



Protecting Students, Empowering Communities: Hosting Effective School Based Immunization Clinics

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Objectives

- **Describe**

- Requirements to plan, implement, and evaluate a school-based immunization clinic
- Consent, vaccine, and documentation practices

- **Explain**

- Public health and health equity benefits of school-based vaccination clinics
- Core roles and importance of school nursing

- **Identify**

- Strategies for collaborating with families, school administrators, and community partners
- Barriers to access for diverse student populations

Why School-Based Immunization Clinics Matter for Student and Community Health

Healthier students have better attendance and academic performance

School clinics:

- Reduce barriers
- Support community health
- Protect vulnerable students
- Enhance academic success



Why School-Based Immunization Clinics Matter for Student and Community Health

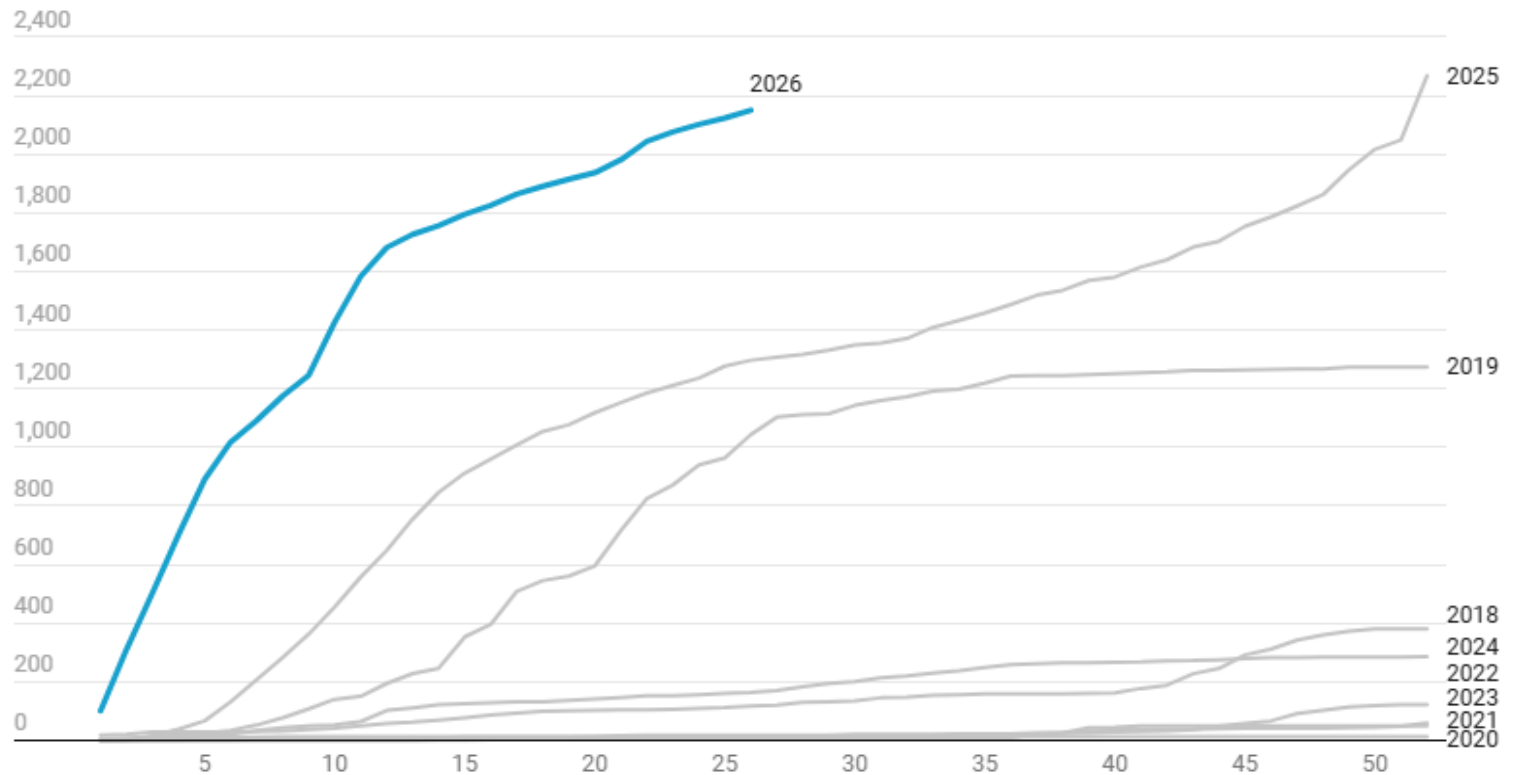
- Reduce the impact of influenza through herd immunity
 - School ecosystem
 - Communities where they reside
 - At-risk populations
 - Older adults (65+ years of age)
 - Immunocompromised patients
 - Pregnant women
 - Chronic health conditions
 - Young children



