

COVID-19 Community Vaccination Event

*A planning workbook for community-based organizations
and faith-based organizations*

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Public Health
Seattle & King County



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From the Center for Independence and the Partnership for Inclusive Disaster Strategies:
Checklist to Ensure that Vaccine Sites are Accessible to People with Disabilities

Introduction

What is a Community Vaccination Event?

Across the country, the COVID-19 pandemic is having devastating effects. Here in King County, we have felt the pain and loss in our own community. We've supported families who have been affected and mourned those we have lost.

While the pandemic has kept us apart, there is new hope. COVID-19 vaccines are here, and all vaccines currently available in the United States are very effective at preventing disease in adults. Public Health – Seattle & King County's goal is to equitably, quickly, and efficiently vaccinate as many King County residents as possible to help stop this virus.

Community Vaccination Events play an important part in [King County's COVID-19 vaccine delivery strategy](#) and are critical to expanding vaccine access to prioritized and underserved populations. Community Vaccination Events are hosted at easily accessible and familiar locations by a mixture of partners, such as healthcare providers, community-based organizations, faith-based organizations, large employers, and businesses, to [provide COVID-19 vaccine in a way that best meets the needs of the community](#). Many communities experience barriers to accessing vaccine at primary care providers or high-volume vaccination sites, and Community Vaccination Events leverage partners' expertise, relationships, and resources to provide vaccine to those populations who need it the most.

About this workbook

This workbook will assist your organization with planning a Community Vaccination Event at a large, indoor space where people can walk up and get vaccinated. Planning tasks for opening and operating a Community Vaccination Event are explained, and links to external resources are included to help you prepare to provide COVID-19 vaccine to your community. Because guidance and best practices for COVID-19 vaccine administration are updated frequently, it is important to review all external resources [linked in this document](#).

Your planning process for opening and operating a Community Vaccination Event should include:

- Forming a planning group
- Determining who you will vaccinate
- Developing a staffing chart
- Identifying an accessible event site
- Keeping staff and patients safe
- Organizing event operations
- Preparing for your next event

If your organization wishes to operate a drive-through event, consider how your planning might need to shift from what is presented in this workbook. You are also encouraged to contact Public Health – Seattle & King County (Public Health) for additional guidance. Drive-through events are typically only recommended for high-volume sites that operate every day and serve the broader public.

Public Health is available to answer any questions you may have as go through the process of planning for a Community Vaccination Event: communityvaccinationevents@kingcounty.gov

Step 1: Form a planning group

Collaborative planning

Planning your Community Vaccination Event will likely involve bringing together multiple partners with different skill sets and resources. For example, your organization may work with or represent a population that is eligible to be vaccinated, but you may not have a large enough space that can host a vaccination event. Or, it may be that your organization needs a few extra people to work at your vaccination event and is looking for staff who speak the primary language of your population.

It takes everyone to help stop this virus, and you are encouraged to reach out to other partners, such as healthcare providers and other community-based organizations and faith-based organizations, that share an interest in hosting a vaccination event. Large employers and private businesses may also be interested in helping your organization plan a Community Vaccination Event. Public Health can connect your organization to partners to help you plan your vaccination event, including healthcare providers that are approved to receive and administer COVID-19 vaccine. [Contact Public Health](#) if you need help identifying partners or an approved COVID-19 vaccine provider.

Table 1 on the next page includes suggested roles for planning group members. Consider how each member will represent your community's needs when planning your vaccination event. In addition to the member roles in *Table 1*, you may identify other member roles depending on your event and the needs of your [patient population](#).

Table 1: Planning Group Member Roles

List your planning group members by roles and responsibilities.

Community messaging and education

This partner is responsible for informing, educating, and mobilizing patients to be vaccinated. They will help increase patient confidence and interest in getting vaccinated. They will also help register and direct patients to the vaccination event. More information on community messaging and education can be found in [Step 2 of this workbook](#).

Organization(s): _____

Planning member name(s): _____

Contact Information: _____

Facility management

This partner is responsible for identifying and transforming an existing building or space into a site that can host a Community Vaccination Event. They should be knowledgeable about the patient population to ensure inclusive and community-centered planning. More information on identifying an accessible event site and designing a floor plan can be found in [Step 4 of this workbook](#).

Organization(s): _____

Planning member name(s): _____

Contact Information: _____

Non-medical staffing

This partner is responsible for recruiting, organizing, and training non-medical staff to work at the Community Vaccination Event. More information on staffing can be found in [Step 3 of this workbook](#).

Organization(s): _____

Planning member name(s): _____

Contact Information: _____

Non-medical supplies

This partner is responsible for obtaining all non-medical supplies needed for the event. A list of recommended supplies is [attached to this workbook](#).

Organization(s): _____

Planning member name(s): _____

Contact Information: _____

Medical staffing

This partner is responsible for recruiting, organizing, and training medical staff to work at the Community Vaccination Event. More information on staffing can be found in [Step 3 of this workbook](#).

Organization(s): _____

Planning member name(s): _____

Contact Information: _____

Vaccine and other medical supplies

This partner is responsible for obtaining all medical supplies needed for the event, including COVID-19 vaccine. The Washington State Department of Health (DOH) [enrolls and approves](#) all COVID-19 vaccine providers. If you need help identifying a COVID-19 vaccine provider to join your planning group, [contact Public Health](#).

