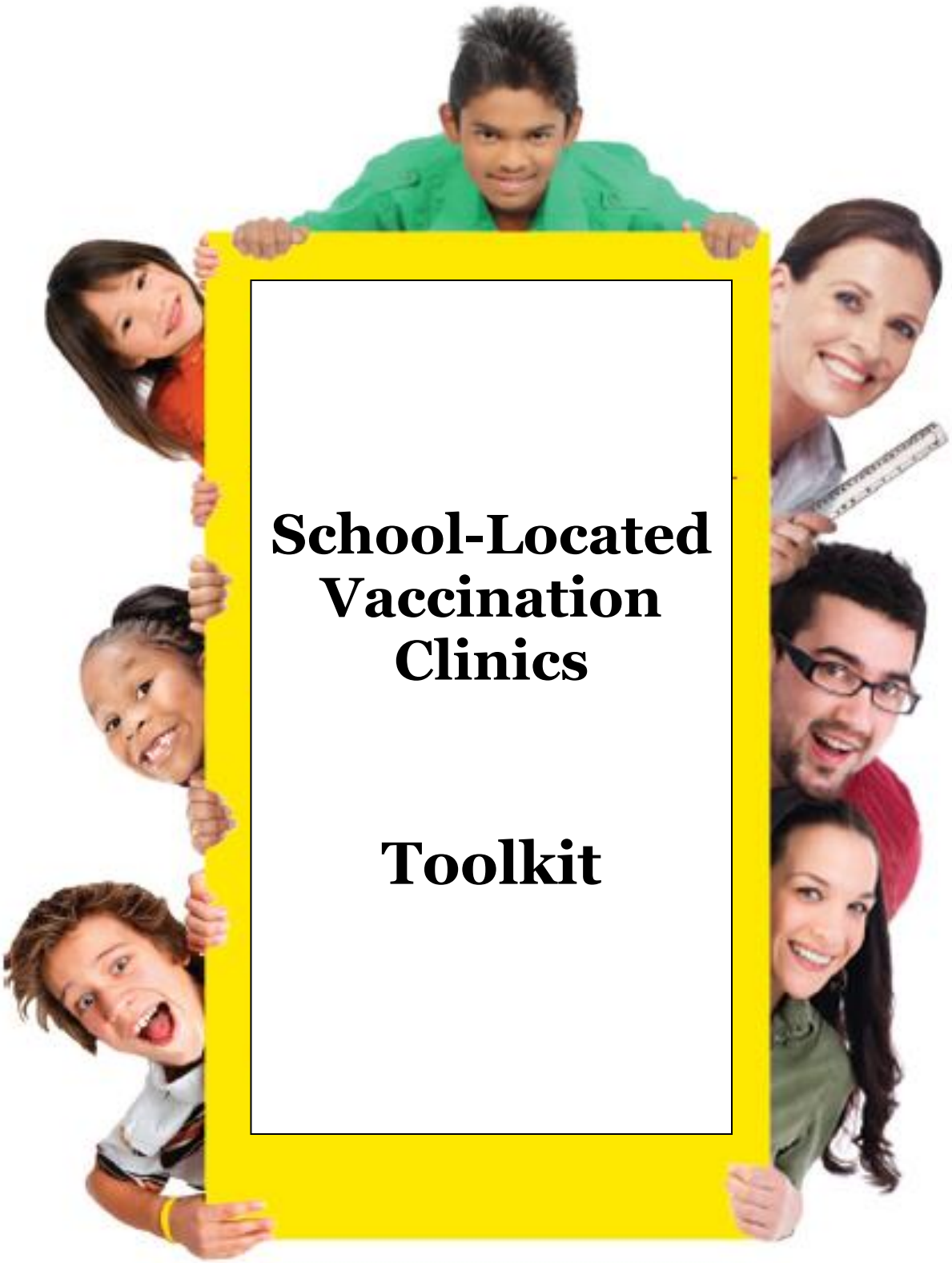

School-Located Vaccination Clinics

Toolkit

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School-Located Vaccine Clinics

TOOLKIT

Part 1: VACCINE ELIGIBILITY and CLINIC REGISTRATION

Eligibility for State Supplied Vaccine in the SLVC Setting

ImmPact User Agreement & Roles

Eligibility for State-Supplied Vaccine in the School-Located Vaccine Clinic Setting

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Vaccine is supplied free of charge in the School-Located Vaccine Clinic (SLVC) setting to residents of the State of Maine that meet the following criteria:

All Maine children under the age of 19, including:

- Children enrolled in approved public and private schools
- Children that are home-schooled
- Children who reside in another state who are enrolled in school in Maine and are not receiving vaccines in their home state
- Children who are residents of foreign countries who are enrolled in Maine schools (therefore live in Maine during the school year and are eligible to be counted in the US Census)

COVID vaccine will be provided at no cost. For people covered by Medicare, Medicaid, and most commercial insurance plans, the vaccine will be covered by insurance with no out-of-pocket cost. For uninsured people, any administrative fees charged by participating providers will be paid for through the Bridge Access Program.

- Anyone age 6 months or older are eligible to receive the COVID-19 vaccine.
- **Note that only the Pfizer & Moderna vaccine is currently authorized for 6 months-17-year-olds.**
- The Moderna, Pfizer, and Novavax vaccines are all authorized for individuals 12 and older.
  This information is subject to change and should be regularly checked for latest guidance.

ImmPact User Agreement

If at any time during this process you have questions, please contact the ImmPact Help Desk at 1-800-906-8754 or Immpact.support@maine.gov

Each person who wants to use ImmPact needs a user account:

1. To get an ImmPact User account, go to Forms and Updates | Immunization Program | Division of Disease Surveillance | MeCDC | Maine DHHS.

2. Open and read ImmPact Rules.

3. Open and read ImmPact User Confidentiality and Security Policy.

4. Open the ImmPact User Agreement. You may fill it out online or print it and fill it in by hand.

For vaccine providing facilities:

ImmPact Individual User Agreement.pdf (maine.gov)

- Vaccine Coordinators will sign and keep on file for three years. Each user will complete and sign.
- Have your medical director sign on the Manager/Designee line. Continue to step 5.

For non-vaccine providing facilities:

- School nurse will complete and sign. Have your principal or superintendent sign on the Manager or Designee line. Continue to step 5.

5. Send the signed page (to ImmPact by: Fax 207-287-8127 or email immpact.support@maine.gov. You should receive an email from the immpact.support@maine.gov with your log in credentials. If you have not, then please contact.

6. Phone the ImmPact helpdesk 1-800-906-8754 or email immpact.support@maine.gov to get your *username* and *password*.

To keep your account active, you must log into ImmPact at least once every 60 days. Also, you must complete an ImmPact User Agreement every calendar year.

This individual user has the following role-based authority: *(Vaccine providing facilities)*

☐ Vaccine Coordinator: Manage users at organization; able to edit organization information; Views, enters and edits data as applicable regarding patient information, immunizations, blood test results (if site is set up); reports, data exchange; Inventory-manage inventory, transfers, orders, cold chain; Maintenance –Provider Agreement, manage physicians/clinicians; clinic events.

☐ Standard User: Views, enters and edits data as applicable regarding patient information, immunizations, blood lead test results; data exchange; reports, Inventory-manage inventory, transfers, orders, cold chain; Maintenance-clinic events.

☐ Limited Entry: Views, enters and edits data as applicable regarding patient information, immunizations, reports, inventory, blood test results; cold chain.

☐ Reports Only: Views patient information, immunizations, blood lead test results; Reports.

This individual user has the following role –based authority: *(Non-vaccine providing facilities)*

☐Limited Entry (School Users): Views, enters and edits data as applicable regarding patient information, immunizations, reports, inventory, blood test results (if approved facility); cold chain; find/view student immunizations, manage list.

☐ Reports Only: Views patient information, immunizations, blood lead test results (if approved facility); Reports.

School-Located Vaccine Clinics

SLVC TOOLKIT

Part 2: Documents to Send Home

All Documents can be found on the School Health Manual, Immunizations, SLVC section of the Maine Department of Education Website: Immunizations | Department of Education

CDC Resources for Hosting a Vaccination Clinic
https://www.cdc.gov/flu/business/hosting-vaccination-clinic.htm

CDC Resources – Timing and Procedures on Obtaining Consent
https://www.cdc.gov/flu/school/slv/support.htm

Letter Template for Parents/Guardians (SLVC)
School Clinic Announcement

Vaccine Health Screen and Permission Form
Screening Checklist
Vaccine Consent Form

Live Intranasal Influenza Vaccine Information Sheet
https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flulive.pdf

Inactivated Injectable Influenza Vaccine Information Sheet
https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf

Vaccine Information Sheets/EUA Fact Sheets for All Other Vaccines
Vaccine Information Statement | Current VISs | CDC
COVID-19 Vaccine EUA Fact Sheets

After the Shot Parent Information Sheet
https://www.immunize.org/catg.d/p4015.pdf

School-Located Vaccine Clinics

TOOLKIT

Part 3: CLINIC GUIDANCE

Framework for Planning SLVCs

Timeline – School Working without a Partner (Independent)

Timeline – School Working with a Community Health Partner

Timeline – Community Health Partner working with a School

Standing Order for SLVCs (Model Plan)

School Physician Letter Template

Model Plan: Reporting Adverse Events following Vaccination (VAERS)

Community Health Partner Memorandum of Agreement Template

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 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.