Measles on the Rise

- Measles cases in the US have been drastically rising
- As of July 2, 2026^[1]
 - 2025: 2286 cases
 - 2026: 2184 cases
- 95% of cases
 - Unvaccinated/unknown vaccination status
- Maine has maintained excellence with only 5 cases in 2026

Cumulative measles cases reported in the United States by year



U.S. Measles Tracker | International Vaccine Access Center

Measles and Vaccine Hesitancy

- Vaccine hesitancy has escalated
 - Spread misinformation without scientific evidence
 - Anecdotal evidence convinces many
 - Attempts to change perceptions have little impact
- During the 2023 to 2024 school year, measles vaccination dropped below the 95% threshold (92.7%)
 - Rates continue to drop in the United States
- Leveraging trust in nursing to counter misinformation in pediatric care is imperative ^[2]

Maine Vaccine Statistics in the Past

- 2005: PCPs could not keep up with childhood flu vaccine standards ^[3]
- 2009: school-based influenza vaccination (SIV)
 - Prevented 4600 influenza cases and saved \$4.6 million ^[4]
 - The focused effort to immunize children reduced adult immunizations ^[4]

School clinics are successful

Community support is also needed



<https://www.maine.gov/dhhs/mecdc/diseases-conditions/immunization/immunization-records>

Last Year: MaineHealth Clinics

- 84 clinics
 - 68 school
 - 16 community
- 6376 total vaccines
- Maine school vaccinations reached a record high of 97% in 2025



<https://www.bangordailynews.com/2025/06/06/state/state-health/school-age-vaccination-rates-maine-record-high/>

Plans for This Year's MaineHealth Clinics

- More schools have been added
 - 76 schools including dual school/community.
 - 10 community
- Preparation and Promotion
 - The most important factors
 - School nurses will continue to be vital



<https://youthincmag.com/new-years-eve-plans>

Vaccination Services Overview

- Eligible students can receive flu vaccines
- All adults are offered flu and COVID
- Fluzone High-dose vaccines for staff 65+

No one will be denied vaccination due to inability to pay



School Nurses Are Public Health Leaders

Since 1902, school nurses have been actively involved with public health functions ^[5]

- Disease surveillance
- Compliance with immunization requirements
- Educating families about communicable diseases
- Clinically trained, community trusted, and population focused



School Nurses Are Public Health Leaders Cont.

Since 1902, school nurses have been actively involved with public health functions ^[5]

- Build long-term relationships
- Advocate for equal access to proper care
- Minimize vaccine-preventable absences
- Translate public health guidance into practice



School Nurses Are Public Health Leaders Cont.

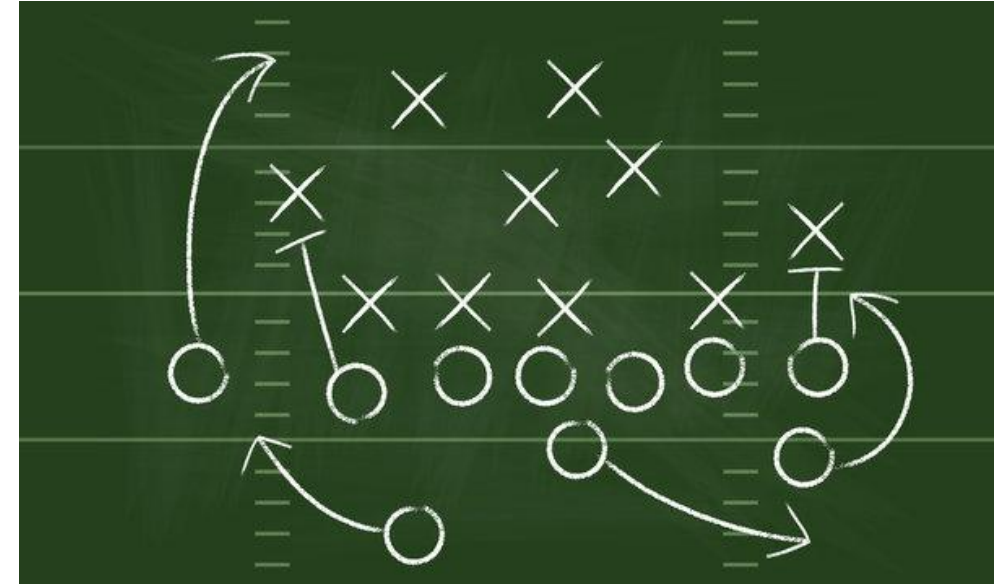
Since 1902, school nurses have been actively involved with public health functions ^[5]

