## 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 statebased 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)	School Nurse/Partner
	Organize paperwork to be sent home to parents.  Send forms to language line service for translation.	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).	School Nurse/Partner
	Receive and store vaccine in a freezer/refrigerator designated solely for vaccines.  Notify school nurse when vaccine has been delivered.	Partner
	Determine clinic dates, times & schedule (youngest students first).	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.	Partner
	If possible, outreach to families who have not returned permission slips.	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	School Nurse/Partner
	Attach lot number stickers to permission slips. Copy front and back of school employee insurance card.	Partner
	Complete rosters required for billing: patient name, date of birth, date of service, clinic site, vaccinator name, attach vaccine forms with roster.	School Nurse/Partner
	Review/verify information on consent forms: Student name, date of birth, contraindication sign off, type of vaccine (nasal or injection), vaccinator nurse signs off (initial/date injection given).  Vaccinate: Student is seated, roll up sleeve, clean	Partner
	injection area of the arm with alcohol, while drying verify student name and form information, give immunization.	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.	School Nurse/Partner
	Quality Assurance: Run reports on numbers of vaccines entered into Electronic Medical Record vs. ImmPact.	Partner
	Doses Redistributed: Contact the Maine Immunization Program regarding leftover vaccine so that it can be redistributed.	