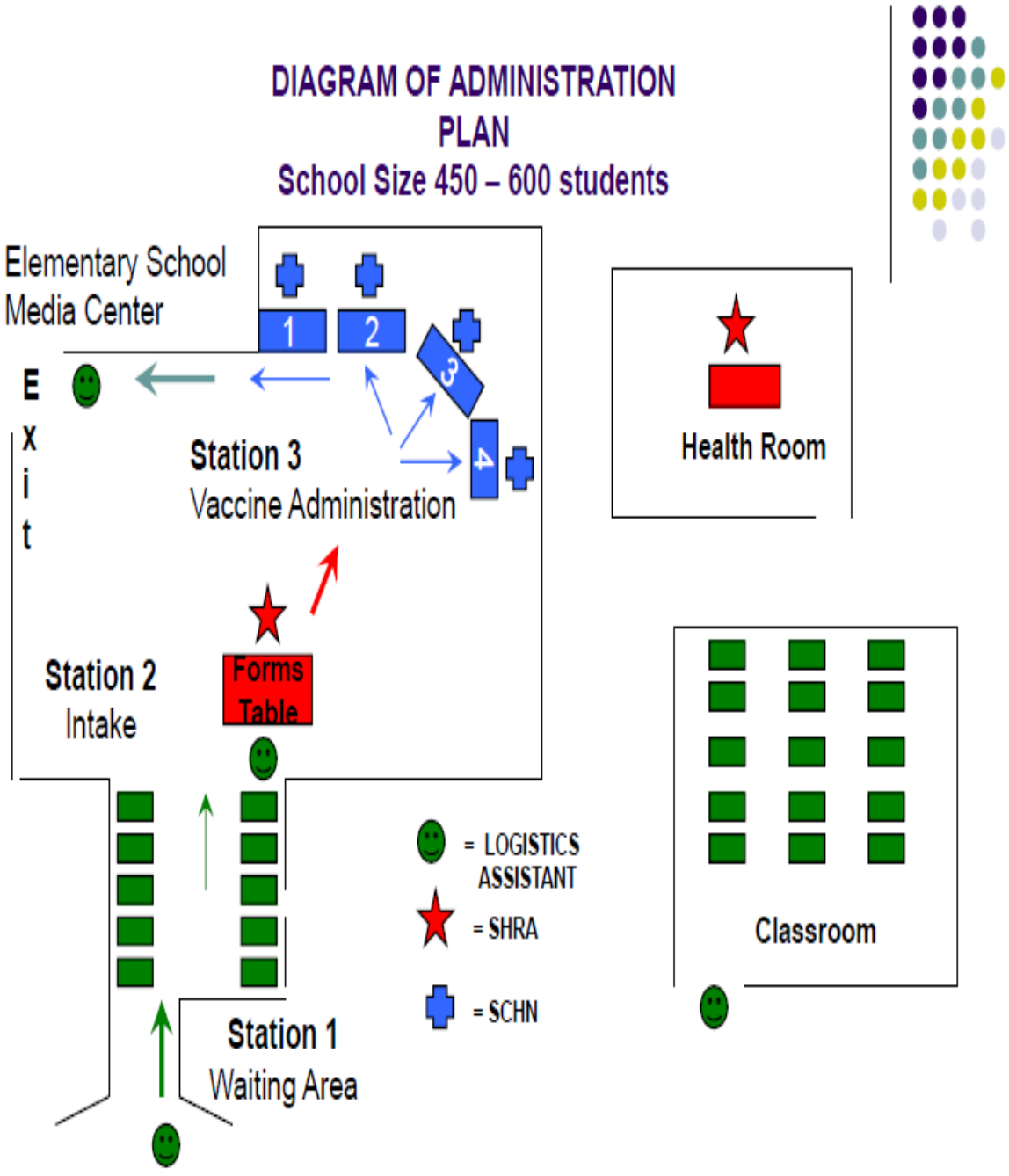


DIAGRAM OF ADMINISTRATION
PLAN
School Size 450 – 600 students
Elementary School
Media Center
E
x
i
t
1
2
3
4
Station 3
Vaccine Administration
Health Room
Station 2
Intake
Forms
Table
= LOGISTICS
ASSISTANT
= SHRA
= SCHN
Classroom
Station 1
Waiting Area

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.

SLVC TIMELINE-SCHOOL WORKING WITHOUT A PARTNER (INDEPENDENT)

**This is a suggested timeframe for annual clinic planning. This process can be expedited and finished within two to three weeks for providers who are new to this process.*

Month/Timeframe	Task/Activity	Responsible Party
June (as soon as possible)	Obtain standing orders for SLVC from school Medical Director. (Model standing order on page 19) *Vaccine coordinator needs to have primary vaccine administrator user agreement	School Nurse
July/Early August (as soon as possible)	Watch for information from Maine Immunization Program that vaccine is available to order. (See Part 5 of Toolkit for information about ordering and storing vaccine). Estimate number of doses to order based on current student population or past experience with SLVC. Schedule clinic dates and times with building principals for each school. Go to: Vaccine Information Statement | Current VISs | CDC to obtain current year Vaccine Information Sheets (VIS), and any helpful information.	School Nurse
August/Opening of School	Ensure refrigerator that will store vaccine are plugged in and in working order. Begin one week of temperature logs to submit to Maine Immunization Program. (You must have five days of proper temperatures in order to receive vaccine from MIP.) Order vaccine based on estimate. If unable to adequately store vaccine on-site, work with a community health partner to maintain cold chain.	School Nurse
Early September	Set clinic date(s) and advertise in newsletters, school social media, local papers and on website. Inform central office secretaries of vaccine order and request they notify school nurse of delivery	School Nurse

	right away. Recruit clinic staff/volunteers as needed. Prepare vaccine consent packets for mailing/distribution to all students. • Pre K-5 packets are sent home with students. • Grades 6-12 are mailed home.	
September	Order snacks for recovery area from cafeteria. Notify custodial staff of immunization clinic dates, times, locations; request services/equipment as needed. Review all returned consent forms for completeness, consent and signature. Get class lists and organize consent forms for use on clinic day. Check clinic supplies: EPI pens, Benadryl, standing order for vaccine administration, medical dosing sheet, pens, chux pads, tissues, gloves, 2x2 gauze, band aids, hand sanitizers, alcohol pads, needles, syringes (if not prefilled) extra forms, rosters and VIS sheets or EAU information, coolers, ice packs, vaccine – separated by lot number identification, thermometers.	School Nurse
October/Early November or when ready after school opening	Conduct vaccination clinics: • Assign volunteer staff to check students in, check temps, escort students to nurse for immunization, escort students out to recovery area, monitor students in recovery area, problem solve and release to class after 15 minutes. • Nurse will administer appropriate immunization based on consent form, document method of administration, time, lot number, site and signature.	School Nurse/ Clinic Staff/ Volunteers

	• Volunteers and school nurses work together to bring students to immunization clinic, control traffic flow and return students to class promptly. • Notify parents of students experiencing adverse reaction or refusing immunization at school. • Document vaccination in ImmPact and school record. • Distribute vaccination record appropriately based on individual age and situation. Establish dates for second dose clinic as needed.	
Week After Immunizations:	Assure all immunizations have been entered into ImmPact within five days of administering vaccine. File consent forms in student health record. Prepare summary of vaccine clinics for superintendent, administration, and school board Doses Redistributed: Contact the Maine Immunization Program regarding leftover vaccine so that it can be redistributed.	School Nurse
January	Complete and submit annual ImmPact User Agreement to Maine Immunization Program. Inventory vaccine clinic supplies and budget for the following school year.	School Nurse

SLVC TIMELINE-SCHOOL WORKING WITH A COMMUNITY HEALTH PARTNER

**This is a suggested timeframe for annual clinic planning. This process can be expedited and finished within two to three weeks for providers who are new to this process.*

