



Case Study on Clinic Planning- What it looks like (example timeframe: Feb 3-March 29); Spokane Regional Health District (SRHD) partnered with Riverside School District to host an immunization clinic on Thursday, March 29 from 3:30p-6:30p.

- Lead School nurse reached out to SRHD staff on February 3 to inquire about feasibility of reserving a time in March to host an immunization clinic. SRHD staff reviews staff calendars for availability and determines it is feasible. SRHD ensures facility use agreement is current. SRHD staff sends an Outlook calendar invite reservation to school contact.
- Lead school nurse identifies location
- Lead school nurse communicates which target groups for clinic (i.e. all ages/ kindergarten/ 6th grade/ varicella 2nd dose catch up) and vaccine needs based on OOC/immunization coverage data
 - Based on SRHD inventory and other planned clinic needs, SRHD places vaccine order at least 4 weeks in advance
- SRHD staff then sends an email to list of vaccinator group options (WSU CON, WSU COP, MRC, etc) to see who may be available on this date. Once vaccinator group is acquired, SRHD sends lead preceptor/group contact event information and vaccinator training tools
- Lead school nurse recruits volunteers from her school nurse team (and larger county school nurse group, if needed) to serve as medical screeners and general volunteers. SRHD sends lead school nurse medical screener tools and list of available vaccine.
- Lead school nurse and SRHD create marketing flyer for distribution and receive approval from all parties; determine translation needs based on student population; lead school nurse works with school to implement communication plan. SRHD follows lead agency communication plan
- Lead school nurse and SRHD staff coordinate a walk-through of the selected location to determine clinic layout using site assessment checklist. SRHD draws up a mock clinic layout and emails to lead school nurse.
- Lead school nurse works with school staff (and janitors, etc) to ensure building access and supplies are available
- SRHD and lead school nurse communicate via email re: details as needed
- SRHD and lead school nurse send reminder information to all volunteers; lead school nurse makes arrangements for bottled water/snacks for volunteers, if possible.



- SRHD prepares all forms and supplies for the clinic; using agency van, staff load all supplies (except vaccine) the day before or early the day of. Vaccine supply is loaded immediately prior to travel. SRHD uses Acu-Temp coolers for refrigerated and frozen vaccine (shown left).
- All volunteers arrive 60-90 minutes prior to event start to begin set up.

Implementation- What the day looks like

Scenario: Spokane Regional Health District has partnered with Riverside School District to host a clinic on Thursday, August 29 from 3:30p-6:30p. Volunteers have all received instructions

- SRHD staff has loaded the transport van with all vaccine administration supplies, stanchions, etc. and heads to the school
- Upon arrival, all volunteers help unload the van. Based on clinic layout map, volunteers begin arranging supplies.
- All clinics should maintain one-way directional flow using at least 6 stations (registration, form fill out, screeners, number assignment/waiting, vaccination, exit).
- All volunteers transform Riverside's gym into a one-way directional flow clinic
- The Clinic POD Supervisor leads the entire group in just-in-time training to explain overall flow and provide overall guidance; explains emergency response protocol and identifies medical station lead, epi kits, and AED locations
- Medical station and medical support leads conduct just in time trainings specific to their groups.
- Clinic begins promptly at 3:30p
- Patients arrive at station 1 to collect registration forms and notice of privacy forms
- Patients sit at station 2 and complete the front of the registration form
- Patients get in line to see medical screeners at station 3; medical screeners provide age-appropriate vaccine recommendations and review any medical precautions/contraindications
- Patients head to station 4 at which a flow monitor will provide a number to the family group and place the same number on all of the forms in the family group to identify them collectively. The family will then take a seat and wait to be called.

- Flow monitor at station 4 gives the family forms to flow monitor for station #5 (vaccination station) who delivers the forms to the vaccine management coordinator.
- The vaccine management coordinator reviews forms for age-appropriate vaccine indications (i.e. DTaP for 6 and under and Tdap for 7 and older)
- Available vaccinators indicate to vaccine management coordinator they are ready for client group
- Vaccine management coordinator provides forms, vaccine, and associated supplies to vaccinator. Vaccinator takes all supplies back to station and prepares vaccine. Vaccinator communicates any wasted vaccine to vaccine management coordinator for proper documentation.
- Once vaccinator is prepared, he/she informs flow monitor #5 of the family number. Flow monitor enters waiting area and calls back family and obtains additional forms from flow monitor #4.
- Family enters station #5 and vaccinator reviews screening form with patient and verifies demographic information. Reviews patient comfort techniques with parents; utilizes dual vaccinator approach if child is receiving multiple vaccines.
- Once vaccine administration is complete, vaccinator completes paperwork while monitoring patient.
- Family group/Patient then goes to the exit station where the clinic records staff person reviews form for final time, collecting any missing information (i.e. VFC status, clarifying illegible handwriting). Staff transfers vaccines administered to a paper record that she hands back to the family. She informs the family that these vaccines will be entered into the IIS. She thanks them for getting vaccinated and tells them to have a great day.
- At the conclusion of event, all volunteers help tear down clinic and reload van.
- SRHD staff enter all forms into the IIS
- SRHD sends after-event communication that thanks all volunteers for their assistance along with recap of vaccines administered and types.

