waitlist (measured in days)
- UDS group breakdown of vaccine administrations
- # of multi-dose vials on hand at the end of the day
- # of days between receipt and administration of vaccine multi-dose vials
- # of 1st dose vaccinations
- # of 2nd dose vaccinations (series completion)
- # of patients vaccinated per day
- # of patients scheduled for vaccination each day
- Cycle Time
- No-Show Rate
- Patient visits per hour
- # of wasted doses (make every effort to have zero wasted doses to use vaccine supplies judiciously)

## Billing

Reimbursement policies are under review and subject to change in the current COVID-19 vaccine environment. Medicaid, Medicare and private payers are still determining “final” reimbursement. At the time this document was produced, some organizations are billing for administration fees for the COVID-19 vaccines. The following are resources for more billing information:

- [Centers for Medicare and Medicaid Services](#)
- [American Medical Association](#)

- [American Academy of Family Physicians](#)

## Dress Rehearsals

It is strongly recommended that before you put your vaccine clinic to the test, you prepare by conducting a dress rehearsal. The following is a sample planning document, a sample schedule, and a list of "curveballs."

### Dress Rehearsal Planning Document

Complete the following to plan for the dress rehearsal:

#### Background Information:

Clinic Name: _____	Time of Dress Rehearsal: _____
Dress Rehearsal Lead/Leads: _____	Number of "Patients" Scheduled: _____
Dress Rehearsal Number: _____	Number of Vaccine Squads: _____
Date of Dress Rehearsal: _____	Number of Patient Chairs or Rooms: _____
Day of Dress Rehearsal: _____	Total Number of Staff in Dress Rehearsal: _____

The following is a fictional example dress rehearsal planning document:

Clinic Name: <b>Happy Little Clinic</b>	Time of Dress Rehearsal: <b>8:00 am</b>
---	---

Dress Rehearsal Lead/Leads: <a href="#">Abby Nichols and Marcela Chavira</a>	Number of "Patients" Scheduled: <b>8</b>
Dress Rehearsal Number: <b>#1</b>	Number of Vaccine Squads: <b>1</b>
Date of Dress Rehearsal: <b>2/4/21</b>	Number of Patient Chairs or Rooms: <b>6</b>
Day of Dress Rehearsal: <b>Thursday</b>	Total Number of Staff in Dress Rehearsal: <b>6</b>

### Preparation Questions

- Did you recruit other staff members to play "patients?"
- Is your space ready for the Dress Rehearsal?
- Have you alerted all staff that a Dress Rehearsal is occurring?
- Did you take steps to make sure you do not offend staff you may be displacing physically or otherwise by this Dress Rehearsal?
- If you have staff members working on the Dress Rehearsal who are new to the process, are they well-oriented to the plan and trained to be successful?
- Do you have all the equipment and supplies you need?
- What is your plan for gathering data and documenting speed bumps?

### Vaccine Squad Huddle

- Does the huddle include all Dress Rehearsal staff (including managers)?
- Does everyone have the "patient" schedule and visit prep ahead of time?
- Is there a Huddle Captain responsible for a focused and productive huddle?
- Did the Vaccine Squad review all scheduled "patients" and strategize for the clinic?
- Did you review all staff roles for the Dress Rehearsal?
- If you're using walkie-talkies, did you check for battery power and channel and do a test before leaving the huddle?

### The Post-Dress Rehearsal Debrief

- Did you make time for debriefing after the Dress Rehearsal?
- Did you choose a facilitator to keep you focused on the debriefing?
- Are all Dress Rehearsal participants in the debriefing space (virtually or otherwise)?
- Is the group taking notes to record lessons learned?
- Calculate your statistics: vaccines administered, vaccines wasted, Average Cycle Time, No-Show Rate, etc.
- What were the comments of "patients" during the Dress Rehearsal?
- List what worked well

- List what didn't work well
- Review what didn't work well. Did the process not work, or was it poorly executed?
- Is another Dress Rehearsal needed? What will you try next time?
- What problems need to be addressed before the next Dress Rehearsal?
- Who will fix each problem by a specific date? (Make sure you exit the debrief with a very detailed game plan)

## Sample Dress Rehearsal "Patient" Schedule

The sample schedules below are filled in with fictional patients to illustrate how a health center would utilize schedule templates like these in their vaccine clinics.