Month/Timeframe	Task/Activity	Responsible Party
April (or 6 months prior to clinic when possible)	Contact Community Vaccinator to plan for clinic in the fall of the next school year. This prepares provider to order vaccine. Estimate number of doses to order based on last year's participation (for influenza) and current student population (for Covid-19 or other vaccines). Order vaccine based on estimates. Establish dates and times for fall clinic.	School Nurse School Nurse & Vaccine Provider School Nurse & Vaccine Provider
July/August (or 2-3 months prior to clinic)	Go to: Vaccine Information Statement | Current VISs | CDC to obtain current year Vaccine Information Sheets (VIS), and any helpful information (EUA). *Current user has non-vaccine user agreement	School Nurse/Partner
Week before school starts	Confirm vaccine clinic dates with school principals. Provide dates to school secretaries for inclusion in school calendar/newsletters going home with students. Furnish consent forms and parent information to school secretaries for distribution on first day of school. (Available in multiple languages)	School Nurse
First day of school	Send consent forms and any parent information home in each building so students can sign up for vaccine.	School Secretary(s)
Early September (or one month prior to clinic)	Advertise SLVC in newsletters, school social media, local papers, robocalls, and on website. Obtain standing orders from school medical director. Recruit staff/volunteers as needed. Distribute additional consent forms to each school office for new students.	School Nurse/Partner School Nurse

September (or one month prior to clinic)	Review all consent forms for completeness, consent and signature. Collate all consent forms for use on clinic day. Notify custodial staff in each building of clinic dates, times, locations and request services as needed. Organize clinic supplies: EPI pens, Benadryl, standing order for vaccine administration, medical dosing sheet, pens, disposable pads (e.g. Chux), tissues, gloves, 2x2 gauze, band aids, hand sanitizers, alcohol pads, needles, syringes (if not prefilled), extra forms, rosters and VIS sheets, coolers, ice packs, vaccine – separated by lot number identification, thermometers.	School Nurse/Partner School Nurse Clinic staff/Vaccine provider
October/Early November or sooner	Conduct immunization clinics: • Assign staff to check students in and hand them consent forms, check temp and mark results on consent forms, escort student to nurse for immunization, escort students out to recovery area, monitor students in recovery area, and release to class after 15 minutes. • Nurses from medical partner offices will administer appropriate immunization based on consent form, document method of administration, time, lot number, site and signature. • Volunteers and school nurses work together to bring students to immunization clinic, control traffic flow, problem-solve and return students to class promptly. • Notify parents of students experiencing adverse reaction or refusing immunizations at school. • Document vaccinations in school records.	School Nurse/ Vaccine Provider/ Clinic Staff/ Volunteers School Nurse

	Establish dates for second dose administration as needed.	
Week following Immunizations:	Enter all immunizations into ImmPact within five days of administering vaccine. File consent forms in student health record. Record immunization count for report to administration. Doses Redistributed: Contact the Maine Immunization Program regarding leftover vaccine so that it can be redistributed.	School Nurse/Partner School Nurse
December	Prepare summary of vaccine clinics to superintendent, administration, and school board. Inventory vaccine clinic supplies and budget for the following school year.	School Nurse
January	Complete and submit annual ImmPact User Agreement to the Maine Immunization Program.	School Nurse

SLVC TIMELINE-COMMUNITY HEALTH PARTNER WORKING WITH A SCHOOL

**This is a suggested timeframe for annual clinic planning. This process can be expedited and finished within two to three weeks for providers who are new to this process.*

Stage of Development/ Timeframe	Task/Activity	Responsible Party
Prior to SLVC/July	Contact school to determine interest in SLVC. Review vaccine inventory from prior year clinic (for influenza clinic) or use student population data to estimate number of doses needed. Order 40% vaccine doses needed based on state-based estimates.	Partner
Prior to beginning of school/August	Print SLVC Toolkit, VIS or other supporting documents (EUA), consent forms and state forms. Establish MOA (sample on page 28 with school administrative unit) Organize paperwork to be sent home to parents. Send forms to language line service for translation.	School Nurse/Partner School Nurse
Immediately following beginning of school/ September (Second or third week)	Work collaboratively with the school unit to set clinic dates and times. Notify parents of clinic dates and to expect upcoming clinic schedule (do not include clinic notices with other school notifications). Receive and store vaccine in a freezer/refrigerator designated solely for vaccines. Notify school nurse when vaccine has been delivered. Determine clinic dates, times & schedule (youngest students first).	School Nurse/Partner Partner School Nurse/Partner
Prior to Clinic (one week before)/ September or early October	Advertise School Vaccine Clinic dates in school social media, newsletters, or local newspapers; update and refresh school website: clinic schedule, permission slip and immunization forms.	School Nurse

	Send additional notification one week prior to day of clinic. Confirm projected student/dose count needed with school nurse needed one week out.	Partner
Prior to Clinic (day before)/ September or early October	Call school nurse day before clinic for final count. Organize clinic supplies: EPI pens, Benadryl, standing order for vaccine administration, medical dosing sheet, pens, chux pads, tissues, gloves, 2x2 gauze, band aids, hand sanitizers, alcohol pads, needles, syringes (if not prefilled), extra forms, rosters and VIS sheets, coolers, ice packs, vaccine – separated by lot number identification, thermometers. If possible, outreach to families who have not returned permission slips.	Partner School Nurse
Day of Clinic	Set up clinic location at school: (suggest setting up night before if possible) • Seating for waiting • 2 tables with chairs for registration & taking temperatures • Immunization stations equipped with waste basket, sharps container, hand sanitizer and tissues Attach lot number stickers to permission slips. Copy front and back of school employee insurance card. <u>Complete rosters required for billing</u>: patient name, date of birth, date of service, clinic site, vaccinator name, attach vaccine forms with roster. <u>Review/verify information on consent forms</u>: Student name, date of birth, contraindication sign off, type of vaccine (nasal or injection), vaccinator nurse signs off (initial/date injection given). <u>Vaccinate</u>: Student is seated, roll up sleeve, clean injection area of the arm with alcohol, while drying verify student name and form information, give immunization.	School Nurse/Partner Partner School Nurse/Partner Partner Vaccinator

	Place time sticker on student just prior to receiving snack and clearance – 15 minutes after immunization return to classroom.	School Nurse/Partner
Immediately following Clinic/October or November	Billing: Enter doses into ImmPact (within five days of administering vaccine) & EMR system and send copies of forms to relevant schools. Quality Assurance: Run reports on numbers of vaccines entered into Electronic Medical Record vs. ImmPact. Doses Redistributed: Contact the Maine Immunization Program regarding leftover vaccine so that it can be redistributed.	School Nurse/Partner Partner

Insert your
School Identifier Here

Model Plan for

Standing Order for School-Located Vaccine Clinics

The following order provides direction to be followed at mass immunization clinics designated as School-Located Vaccine Clinics (SLVCs).

1. The school staff may work in coordination with other entities to order vaccine, manage inventory and/or administer vaccine at the school immunization clinics.

2. The school staff will use the Vaccine Health Screen and Permission Form (found in SLVC Toolkit) provided by the Maine Immunization Program to obtain relevant health history for the purpose of determining possible contraindications to receiving vaccine.

3. Vaccine clinic staff will screen for moderate or severe illness (including fever > 100) in clients. Persons who are moderately or severely ill should usually wait until they recover before getting any vaccine. If the client is ill, they should be directed to another SLVC for vaccination or to their healthcare provider. Persons with mild illness can usually get the vaccine.

4. An emergency plan must be in place in the event of anaphylaxis or symptoms of immediate hypersensitivity following administration of the vaccine. (See Part 4 of the SLVC Toolkit).

Prior to the clinic, clinic staff shall be familiar with the emergency procedures for anaphylaxis and the administration of Epinephrine and Benadryl.

Note: An Emergency Kit containing the following items must be at the clinic site:

- Aqueous epinephrine 1:1000 dilution, in ampules, vials of solution or prefilled syringes, including epinephrine autoinjectors (e.g., EpiPen). If epinephrine autoinjectors are to be stocked, both junior dose (0.15 mg) and adult dose (0.30 mg) should be available.
- Diphenhydramine (Benadryl) oral (12.5 mg/5 mL suspension) and 25 or 50 mg capsules or tablets.
- Syringes: 1-3 cc, 22-25g 1”, 1 ½”, and 2” needles for epinephrine and diphenhydramine (Benadryl).
- Pediatric and adult airways (small, medium, and large).
- Alcohol swabs
- Blood pressure cuffs (child, adult & extra-large) and stethoscope
- Pediatric and adult size pocket masks with one-way valve

- Tongue depressors
- Flashlight with extra batteries (for examination of mouth and throat).
- Wrist watch
- Tourniquet
- Cell phone or access to an on-site phone

  Ref: Epidemiology and Prevention of Vaccine-Preventable Diseases, 12th Edition; U.S. DHHS, CDC; May 2012, Appendix D-19

5. There must be a second responsible person present at each clinic site while vaccine is being administered in order to activate the Emergency Medical Services if necessary. The second person may be from a program other than the school.