- Collaborating with local stakeholders is imperative for successful clinic events
- Identifying patterns of vaccine hesitancy
- Providing reliable information
- Acting as the health resource for students and families



School Vaccine Clinic Playbook

- Step by step guide to clinic success
 - Required tools and oversight
 - Delegation of roles and services of our team
 - Designed for school nurses, administrators, and educators
 - Creates clear expectations and timelines
 - Reduces operational burden
 - Helps anticipate common challenges



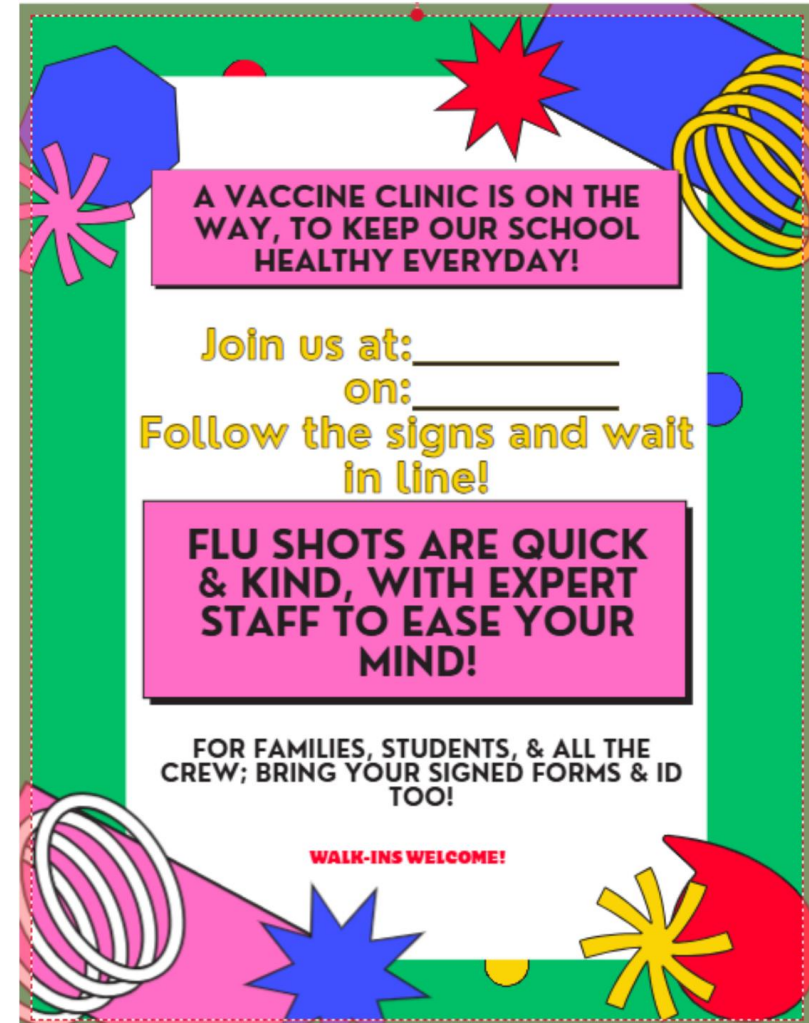
Clinic Staffing and Role Clarity

- **Clinic Lead**
 - Coordinator of the team
 - Vaccinators
 - Support staff
 - Licensed pharmacist
- **Support Staff**
 - Manage consent forms and registration
 - Students
 - Staff
 - Licensed healthcare professional



