



LESSONS LEARNED FROM COVID-19 DRIVE-THROUGH VACCINATION CLINICS

December 19, 2022

Before We Start...

- All participants will be muted for the presentation.
- You may ask questions using the Q&A box, and questions will be answered at the end of the presentation.
- Continuing education is available for nurses and pharmacists/pharmacy techs attending the webinar or watching the recording. If you're watching in a group setting and wish to claim CE credit, please make sure you register for the webinar and complete the evaluation as an individual.
- You can find more information on our Web Page.

Learning Objectives

- 1. Discuss clinical strategies used during COVID-19 drivethrough vaccination clinics
- 2. Describe lessons learned from three COVID-19 drivethrough vaccination clinics
- 3. Identify clinical resources available for conducting drivethrough vaccination clinics
- 4. Learn about COVID-19 bivalent booster updates

Presenters

- Polly Dubbel, MPH
 Communicable Disease Manager, Skagit County Public Health
- Kari Lidbeck, BS
 Health Program Specialist, Spokane Regional Health District
- Crystal Whitehead, BS
 Clinics Manager, Snoqualmie Valley Hospital
- Heidi Kelly, RN-BC, MS
 Public Health Nurse Consultant, WA Department of Health

Continuing Education

This continuing nursing education activity was approved by the Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation. Upon successful completion of this activity, 1.0 contact hours will be awarded.

This knowledge activity was approved by the Washington State Pharmacy Association for 1.0 contact hours. The Washington State Pharmacy Association is accredited by the Accreditation Council for Pharmacy Education as a Provider of continuing pharmacy education.

Disclosures

The planners and speaker of this activity have no relevant financial relationships with any commercial interests pertaining to this activity.

Information about obtaining CEs will be available at the end of this webinar.



Skagit County Fairgrounds Vaccine Site Leadership



Julie de Losada Skagit County PHEPR Manager Fair Testing/Vaccine Site Lead julied@co.skagit.wa.us 360-416-1538



Danielle Freeman Public Health Nurse Fair Vaccine Clinical Lead dfreeman@co.skagit.wa.us 360-416-1568



Bianca Ochoa Community Health Worker FairTraffic Logistics Lead bochoa@co.skagit.wa.us 360-416-1567

In the beginning, Skagit County Unified Command opened a mass testing site at Skagit Valley College, April 2020

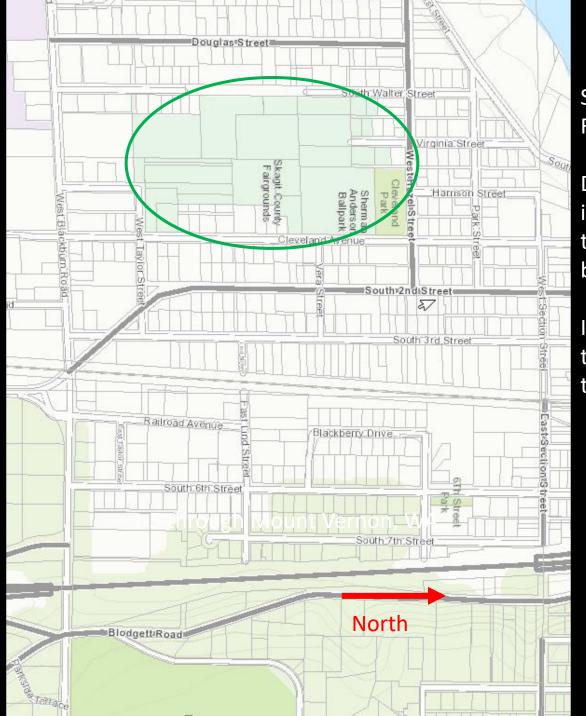


Fall 2020 brings storms – time to move away from tents



Goals in the MOVE:

- Improved protection from wind and storms
- Reasonable access from population center and I-5
- Adequate space for high volume of vehicles avoiding overflow to neighborhood roadways
- Allow for drive through service for testing and eventual transition to drive through vaccination
- Provide protected staff break areas and supply storage



Site moved to Skagit County Fairgrounds in November 2020

Dose 1 vaccination initiated in walk in building in January 2021 while testing continued in drive through barn

In February 2021 drive through testing barn transitioned to drive through vaccination









COVID 19

Testing & Vaccination Updates

KEY RESOURCES – PEOPLE! 200+ VOLUNTEERS



Logistical Successes and Challenges



What worked well

Start each day with an all-staff meeting, especially when using volunteers

End each day with a hotwash

Designate leads for traffic, admin, and overall site safety

Use safety vests, lightwands, safety cones, radios, and PPE

Use incident command board for staff names and positions



Be aware

You will need to jump start vehicles – have a battery jump system and plans to work around stalled vehicles

Seasonal darkness and unpaved or uneven paving can lead to high risk of slips, trips, falls for staff