6. There shall be no pre-filling of syringes at clinics if using multi-dose vials. All doses of vaccine and emergency medication shall be drawn up at the time of administration.

7. During the clinic, if the vaccine is stored in a transport container/cooler, the insulating barrier must be left in place between the vaccine and the refrigerated/frozen packs, and cold chain must be maintained.

8. During the clinic, cooler temperatures will be checked at least hourly to ensure that the cold chain is not broken. If the temperature range is out of the acceptable CDC ranges for storage of vaccine (36° to 46°F) the following action must be taken immediately:

    a. Label the vaccine that it has been stored out of temperature range.
    b. Notify the vaccine provider.
    c. Notify the manufacturer of the product for instructions in handling the vaccine.
    d. Notify the Maine Immunization Program (287-9972) if vaccine comes from the Maine Immunization Program.

9. The clinic health care staff shall verify that the Vaccine Health Screening and Permission Form is complete and shall be used for the purpose of determining possible contraindications to receiving the vaccine.

- Recommended best practice is to keep a copy of the Vaccine Health Screening and Permission Form according to the school health record retention schedule.

10. Persons with a negative health history (no contraindications) or who have written permission from their primary health care provider may receive the vaccine.

11. Clinic health care staff shall have their own sharps container at their station. During use, sharps containers shall be:

a. Easily accessible to personnel and located at the area where sharps are used or can be found.
b. Maintained upright throughout use.
c. Replaced when ⅔ full.
d. Accounted for at all times.

The clinic health care staff shall notify the client that they are expected to remain at the clinic site for 15 minutes after receiving the vaccine for the purpose of observing for a reaction to the vaccine.

If an adverse reaction should occur, the clinical health care staff shall refer to "Medical Management of Vaccine Reactions in Children and Teens" available at www.immunize.org/catg.d/p3082a.pdf and the Model Emergency Plans provided in Part 4 of the SLVC Toolkit.

****

School Physician – Print Name

School Physician Signature

Date

State Supplied Vaccine & COVID-19 Vaccine Manufacturer Contact Information for SLVCs:

Contact Information: Selected Vaccine Manufacturers & Distributors Manufacturer/Website	Phone Number:	Products:
AstraZeneca AstraZeneca Medications (astrazeneca-us.com)	800-221-1638	FluMist
Bavarian Nordic A/S bavarian-nordic.com	800-675-9596	Jynneos
BioNTech Home (biontech.de)	877-829-2619	COVID-19
Dynavax Technologies https://www.dynavax.com/	877-848-5100	Heplisav-B
Emergent Biosolutions Products & Services – Emergent BioSolutions	866-300-7602	BioThrax, Vaxchora, Vaccinia, ACAM 2000, Vivotif
GSK Vaccines GSK Vaccines | GSKPro for Healthcare Professionals	866-475-8222	Infanrix, Kinrix, Pediarix, Havrix, Engerix-B, Twinrix, Hiberix, Hib, Fluarix, FluLaval, Menveo, Priorix, Bexsero, RabAvert, Arexvy, Rotarix, Boostrix, Shingrix
Merck & Co., Inc. MerckVaccines.com | Official Website for Health Care Professionals	877-829-6372	ERVEBO, PedvaxHIB, VAQTA, Recombivax-HB, Gardasil 9, M-M-R II, ProQuad, Vaxneuvance, Pneumovax 23, RotaTeq, Varivax, Zostavax, BCG Vaccine U.S.P.
Moderna Pioneering mRNA technology - Moderna (modernatx.com)	866-663-3762	COVID-19
Novavax, Inc. New Era of Revolutionary Vaccines EUA in the USA | Novavax	844-668-2829	COVID-19
Pfizer Home | Pfizer For Professionals (pfizerpro.com)	877-829-2619	COVID-19, Trumenba, Prevnar 13, Prevnar 20, Abrysvo, Ticovac
Sanofi U.S. Vaccines - Sanofi U.S.	800-822-2463	Daptacell, Pentacel, Quadracel, DT (pediatric), ActHIB, Fluzone, Flublok, Menactra, IPOL, Imovax, TENIVAC,

		Adacel, Typhoid Vi, TYPHIM Vi, YF-Vax)
Seqirus USA Inc. Seqirus | A World Leader in Influenza Vaccines	855-358-8966	Afluria, Flucelvax, Fluad
Valneva Healthcare Professionals – Valneva USA / Company	301-556-4500	IXIARO
VBI Vaccines, Inc. VBI Vaccines Inc.	617-830-3031	PreHevbrio

Maine Immunization Program: (207)287-3746 or 800-867-4775

Sample Letter to Medical Provider

-School Letterhead-

Date

Dear School Physician

Our School Administrative Unit (or SAU name here) will offer vaccines to our school community at a School Located Vaccine Clinic during the (YY-YY) school year. We need a physician order to conduct SLVC in our school district. All immunizations provided during the clinic will be recorded in ImmPact.

It will take the effort of all of us working together to increase the number of students who are immunized to keep our students healthy. We appreciate your assistance.

If you would like to know more about the School Located Vaccine Clinics initiative from Maine CDC, you may go to:

- Immunizations | Department of Education (maine.gov)
- Influenza | MeCDC | Maine DHHS
- Guidance for School Administrators to Help Reduce the Spread of Seasonal Influenza in K-12 Schools | CDC

or contact me at (school nurse e-mail) or (school nurse phone number)

Sincerely,

(School Nurse Name)

School Nurse

Model Plan: Reporting Adverse Events Following Vaccination

School Located Vaccine Clinic (SLVC) staff should report any vaccine adverse events occurring in the SLVC setting to the Vaccine Adverse Event Reporting System (VAERS).

Background

VAERS, administered by the Food and Drug Administration (FDA) and Centers for Disease Control Prevention (CDC), is a safety surveillance program that collects information about adverse events (possible side effects) that occur after the administration of vaccines licensed for use in the US.

- Each report provides valuable information that is added to the VAERS database that supplies the information needed for evaluation of vaccine safety.
- Anyone can file a VAERS report; including health care providers, vaccine recipients and parents or guardians.
- Vaccine recipients and parents/guardians should consult their health care provider if they suspect an adverse event associated with the vaccine.
- FDA and CDC do not provide individual medical treatment, advice, or diagnosis.

What can be reported to VAERS?

- Report any clinically significant medical event that occurs after vaccination, even if you are not sure whether the vaccine caused the adverse event.
- The National Childhood Vaccine Injury Act requires health care providers to report any adverse event listed by the vaccine manufacturer as a contraindication to receive additional doses of the vaccine and any adverse event listed in the "VAERS Table of Reportable Events Following Vaccination" that occurs within the specified time period after vaccination. For influenza this includes events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval – see package insert).

How to report to VAERS:

- **Anyone may report** but preferably the SLVC Vaccinator or Clinic Authority should complete the VAERS report if the event occurs in the SLVC setting.
- Download the VAERS Form (located at https://vaers.hhs.gov/uploadFile/index.jsp)
- Request a VAERS Form by sending email to info@vaers.org, by calling (800)822-7967, or by faxing a request to (877)721-0366.
- Before you begin review the Instructions for Completing the VAERS Paper Form.
- Fax a completed VAERS Form to (877)721-0366.
- Mail a completed VAERS Form to VAERS, P.O. Box 1100, Rockville, MD 20849-1100. A pre-paid postage stamp is included on the back of the form.
- Federal CDC will send you a confirmation after the report is received.

COMMUNITY HEALTH PARTNER

MEMORANDUM OF AGREEMENT (MOA)

FOR CONDUCTING SCHOOL LOCATED *VACCINE CLINICS (SLVC) BETWEEN* _____SCHOOL UNIT _____ AND _____*name of partner here*____ FOR IMMUNIZATION OF SCHOOL CHILDREN AGAINST SEASONAL INFLUENZA (or other vaccine preventable diseases) IN THE SCHOOL SETTING.

The above RSU and the above medical provider/partner agree to cooperate in setting up school clinics to vaccinate school children against seasonal influenza and/or other vaccines during the school year. This MOA is executed to ensure that all activities of SLVC are managed by an agreed upon responsible party. This agreement shall remain in effect from the date of execution through ___*date agreement ends here*____.

1. Contact information:
    A. School system:
    B. Partner:

2. Clinic Site Information:
    A. _____School *Date*

    B. _____School *Date*

    C. _____School *Date*

*School system*___ will follow all procedures outlined in the SLVC Toolkit published by the Maine Center for Disease Control (MCDC) and Maine Department of Education.

___*Partne*r___ will send 1 or more medical providers in good standing to administer vaccine at the SLVC sites listed above.

(List all agreed upon responsibilities of the school and the partner in this section.)