Special Considerations

- **Unaccompanied minors**
 - Spokane Regional Health District (SRHD) allows for unaccompanied minors to receive vaccination services:
 - Contact parent/caregiver via telephone to obtain verbal consent and read federally-required Vaccine Information Sheets (VIS) over phone
 - Emancipated minor
 - Invoke “mature minor doctrine” for patients 16 years and older based on clinical judgement that minor is able to make informed healthcare decisions for himself/herself
- **Vaccine Supply/ Management**
 - In order to reduce any missed opportunities for vaccine administration, SRHD-coordinated clinics always provide all childhood vaccination presentations for ages 6 months-18. The range of age for vaccine administration is based on your agency’s standing orders, collaborative practice agreements, and staff comfort level.
 - Once vaccinator group has been determined, number of vaccinators is important to determine feasible amount of vaccine to bring. If a clinic has all childhood vaccine presentations, feasibly one vaccinator can handle vaccine process for 20 vaccines (10-15 clients) an hour. Average expectation 150 clients (10-15 vaccinators)
 - Typically, SRHD clinics have between 10-15 vaccinators and 3-4 medical screeners
 - Mass vaccination clinics with one or two presentations 6-8 vaccinators can suffice if vaccine pre-draw protocols are implemented
- **Children/ Distraction Kits (value-added services)**
 - SRHD places colored paper and crayons at stations #2 and #4
 - SRHD obtains suckers and stickers for use at stations #5 and #6
 - SRHD has partnered with community agencies (managed care organizations (Amerigroup) and Washington Poison Control Center) to provide resources and other items for families.
- **Volunteers**
 - SRHD set up a one-time volunteer packet for volunteers to participate in immunization clinics. This allows the volunteer to operate under SRHD’s auspices and protections. Volunteers are bound by HIPAA and other confidentiality requirements.
- **Medical Station Lead Assignment**
 - Only assign faculty/preceptors/experienced vaccinators and emergency responders to this role. Please emphasize that if there is an adverse reaction ONLY the lead should respond and call upon others as needed. Lead will notify Clinic POD supervisor and they will respond accordingly. All other volunteers must continue business as usual and assist other patients. Maintain calm demeanor and attend to patient as needed.
- **Third-party vaccine billing/insurance collection**
 - All SRHD-coordinated events are no-cost. We do not collect insurance information and are not set up to bill third party. We do bill Medicaid for the \$5.96 vaccine administration fee reimbursement as permitted. SRHD staff investigating different

models for making billing a possibility for program sustainability (see LHJ Billing Resource Guide for more information). Most healthcare providers in Spokane County who partner with school districts donate this service as in-kind and do not collect insurance information or charge any fee.

- **FERPA/HIPAA**
 - FERPA does not apply when LHJ/private provider/pharmacy (aka outside parties) not employed by or under contract with the school provides healthcare services to students
 - FERPA allows disclosure of “personally-identifiable information with parent’s consent”. Outside parties should include language on their consent form to the effect that immunizations services provided to your child will be shared with his/her school for purposes of immunization record completion as well as added to the Immunization Information System (IIS).
- **Staff/Participant/Family Feedback**
 - Some schools found it incredibly helpful to ask parents to complete a brief evaluation form of the clinic at the conclusion of the immunization event at station 6. This information was really helpful to learn opportunities to improve the clinic organization, as well as to share to administration.
- **Medical Assistants as vaccinators**
 - Per Washington state law, Medical Assistants (MAs) are not allowed to administer vaccines without a midlevel practitioner with prescriptive authority onsite. When conducting offsite clinics, a midlevel practitioner must be present somewhere in the near vicinity for MAs to vaccinate. Only licensed healthcare professionals (RNs, ARNPs, LPNs, MDs, DOs) can serve as medical screeners at SRHD-coordinated events. These professionals can satisfy the practitioner requirement for MAs to vaccinate. Additionally, the vaccination station lead should also be a licensed healthcare professional and this too will meet the requirement.

Resources for school located health centers:

<https://www.cdc.gov/h1n1flu/vaccination/slv/>

<http://www.immunize.org/school-vaccination/>