Logistical Successes and Challenges



What worked well

Use ferry lane system for traffic flow to vaccine barn

Ensure bilingual staff present at each traffic station and in vaccine barn

Use pre-recorded messaging if bilingual staff unavailable

Pre-fill registration clipboards with forms and pens, color coded consents for vaccine type, age group, language



Be aware

Have large plastic bags to cover consent clipboards in adverse weather

Registration stations near site entrance can back up traffic to local roads

Stay flexible and be creative when new flow issues arise you may need to reroute your flow

Logistical Successes and Challenges



What worked well

Separate building designated for staff meals/breaks and supply storage

Separate restrooms for staff only

Portable toilets with handwashing near vehicle parking areas for public

Golf carts on loan from Swinomish for site runners, help with walk in people



Be aware

Site operations benefit from being scalable.

Vaccine interest will wax and wane, plans for different levels of site use are helpful

Safety is number one consideration

Have local law enforcement on your side and ready to assist

Clinical Successes and Challenges



What worked well

Designate one clinical lead who does not need to vaccinate

Have central pre-draw vaccine station with color coded vaccine bins for each presentation

Use pre-printed stickers for syringe labels, consent labels, and vaccine cards

Have approved vaccine storage refrigerator on site



Be aware

Have a plan for oversize vehicles if they will not fit in building or under shelter

Watch for signs of unsafe drivers before they approach vaccine stations – have them park and vaccinate outside or at walk up station or ask to leave

Weather can always be an issue even with the best of drive through settings

Clinical Successes and Challenges



What worked well

Clinical emergency response kits and response plans easily accessible

Keep clients in cars and kids strapped in car seats

Give kids activity kits and vaccinate them efficiently

Have one vaccinator assigned to each station

Have central supply shelves for PPE, etc



Be aware

Pre-screen vaccinators for ability to work safely around moving vehicles

Do not allow pets in client vehicles. Pre-screen for pets in vehicles prior to vaccine stations

Light changes for people driving into the building or under a shelter – can lead to visibility challenges for drivers

Clinical Successes and Challenges



What worked well

Rolling cart for each vaccine station supplied with sharps container, gloves, hand sanitizer, alcohol wipes, bandaids, needles, cotton, bin for completed consents, garbage bin

i.e. everything needed to vaccinate

Cart goes to vehicle with vaccinator



Be aware

Needle sticks occurred when vaccinators were not reading body language and preparing for client movement

Be prepared with a walk-up vaccine station for people who do not drive or who will do best parking and sitting for vaccine — make walkways safe from traffic



Immunization Assessment & Promotion



Vaccination Models Prior to COVID-19

- Vaccine Liaison
- Pack n' Go



Why We Adopted a Curb-side Model

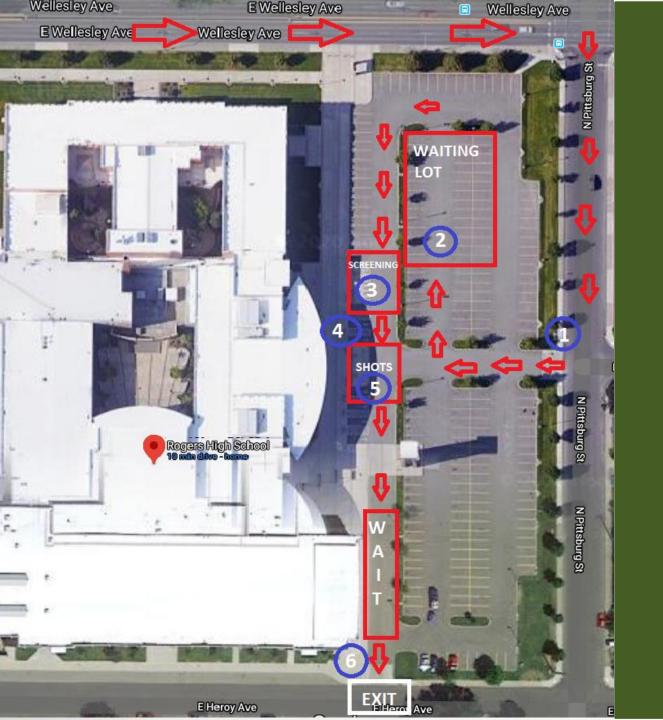
- Vaccination rates down
- Pervasive fear of seeking healthcare
- School district open for in-person instruction
- Easy-access to our historically underserved community
- We had the vaccine available and ready to use
- Part of preparation for mass distribution of a COVID-19 vaccine