The undersigned agree to administer seasonal influenza vaccine and/or other vaccines in accordance with Federal CDC guidelines. This agreement is between the school system and the healthcare provider/partner.

_____ _____
Signature of Partner Representative Date

_____ _____
School Superintendent Date

School-Located Vaccine Clinics

TOOLKIT

Part 4: MODEL EMERGENCY PLANS

Model Plan: Emergency Plan for Anaphylaxis

Model Plan: Administration of Epinephrine and Benadryl

Model Plan: Evaluation and Follow-up of an Exposure to Blood or Other Potentially Infectious Material

Model Plan: Prevention of Post-Immunization Syncope-Related Injuries

Model Plan: Emergency Plan for Anaphylaxis

I. Purpose:

To define allergic hypersensitivity to drugs administered by parenteral route as well as the emergency management that is to be provided by the School Vaccine Provider.

II. Policy:

- A plan for contacting emergency medical services that are available in the area shall be established prior to starting any clinic.
- The plan shall include local emergency telephone numbers.
- Recipients of medication, vaccine, or biologicals administered by parenteral route shall be requested to remain on site for a minimum of 15 minutes for sign of hypersensitivity or anaphylactic reaction. Symptoms of anaphylaxis usually begin within 15 minutes after administration of the drug, and intervention should be implemented immediately. A school vaccine provider shall remain on site for 15 minutes after each drug is administered.
- Individuals with symptoms categorized as mild may only require close monitoring on site with notice to their health care provider. Individuals with symptoms that progress shall require intervention including the administration of epinephrine. (See SLVC Toolkit, Model Plan: Administration of Epinephrine and Benadryl.

Model Plan: Administration of Epinephrine and Benadryl

NOTE:

The signs and symptoms of anaphylactic shock are: hypotension, respiratory distress such as laryngeal edema, dyspnea, wheezing, a sense of retrosternal pressure or tightness, rapid and/or irregular pulse, urticarial, loss of consciousness, agitation, faintness, burning and/or itching eyes, tearing, congestion and itching nose, rhinitis, nausea, vomiting, abdominal pain, diarrhea, flushed skin, general itching, non-pruritic swelling of extremities as well as the face and perioral or periorbital regions, and/or a sense of uneasiness.

- After an injection of medication and/or vaccine it is determined that the individual has symptoms categorized as mild, the client may only require close monitoring on site with notice to their health care provider.

- Using clinical judgment, when the individual's symptoms progress to those of anaphylactic shock, School Vaccine Providers shall initiate the emergency procedure for the administration of Epinephrine and Benadryl.

Special Instructions:

1. Equipment needed includes:
    - Ampules of Epinephrine (adrenaline) 1:1000 (or epinephrine auto-injectors)
    - Diphenhydramine (Benadryl) oral (12.5 mg/5 mL suspension) and 25 or 50 mg capsules or tablets
    - 4 TB syringes
    - (2) 3cc syringes (w/needle-22-25ga, 1-1.5" length)
    - Alcohol Swabs
    - Blood pressure cuff and stethoscope
    - CPR mask

2. All School Vaccine Providers are required to be trained in Health Care Provider cardiopulmonary resuscitation (CPR).

3. In the event of a medical emergency during a clinic session, school vaccine providers shall activate emergency medical services and notify the responsible health care provider and/or call an ambulance or other local emergency medical services.

4. School vaccine provider staff shall initiate CPR if the situation warrants it, unless there is a "Do Not Resuscitate" order in place. The school disclaims any liability for misapplication of this knowledge by the School Vaccine Provider.

In an emergency:

1. Call for assistance
2. Notify local emergency medical services
3. Establish and maintain an airway

To administer Epinephrine and Benadryl, follow the steps below:

1. Administer Epinephrine (per dosage chart/guidelines)

A. Using tuberculin (1cc)-syringe draw up only the amount of Epinephrine needed, based on the weight of the child or the dosage amount for an adult, or use epinephrine autoinjector.

B. Administer the Epinephrine subcutaneously. NOTE: DO NOT GIVE if symptoms of angina are present.

Epinephrine Dosage Guidelines: *

Epinephrine (Adrenaline Chloride) 1:1000

0.1cc for children < 20 lbs. (0-12 months of age)

0.2cc for children 20 – 45 lbs. (1-4 years old)

0.3cc for children > 45 lbs. (> 4 years of age)

0.3cc for adults

C. Guidelines for Epinephrine autoinjectors, see dosage and images below.

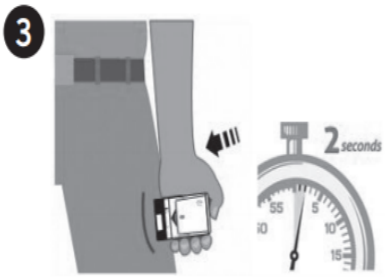
Epinephrine Autoinjector Dosage Guidelines: *

0.15 mg (junior dose) indicated for child under 66 pounds

0.3 mg (adult dose) indicated for over 66 pounds.

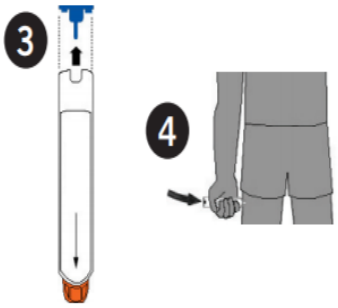
HOW TO USE AUVI-Q® (EPINEPRHINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.



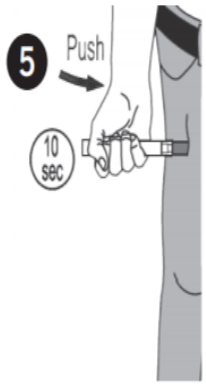
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

First-line treatment: Epinephrine is the first-line treatment for anaphylaxis, and there is no known equivalent substitute.

Optional treatment: H_1 antihistamines relieve itching and urticaria (hives). These medications **DO NOT** relieve upper or lower airway obstruction, hypotension, or shock. Consider giving diphenhydramine (e.g., Benadryl) for relief of itching and hives. Administer orally 1–2 mg/kg every 4–6 hours, up to a maximum single dose of 100 mg.

*American Academy of Pediatrics, Abbott Laboratories, American Hospital Formulary Service, Mosby's Nursing Drug Reference
**Nursing 2006 Handbook, 26th edition. New York: Lippincott Williams & Wilkins.
***Nelson's Textbook of Pediatrics, 15th edition. Philadelphia: Saunders

Model Plan: Evaluation and Follow-up of an Exposure to Blood and Other Potentially Infectious Material

Special Instructions:

1. Any Vaccinator who sustains a needle stick injury or other parenteral or mucosal exposure to blood or other potentially infectious material (OPIM) shall immediately wash the affected area with soap and water. If washing facilities are not available, the School Vaccinator shall use the alcohol-based hand gel and paper towels. Mucous membranes should be flushed with water. [1]

2. The Vaccinator shall proceed to the closest Urgent Care/Emergency Department for post exposure evaluation and treatment if indicated. NOTE: Postexposure prophylaxis should be initiated as soon as possible, preferably within hours rather than days of exposure. [2]
    i. The Vaccinator who has sustained the exposure with blood or OPIM may enlist the assistance of personnel at the clinic site if needed.

2. The employer of the Vaccinator shall be notified as soon as possible, within 24 hours, of the exposure.

3. The Centers for Disease Control and Prevention (CDC) recommends that the post exposure evaluation and follow-up include[1]:
    i. Documentation of the routes and circumstances of the exposure.
    ii. Identification and testing of the source individual, if possible, in accordance with state laws. If the source person is known, the source person may be asked to voluntarily submit to a blood test.
        a. Under certain circumstances, and in accord with M.R.S.A. 19203-C, a source that has refused to voluntarily submit to a blood test may be required by a court order to do so.
    iii. Testing of the exposed employee's blood for HBV, HVC and HIV.

a. The HIV blood test may consist of specimens drawn at the time of exposure and at recommended intervals up to 6 months. Counseling occurs according to the state law M.R.S.A. 19203-B, or when requested.

iv. Postexposure prophylaxis as ordered by the physician.
v. Postexposure counseling, as indicated for the employee.
   a. If the employee declines evaluation or treatment they shall sign a declination form that indicates that the employee has been counseled regarding the risks, treatment has offered, and the employee refused the evaluation and treatment.

4. The school shall maintain strict confidentiality in accordance with statutes, policies, and procedures. The employer of the school vaccine provider shall maintain accurate, confidential, separate records for each employee with an occupational exposure. Per OSHA requirements, these records shall be maintained consistent with the maintenance of OSHA records, for a period of 30 years after the termination of the employee.

