



Framework for Planning School-Located Vaccine Clinics (SLVCs)

These recommendations and guidelines were developed to assist with planning school-located vaccination clinics (SLVC).

This document provides general guidance to help ensure smooth operations at SLVCs and is broken into 4 phases, each with specific considerations:

1. Planning
2. Clinic Set-up
3. Clinic Operations
4. After-Clinic Activities

PHASE 1: Planning

- Identify SLVC leaders for overall vaccination delivery operations.
- Identify partners to fulfill mass immunization roles in ImmPact.
- Register your clinics according to guidelines found in the SLVC Toolkit.
- Develop a communication plan among all clinic partners.
- Develop clinic processes, including: location, size, # of stations, and staff required, mindful of any state recommendations.
- Identify staff to fill the positions.
- Meet the language needs of the community using multi-lingual staff as appropriate.
- Prepare staff members regarding their roles and responsibilities during clinic operations.
- Cross-train staff members, if possible, to enable flexibility in meeting needs at various stations as demands fluctuate.
- If possible, provide additional staff to meet fluctuating clinic demands and schedule breaks for staff.
- Ensure the presence of an onsite emergency medical kit and supplies.
- Ensure that emergency procedures are in place to respond to urgent medical problems.

Vaccine Clinic Location

- If you plan to vaccinate a large number of students at one time, it is recommended clinic planners consider holding the clinic in school gyms, auditoriums, or other large covered spaces that can accommodate a large number of students and staff.
- If you plan to vaccinate smaller numbers of students in small groups by classroom, it is recommended that you carefully consider the building layout to ensure adequate clinic flow and spacing requirements during disease surges. Items such as adequate lighting and heating, functional and accessible restrooms, adequate space for all clinic functions such as screening, registration, vaccine storage, vaccination, and staff breaks are considered.

Clinic Notification & Parental Consent

- Ensure that adequate vaccine is available for the clinic.
- Best practices indicate providing consent forms and information packets to parents six to seven days prior to the clinic date and sending reminders to parents to return the consent forms. Reminders can include mailings to the parents and making personal or automated phone calls.
- Prior to vaccinating students, staff should review the consent forms to verify that parents have fully completed the forms.
- Consent forms are available in the School Health Manual, SLVC section of the Maine Department of Education website.
[Immunizations | Department of Education \(maine.gov\)](#)