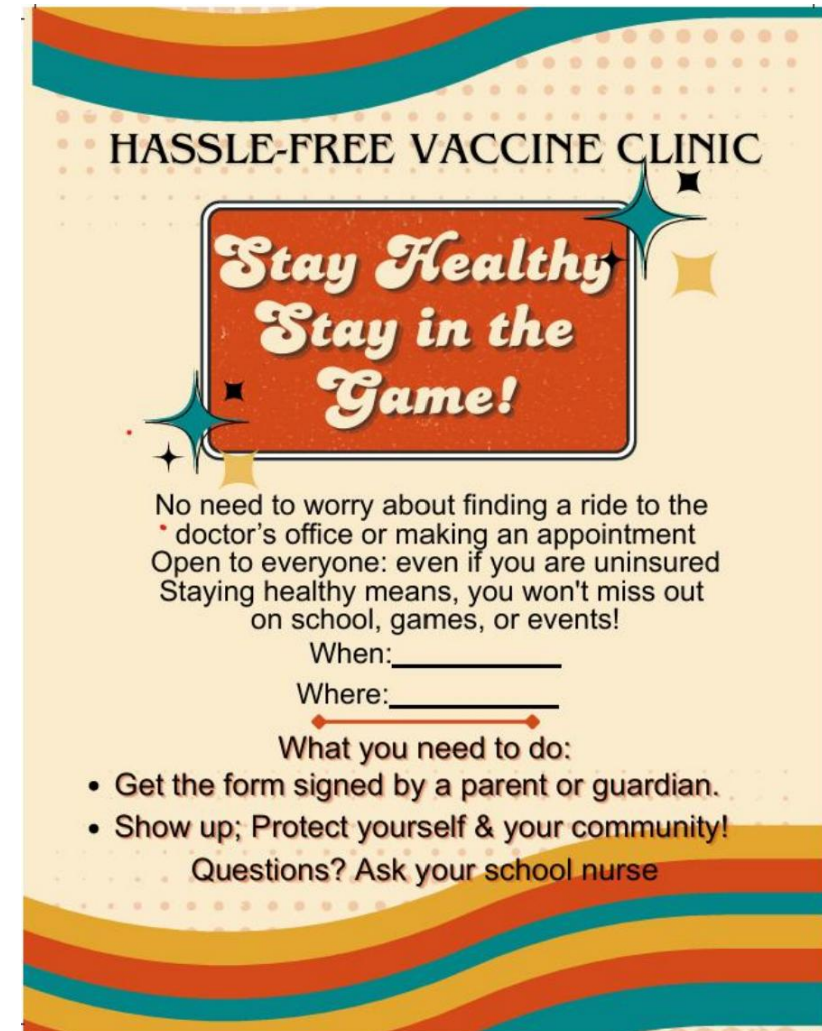
Nursing Role in Clinic Operations: Correspondence with Families

- Communicating with families
 - Flyers
 - Letters
 - Emails
- Raising awareness
 - Public postings
 - School announcements



Nursing Role in Clinic Operations: Correspondence with Families

- Sending consent forms early and often
 - Gathering signed forms
- Preparation increases success
 - Reduced need for verbal consent
 - Increased efficiency and operational flow



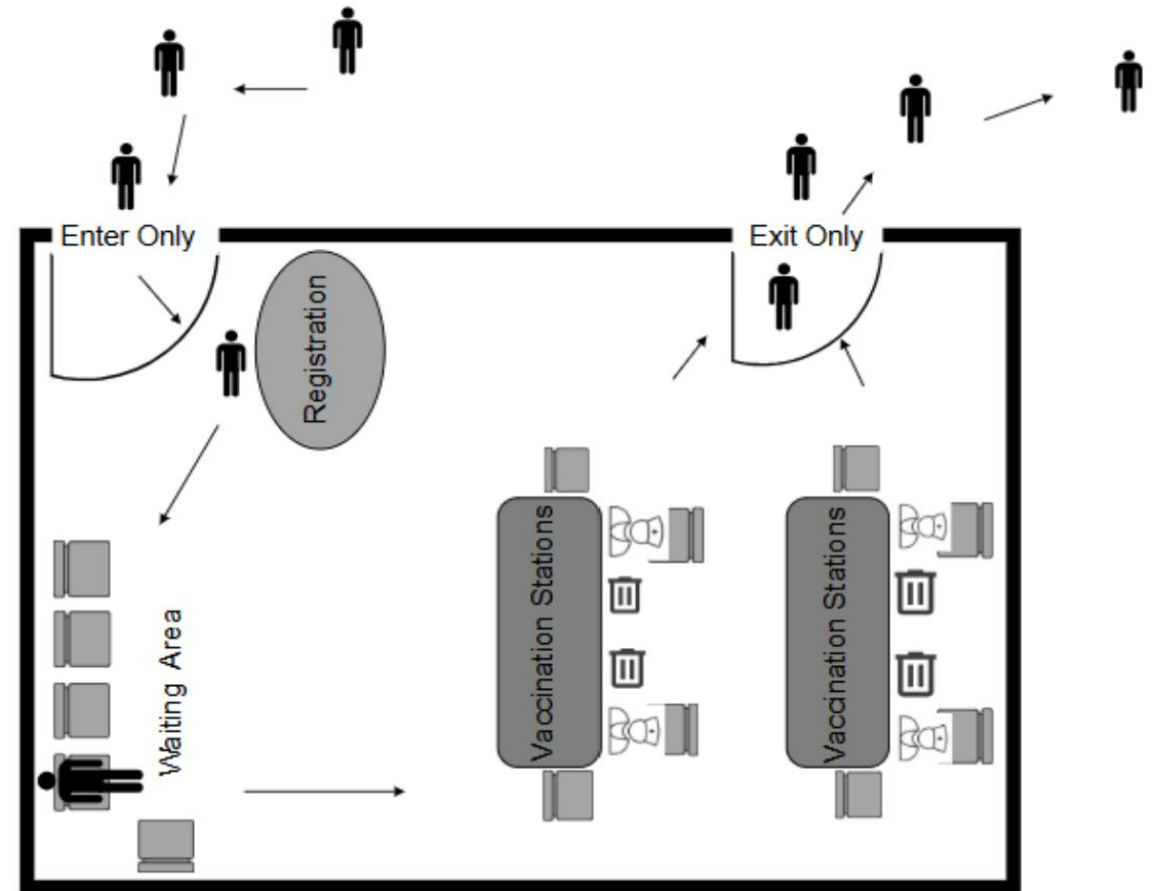
Nursing Role in Clinic Operations: Clinic Promotion & Communication