[1]CDC.Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HVC, and HIV and Recommendations for Postexposure Prophylaxis.MMWR.2001.50(RR11);1-42

[2]CDC.Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV: Recommendations for Postexposure Prophylaxis. MMWR 2005;54(RR09);1-17

Model Plan: Prevention of Post-Immunization Syncope-Related Injuries

Syncope, also called fainting, is a temporary loss of consciousness resulting from decreased blood flow to the brain. Immunization providers should be aware of the potential for syncope associated with vaccination, particularly among adolescents. Syncope after vaccination itself is usually not a serious event, and patients generally recover within a few minutes. The main concern is injury, especially head injury. Vaccine clinic staff should take appropriate measures to prevent syncope and to readily respond to the client/student who feels faint.

Steps to Prevent Syncope-Related Injuries

- Make sure the patient is either seated or lying down at the time of vaccination.
- Observe patients for 15 minutes after vaccination for signs and symptoms that commonly precede syncope, such as weakness, dizziness, light-headedness, nausea, sweatiness, coldness of the hands or feet, paleness or visual disturbances.
- If client/student is experiencing possible signs or symptoms of fainting, take the following steps to prevent syncope and injury from falling:
    - Have the patient sit or lie down immediately.
    - Have the patient lie flat or sit with head between knees for several minutes.
    - Loosen any tight clothing and maintain an open airway.
    - Apply cool, damp cloths to the patient's face and neck.
    - Observe the patient until symptoms completely resolve.
- If client/student falls but does not experience loss of consciousness:
    - Check the patient to determine if injury is present before attempting to move him/her.
    - Place the patient flat on back with feet elevated.
    - Observe the patient until symptoms completely resolve.
- If client/student loses consciousness:
    - Check the patient to determine if injury is present before attempting to move him/her.
    - Place the patient flat on back with feet elevated.

- Maintain an open airway.
- Call 911 if the patient does not recover immediately.

References:
The Children's Hospital of Philadelphia. Vaccine Update for Healthcare Providers. Technically speaking: Guidance for preventing fainting and associated injuries after vaccination. Available at: Technically Speaking: Guidance for Preventing Fainting and Associated Injuries after Vaccination (immunize.org) Accessed on 6/6/2012.
CDC. General Recommendations on Immunization: A Report of the Advisory Committee on Immunization Practices. MMWR 2011; 60(RR02):1-60.
CDC. Vaccine Safety: Fainting (Syncope) After Vaccination. Available at: Fainting after Vaccination | Vaccine Safety | CDC Accessed on 8/25/2020.
Immunization Action Coalition. Medical Management of Vaccine Reactions in Children and Teens. Available at: http://www.immunize.org/catg.d/p3082a.pdf. Accessed on 4/19/2023.

School-Located Vaccine Clinics

TOOLKIT

Part 5: VACCINE STORAGE and HANDLING

Proper Maintenance and Storage of Vaccine

SLVC Checklist for Safe Vaccine Handling and Storage

Transportation of Vaccine

Ordering and Storage Frequently Asked Questions

COVID-19 Vaccine Provider Storage and Handling Resources

Maine Integrated Health Management Solution (MIHMS)

Proper Maintenance and Storage of Vaccine by School Nurses

Special Instructions:

NOTE: The refrigerator must be designated for vaccines, medications, and biologicals only. No food or beverage can be stored in them.

1. One school nurse and a backup person shall be assigned the responsibility for the proper storage and handling of vaccines kept in school offices.

2. Each location that stores vaccine shall have a working refrigerator and a certified calibrated digital data logger suitable for checking internal temperatures of the refrigerator. The refrigerator compartment must maintain temperatures between 36°F and 46°F (2°C and 8°C) for vaccine viability. The refrigerator temperature should be set at 40°F (4°C). The freezer compartment must maintain temperatures between -58°F and +5°F (-50°C and -15°C) for vaccine viability.

3. Refrigerator temperature should be maintained between 36° and 46° F. Freezer temperature should be maintained between -58°F and +5°F. The temperature of the refrigerator must be checked and documented at the beginning of each workday. The min and max temperatures shall be recorded on the log sheets with the time and initials of the person checking the temperature. This should be placed on or near the refrigerator as well as documented in ImmPact. Each log shall be maintained by the school for three years and then destroyed.

4. Upon arrival of the vaccine, the designated school nurse or backup person shall immediately inspect the vaccines and temperature strip or other temperature reading device unpack the vaccines and place them in the refrigerator or freezer as appropriate. The lot number and

quantity received should be verified and match what is listed in ImmPact and on the packing list.

The vaccines shall be stored inside the refrigerator and never placed on the door shelves (there is too much temperature variation when the door is open). The vaccines shall be placed so that the cool air can circulate around the vaccines. The newest vaccine shall be placed behind any of the same type of vaccine that has an earlier expiration date.

5. The vaccines shall be written into the vaccine record book and added to the supply on hand so that the count in the record book matches the count in the refrigerator. Log into ImmPact and accept vaccine transfer. Records shall be retained in the office for three years and then destroyed.

6. The school nurse shall rotate the vaccines monthly so that the ones with the earliest expiration dates are placed in the front of the refrigerator and used first. (This is called stock rotation)

7. Ice packs shall be placed inside the freezer to help maintain the temperature when the door is opened.

8. Bottles of cold water shall be placed to line the inside walls of the refrigerator and on the door shelves to maintain the internal temperature of the refrigerator when the door is opened.

9. The School Nurse shall place a “Do Not Disconnect” sign on each refrigerator and circuit breaker, as well as sign on or near all outlets where units are plugged in that are visible. The electrical connection shall be protected from accidental disconnect by either a protected location or protective plug cover.

10. If the temperature of the refrigerator or freezer is measuring above or below the allowable temperatures listed above, the school nurse discovering a refrigerator or freezer out of temperature range shall:

    - Label the unit “DO NOT USE,” store vaccines in a unit where they can be kept under appropriate conditions and generate a report from the data logger for discussion with the vaccine manufacturer.
    - Contact the vaccine manufacturer to obtain documentation for the viability of the vaccine. Contact the Maine Immunization Program, if obtained from the Maine Immunization Program.

- Document all steps taken on temperature recording paper log and in ImmPact.

11. In the event of an extended power outage the school nurse shall follow the procedure for extended power outages.

12. For further instructions for storing frozen vaccine, please reference the link below, pages 33-35: Maine Immunization Program Provider Policy and Procedure Manual.

School-based Vaccine Clinic Checklist for Safe Vaccine Handling and Storage

Here are the 17 most important things you should do to safeguard your vaccine supply. Are you doing them all?

___ 1. We have a school nurse or a designated person in charge of the handling and storage of our vaccines.
___ 2. We have a back-up person in charge of the storage and handling of our vaccines.
____3. A vaccine inventory log is maintained that documents:
- _____ Vaccine name and number of doses received
- _____ Date the vaccine was received
- _____ Arrival condition of vaccine
- _____ Vaccine manufacturer and lot number
- _____ Vaccine expiration date

____ 4. Our refrigerator for vaccines is either household-style or commercial-style, NOT dormitory-style. The freezer compartment has a separate exterior door. Alternatively, we use two storage units: a free-standing refrigerator and a separate, free-standing freezer.
____ 5. We do NOT store any food or drink in the refrigerator.
____ 6. We unpack vaccine immediately upon arrival and place it in the refrigerator.
____ 7. We store vaccines in the middle of the refrigerator, and NOT in the door.
____ 8. We check vaccine expiration dates before use.
____ 9. We post a sign on the refrigerator door showing which vaccines should be stored in the refrigerator and which should be stored in the freezer.
____10. We always keep a certified calibrated thermometer in the refrigerator that can record temperatures at 36-46°F and -58°F and +5°F in the freezer.
____11. The temperature in the refrigerator is maintained at 36–46ºF. The temperature in the freezer is maintained at -58°F and +5°F.
____12. We use bottles of cold water to line the inside walls of the refrigerator to help maintain cold temperatures.
____13. We post a temperature log on the refrigerator door on which we record the refrigerator minimum and maximum temperature once a day—first thing in the morning and we know whom to call if the temperature goes out of range.
____14. We understand that these temperature logs must be submitted to the Maine CDC Immunization Program at least monthly with copies maintained by the school for three years.
____15. We have a “Do Not Unplug” sign next to the refrigerator’s electrical outlet.
____16. In the event of a refrigerator failure, we take the following steps:
- _____ We call the manufacturer immediately.
- _____ We notify the Maine CDC Immunization Program.
- _____ We label the vaccine stating that it has been stored out of range and not to use the vaccine until given the guidance to use from the manufacturer. (this vaccine should be kept in a cold storage unit)

____17. We keep important phone numbers posted where they are easily accessible including contact information for vaccine manufacturers.