Curbside Vaccination





Schematic of
Drive-Up
(Curbside)
Vaccination Clinic



Curb-Side Vaccination Project

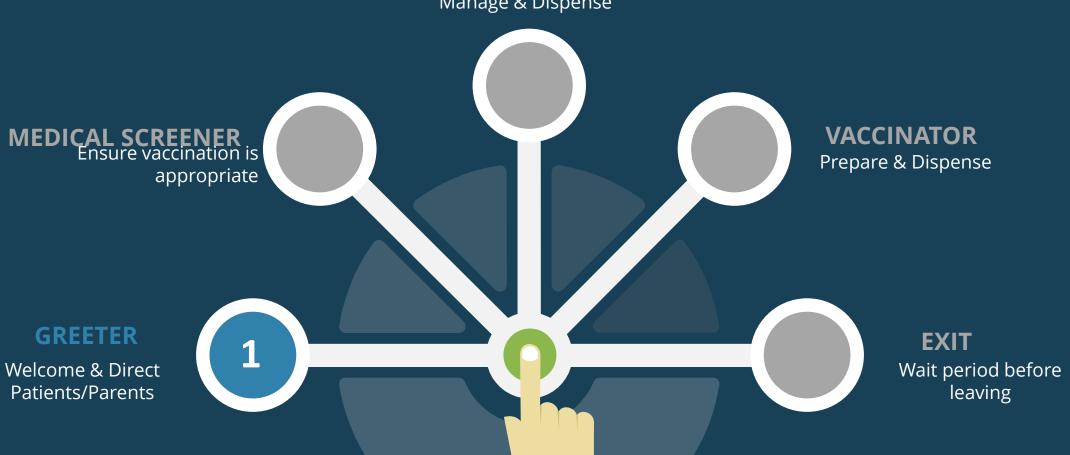
VACCINE MANAGEMENT

Manage & Dispense MEDICAL SCREENER Ensure Vaccination is **VACCINATOR** Prepare & Administer appropriate **GREETER EXIT** Wait Period Before Welcome & Direct Leaving Patients/Parents