- Clear & repeated messaging to build confidence
- Multiple modes of communication: flyers, emails, texts, formal letters, electronic surveys, or QR codes
- School related activities are ideal intersections to promote vaccine advocacy



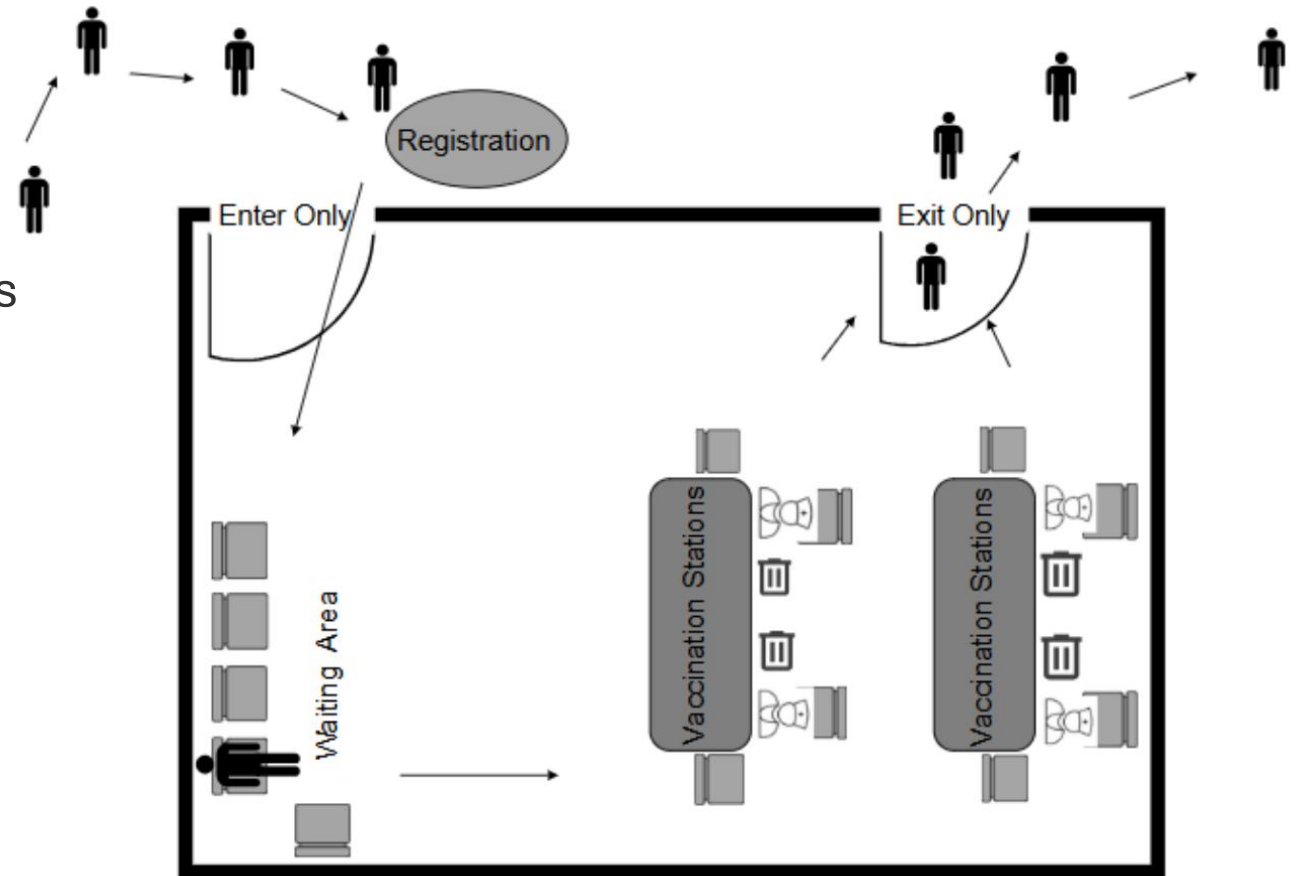
Nursing Role in Clinic Operations: Organizing the Space