PHASE 2: Clinic Set-up

Clinic Lay-out and Specifications

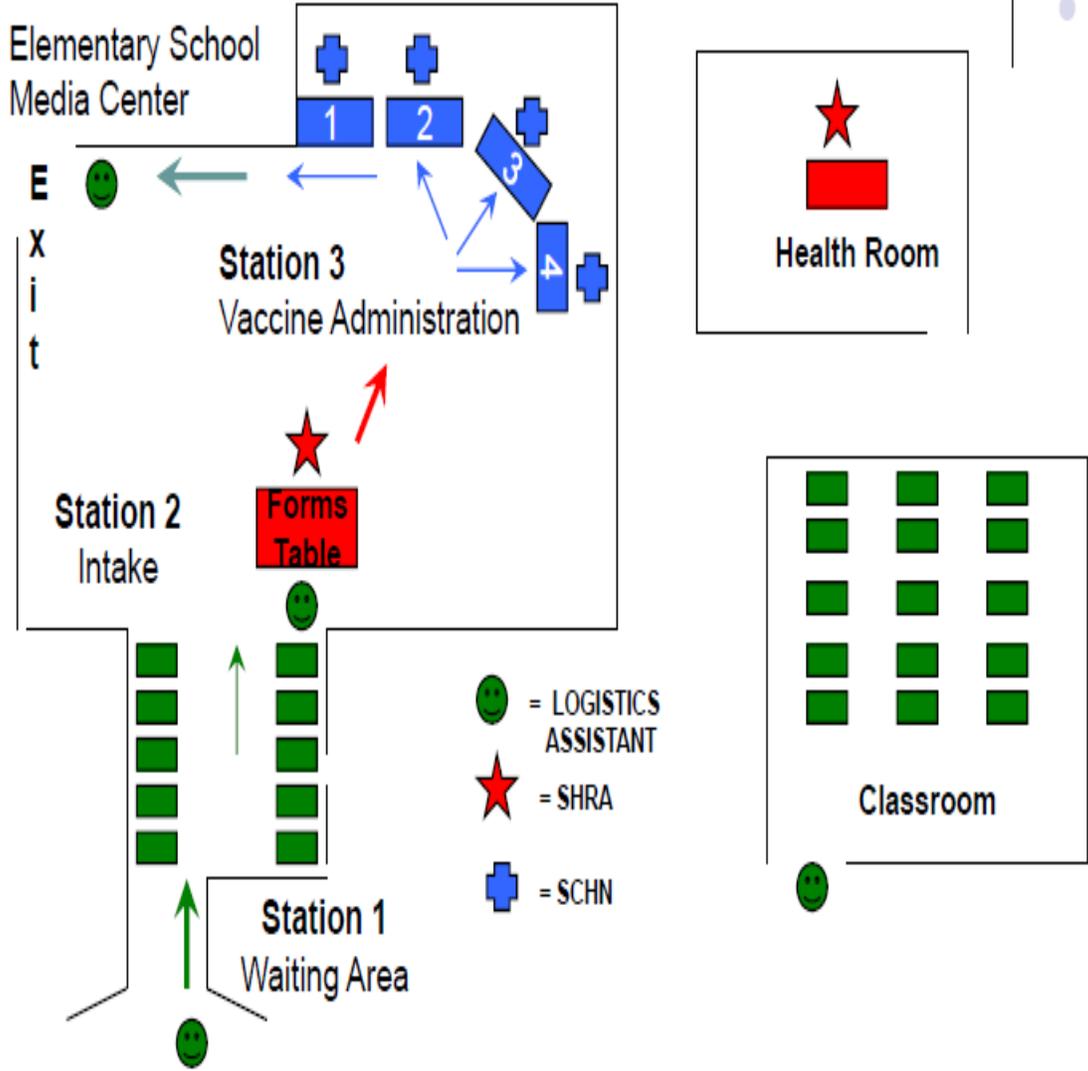
- You may want to adjust your clinic's lay-out based on items identified during the initial clinic planning phase. Spacing must be adjusted during transmission surges per state guidelines.
- Use signs in multiple languages, as needed.
- Provide seating for students and staff if possible.
- Provide a waiting area where students can be observed after vaccination. See "Example of Influenza Vaccine Clinic Lay-Out" on next page.

Clinic Security/Safety

- Use name tags or ID badges to ensure those inside the clinic are authorized to be there, especially if your school will be utilizing outside volunteers to help operate your clinic.
- Assure that vaccine is stored in a safe and secure location that can be locked and access can be restricted to medical personnel only.
- Recruit local volunteers as needed to assist with clinic flow.
- Depending on the time of the clinic (during school or off-hours) you may want to coordinate and collaborate with local community resources.

DIAGRAM OF ADMINISTRATION PLAN

School Size 450 – 600 students



PHASE 3: Clinic Operations

- Ensure equal access for all students and staff into the clinic. (ADA compliant)
- Direct arriving students into clinic to expedite vaccine administration.
- Ensure all students who will be receiving vaccine have completed all forms, including the consent form and health screen.
- Based on the results on the health screening process, determine the correct vaccine presentation (multi-dose, pre-filled, nasal mist (for seasonal influenza), etc.) for each student and direct them to the correct vaccination station.
- Utilize non-medical clinic staff as supply runners to assist in the clinic supply management process.
- Maintain a steady flow of students through the clinic so that vaccinators are never without a client at their stations; redirect students to other stations if bottlenecks occur.

PHASE 4: After-Clinic Activities

- After-clinic activities need to be part of the initial planning process.
- Step 1: Close the vaccine clinic
 - Clear all the students for the vaccination area prior to closing
 - Post clear signage indicating that the site is closed
 - Assign staff for breakdown of site
 - Catalog and restock consumable supplies
 - Collect and dispose of trash properly
 - Bag and properly dispose of medical waste (sharps containers)
- Step 2: Clean-up
 - Follow your school's policy regarding post-event clean-up
- Step 3: Report doses administered
 - At the conclusion of the vaccine clinic, report clinic information to Clinic Authority and to Maine CDC, as required by the Maine Immunization Program.
 - Doses administered must be entered into ImmPact as soon as possible, but no longer than five days, after the completion of SLVC.
 - Delays in doses administered reporting can have multiple effects:
 - Results in delayed billing and reimbursement for vaccine
 - Inability of the person's healthcare provider to view up-to-date vaccination history, which may lead to double vaccination of the patient.