Time	Administrator 1	Administrator 2	Standby
8:00 AM	Huddle		
8:10 AM	Draw-Up Time	Huddle	
8:20 AM		Draw-Up Time	
8:30 AM	Cathryn Waller		
8:40 AM	BLOCK	Gracie Constable	
8:50 AM	Maria Garcia	BLOCK	
9:00 AM	BLOCK	Kenneth Nicolson	
9:10 AM	Miriam Avila	BLOCK	
9:20 AM	BLOCK	Larry Johnson	
9:30 AM	Foster Cookson	BLOCK	
9:40 AM	BLOCK	Linette Randall	

## Sample Dress Rehearsal Visit Prep

Name	DOB	Pre-Check	Gender Identity	Race/Ethnicity	Language	Notes
Cathryn Waller	9/4/85	Yes	F	White	English	Healthcare worker, no underlying conditions
Gracie Constable	8/31/1965	No	F	Black	English	Heart Disease
Maria Garcia	2/9/75	Yes	F	More than one Race	Spanish	Healthcare worker, Heart Disease
Kenneth Nicolson	3/9/53	Yes	M	White	English	COPD
Miriam Avila	5/15/46	No	F	LatinX	Spanish	Heart Disease
Larry Johnson	2/8/58	Yes	M	Black	English	Diabetes, hx of vaccine reaction
Foster Cookson	12/25/54	Yes	M	White	English	Diabetes and Heart Disease
Linette Randall	2/27/1987	Yes	F	LatinX	English	Healthcare worker, No underlying conditions
Navaeh Acre	9/12/73	Yes	F	Black	English	Asthma

## Sample Dress Rehearsal Curve Balls

These "Curve Balls" challenge the staff conducting the Dress Rehearsal. Do not inform the staff about the "Curve Balls" in advance.

"Patient" Name	Curve Ball
Cathryn Waller	
Gracie Constable	Allergic to penicillin
Maria Garcia	Wants to schedule an appointment with a primary care provider
Kenneth Nicolson	Decides not to get the vaccine at the last minute
Miriam Arriola	
Larry Johnson	Hives with a flu vaccine before
Foster Cookson	
Linette Randall	Has a vasovagal reaction
Navaeh Acre	

## Scheduling Tools

### Eligible Patient Text or Email

The sample scripts, emails and texts below are samples based off of communications between health centers and their patients. The sections **highlighted in yellow** are placeholders for an organization to insert their own specific screening questions to evaluate whether the patient meets their state's current requirements for vaccine eligibility. It is recommended that you adjust your communications and edit eligibility questions on an ongoing basis to comply with the phased administration which is rapidly changing based on age, occupation, and risk.

\*Please note: Make sure you have permission from patients to text or email them before sending.

Based on the information you previously provided in our vaccine survey, you may now be eligible to receive the vaccine. Because appointments are required, please use the link below to schedule your vaccine. You will be asked a few questions to confirm your eligibility.

**Please note:** These sign-ups are on a first-come, first-served basis and are dependent on our current supply of vaccines. If there are no appointment times available when you visit the link, please check back later. We will open more appointment times as more vaccine supply becomes available, and the same link will show those times as they are available.

### Eligible Patient Phone Call

**Receptionist:** "Hello, may I speak with \_\_\_\_\_ (Patient Name)?"

If the patient is unavailable, say thank you and end the call politely.

**Patient:** "Yes, this is (Name)."

**Receptionist:** "Can you confirm your date of birth?"

**Receptionist:** "Based on our records, you may now be eligible to receive the vaccine. Are you still interested in the vaccine?"

If the patient says no, encourage the patient to visit the CDC website for more information about the vaccine or talk to the primary care provider.

**Patient:** "Yes, I am."

**Receptionist:** "Great! I'm going to ask you a few questions to confirm your eligibility."

- **[Insert Eligibility Questions]**
- If the patient is eligible, offer the patient available appointment times and schedule appropriately.

Complete Pre-Registration and Visit Prep. Direct the patient to fill out the registration form online.

Remind the patient to wear an outfit that allows for access to the shoulder.

Ask the patient if there are any questions. Direct the patient to the website for Frequently Asked Questions about the vaccine or the primary care provider for any clinical questions. Thank the patient for his/her time and remind the patient of the time, date, and location of the appointment.

## Scheduling a COVID-19 Vaccine Visit

Patient calls and asks to schedule a COVID-19 vaccine visit

**Receptionist:** “Thank you for calling. Just so you know, we are limited in our supply of vaccines, and we are scheduling on a first-come, first-served basis. I’m going to ask you a few questions to confirm your eligibility.”

- **[Insert Eligibility Questions]**
- If the patient is NOT yet eligible, encourage the patient to sign up for the registry online in order to be notified of updated eligibility status.
- If the patient is eligible, BUT appointments are not available:
  - Offer the patient a standby appointment if available, or
  - Offer to send the patient a link to schedule online when more appointments become available
- If the patient is eligible, AND appointments are available:
  - Schedule the appointment at a time that works for the patient.