- School nurses are pivotal to the operation
- Vital for preparation
 - Identifying the proper space
 - Tables
 - Chairs
 - Trash Cans
 - Space availability
 - Gathering consent forms
 - Organizing



Nursing Role in Clinic Operations: Organizing the Space

- Vital for clinic day
 - Facilitating travel to and from classrooms
 - Greeting vaccination team
 - Leading to clinic space
 - Assisting with safety information
 - Location of AED/ emergency kit
 - Emergency exits and egress route
 - How best to contact EMS



Nursing Role in Clinic Operations: Communication

- Communicating with administration
- Coordinating with clinic lead
 - Convey relevant information
 - Student allergies
 - Possible safety issues
 - Contraindications to giving a vaccine
 - Emergency response plan
- Post-vaccine observation
 - Monitoring for adverse reactions



<https://www.dreamstime.com/healthcare->

Equity and Access in Practice

- Consent forms and other communication are available in 6 languages
 - English
 - Spanish
 - Arabic
 - French
 - Portuguese
 - Somali
- Vaccines provided regardless of insurance



Vaccine Consent and Documentation

Recommendations for organizing consent forms:

- Send forms often and with detailed instructions
- Organize by grade and/or class alphabetically
- Utilize this strategy on the day of the clinic to streamline check-in and improve workflow

MaineHealth
FLU and COVID VACCINE CONSENT & ADMINISTRATION FORM
Page 2 of 2

Please Fill Out This Section:

Your Name (please print): John Smith DOB: 01-01-2001 AGE: 45
Address: 797 Smith Lane Phone Number: 207/234567
Primary Care Provider (PCP): Dr. Smith / unknown PCP Phone Number: ?

Insurance Information: ☒ Commercial ☐ State Medicaid ☐ Medicare/Medicare Part D ☐ No Insurance

I want to receive the following vaccine(s): Flu + Covid

Health Screening Questions

Do you feel sick today?	☒ No ☐ Yes Explain:
Do you have allergies to latex, medications, food or vaccines (Examples: egg, bovine protein, gelatin, gentamicin, polymyxin, neomycin, phenol, yeast, or thimerosal?)	☒ No ☐ Yes Explain:
Have you ever had a serious reaction after receiving a vaccine, including fainting or feeling dizzy? History of anaphylaxis?	☒ No ☐ Yes Explain:
Have you had a seizure or a brain or other nervous system problem? History of Guillain-Barre Syndrome?	☒ No ☐ Yes Explain:
During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☒ No ☐ Yes Explain:
For emergency use only, please indicate the patient's weight category:	☐ < 33 lbs ☐ 33-66 lbs ☒ > 66 lbs

☒ I have read and understand this information. I agree to receive the vaccine.

4/1/26 643 X John Smith
Date Time AM/PM Signature ☒ Patient ☐ Parent ☐ Guardian ☐ Authorized Representative

Vaccine Consent and Documentation

If you are helping at the check-in table:

- If all questions are answered "no"
 - Vaccine can be administered
- If someone answers a question "yes"
 - Refer immediately to clinic lead for vaccination eligibility

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Vaccine Consent and Documentation

- Written parent or guardian consent is required by ME law
 - Verbal consent is allowed
- QR codes are used to direct the patients to vaccine information sheets (VIS) for flu and covid

signature ☒ Patient ☐ Parent ☐ Guardian ☐ Authorized Representative Printed Name _____

If by telephone consent given by: ☐ Patient ☐ Other _____ Phone number _____

Date _____ Time AM|PM _____

Witness Signature (For Critical Access Hospital, phone consent, or patient is physically unable to sign) _____ Printed Name _____

Interpreter for: ☐ Sign Language ☐ Foreign Language ☐ Other _____ Print Name or identifying information _____

Day of Clinic and Follow Up

- Coordinate and support clinic workflow
- Provide students with emotional support
- Ensure accurate documentation
- Track consent rates, vaccinations, adverse events, and no-shows
- Obtain follow-up surveys from coordinator and staff
- Evaluate outcomes and identify opportunities for future improvement



<https://forms.workday.com/en-us/whitepapers/strategic->

Vaccine Clinic Checklist

- Easy to follow, quick reference
- Clinic needs broken down
- Streamlines operations and improves workflow

