



California Department of Public Health Mass Vaccination Planning Guidance 2009 H1N1 Influenza Vaccine

I. Introduction

This guidance is intended to

- Assist local health departments (LHDs), emergency planners, healthcare providers and their partners in the delivery of pandemic influenza vaccine in mass vaccination clinics.
- Help build partnerships between the LHD, schools, hospitals, clinical providers and/or private vaccination companies for the purposes of H1N1 vaccine administration.
- Outline responsibilities and collaboration between
 - State (e.g., Preparedness, Immunization) and
 - Local partners (e.g., emergency responders, hospitals, private providers, military, tribal entities, Veteran's Administration (VA), Indian Health Service (IHS) and tribal facilities, primary care associations or any other additional vaccinators)
- Be updated with new information as it becomes available.

Additional resources from the California Department of Public Health (CDPH) and the federal Centers for Disease Control and Prevention (CDC) are available at

www.flu.gov

<http://cdc.gov/h1n1flu/>

www.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenzaLHD.aspx

www.CalPanFlu.org

II. H1N1 Mass Vaccination Clinic Planning

1. Determine populations to reach with H1N1 mass vaccination clinic

The following information is based on recommendations of the federal Advisory Committee on Immunization Practices (ACIP) (August 20, 2009 version at

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr58e0821a1.htm>).

When vaccine supply is ample, pandemic influenza vaccine should be offered to anybody without medical contraindication to the vaccine who is interested in protection from pandemic influenza.

When vaccine demand exceeds supply, pandemic vaccine should be targeted to:

- Pregnant women
- Persons who live with or provide care for infants aged <6 months (e.g., parents, siblings, and daycare providers)
- Health-care and emergency medical services personnel
- Persons aged 6 months--24 years
- Persons aged 25--64 years who have medical conditions that put them at higher risk for influenza-related complications



H1N1 Mass Vaccination Clinic Planning (Con't)

When vaccine supply is very scarce, it may be prioritized if feasible to (changes from above emphasized in underline):

- Pregnant women
- Persons who live with or provide care for infants aged <6 months (e.g., parents, siblings, and daycare providers)
- Health-care and emergency medical services personnel with direct patient contact or with infectious material
- Children aged 6 months -- 4 years of age
- Children and adolescents aged 5--18 years who have medical conditions that put them at higher risk for influenza-related complications)

LHDs will need public and private sector vaccinators to reach each group.

2. Determine settings of mass vaccination clinics

This could include large scale/public health sponsored clinics, smaller clinics or private provider's offices:

1. Walk-through clinic
2. Drive-through clinic
3. School-based clinic
4. Other type of clinic to serve target population

http://www.cdc.gov/flu/professionals/vaccination/pdf/Vax_Clinic_guidelines.pdf

a. School-based/School located clinics

Schools are potential sites for immunization clinics while in session or during evenings, weekends or vacation periods.

- Partner with their local departments of education, and/or school superintendents, and/or any other school-based entities to take advantage of existing resources for school-based mass vaccination clinics. If clinics are not being conducted at schools within their jurisdiction, LHDs should consider how this priority group will get vaccinated.
- Develop a plan to inform and obtain support of principals, teachers, and parent organizations
- Contact education partners, including school districts, community colleges, universities, private schools and adult education centers and create a list of entities willing to participate in school-located clinics
- Develop plan for informing and obtaining support from physicians in the community about school-located vaccination
- Develop plans for staffing school-located clinics, including identification of sources of volunteers and development of MOAs with relevant organizations
- Provide H1N1-specific informational materials for parents



School Based/School Located Clinics (Con't)

- Ensure a Vaccine Information Sheet (VIS) is provided to parents for each vaccination dose
- Provide culturally sensitive information about the vaccine in the languages of the populations served by the clinic
- Ensure schools have consent forms that have been reviewed by legal counsel
- Develop plans to distribute and maximize return of consent forms where applicable (i.e., if school clinics during school hours and without parents present are planned)
- Plan for consent related issues at time of clinic (verifying identity of consented child when parent is not present)
- Address issues specific to vaccination of children (flow from classroom to vaccination)