Complete Pre-Registration and Visit Prep. Direct the patient to fill out the registration form online.

Remind the patient to wear an outfit that allows for access to the shoulder.

Ask the patient if there are any questions. Please direct the patient to the website for Frequently Asked Questions about the vaccine or the primary care provider for any clinical questions.

Thank the patient for his/her time and remind the patient of the time, date, and location of the appointment.

## Scheduling a Standby COVID-19 Vaccine Visit

**Receptionist:** “As you know, we are limited in our supply of vaccines. Sometimes, we have vaccine doses become available at the last minute, so we have a standby schedule to notify patients that they can come in for that dose. Are you interested in being on the standby list?”

If the patient says yes:

- Schedule the patient for the standby visit. Explain that the patient should not come to the clinic that day. The patient needs to have a phone available during the standby time and be close to the clinic. The staff will call if a spot becomes available, but it is possible that the patient may not receive a call. Confirm that the patient understands.
- Explain that the patient should be prepared for a call: complete Pre-Registration and

Visit Prep and direct the patient to fill out the registration form online.

- Remind the patient to wear an outfit that day that allows for access to the shoulder.
- Ask the patient if there are any questions and direct the patient to the website for Frequently Asked Questions about the vaccine or the primary care provider for any clinical questions.

Thank the patient for his/her time and remind the patient of the time, date, and location of the appointment.

## Confirmation Call and Pre-Registration

Before calling the patient, check to see if the patient has completed the forms online and has pre-registered.

“Good afternoon, my name is \_\_\_\_\_. I'm calling from \_\_\_\_\_ Health Center; may I please speak with Mr./Ms \_\_\_\_\_?”

“Hello Mr./Ms \_\_\_\_\_, I'm calling to remind you of your appointment for tomorrow to get your COVID-19 vaccine at \_\_\_\_\_ (time) am/pm at \_\_\_\_\_(location). Does this time still work for you?”

- If No, reschedule or offer a link for when appointments become available.
- If Yes, check the following:
  - If the patient has already completed pre-registration, ask if there are any questions and direct the patient to the FAQs on the website or to the primary care provider.
  - If the patient has NOT completed pre-registration, ask if the patient can complete pre-registration online. If not, complete it over the phone.

Thank the patient for his/her time and remind the patient of the time, date, and location of the appointment.

## Vaccine Squad Huddle Audit Tool

The Huddle	Results
Started on time and in a private place?	
All members of the Vaccine Squad present?	
Patient schedule available?	
Was each patient discussed?	

Is the squad referring back to the Visit Prep notes and Pre-Registration?	
Did all squad members contribute to active conversation?	
Did the Vaccine Squad use the full huddle time?	

## Sample Policies, Consents and Logs

- Presbyterian Medical Services distributed the following [Moderna COVID-19 Vaccine Manual](#) that contains the following sample tools and policies:
  - COVID-19 Attestation form in English and Spanish
  - Temperature monitoring logs for vaccine refrigerator and freezer storage
  - Cold Chain flowchart
  - Vaccine storage and handling step guide
  - Adverse event reporting guide
  - COVID-19 Registration Form
- A sample [patient consent document is located here](#) and in [Appendix D](#) of this document.
- The Pfizer-BioNTech COVID-19 Vaccine Storage and Handling Summary is [located here](#).
- The Moderna Storage and Handling Summary is [located here](#).
- A sample COVID Vaccine Clinic Tracking log is located in [Appendix A](#) of this document.

## Appendix

### A. COVID Vaccine Clinic Tracking Log



- Partition screens
- Paper towels
- Sharps container
- Table and chairs for patient and vaccination providers
- Vaccine storage units
- Wastebaskets
- Pens
- Notepads
- Clipboards
- Printers
- Printer Paper
- Scanner
- Rope, cones, and/or tape as needed to direct traffic flow
- Signage for clinic hours, future clinics, clinic flow, and easels or other equipment for displaying
- Walkie-talkies or similar devices, depending on the size of the clinic
- Trash bags
- Vaccine Education materials in multiple locations
- Immunization record cards
- V-Safe Information Packets in multiple locations
- Internet access or hotspot
- Laptops, computers, tablets, or smartphones
- Multiple plug outlet strips and extension cords
- Vaccine labels
- Screening checklist for contraindications to vaccines
- Vaccination standing orders and protocols
- Vaccine Storage Temperature Logs
- Face coverings for patients who arrive without one
- PPE for staff
- Thermometers for checking patient temperatures
- Tissues