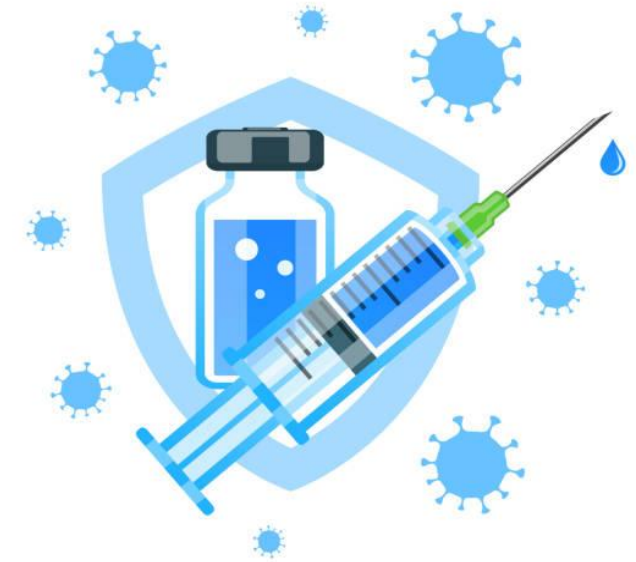
School Vaccine Clinic One-Page Checklist

1) Early Planning: Jan-Feb	2) Schedule & Initial Prep: Mar-May	3) Promotion: Jun-July
☐ Assign Primary and Backup Clinic Coordinators. ☐ Assign Primary and Backup Clinic Staff. ☐ Review prior feedback and identify improvements from previous clinics.	☐ Confirm clinic date, time, location, and provider contact. ☐ Select room and plan entry, waiting, vaccination, and exit flow. ☐ Identify privacy, accessibility, interpretation, and student supports. ☐ Send initial family/staff notice using at least 2 methods of communication. ☐ Share free/low-cost vaccine options and maintain partnerships with those uninsured.	☐ Send reminders and vaccine education to families and staff. ☐ Use at least 2 forms of communication: flyers/posters, email/text, letters, after-school programs, and QR survey/sign-up. ☐ Continue promoting free/low-cost vaccine options and maintain partnerships with those uninsured.
4) Pre Clinic Prep: August	5) Final Countdown	6) Clinic Day
☐ Redistribute clinic details to families, staff, and students. ☐ Distribute consent forms and insurance requirements. ☐ Track returned forms and follow up with non-responders. ☐ Secure records and protect privacy under HIPAA/FERPA. ☐ Finalize layout, flow, signage, volunteers, and access/language supports.	☐ Two weeks before: Send reminders, confirm logistics, turnout estimate, and special needs. ☐ One week before: Follow up on outstanding consent forms, making sure they come back organized. ☐ 3 days before: Collect signed consent forms; organize consent and insurance documents for support staff on the day of clinic.	☐ Set up area for registration, waiting area, vaccination stations, privacy space, and exit path. ☐ Post entry/exit signage and provide tables, chairs, and trash cans. ☐ Assign volunteers for registration, student flow, navigation, interpretation/accessibility, and emotional support. ☐ Serve as on-site point of contact for vaccination team.

7) Post-Clinic: Within 7 days
☐ Complete post-clinic questionnaire/evaluation. ☐ Address missing documentation, insurance questions, or follow-up needs. ☐ Document lessons learned for future clinics.

Addressing Vaccine Hesitancy From Families

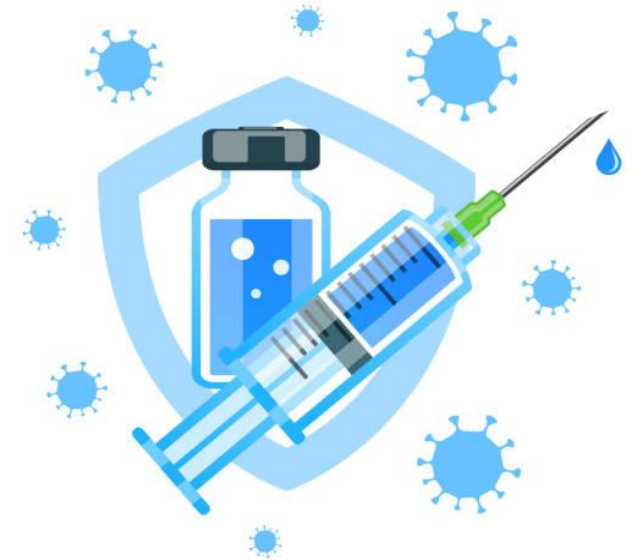
- Medical misinformation is more common now
- Contributing factors:
 - Lack of perceived risk
 - Belief that risk outweighs benefits
 - Anti-vaccination media
 - Immigration status
 - Misalignment of guidelines



