KFLA Public Health, March 2021

Moderna Community Vaccination Clinics: Lessons Learned

Purpose:

This document contains lessons learned and helpful advice from three Moderna community pilot vaccination clinics in the Kingston, Frontenac, Lennox & Addington (KFLA) region. The goal of this document is to share information to primary care providers starting a Moderna community vaccination clinic.

Clinics involved:

The three vaccination clinics included for the preparation of this document were Wolfe Island, Lakelands Family Health Team and Sharbot Lake Family Health Team. Of the clinics, two were sit-down vaccination sites while one was a drive thru clinic. For the sit-down clinic sites, one was held at a local fire hall while the other was at a Lions Club hall. The drive through clinic was held at a central location with sufficient parking to accommodate the post vaccination observational period.

General Advice:

* Vaccination clinics can foster community support and togetherness. Our clinics displayed great partnership between family health teams, paramedics, fire halls, Lions Club members, public health teams and other community partners.
* While immunization teams should strive for optimum pre-clinic preparation, unexpected delays may still occur due to unforeseen circumstances. Continue to work towards more efficient preparation and teamwork when difficulties arise.
* Having a staff back up and training plan, in the event that a staff member cannot attend due to illness etc., may be helpful for ensuring adequate clinic staffing.
* Having a clinic lead person is key. This is one person to oversee the clinic and help with organization. It is not ideal for that person to be involved in vaccine prep or other tasks, as they will be interrupted frequently.

Vaccination Preparation, Storage and Handling

* One clinic staff member should be designated as lead for vaccine preparation and be responsible for filling out the documentation required by public health as the vaccine is being prepared. Having this documentation completed throughout the day will significantly support reconciling numbers at the end of day.
* The vaccine preparation lead should be designated to this role for the entire length of the clinic to make sure the vaccine is not left unattended.
* To ensure accurate tracking of vaccine counts, track the number of doses per vial of vaccine.
* Ideally, all vaccine preparation (extracting doses from vials, counting syringes per vial to track number of doses per vial) would be performed prior to the clinic start time.
* Transport vaccine safely by using containers which are large enough to store syringes on bubble wrap. Syringes should not be placed higher than the edges of the container or else droppage may be a concern.
* Do not prematurely draw does in excess of the number of vaccines bookings as this could lead to wastage. If more doses are required, they can be drawn at that time. It may be helpful to have a pubic health nurse or Moderna vaccination-trained individual to teach other nurses/vaccine prep healthcare workers vaccine preparation technique such as drawing up vaccine (e.g., clarification on bubbles), application of label around syringe and tracking of doses (placement of sticker from vial onto batch documentation sheet). A video conference with a public health nurse or similarly trained individual may be sufficient (i.e., a public health nurse would not have to be onsite to support this training).

Registration:

* All clinic staff interacting with clients should wear proper PPE (face masks and eye protection).
* At one clinic, most patients did not have email or reliable internet access. All patients were called 2-3 days before their immunization to clarify appointments and to optimize patient attendance.
* When space in the registration area was limited, patients in line were requested to wait in their cars or outside.
* Screen for COVID symptoms before patients enter clinical/vaccination space to reduce interactions of these patients with others and minimize any risk of virus transmission.
* Ask patients to use masks appropriately before they enter clinic and monitor mask wearing at all stations through the clinic (e.g. asking patients to have masks covering both nose and mouth, correcting improper mask placement).
* Ushers and monitors can assist people to their chair and help taking off coats if required.
* Having patients pre-registered and pre-consented reduces registration time during the clinic. Having the patients pre-registered in Covax also improves efficiency.
* Registration staff highlighting any positive screening questions for immunizers to review aided in the immunizer document review process
* Confirm with patients use of name for registration (confirm married vs. maiden name etc. to ensure patients are not marked as no-shows)
* Prior to the clinic starting, the patient list was reviewed and any patients who had potential medical issues or contraindications to the vaccine were flagged and their physician contacted them prior to vaccination to have a discussion about risks, benefits and informed consent. This saves time on the clinic day, as the immunizer could see that the discussion had happened and therefore did not need to repeat the conversation.