VACCINE MANAGEMENT

Manage & Dispense

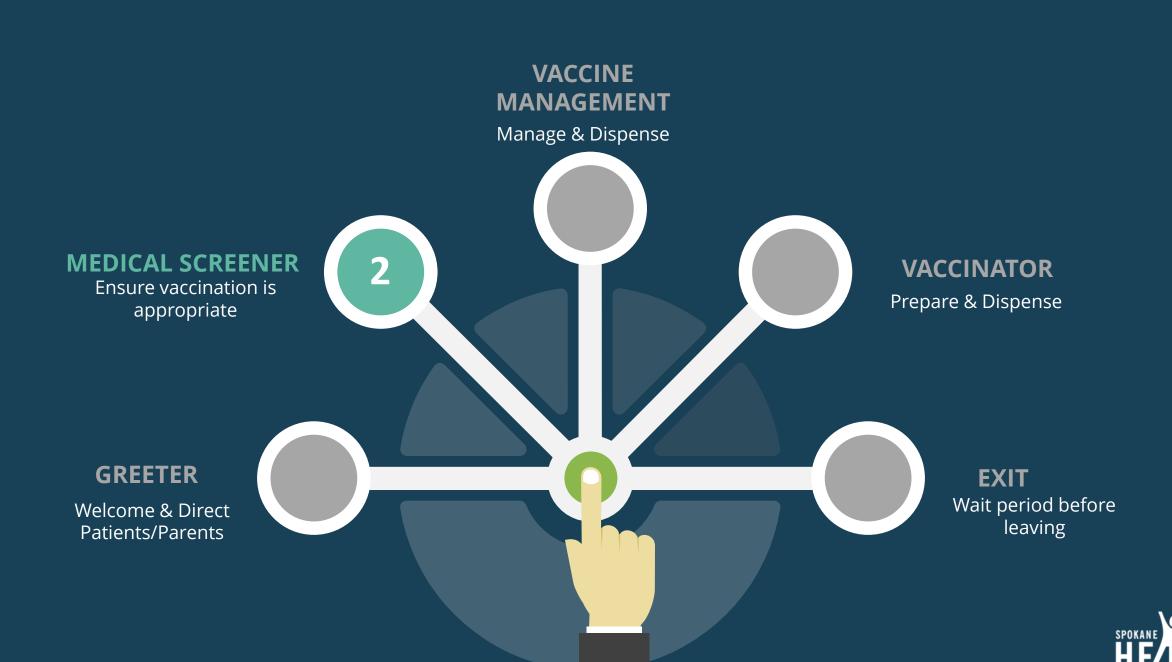


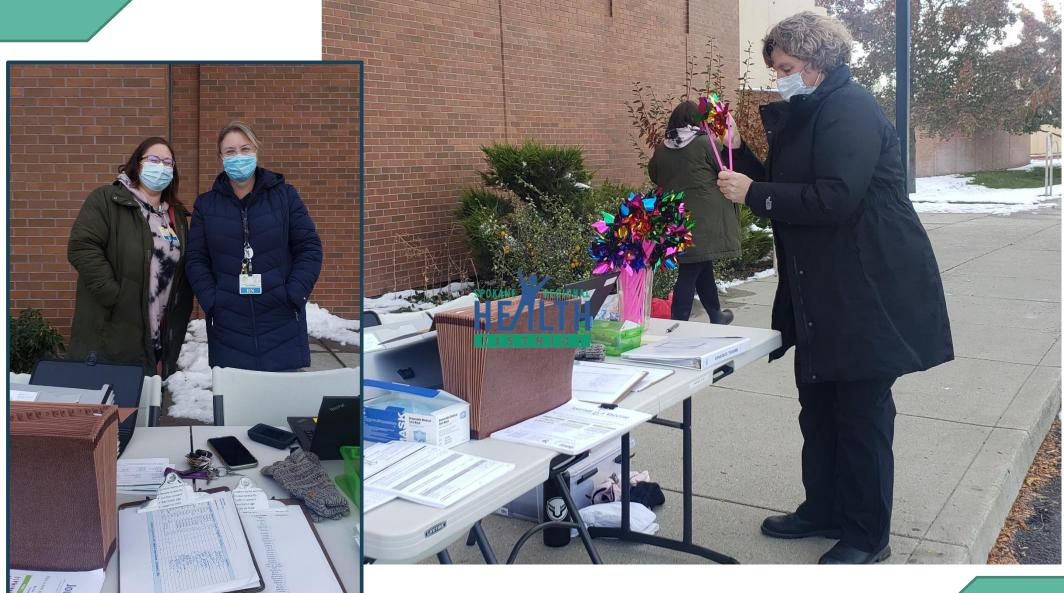




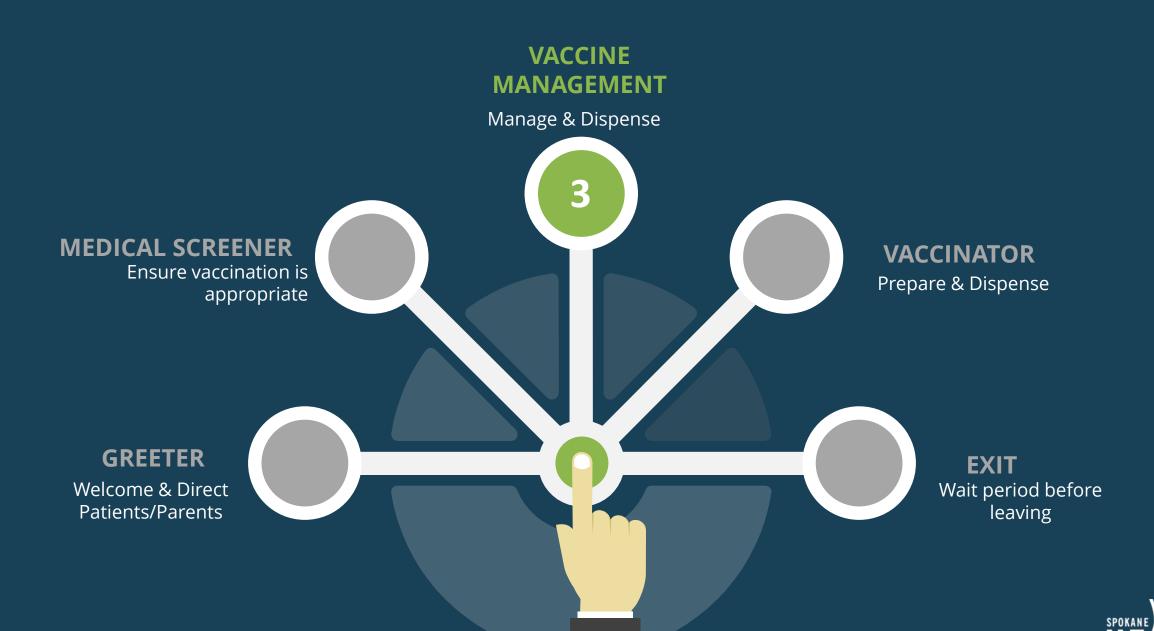
Check-in and grab a mask!