<http://www.readycaschools.org>

http://www.naccho.org/topics/HPDP/infectious/immunization/resources/schoolkit.cfm#Macro_Planning

b. Tribal and Indian Health Service (IHS) clinics

- Include IHS and tribal planners in vaccination plans
- Ensure tribal populations are included in the allocation of vaccine

c. Other possible venues include

- Businesses
- Armories
- Sports facilities
- Fairgrounds
- Convention centers
- Health care facilities
- Colleges and universities
- Faith-based organizations
- Other venues

d. Special populations clinics

- Identify hard to reach populations and develop plans for communication and transportation to clinic sites
- Develop MOAs with public agencies, volunteer organizations, and others to help reach these populations
- Identify all audiences that need to receive specific information and instructions about the vaccine, vaccination, and clinic site



3. Determine the clinic location and facility

a. Location considerations

- Size and type (target and priority groups) of population to be served per site:
- Easily accessible to target populations
- Adequate parking (for vaccine recipients and staff) and traffic flow
- Exterior lighting
- Safety and security
- Accessible to mass transit (e.g., bus routes, train)
- Well delineated covered gathering areas outside of the clinic (weather protected) and inside the clinic

b. Facility considerations:

- Separate entry and exit doorways
- Patient flow
- Adequate space for the clinic population serviced and logistical set up
- Handicapped accessible
- Restrooms
- Refrigeration for vaccine cold chain
- Social distancing for target population, as applicable
- Ability to secure the facility, control ingress and egress to the clinic
- Waste disposal
- Areas/side rooms for screening and staff rest areas
- Utilities-
 - Heating and air conditioning (HVAC)
 - Water and sewer
 - Power and outlets
 - Alternate power sources, if needed (e.g., generators)
 - Phones
 - Internet connectivity

4. Determine the clinic staffing, including training and support

- Determine the number and licensure/skill sets of staff required to operate the mass vaccination clinic to achieve the hours and/or numbers of people to be vaccinated.
- Review with public health counsel which allied health professionals are legally permitted to administer vaccine, to what types of patients, and under what conditions.
- Develop or use existing job action sheets and just in time training.
- Determine size of staff (total and staff with direct patient contact) and provide for vaccination of staff.
- Develop identification badges for clinic staff.



Determine the Clinic Staffing (Con't)

- Develop a document containing pertinent contact information for staff.
- Develop contingency plans in the event of absenteeism.
- Plan for volunteer credentialing, training, and supervision during the clinic
- Provide of easily-locatable information on health department website for vaccinators, indicating what role they might play in given state/jurisdiction and how they can obtain information.

c. Suggested staffing includes:

- Greeters/educators
- Priority client screeners
- Registration personnel
- Medical screeners
- Forms collectors
- Clinic flow controllers
- Vaccination assistants
- Vaccination administrators
- Security
- Emergency medical personnel
- Runners to maintain stations stocked with supplies and equipment

b. Staffing augmentation strategies:

- Existing local health department staff—licensed and non-licensed/clerical staff
- Staff from other local government agencies
- Nursing Registry Staff/Temporary contracted vaccinators

c. Consider community staffing resources as needed:

- California Medical Reserve Corps (MRC)
- Disaster Healthcare Volunteers (DHV)
- California Medical Assistance Teams
- Community Emergency Response Teams (CERT)
- American Red Cross
- Community-based organizations
- EMS providers
- Healthcare providers and organizations (e.g., hospitals, clinics)
- Home health nurses
- Schools and colleges
- Military
- EMT-Paramedics (if approved for jurisdiction)
- Other non-traditional extenders: dentists, veterinarians, etc

<http://www.cdmsa.org/>

<http://www.medicalreservecorps.gov>

<http://www.emsa.ca.gov/paramedic/default.asp>



Determine the Clinic Staffing (Con't)

d. Support staff:

- Mental health services
- Janitorial services
- Security and Safety
- Data Entry
- Greeters
- Educators
- EMS personnel
- Translation services
- Medical Reserve Corps (MRC) personnel
- Disaster Healthcare Volunteers (DHV)

e. Develop and implement a staff training plan

Determine the level and type of training that will need to be conducted prior to the mass vaccination clinic:

- H1N1 influenza information
- General vaccine information
- Vaccination techniques and follow up
- How to answer recipient questions
- Medical screening expectations
- Personal protection and infection control information

Free online training on Preparing Vaccines and Administering Vaccines is available on www.eziz.org. The online lessons are appropriate for initial or refresher training.

f. Staff and volunteer support

Contact community resources to provide food and beverages for staff and volunteers:

- American Red Cross
- California Medical Volunteers
- Service (e.g., Lions, Rotary, and Kiwanis) clubs
- Local businesses and healthcare providers

