

IMPORTANT RESOURCES FOR FALL VACCINATION CLINICS

August 5, 2020

MDPH wants to support local health departments and immunization providers by providing resources to assist with the operation of vaccination clinics during the COVID-19 pandemic. This year, additional considerations such as [social distancing \(also called physical distancing\)](#), clinic organization & flow, infection control and personal protective equipment (PPE) are required. Guidance related to COVID-19 is constantly evolving. Regularly check the links listed below for the most up to date information.

- For general guidance on vaccination during COVID see [CDC's Interim Guidance on Immunization Services during a Pandemic](#).
 - Specific information is available in these sections:
 - General Practices for the Safe Delivery of Vaccination Services: This section provides guidance about immunization and [infection prevention practices](#) for encounters with all patients. These include: physical distancing; precautions; PPE; respiratory and hand hygiene; surface decontamination; source control and physical distancing while in [healthcare facilities](#). The general principles outlined for healthcare facilities should also be applied to alternative vaccination sites.
 - Additional Considerations for Alternative Vaccination Sites (e.g., pharmacies; temporary, off-site or satellites clinics; mass influenza vaccination clinics): This section provides some additional guidance for physical distancing that is particularly relevant for these venues.

Clinic Organization

- CDC has issued revised [Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations](#). The purpose of the guidance is to assist with jurisdictional planning and implementation of satellite, temporary, or off-site vaccination clinics by public and private vaccination organizations. The guidance also provides information on additional considerations that are required during the COVID-19 pandemic, including physical distancing, PPE, and enhanced sanitation efforts.
 - The guidance is broken down into four categories:
 - [Planning activities](#)
 - [Pre-clinic activities](#)
 - [During the clinic activities](#)
 - [Post-clinic activities](#)
- Also available from CDC is [Considerations for Planning Curbside/Drive-Through Vaccination Clinics](#), which outlines some things to take into consideration when planning a curbside or drive-through clinic.
- Additionally, CDC has also posted [Resources for Hosting a Vaccination Clinic](#), where you can find a checklist of *Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-site Locations*, and other useful material.

Infection Control Measures & PPE

To help ensure the safe delivery of care during vaccination visits, providers should:

- Minimize chances for exposures in the clinic setting, including steps such as these:
 - Screen patients for [symptoms](#) of COVID-19 and contact with persons with possible COVID-19 [prior to](#) and upon their arrival at the facility, and isolate or exclude symptomatic patients as soon as possible.
 - Limit and monitor points of entry to the facility and install barriers, such as clear plastic sneeze guards, to limit physical contact with patients at triage.
 - Implement policies for adults and children over the age of 2 years to wear [cloth face coverings](#) (if tolerated).
 - Ensure patients practice respiratory hygiene, cough etiquette, and [hand hygiene](#).
- Ensure physical distancing by implementing strategies, such as:
 - Separating sick from well patients by scheduling these visits during different times of the day (e.g., well visits in the morning and sick visits in the afternoon), placing patients with sick visits in different areas of the facility, or scheduling patients with sick visits in a different location from well visits (when available).
 - Reduce crowding in waiting areas by asking patients to remain outside (e.g., stay in their vehicles, if applicable) until they are called into the facility for their appointment.
 - Ensure that physical distancing measures, with separation of at least 6 feet between patients and visitors, are maintained during all aspects of the visit, including check-in, checkout, screening procedures, and post-vaccination monitoring using strategies such as physical barriers, signs, ropes, and floor markings.
 - Utilize electronic communications as much as possible (e.g., filling out needed paperwork online in advance) to minimize time in the office as well as reuse of materials (e.g., clipboards, pens).
- Alternative vaccination sites should follow the general guidance for minimizing exposures and physical distancing outlined above. Some additional precautions for physical distancing that are particularly relevant for mass immunization clinics include:
 - Providing specific appointment times or other strategies to manage patient flow and avoid crowding.
 - Ensuring sufficient staff and resources to help move patients through the clinic flow as quickly as possible.
 - Limiting the overall number of attendees at any given time, particularly for populations at increased risk for [severe illness from COVID-19](#).
 - Setting up a unidirectional site flow with signs, ropes, or other measures to direct site traffic and ensure physical distancing between patients.
 - When feasible, arranging a separate vaccination area or separate hours for persons at increased risk for severe illness from COVID-19, such as older adults and persons with underlying medical conditions.
 - Selecting a space large enough to ensure a minimum distance of 6 feet between patients: in line or in waiting areas for vaccination; between vaccination stations; and in post-vaccination monitoring areas (the Advisory Committee on Immunization Practices [recommends that providers consider observing patients for 15 minutes after vaccination](#) to decrease the risk for injury should they faint).