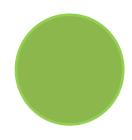




Vaccine Management

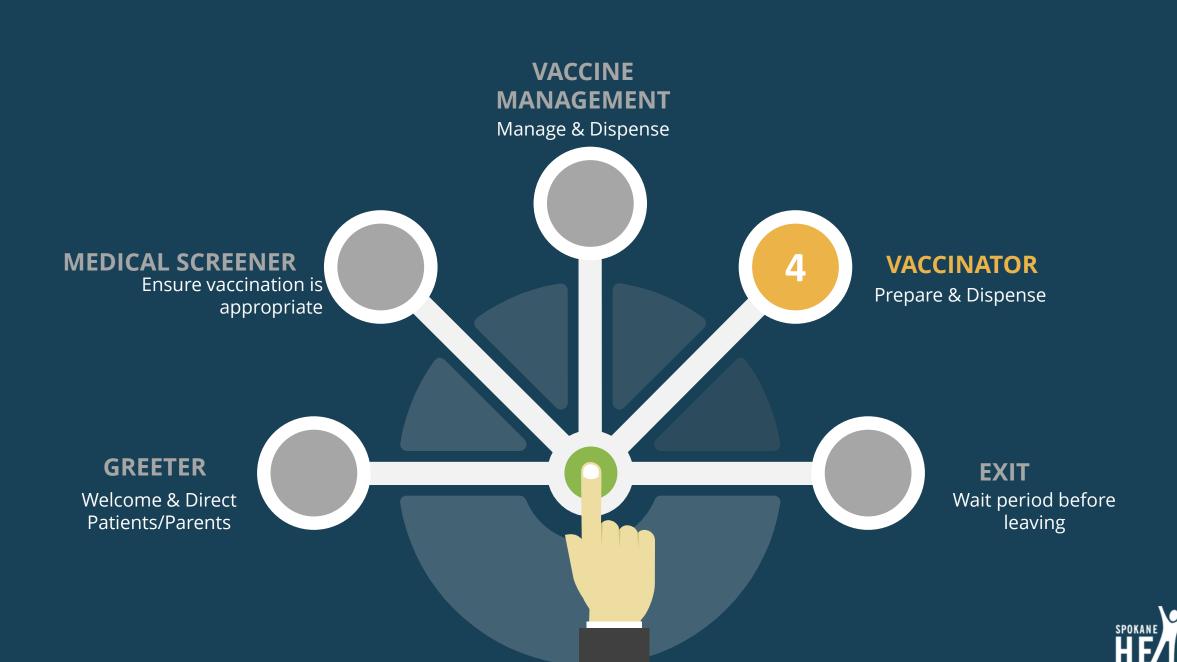










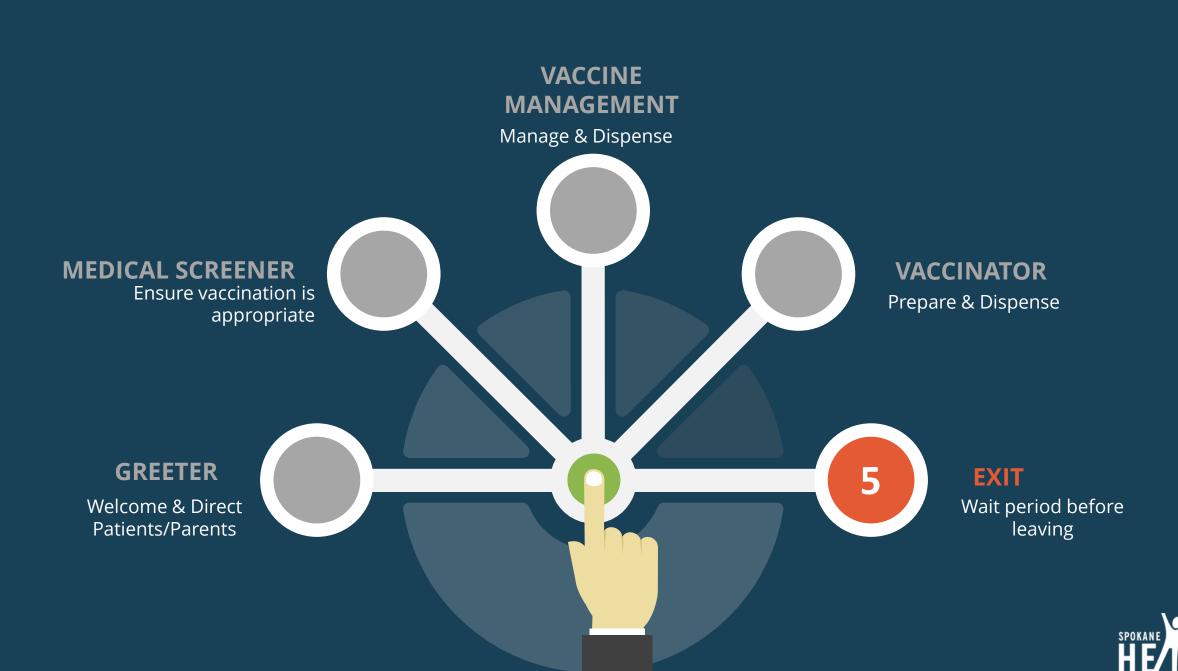




Fanny Pack Contents

Small garbage bag Small sharps container Alcohol prep pads Gauze pads Band-aids Small container of hand sanitizer Pens







Service with a smile! (even if it is behind the mask)



What We Learned...



Be flexible! Inclement weather and hazardous air quality are part of life in the PNW



Conduct After Action Reviews



Schedule appointments



Always pack extra vaccine



Embrace the fanny pack



Wear appropriate PPE



How to Contact us...

IAPSupport@srhd.org 509-324-1611

Kari Lidbeck: klidbeck@srhd.org 509-324-1649

THANK YOU





Serving the Snoqualmie Valley since 1977, Snoqualmie Valley Health serves the communities of Snoqualmie, North Bend, Carnation, Preston, Fall City and the surrounding area, as far east as Snoqualmie Summit.