#### Medical Emergency Supplies

- Antihistamines (diphenhydramine [Benadryl], hydroxyzine [Atarax, Vistaril], and syringes if needed)
- Cell phone or landline to call 911
- Epinephrine in prefilled autoinjector or prefilled syringe
- Additional supplies may include:
  - First aid kit
  - Blood pressure measuring device

- Light source to examine mouth and throat
- Oxygen
- Stethoscope
- Timing device for measuring pulse
- Tongue depressors
- Tourniquet

## C. Moderna Vaccine Fact Sheets Examples in English & Spanish from HealthLinc



### YOU HAVE RECEIVED THE MODERNA COVID-19 VACCINE.

**Common side effects** include pain and redness where the vaccine was given, tiredness, muscle aches and pains, headache and fever. You may not feel your best for a day or two. It's a sign your body is doing what it is designed to do – gearing up to make those important antibodies.

**To reduce pain and discomfort in your arm** apply a clean, cool, wet washcloth over the area, but do not rub or massage the area. Continue to use and exercise the arm.

**To reduce discomfort from a fever** drink plenty of fluids and dress lightly.

**Contact your doctor or healthcare provider if** the redness or tenderness where you got the vaccine increases after 24 hours or if your side effects are worrying you or do not seem to be going away after a few days.

**The vaccine requires 2 doses.** You should get your second dose as close as possible to 28 days after your first dose but not before 28 days. If you do not receive your second dose of the vaccine, you will not be fully protected\*.

**Moderna is confident that the vaccine will provide protection against mutated strands of COVID-19.** Tests are being done to determine the amount of protection the vaccine will have.

### REMEMBER

- Side effects may feel like the flu and even affect your ability to do daily activities, but they should go away in a few days.
- For the vaccine to work you need to get the second dose, even if you have side effects after the first dose. The only reason not to get the second dose is if a vaccination provider or your doctor tells you not to.
- It takes time for your body to build protection after any vaccination. You will not be fully protected\* until a week or two after your second dose.

Use your smartphone to tell the CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders for your second vaccine dose.

Sign up at [vsafe.cdc.gov](https://vsafe.cdc.gov)  
or  
aim your smartphone's  
camera at this code.



**Even after receiving the vaccine, it is important for everyone to continue using all the tools available to help stop this pandemic. Wear a mask when around others, stay at least 6 feet away from others, avoid crowds, and wash your hands often.**

\*fully protected means that the vaccine is 94%-95% effective against COVID-19.



1-888-580-1060 | [healthlincchc.org](https://healthlincchc.org)

EAST CHICAGO KNOX LA PORTE MICHIGAN CITY MISHAWAKA SOUTH BEND VALPARAISO

This health center receives HHS funding and has Federal Public Health Service (PHS) deemed status with respect to certain health or health-related claims, including medical malpractice claims for itself and its covered individuals.



**HAZ RECIBIDO LA VACUNA MODERNA CONTRA EL COVID 19.**

**Los efectos secundarios comunes** incluyen dolor y enrojecimiento en el área donde la vacuna fue aplicada, cansancio, dolor muscular, dolor de cabeza y fiebre. Probablemente no se sienta bien por un par de días. Es una señal de que tu cuerpo esta haciendo lo que está diseñado a hacer – preparándose para hacer esos anticuerpos tan importantes.

**Para reducir el dolor y la molestia en tu brazo** aplica una toallita, limpia y fría sobre el área, pero no de masaje o frote el área. Continúe usando y ejercitando el brazo.

**Para reducir el malestar de la fiebre** tome suficientes líquidos y vístase con ropa ligera.

**Contacte a su doctor o a su proveedor de salud** si después de 24 horas el enrojecimiento o dolor incrementa en el lugar donde fue inyectado. Si los efectos secundarios le preocupan o parecen no desaparecer después de unos cuantos días.

**La vacuna requiere 2 dosis.** usted debe tener la segunda dosis lo mas cerca posible a 28 días después de su primera dosis pero no después de 28 días.

**Moderna asegura que la vacuna le proveerá protección contra los diferentes mutantes de COVID 19.** Se están realizando exámenes para determinar la cantidad de protección que la vacuna tendrá.

**RECUERDA**

- Los efectos secundarios pueden parecerse a los del flu e incluso afectar tu habilidad par realizar actividades diarias, pero deben desaparecer en unos cuantos días.
- Para que la vacuna tenga efecto usted necesita tomar la segunda dosis, aunque haya tenido efectos secundarios después de la primera dosis. La única razón por la que no debe tomar una segunda dosis es por que un proveedor de la vacuna o su doctor se lo han recomendado.
- Su cuerpo toma tiempo para construir la protección necesaria después de cualquier vacuna. Usted no estará completamente protegido\* hasta una o dos semanas después de recibir la segunda dosis.