Info about address and added stress

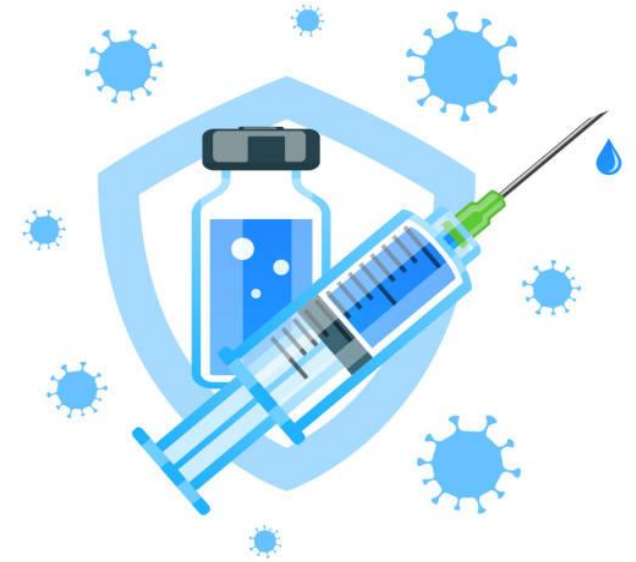
Addressing Vaccine Hesitancy From Families

- How to increase vaccine acceptance?
 - **Informational:** educational programs
 - Designed to increase knowledge of vaccines
 - Normalize vaccination
 - **Behavioral:** digital reminders
 - Sent to parents and students
 - **Environmental:** societal level strategies
 - Widespread campaigns



Addressing Vaccine Hesitancy From Families

- Motivational Interviewing
 - Active listening, empathy, understanding
 - Avoid criticism
 - Respond and address concerns
 - Evidence based
 - Provide reassurance
 - Don't push to vaccinate now
 - Build trust to increase future receptiveness



Addressing Vaccine Hesitancy From Families

Vaccination: one of history's most effective health tools

90%

Reduction in morbidity
and mortality from
most infectious
diseases

Plotkin, 2004

426M+

Illnesses prevented by
vaccines

Ozawa and Stack,
2013

6.4M

Deaths prevented by
vaccines worldwide

Ozawa and Stack, 2013

63,000

Childhood disabilities
prevented

Ozawa and Stack,
2013

Managing Patient Anxiety

- Calm environment
- CARD system -
 - Comfort: Have students bring along a stuffed toy or other comforting object
 - Ask: Asking a friend to sit with them during the process
 - Relax: Practicing a yoga pose
 - Distract: Toys or games
- Example: shot blocker



<http://www.ecomed.com.au/shop/our-products/accessories-and-supplies/bionix-shotblocker-2/>

Key Takeaways

- School nurses are central to student health and safety
- This Playbook provides a practical and repeatable framework for vaccine clinics
- Vaccination clinics
 - Prevent disease and outbreaks
 - Protect vulnerable populations by reaching students who may otherwise miss preventive care
 - Maintain safe learning environments for all students



Discussion

- **How do you address vaccine hesitancy when communicating with families?**
- **What concerns/barriers do you currently face in implementing a school-based vaccination clinic in your district?**
- What language or approaches have been effective in maintaining trust while respecting a refusal?
- How do you document and communicate refusals while ensuring students remain safe and informed?
- **How can you track and prioritize students who may benefit most from follow ups and what partnerships can support ongoing outreach?**
- What barriers prevent families from returning consent forms, and how can these be addressed?
- What successes or best practices from past clinics can be replicated to improve future consent rates?
- How can you effectively use trusted resources (CDC/AAP) when responding to misinformation?
- What other questions or concerns do you have?

References

- [1] U.S. Measles Tracker | International Vaccine Access Center. International Vaccine Access Center. Published 2025. <https://publichealth.jhu.edu/ivac/resources/us-measles-tracker>
- [2] Anson K, Patel S. Misinformaion and its impact on measles vaccine hesitancy in the pediatric population: A scoping review. Journal of Pediatric Nursing. 2025;86:136-147. doi:<https://doi.org/10.1016/j.pedn.2025.11.008>
- [3] Burns, Ilene & Zimmerman, Richard. (2005). Immunization barriers and solutions. The Journal of family practice. 54. S58-62.
- [4] Basurto-Dávila, R., Meltzer, M.I., Mills, D.A., Beeler Asay, G.R., Cho, B.-H., Graitcer, S.B., Dube, N.L., Thompson, M.G., Patel, S.A., Peasah, S.K., Ferdinands, J.M., Gargiullo, P., Messonnier, M. and Shay, D.K. (2017), School-Based Influenza Vaccination: Health and Economic Impact of Maine's 2009 Influenza Vaccination Program. Health Serv Res, 52: 2307-2330. <https://doi.org/10.1111/1475-6773.12786>
- [5] 1. National Association of School Nurses. May 2025. Accessed July 1, 2026. <https://www.nasn.org/home?tabid=79>.