- Ensure all staff adhere to the following infection prevention and control procedures:
 - Follow [Standard Precautions](#), which include guidance for hand hygiene and the frequent cleaning of high-touch surfaces in the clinic environment.
 - Currently, recommended PPE for staff administering immunizations includes:
 - Medical facemask
 - Eye protection
 - Gloves when administering an oral or intranasal vaccine (see additional info below)
 - Gowns are not currently recommended
 - Since COVID-19 guidance is evolving, regularly check [CDC's Infection Control Guidance for Healthcare Professionals about Coronavirus \(COVID-19\)](#) for updated information.
- Consider these additional steps during vaccine administration:
 - Intranasal or oral vaccines:
 - Healthcare providers should wear gloves when giving intranasal or oral vaccines because of the increased likelihood of coming into contact with a patient's mucous membranes and body fluids. They should change their gloves and wash their hands between patients.
 - Giving these vaccines is not considered an [aerosol-generating procedure](#) and thus, the use of an N95 or higher-level respirator is not recommended.
 - Intramuscular or subcutaneous vaccines:
 - [If healthcare providers wear gloves when administering vaccine](#), they should change their gloves and wash their hands between patients.
- Perform hand hygiene before vaccine preparation, between patients, and any time hands become soiled.
 - Use a waterless alcohol-based hand rub. If hands are visibly dirty or contaminated with body fluids, wash with soap and water.
- For additional infection control information, refer to [CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) found on the [CDC's Infection Control Guidance for Healthcare Professionals about Coronavirus \(COVID-19\) webpage](#).
- Eligible entities (primarily local health departments) may be eligible to purchase PPE through a statewide contract. See [COVID-19 Statewide Contract Resources for PPE](#).

Vaccine Transport, Storage and Handling

- **If you need to transport state-supplied vaccine, contact Vaccine Unit (617-983-6828) for guidance to ensure vaccine cold chain is maintained.**
- **This guidance is for vaccine stored in a refrigerator at temperatures 2°C - 8°C (36°F - 46°).** If you have questions about vaccine stored in a freezer, please contact the Vaccine Unit.
- Ensure plans are in place for maintaining vaccine at appropriate temperatures while it is stored and throughout the clinic day.

Recommended Refrigerator Vaccine Storage Temperatures

- 2°C - 8°C (36°F - 46°F)
- Average: 5°C (40°F)

- Have vaccine delivered directly to the clinic site, if possible.
- If it is necessary to transport vaccine:
 - Limit the amount of vaccine transported to only what will be needed that workday.
 - The total time for transport alone, or transport plus clinic workday, should be a maximum of 8 hours.
 - CDC recommends using a portable refrigerator/freezer unit for transport.
 - Use a calibrated digital data logger (DDL) with continuous monitoring and recording capabilities during transport.
 - [Qualified containers and packouts](#) with a DDL in each container can also be used.
 - CDC does not recommend keeping vaccines in a transport container unless it is a portable refrigerator or freezer unit. If vaccines must be kept in transport containers during an off-site clinic:
 - Keep container(s) closed as much as possible.
 - Place calibrated temperature monitoring device(s) (preferably with a buffered probe) as close as possible to vaccines.
 - Read and document the temperature(s) inside the container(s) at least hourly.
 - Remove only the amount of vaccine needed at one time (no more than 1 multidose vial or 10 doses) for preparation and administration by each vaccinator.
- Follow vaccine storage and handling guidelines in the [MDPH Guidelines for Compliance with Federal and State Vaccine Administration Requirement, Section B: Vaccine Management](#).
- Additional information can be found in the [CDC Vaccine Storage and Handling Toolkit](#).

Other Useful Links

- [Immunization Action Coalition \(IAC\)](#) has many resources available, including [model Standing Orders](#), [Vaccine Information Statements \(VIS\)](#), and [Vaccination Screening Questionnaires](#)
- [CDC's Frequently Asked Influenza \(Flu\) Questions: 2020-2021 Season](#)
- [CDC's Vaccine Administration website](#)
- [General Best Practice Guidelines for Immunization. Best Practices Guidance of the Advisory Committee on Immunization Practices \(ACIP\)](#)
- Report adverse events and vaccine administration errors to [VAERS](#)