Use su teléfono inteligente para informar al CDC acerca de los efectos secundarios que tuvo después de haber recibido la vacuna en contra del COVID-19. También recibirá recordatorios acerca de su segunda dosis de la vacuna.

Regístrate en [vsafe.cdc.gov](https://vsafe.cdc.gov)  
o  
enfóque la cámara  
directamente a este código.



**Aun después de recibir la vacuna, es importante para todos que continúen usando todas las herramientas disponibles para ayudar a detener esta pandemia. Use su mascarilla alrededor de los demás, mantenga 6 pies de distancia, evite multitudes y lave sus manos frecuentemente.**

\*completamente protegido significa que la vacuna es 94%-95% efectiva en contra del COVID 19.



1-888-580-1060 | [healthlinccchc.org](https://healthlinccchc.org)

**EAST CHICAGO KNOX LA PORTE MICHIGAN CITY MISHAWAKA SOUTH BEND VALPARAISO**

Este centro de salud recibe fondos del HHS y tiene el estatus de estado del Servicio Federal de Salud Pública (PHS) con respecto a ciertos reclamos de salud o relacionados con la salud, incluidos reclamos por negligencia médica, para sí mismo y sus individuos cubiertos.

**D. Patient Intake: COVID-19 Vaccine Consent Sample from Northwest Michigan Health Services, Inc.**

**PATIENT INTAKE: COVID-19 VACCINE CONSENT**



**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**GENDER:** M F OTHER UNKNOWN **ETHNICITY:** Hispanic Non-Hispanic **ARE YOU A VETERAN:** Yes No

**DO YOU WORK IN AGRICULTURE?** Migrant Worker Seasonal Worker None **ARE YOU HOMELESS?** Yes No

**RACE:** American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White Other \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **PREFERRED LANGUAGE:** English Spanish Other \_\_\_\_\_

**DO YOU HAVE INSURANCE?** No Yes **Type:** \_\_\_\_\_ **ID#** \_\_\_\_\_ **Group#:** \_\_\_\_\_

**DO YOU HAVE ANY OF THE FOLLOWING COVID SYMPTOMS:** Cough Shortness of Breath Fever/ Chills Fatigue  
Muscle or Body Aches Headaches New loss of Taste or Smell Sore Throat Congestion or Runny Nose Nausea/Vomiting Diarrhea

**ARE YOU AN NMHSI EMPLOYEE?** Yes No

**QUESTIONNAIRE & CONSENT FOR COVID-19 VACCINE**

**SECTION A: Patient Consent**

1. I certify that I am at least 18 years of age.
2. I hereby give my consent to NMHSI and the healthcare professional administering the vaccine today.
3. I understand that the authorized COVID-19 vaccines require two doses. Both doses of the series should be completed with the same product. Product dosing schedules vary. If I receive one dose of the Moderna COVID-19 Vaccine, I should receive a second dose of the same vaccine **28 days** later to complete the vaccination series. If I received one dose of the Pfizer COVID-19 Vaccine, I should receive a second dose of the same vaccine **21 days** later to complete the vaccination series.
4. I understand that it is not possible to predict all possible side effects or complications associated with receiving the vaccine. I have received and read the COVID-19 Vaccine Fact Sheet, EUA for the vaccination I wish to receive.
5. I agree to remain present for at least 15 minutes after vaccination to be monitored.
6. I hereby consent to the administration of the COVID-19 vaccine. Furthermore, I hereby release and forever discharge for myself, my heirs, executors, administrators and assignees, NMHSI and their employees, owners and representatives, from any and all claims, demands, actions and causes of action, which may result from participation in this program.
7. I acknowledge that: (a) I understand the purposes/benefits of my state’s vaccination registry (“MCIR”) and (b) the applicable Provider may disclose my vaccination information to the State Registry, for purposes of public health reporting, or to my healthcare providers enrolled in the State Registry purposes of care coordination.
8. I will communicate the information provided to me today about my vaccination to my primary care provider if I have one.
9. The Notice of Patient Privacy Practices and the Patient Rights and Responsibilities are posted on our website at [www.nmhsi.org](http://www.nmhsi.org) for patients to review. I accept that services may be rendered in a non-private setting.

**I have read and understand all of the above.**

Signature of Patient/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Guardian Name here: \_\_\_\_\_ Relationship: \_\_\_\_\_

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