Snoqualmie Valley Health | Drive-Through Events

- First drive-through was hosted in March, 2021
 - What worked?
 - Grateful patients
 - PD Collaboration
 - Partnership with King County Public Health
 - SOLV Scheduling
 - What could have gone smoother?
 - Unpredictable weather
 - Wait times



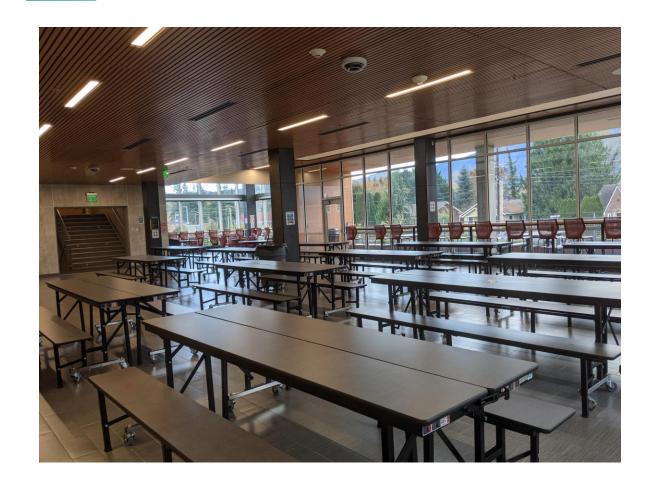
Partnership with Snoqualmie Valley School District | Mass Vaccination Event

- What age group did we target?
 - SVSD Reported 3,670 children between the ages of 5 and 10 years old
- Facility and space
- Ordering doses
 - November 2nd the CDC approved Pfizer's vaccine for ages 5-11
- Eight events, aligning the primary and second dose
- Volunteers
 - Parents
 - SVH providers and MAs, nursing students, Dentists, OB-GYNs, retired practitioners
- Scheduling
 - SOLV scheduling software
 - Electronic consents
- Reporting
- Patient safety
- Patient Education
- Clinical Resources

Finalizing the Details

Flow of the event:

- a) Schedule- online consents
- b) Arrival- plenty of signage
- c) Check-in- confirming the details
- d) Administration
- e) Observation



Checklist

Prefilled needles/ syringes

or

Needles

Syringes

Vaccine vials

Cooler

Cotton balls

Sharps Container

Band-Aids

Alcohol wipes

Sani Wipes

Gloves

Purell

Consent Forms

Fact Sheet

Vaccine cards

Manifest

Aftercare sheets

Pens

Volunteers

Clerical

Clinical

Vaccine success!!

Fully vaccinated 2,615 children

Over 71% of our 5-11 population





Highlights and Challenges

Highlights	Challenges
Flexible team and support	Volunteers - variabilities
Clinical Resources	Extra doses
Supportive Community	Backlogged vaccines
Vaccine Equity	MyIR

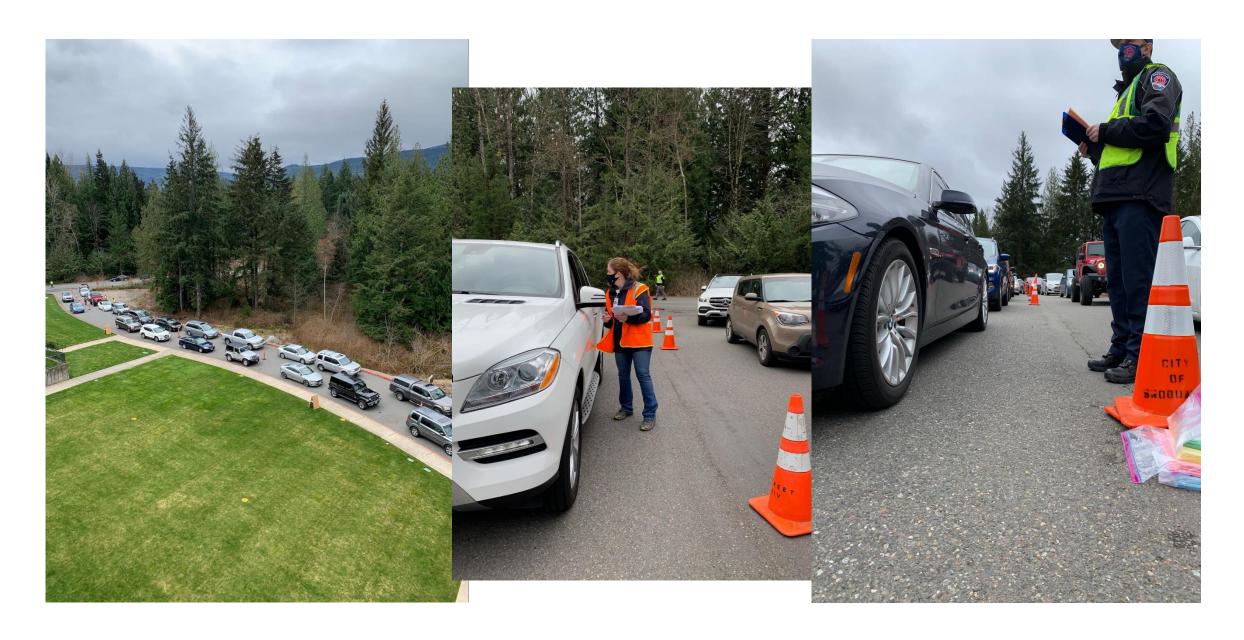
Snoqualmie Valley Health | Drive-Through