Transportation of Vaccine

Rationale:

The best assurance of vaccine efficacy is to minimize the number of times vaccines are handled and transported. If vaccine transportation to another location is required, it is critical that the potency is protected by always maintaining the cold chain. It is essential that refrigerated vaccine shall be maintained at 36 - 46 degrees Fahrenheit during transportation.

Instructions for all transported vaccine:

1. The school vaccine provider shall pack the vaccine in the appropriately sized cooler the day of the clinic according to quantity guidelines outlined below. The vaccine should remain in their original boxes when transported to the home or clinic site.
2. The school vaccine provider shall attach a label to the outside of the container to clearly identify the contents as fragile vaccines.
3. The certified calibrated thermometer shall be fixed to the outside of the cooler by velcro and used for all temperature readings.
4. The school vaccine provider shall record the time and temperature inside the cooler on the *Vaccine Transport Temperature Log*.
5. The school vaccine provider shall check the temperature at least hourly to ensure that the cold chain is not broken. Record the time and temperature on the *Vaccine Transport Temperature Log.* Do not open the cooler for hourly temperature readings. Retain these records for three years and then destroy.
6. If the temperature of the cooler falls outside of the recommended guidelines the school vaccine provider shall take the following actions:

    - Label the Vaccine “DO NOT USE.”
    - Contact the vaccine manufacturer to obtain documentation for the viability of the vaccine. Contact the Maine Immunization Program, if obtained from the Maine Immunization Program 207-287-9972.

Special Instructions for Refrigerated Vaccine Transport:

MIP recommends transporting refrigerated vaccines with a portable refrigeration unit. If this type of unit is not available, a hard-sided insulated cooler with at least 2-inch walls, a Styrofoam vaccine shipping container, or other qualified container may be used if it maintains the recommended temperature range (36°F to 46°F [2°C to 8°C]).

• Using a hard-sided cooler, Styrofoam vaccine shipping container, or other qualified container requires the following:

o Coolers should be large enough to hold the MIP supply of refrigerated vaccines.

o Label the container with the facility name, "Fragile Vaccines – Do NOT Freeze", and the date and time the vaccines was removed from the permanent storage unit.

NOTE: Do not use soft-sided collapsible coolers for transporting vaccine.

• Conditioned frozen water bottles are recommended for keeping vaccines cold.
o Use 16.9 oz. bottles for medium/large coolers and 8 oz. bottles for small coolers
o Before use, condition the frozen water bottles. This is done by placing them in a sink filled with several inches of cool or lukewarm water until there is a layer of water forming near the inner surface of the bottle. The bottle is properly conditioned when the ice block spins freely within the bottle when rotated.

NOTE: Do not reuse coolant packs from original vaccine shipping containers.

• Insulating material – two each of the following layers is needed:

o Corrugated cardboard – two pieces cut to fit the internal dimensions of the coolers(s) and placed between the insulating cushioning material and the conditioned water bottles.

o Insulating cushioning material such as bubble wrap, packing foam, or Styrofoam for a layer at least 2-inches thick above and below the vaccines. Ensure this layer covers the cardboard completely.

NOTE: Do not use packing peanuts or other loose material that may shift during transport.

• A data logger with a buffered probe must be used as a temperature monitoring device.

o Prepare the probe by pre-chilling it in the refrigerator for at least 5 hours prior to transport.

o Ensure the data logger has a current and valid certificate of calibration testing.

o Ensure the data logger certificate is documented to be accurate within +/- 1°F (+/- 0.5°C).

o The data logger currently stored in the refrigerator can be used for transport, as long as there is a device in place to measure the temperature for any remaining vaccines.

MIP recommends the following packing assembly for refrigerated vaccines:

• Line the bottom of the cooler with a single layer of conditioned water bottles.
• Place a sheet of corrugated cardboard over the water bottles.

• Place at least a 2-inch layer of insulating material (i.e., bubble-wrap, packing foam, or Styrofoam) over the cardboard.

• Stack boxes of vaccines on top of the insulating material.

• When cooler is halfway full, place the data logger buffered probe in the center of the vaccines, but keep the display outside the cooler.

• Cover vaccines with another 2-inch layer of insulating material.

• Add the second layer of corrugated cardboard.

• Fill the remaining space in the cooler with conditioned water bottles.

• Close the lid of the cooler securely and attach the data logger display and a temperature log to the top of the lid to record and monitor the temperature during transport.

• Use the temperature recording form to record the time and temperature inside of the storage unit at the time the vaccines were removed.

• If vaccines are kept in a transport container for longer than an hour, record the temperatures hourly.

• As soon as the destination site is reached, check and record the vaccine temperature.

If the vaccine temperature is 36°F to 46°F (2°C to 8°C), place the vaccine in the refrigerator.

If the vaccine is below 36°F (below 2°C) or above 46°F (above 8°C), label the vaccine as “Do Not Use”, place in the refrigerator, and immediately contact the vaccine manufacturer to determine viability.

NOTE: Always keep vaccine properly stored until otherwise instructed by the vaccine manufacturer or MIP.

Special Instructions for Frozen Vaccine Transport:

Varicella and MMRV vaccines are fragile and must be kept frozen. For transporting instructions, please reference the following link, pages 46-47: Maine Immunization Program Provider Policy and Procedure Manual.

COVID-19 vaccine storage and handling requirements, transportation instructions, and other information is listed in section 5 of the SLVC toolkit.

Ordering and Storage of Vaccine FAQ ‘s about School-located Vaccine Clinics (SLVC’s)

What forms do I need to fill out to receive vaccine from the Maine Immunization Program?
You will need to contact our Provider Relations Specialist for an enrollment packet and other information at 287-3746.

Do I need to fill out a new provider agreement every calendar year?
A provider agreement needs to be renewed at the beginning of *every other* fiscal year unless there is a change with the medical director vaccine coordinator or back-up coordinator.

Why do I need to fill out all these forms every year just to get influenza vaccine?
This is a FEDERAL requirement for any organization that receives vaccine from our program.

What are the storage requirements for properly storing vaccine at our school?
You can use units like this: Pharmaceutical grade units are recommended.

A refrigerator unit with no freezer compartment is not considered dormitory-style and **is acceptable** for vaccine storage.

2. You **cannot** use a dorm style refrigerator to store vaccine.

A refrigerator with a built-in freezer

Compartment is considered dormitory-style and **is not** acceptable for vaccine settings.

What are the temperature requirements for storing vaccine?
1. Refrigerated vaccine must be stored between 36 °F and 46 °F degrees
(Example: influenza vaccine)
2. Freezer vaccine must be stored between -58 °F degrees and +5 °F degrees
(Example: varicella vaccine)

How many days of temperatures must I record and submit before I can order vaccine?
You must record and submit through the ImmPact system five days of within-range temperatures before you will be sent vaccine.

Once I receive vaccine how many times a day do I need to check the temperature?
You (or your designee) must check and record the minimum and maximum temperature of the vaccine storage unit at the beginning of each workday. You **do not** have to record the temperature if the school is not open or if you do not have any vaccine. (example: weekends, holidays, school vacation week)
School nurses who work part-time in buildings must have designee record temperatures on the days the nurse is not in the building.

Do I really need to keep vaccine until it expires in June?
Yes, you need to keep vaccine until either it expires, or you can transfer it to another provider who may be able to use the vaccine before its expiration date.
Contact the Maine Immunization Program at the end of the school year for further instructions. Please remember that we receive money back even for vaccine that is expired so please do not throw out vaccine.

Do I have to complete an educational webinar in order to receive vaccine?
Yes, all primary and backup vaccine coordinators must complete an educational webinar. This is a federal requirement. You can access the webinar at https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/annual-education-requirement.shtml. You need to complete the ***Vaccines for Children*** module and posttest.

COVID-19 Vaccine Provider Storage and Handling Resources

COVID-19 Vaccine Routine Storage and Handling resources can be found here: COVID-19 Vaccine Providers Portal | Storage and Handling Resources | Disease Surveillance | MeCDC | Maine DHHS

- Checklist of Current Versions of U.S. COVID-19 Vaccination Guidance and Clinic Support Tools (immunize.org)
- CDC's Vaccine Storage and Handling Toolkit
- Checklist for Safe Vaccine Storage and Handling (PDF)

COVID-19 Vaccine Transporting/Clinic Storage and Handling

- COVID-19 Vaccine Transfer Form (PDF)
- Transport Temperature Log (PDF)
- Guidance for Planning Vaccination Clinics Held at Satellite, Temporary or Off-Site Locations
- Transporting Vaccines (PDF)
- COVID-19 Hourly Clinic Temperature Log (PDF)

COVID-19 Vaccine Temperature Logs

- COVID-19 Refrigerator Temperature Log (PDF)
- COVID-19 Freezer Temperature Log (PDF)

Maine Integrated Health Management Solution (MIHMS)

Maine Integrated Health Management Solution (MIHMS):

- For enrollment in MIHMS, please call: 866-690-5585.