Immunization and Monitoring:

* The use of wheeled carts or baskets with adequate space for all supplies is recommended if a vaccination team is moving between patients often. A basket or cart used should contain all supplies necessary to immunize (e.g., hand sanitizer, band aids, gauze, a waste sharps bin). Within this container there should be a specific container for holding prepared doses. This container needs to be large enough to store the syringes placed on bubble wrap. Syringes should not be placed higher than the edges of the container or else droppage may be a concern.
* In small spaces, each immunizer can be given small batches of vaccine and could return to the Prep station to be given more. This worked in small areas as there was no need for a runner and the immunizer could manage refilling their vaccine as needed.
* Having information posted/distributed to patients beforehand answering questions about timeline for scheduling second dose would decrease questions during the vaccination process.
* Immunizing patients who the provider is already familiar with can makes the process run more smoothly.
* Having two people (an immunizer and a scribe to enter information into the COVax system) for each vaccination station allowed efficient clinic flow.
* Patients with mobility issues were able to be vaccinated in their vehicles by paramedics who were on site.
* Paramedics were able to help with immunization as well as responding to adverse events following immunization (AEFIs). If paramedics are not available, another healthcare staff must be available to assess patients for AEFIs.
* Have a dedicated healthcare staff available to monitor patients post-immunization.
* At one clinic, registration put yellow sticky notes on registration papers for those clients that had been identified as needing to be monitored for 30 minutes. Once ushered to a chair, the usher placed a sticky note on the back of the patient’s chair. The only issue with this system was that occasionally a patient put their coat on the back of the chair, which covered up the yellow sticky note.
* Once a vaccine was given, the immunizer would write down the time the patient could leave the clinic on a sticky and either give this to the client or put it on the back of the chair (so that the monitor could see it). If sticky notes are used to indicate longer than 30 minutes wait times as well (as explained above), we would recommend another colour of sticky note be used to indicate the discharge time.
* If many clients must wait 30 minutes for monitoring post-immunization, it is important to consider how many chairs to include as they could be filled with patients being monitored. This could lead to patients waiting outside if all chairs are full and this can delay appointments.

Reconciling and Extra Doses:

* Before the clinic, a standby list of eligible clients who can come to the clinic to receive their vaccine should be prepared. This list needs to be of individuals not already on the list to be vaccinated that day. This list is especially important in remote and rural areas where the doses may expire before other clients can be reached. People on the stand-by list should be able to access the clinic relatively quickly (under a 15-minute drive away).
* Using COVaxOn to determine the number of clients vaccinated at a clinic (e.g., list features) makes reconciling numbers at the end of each clinic easier. Training for clinic staff on these features may be necessary.

COVaxON:

* Both a sufficient supply of back up tablets and portable power devices are necessary to continue to use COVaxOn for the length of the clinic.
* Having patients pre-registered in COVax is extremely helpful to reduce registration time during the clinic.
* If poor internet is slowing down the use of COVaxON, consider switching to using COVaxON in an internet browser rather than through the app.
* COVax requires the registrar to select either email or text message so that client can receive confirmation and other information regarding their vaccine. If most of the patients either do not have email or internet, an option is to print receipts after the clinic date and distribute to patients by mail or when they next are in the primary care office.
* Though staff were provided with links to access COVax training, they did not find the ‘live training’ to be easy to access. They preferred the pre-recorded videos that could be watched at their convenience.
* One Covax user was unable to input data using an Android tablet but was able to access using an iPhone. It is unclear if Apple/iOS system may be required to input data.

Specific Advice for Drive Thru Settings:

* Vaccines can be kept inside at room temperature and brought out in batches to maintain them at room temperature when the temperatures outside are much colder.
* Ensure flow of cars through the area to allow for vaccinations to be performed near the clinic site. This allows for shorter distance for refilling supplies as the cars will be closer to the clinic during vaccinations.
* Having cars line up (instead of parking) is safer for staff as it avoids cars backing up and re-parking.
* Wifi signal strength outside can be difficult. Having adequate wifi signal outside would be ideal. Back up plans for internet access should be considered, especially as the line for immunization gets farther from the clinic site. One solution used was tethering to personal devices, but this may not be feasible or acceptable for all.
* Sticky notes to identify the time for discharge are effective. Where possible, it is helpful to place it on the outside of the car so other teams can identify which vehicles have already been immunized.
* Discharge patients after the scheduled 15 minutes of waiting to ensure the car lineup does not extend unnecessarily.
* Having pairs of registrar or scribe/immunizers approaching vehicles together can be helpful. It may be beneficial to have an additional clinic staff member first screen vehicles when they enter the line and keep a paper list of those registered at the clinic.
* Each scribe/immunizing pair needs to be provided with a basket to carry with them that contains all supplies necessary to immunize (see above in the Immunization section for more details).
* One clinic staff member should be designated to monitor vaccinated patients in their car, especially for patients alone in cars. As the number of vehicles post-immunization increases, this requires having the staff member actively walking the line of cars.
* Having a clinic staff person discharging clients at the end of cars can be effective, but it may be beneficial to have multiple staff filling this role as there can be delays.

Other resources: For resources for planning Covid vaccination clinics, check out the Primary Care COVID-19 Immunization Toolkit: <https://covidtoolkit.ca/>