- Primary series, immunocompromised, boosters
- Patients with a history of anaphylaxis
- Pediatrics
 - Pop-up Events
- Safety Protocol
 - Labeling vials and syringes
 - Vaccine menu
- Walk-ins vs. appointments
- Verbal consents



COVID-19 VACCINATION VERIFICATION LIST









Highlights and Challenges

Highlights	Challenges
Fun holiday event	No appointments
Weather prepared	One covered drive- through
Vaccinated an additional 367 5 - 11 year old's	Tired public
Controlled environment	Dose/type guideline changes

Over 35,000 vaccinated





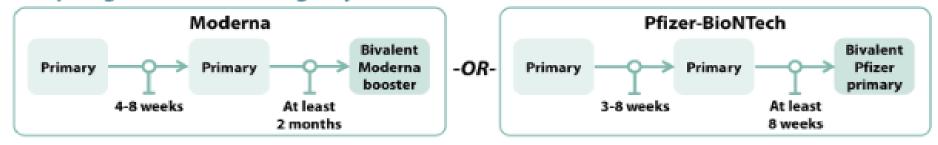




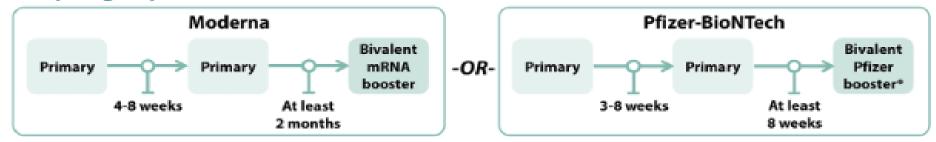
PEDIATRIC BIVALENT Heidi Kelly, MSHS, RN-BC

COVID-19 Vaccination Schedule Infographic for People who are NOT Moderately or Severely Immunocompromised

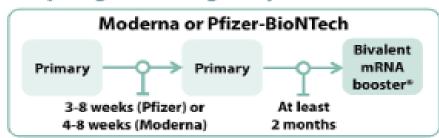
People ages 6 months through 4 years



People age 5 years



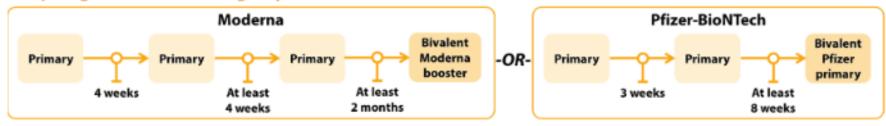
People ages 6 through 11 years



SOURCE: https://www.cdc.gov/vaccines/covid-19/images/COVID19-vaccination-schedule-most-people.png

COVID-19 Vaccination Schedule Infographic for People who ARE Moderately or Severely Immunocompromised

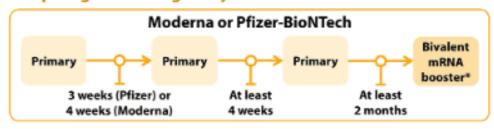
People ages 6 months through 4 years



People age 5 years



People ages 6 through 11 years

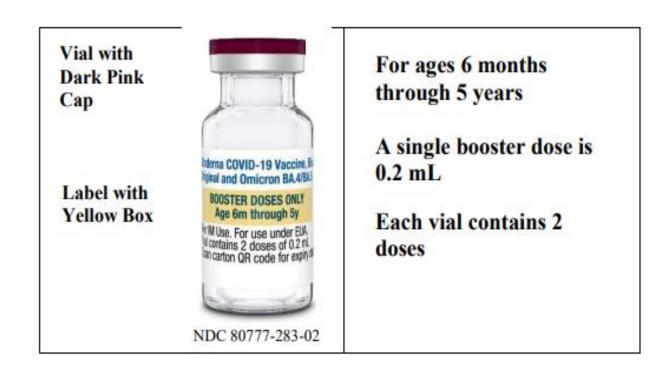


SOURCE: https://www.cdc.gov/vaccines/covid-19/images/COVID19-vaccination-schedule-immunocompromised.png

Points to Consider When Administering to 6mos-4 years

Moderna

- A 2-dose primary series and 1 bivalent Moderna booster dose is recommended.
- The primary series doses are separated by 4–8 weeks
- The bivalent booster dose is administered at least 2 months after completion of the primary series.
- Only the bivalent Moderna booste dose is authorized for children in this age group who complete a Moderna primary series.