School-Located Vaccine Clinics

TOOLKIT

Part 6: BILLING FOR VACCINE ADMINISTRATION FEES

MaineCare Contacts

Commercial Insurance Billing Instructions

MaineCare Contacts

Office for Family Independence (OFI) Eligibility Offices - To apply for benefits, call 1-855-797-4357. TTY users dial 711.

Consumers for Affordable Health Care (CAHC) - For application questions, call 1-800-965-7476. TTY users dial 1-877-362-9570.

MaineCare Member Services - For questions about covered services, call 1-800-977-6740. TTY users dial 711. You can also email mainecaremember@gainwelltechnologies.com.

Pharmacy Help Desk - For prescription drug benefits, medication prior authorizations, and Medicare Part D questions, call (207) 624-6902 or 1-866-796-2463. TTY users dial 711.

Provider Services - For MIHMS and Health PAS Online Portal questions, call 1-866-690-5585. TTY users dial 711. You can also email mainecareprovider@gainwelltechnologies.com.

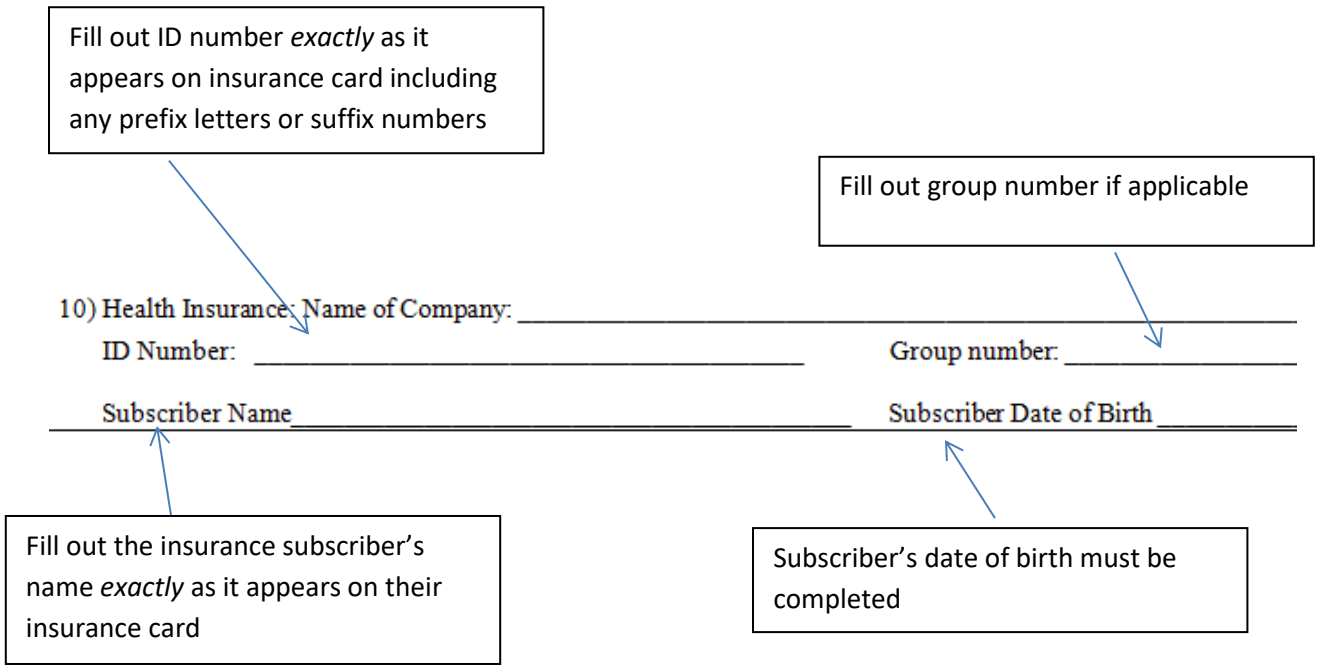
Provider Relations - For policy questions, see which representative to contact on the Provider Relations Staff Assignments (PDF). https://www.maine.gov/dhhs/oms/contact-us.shtml

Third Party Liability - For questions about other insurance, call 1-866-796-2463. TTY users dial 711.

Private Health Insurance Premium (PHIP) - For help paying for private health insurance premiums, call 1-800-977-6740. TTY users dial 711.

Commercial Insurance Billing Instructions

- ✓ Call 800-890-2986 (Option 1) to receive a contract from Commonwealth Medicine
  - Complete and mail two signed originals to Commonwealth Medicine at the address below
- ✓ Add your school's NPI and UMMS Provider Code (assigned to your school upon contracting with the Vaccine Reimbursement Program) to each Health Screen and Permission Form - *this must be on every form in order for claims to be submitted*
- ✓ Have each child's parent/guardian fill out the child's insurance ID number and the appropriate insurance subscriber's information



- ✓ Parent/guardian must sign the permission line for the claim to be billed. If the claim is not signed the insurance company will not be billed.
- ✓ In order to submit the claim, the clinical information section must be filled out and include the date of service, vaccine type and route, vaccine manufacturer, lot number and dose, and preservative information.
- ✓ Whenever possible, please ask parents to attach a photocopy of their insurance card to the Health Screen and Permission Form
- ✓ Sort Health Screen and Permission Forms by insurance company

✓ Photocopy all Health Screen and Permission Forms, *keep the original for your records*, and mail the copy via certified mail carrier to:

Commonwealth Medicine
333 South Street
Shrewsbury, MA 01545
Attn: Vaccine Reimbursement Program

* If you have any questions please feel free to call 800-890-2986 (Option 1)

School-Located Vaccine Clinics

TOOLKIT

Part 7: COMMUNICATIONS

SLVC References

SLVC Website

COVID-19 Resources

SLVC/Mass Immunization References

School/ Mass Immunization Clinic Set-Up:

Community Health Agency wants to know how to hold a School/Mass Immunization Clinic. For help, suggest they contact:

- Brianna Horan, Maine General, 861-5274 Brianna.Horan@mainegeneral.org
- Cathy Bean, Northern Light Home Care & Hospice, 400-8725 beanc@northernlight.org
- Nichole OFarrell, CHANS Home Health & Hospice, 729-6782 nofarrell@midcoasthealth.com

Schools want to know how to organize and hold a school immunization clinic. For help, suggest that they contact one of the following School Nurses:

- Pat Endsley, Wells-Ogunquit CSD, 641-6967, pendsley@wocsd.org
- Melinda Nadeau, Brunswick School Department, mnadeau@brunskwicksd.org
- Nancy Hoskins, RSU 19 (Newport), nhoskins@rsu19.net
- Maxine Pare, RSU 19 (Newport), 368-4470, mpare@rsu19.net

ImmPact - Questions pertaining to clinic registration and entering doses, call ImmPact Help desk 1-800-906-8754

MaineCare Provider Services - For MIHMS and Health PAS Online Portal questions, call 1-866-690-5585. TTY users dial 711. You can also email mainecareprovider@gainwelltechnologies.com.

MaineCare Provider Relations - For policy questions, see which representative to contact on the Provider Relations Staff Assignments (PDF). https://www.maine.gov/dhhs/oms/contact-us.shtml

Commercial Billing - One resource, Commonwealth Medicine (University of Massachusetts Medical School), used by many schools, 1-800-890-2986, Maine.Vaccine@umassmed.edu

National Provider Identifier or NPI # - This number is necessary for billing. Schools should contact their Business Office for the NPI number. The Business Office must have a NPI # to bill for MaineCare services such as Occupational Therapy (OT), Physical Therapy (PT), and Speech Therapy.

Schools - For overall questions related to school and/or school health, contact Emily Poland, School Nurse Consultant, Maine Department of Education, 592-0387, Emily.Poland@maine.gov.

Maine Immunization Program - For questions pertaining to ordering and storing vaccines, call the Maine Immunization Program: 1-800-867-4775.

SLVC Website:

Immunizations | Department of Education (maine.gov)

The website offers significant information pertaining to SLVC including:

- A complete copy of the *School-Located Vaccine Clinics for Influenza SLVC Toolkit*
- Individual sections of the *Toolkit* available for printing
- *Health Screen and Permission Form*– in English and translated into 9 languages
- *Vaccine Information Statements* links to the CDC
- *Maine School Immunization Requirements*– in English and translated into 9 languages
- *Considerations for Special Populations Notice*
- Frequently asked questions
- New information

COVID-19 Resources:

COVID-19 Vaccine Communications:
Communications | COVID-19 Vaccine Providers Portal | Disease Surveillance | MeCDC | Maine DHHS

U.S. CDC COVID-19 Website:
Vaccines for COVID-19 | CDC