- i. Schedule rest and relaxation breaks for staff and volunteers during duties
- ii. Designate a specific location out of the clinic mainstream for staff and volunteers to break

5. Determine and obtain supplies and equipment

a. Major equipment:

- Ensure adequate refrigerated storage for vaccine to include preloaded syringes and multi-dose vials of vaccine and possibly to include vaccine with adjuvant
 - Do not freeze vaccine
- Walkie-talkies for internal clinic communications
- Cell phones and pager



Determine and obtain supplies and equipment, (Con't)

- Land lines
- Fax
- Computers
- Internet access
 - Printer and copy machine
- Power cords, batteries, chargers, surge protectors
- Megaphone
- Public address (PA) system
- Lighting and back up power/lighting
- Partitions/screens for privacy and ropes and stands to delineate routes for recipients to follow from station to station
- Seating for recipients at each appropriate station (e.g., registration/paperwork, vaccination station, medical screening area) vaccines and medications:
 - Adequate vaccine to vaccinate target population
 - Consider antipyretics (e.g., acetaminophen)
 - Supplies for protocols: anaphylaxis, syncope etc.

b. Ancillary supplies:

- Band-aids
- Blood pressure cuff and stethoscope.
- Supplies for adverse event protocols: anaphylaxis, syncope, etc.
- Personal protective equipment (e.g., gloves, masks)
- Respiratory hygiene supplies (for target population use)
- Masks and Tissues
- Waste receptacles
- Hand sanitizer
- Cots for screening/assessment area
- Wheelchair(s)

c. Other equipment:

- Identification/badges
- ICS vests
- Phone directories
 - Internal to the mass vaccination clinic
 - Key outside contacts
- TV, reading, or other entertainment materials
- Refreshments

f. Documentation and Paperwork:

- Vaccine Information Statements (VIS) and related educational information
 - Languages of clients
 - Appropriate quantities
 - Audience-specific



Documentation and Paperwork, Continued

- Immunization consent forms (if applicable to the clinic population or LHD elects to use consent forms)
- Documentation of doses given
- Sign-in sheets for staff and volunteer
- Staffing rosters and assignment sheets
- Job action sheets for each position
- Signage to direct vaccine recipients, indicate locations within the clinic, display instructions or important information

d. Vaccination data collection

- Define local data collection needs
- Develop staffing plan and training for data collection, entering and forwarding at public clinics and at local and state health departments
- Determine equipment needs at all data collection and forwarding sites
- Report doses of vaccine administered weekly using either
 - California Immunization Registry (CAIR)
 - www.CALPANFLU.org, choose the "Report H1N1 Vaccine Usage" link.

e. Arrange for security, especially at large clinics

- Security at receiving sites, in transport to administration sites, and at administration site
- Contingency plan in place for unexpected disruption at administration site
- Assign security staff; recommended for large clinics even if low risk of disruption.
- Ensure an orderly flow of traffic at the parking site
- Assist in maintaining orderly movement of vaccine recipients through the clinic processes
- Provide necessary control of persons if they become unruly
- Assist in securing vaccines and other supplies
- Protect the staff and volunteers



5. Develop marketing and communications for clinics

a. Marketing

Publicize the mass vaccination clinic in multi-media and multi-lingual formats to widely post clinic purpose, dates, locations, times, and which populations will be served:

- Radio and TV public service announcements
 - Newspaper
 - Press conferences
 - Press releases
 - Websites
 - Media web postings
 - Community bulletin boards
 - Newsletters
 - Enlistment of community-based organizations and businesses to recruit vaccine recipients
 - Reverse 911 calls to targeted areas
- Provide instructions on how to set up appointments via telephone, in person, or web-based if pre-scheduling will be used
 - Be prepared to direct clients to other facilities or vaccination clinics if the clinic is overwhelmed with people presenting for vaccination or supply of vaccine is not adequate for the numbers.

b. Communications

Identify a systematic way to communicate with all vaccinators; options include mass mailing, e-mailing or blast-fax lists from licensing boards or medical societies

- Identify Public Information Officers (PIO) and backups
- Identify capacity to prepare press releases
- Consider setting up a web-based information system
- Consider setting up an H1N1 hotline

Ensure clear communication about implementation of target and priority group recommendations and need for second dose

- Local partners for messages can include
 - medical societies,
 - hospital associations,
 - healthcare provider professional organizations,
 - California Health Alert Network (CAHAN)
- Involve local stakeholders and/or key audience liaisons in shaping outreach strategies