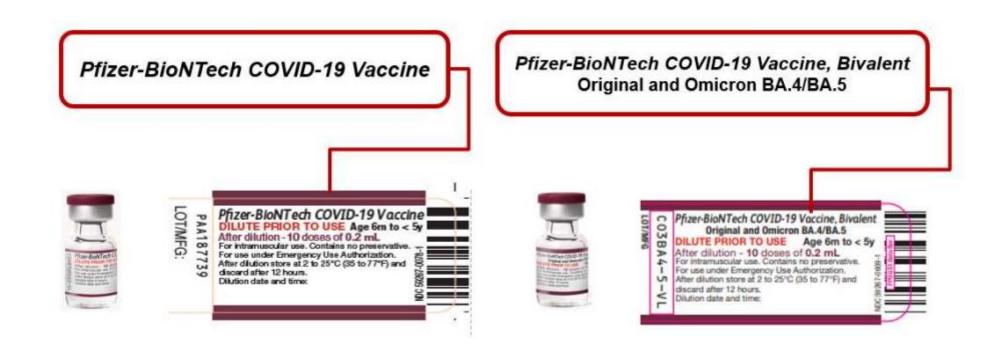


Points to Consider When Administering to 6mos-4 years

Pfizer

- A 3-dose primary series is recommended.
- A monovalent vaccine is administered for the first and second doses, which are separated by 3–8 weeks.
- A bivalent vaccine is administered for the third primary series dose at least 8 weeks after the second monovalent primary series dose
- A booster dose using any COVID-19 vaccine is not authorized for children in this age group who complete a 3-dose Pfizer-BioNTech primary series, regardless of which Pfizer-BioNTech vaccine (i.e., a monovalent or bivalent) was administered for the third primary series dose.

Labeling of Pfizer Baby Bivalent



Points to Consider When Administering to 5y/o

Moderna

- A 2-dose primary series and 1 bivalent mRNA booster dose (<u>Moderna or Pfizer-BioNTech</u>) is recommended.
- The primary series doses are separated by 4–8 weeks
- Bivalent booster dose is administered at least 2 months after completion of the primary series.

Points to Consider When Administering to 5y/o

Pfizer

A 2-dose primary series and 1 bivalent Pfizer-BioNTech booster dose is recommended.

The primary series doses are separated by 3–8 weeks

The bivalent booster dose is administered at least 2 months after completion of the primary series (for people who have not received any booster doses), or at least 2 months after the last monovalent booster dose.

Only the bivalent Pfizer-BioNTech booster dose is authorized for children age 5 years who complete a Pfizer-BioNTech primary series.

Knowledge Check

A 3y/o child is brought in by her mother to get the Bivalent Booster dose. Mom reports child received 3 doses of Pfizer monovalent vaccine, the last dose was October 2nd. What would be the best course of care for this child?

- A. Since is has been at least 2 months the child is eligible for a Bivalent Booster dose.
- B. Explain to the mother that the child is not eligible for a Bivalent dose at this time.
- C. Discuss the need for the child to restart their primary series since they cannot currently receive the Bivalent dose.

Knowledge Check One

Answer: B Explain to the mother that the child is not eligible for a Bivalent dose at this time.

Children ages 6 months-4 years: A 3-dose primary series is recommended. A monovalent vaccine is administered for the first and second doses, which are separated by 3-8 weeks. A bivalent vaccine is administered for the third primary series dose at least 8 weeks after the second monovalent primary series dose (children who previously received a 3-dose monovalent primary series are not authorized to repeat the third primary series dose using the bivalent Pfizer-BioNTech vaccine). Currently, a booster dose using any COVID-19 vaccine is not authorized for children in this age group who complete a 3-dose Pfizer-BioNTech primary series, regardless of which Pfizer-BioNTech vaccine (i.e., a monovalent or bivalent) was administered for the third primary series dose.

SOURCE: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#covid-vaccines

Obtaining Nursing Continuing Education Contact Hours

- Continuing education (CE) contact hours are available for nurses and pharmacists/pharmacy techs
 - There is no cost for CEs
- Expiration date is 03/19/23
- Successful completion of this continuing education activity includes the following:
 - Attending the entire live webinar or watching the webinar recording
 - Completing the evaluation available after the webinar or webinar recording
- •Please note: CE certificates are NOT generated after evaluation completion—CE certificates will be sent by DOH via email within a few weeks after evaluation completion
- •If you have any questions about CE credit, contact Trang Kuss at trang.kuss@doh.wa.gov

Questions?



For persons with disabilities, this document is available in other formats. Please call 711 Washington Relay Service or email civil.rights@doh.wa.gov.