Identify language and cultural barriers and develop a plan to address these barriers



Develop marketing and communications (Con't)

- Plan testing of messages for receipt and understanding by the general public
- Create MOAs with channels for communication (e.g., print media/local papers, community and social or religious networks, commerce or local business partners)
- Determine best means for targeting communication broadly to different ethnic and socioeconomic populations (Media, clinician outreach, websites or new media)
- Reach out to widely diverse local partners, volunteer groups and other NGOs with specific instructions and technical support on how to help disseminate messages and aid the general public in accessing vaccination sites.
- Plan information communication network throughout agencies at state and local levels to ensure coordination of messages
- Conduct ongoing assessment of strategies, and adjust messages as needed.

III. Brief Overview of Clinic Operations

1. Command and Control for the Mass Vaccination Clinic

Use of Incident Command System (ICS)/Hospital Incident Command System (HICS):

<http://www.emsa.ca.gov/hics/>

- Activate appropriate roles:
 - Command (e.g., Incident Commander, Safety Officer, Public Information Officer, and Liaison Officer)
 - General Staff (e.g., Operations Section, Planning Section, Logistics Section, Finance/Administration Chiefs)
 - Roles to cover clinic operations, staffing, census, flow and structure
- Consider activating the Department Operations Center (DOC) to assist with communication, decision-making, and logistical support of the mass vaccination clinic

Orient as needed LHD staff and partners to both ICS and partners' command system

2. Operation of H1N1 Mass Vaccination Clinic Stations

a. Receiving and accounting of vaccine

- Develop and implement procedures
- Ensure adequate cold storage for the volume of vaccine that will be stored.



Operation of H1N1 Mass Vaccination Clinic Stations (Con't)

b. Intake:

- Clinic patrons are directed to a location where a greeter-educator briefs the group(s) on:
 - Influenza vaccine information (VIS) or consent process
 - Clinic processes
 - Required information and paperwork
- Paperwork and registration forms are checked for completeness
- Screen for target group inclusion when vaccine supply is limited.
- Screening for deferral or contraindication
 - Inactivated vaccine <http://www.immunize.org/catg.d/p4066.pdf>
 - Live vaccine <http://www.immunize.org/catg.d/p4067.pdf>
- Determine if any medical contraindications for vaccination
- Vaccine recipients who have symptoms of illness should be triaged to a medical screening area

c. Medical screening area:

Provide a private/screened area for large-scale mass vaccination operations.

- Medical professional (e.g., MD, RN, or paraprofessional with good interviewing skills)
 - Assesses recipients for symptoms of acute illness that might defer vaccination, redirecting ill persons to appropriate section of clinic as indicated
 - Applies infection control measures for ill patients, directing them to sick bay http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm
 - Confirms medical contraindications for vaccination and advise the recipient they may not receive a vaccine

d. Vaccination:

- Prepare recipient for vaccination
- Vaccinate according to protocol
- Apply bandage
- Develop plan for responding to medical emergencies or acute adverse events (e.g. fainting, allergic reaction)
 - Determine level of emergency care will be available at the clinic (e.g., crash cart, bag valve mask, oxygen)?
 - Determine emergency medical response (i.e. 911) and transport for emergencies
 - Designate an area for individuals requiring medical assessment and monitoring (short term, e.g., feeling faint after vaccination)



Operation of H1N1 Mass Vaccination Clinic Stations (Con't)

- Confirm protocols for syncope, anaphylaxis

e. Paperwork Collection and Release:

- Provide client with standard card or similar record of completed immunization
 - Include date of vaccination, whether 1st vs. 2nd dose, lot number, return date for 2nd dose, VAERS contact information
- Ensure information on return date for second dose is provide
- Vaccine recipient paperwork is collected
- Any remaining questions are answered
- Staff should observe vaccine recipients for potential adverse events or medical issues and report them to the medical assessment area staff immediately
- Vaccine recipient exits clinic

f. Reporting

- Report doses of vaccine administered weekly using either
 - California Immunization Registry (CAIR)
 - www.CALPANFLU.org, choose the "Report H1N1 Vaccine Usage" link.

References:

- <http://www.cdc.gov/h1n1flu/vaccination/statelocal/qa.htm>
- http://www.cdc.gov/H1N1flu/vaccination/statelocal/pdf/H1N1_DosesAdministered.pdf
- http://www.cdc.gov/H1N1flu/vaccination/statelocal/planning_checklist.htm