Organization(s): _____

Planning member name(s): _____

Contact Information: _____

Step 2: Determine who you will vaccinate

Eligible populations

The Washington State Department of Health (DOH) determines the [distribution of COVID-19 vaccine](#) for our state. Due to an initial limited supply of vaccine, there is unfortunately not enough right now to offer it to everyone. More populations and groups should be eligible as more vaccine is available in the coming weeks. People who are not documented United States citizens but live or work in Washington can get vaccinated if they are eligible, and they do not need a social security or proof of citizenship to get the vaccine.

It may be that some people in your community are eligible to be vaccinated now. [DOH keeps a list of vaccine locations](#) updated online, and most COVID-19 vaccine providers require an appointment to get vaccinated. If you know someone who needs help making an appointment, needs language interpretation, or is blind or low vision, phone assistance is available:

- **Washington State’s COVID-19 Assistance Hotline: 1-800-525-0127.** Hotline hours are 6AM – 10PM Monday, and 6AM – 6PM Tuesday through Saturday.
- **Public Health’s COVID-19 Call Center: 206-477-3977.** Call center hours are 8AM – 7PM.
- **Blind COVID-19 Access line: 306-947-3330.** Access line hours are normal business hours, and voicemail after hours.

Your patient population

Now is the time to start planning for a vaccination event as more vaccine supply should be available soon. Your **patient population** is the total number of people (“patients”) you will provide COVID-19 vaccine to at your vaccination event. In addition to people who are newly eligible to be vaccinated, your patient population should also include previously eligible people in your community who have not been vaccinated at other locations due to limited supply, inequitable access, or initial vaccine hesitancy.

Many people in your patient population will have questions about the new COVID-19 vaccines, and you play an important role in helping them understand the importance of getting vaccinated. [Toolkits for community-based organizations](#) are available to help you educate your patients about COVID-19 vaccines, raise awareness about the benefits of vaccination, and address common questions and concerns. There are also [communication strategies and tips](#) for engaging in effective COVID-19 vaccine conversations.

If you need extra support communicating with your patients, [Public Health’s Speaker’s Bureau](#) can provide free, culturally relevant COVID-19 vaccine presentations in various languages. Public Health also has [flyers](#) and [frequently asked questions](#) about COVID-19 vaccine in various languages.

Determining who wants to be included in your patient population is a critical step in the planning process. The total number of patients you serve at your vaccination event impacts other aspects of your plan, including the size, location, and layout of your site, the number of staff you will need to work at your event, and the amount of time you will need to vaccinate all of your patients. Later in your planning, an approved COVID-19 vaccine provider will work to [secure vaccine](#) for the number of people in your patient population.

Use *Table 2* below to decide how many people will be in your patient population. Though the only requirement is that all patients be eligible to get vaccinated according to the state's current vaccination phase, your patient population should pay special attention to including:

- People with inequitable access to vaccine
- People who have not been able to make vaccine appointments at other locations because they speak a language other than English and/or cannot access online appointment systems
- People who have limited mobility
- People who do not have primary care providers

Table 2: Patient Population

Define the patient population for your Community Vaccination Event.

Number of people in your patient population: _____

Step 3: Develop a staffing chart

Recommended event stations

Public Health recommends staffing five separate stations at your Community Vaccination Event:

1. **Welcome Station**

Patients arrive and are greeted by staff who will confirm their appointments, screen them for any COVID-19 symptoms or recent exposure to someone with laboratory-confirmed COVID-19, and help them complete any required demographic forms.

Non-medical staffing: Greeters, Flow Monitors

Medical staffing: N/A

2. **Clinical Screening Station**

Patients are asked questions about their medical histories to make sure it is appropriate and safe for them to get vaccinated. Patients are also given educational materials about the vaccine and can ask questions.

Non-medical staffing: Flow Monitors

Medical staffing: Clinical Screeners

3. **Vaccination Station**

Patients are provided COVID-19 vaccine. The date of vaccination and other information are recorded on patients' COVID-19 Vaccination Record Cards.

Non-medical staffing: Vaccinator Supports

Medical staffing: Vaccinators, Vaccine Storage and Handling Lead

4. **Post-Vaccination Monitoring Station**

Patients are monitored for 15 to 30 minutes for any adverse reactions to the COVID-19 vaccine. While they wait, patients can be scheduled for a second COVID-19 vaccine appointment, and information on their record cards is entered into the [Washington State Immunization Information System \(WAIS\)](#).

Non-medical staffing: Scheduling Supports, WAIS Data Entry Clerks

Medical staffing: Post-Vaccination Monitors

5. **Patient Checkout Station**

Patients' second COVID-19 vaccine appointments are confirmed before they exit the site. Additional educational materials may also be given to patients as they exit.

Non-medical staffing: Flow Monitors, Scheduling Supports

Medical staffing: N/A

[Sample position descriptions](#) are attached to this workbook. Whenever possible, using bilingual and bicultural individuals to staff your Community Vaccination Event will help avoid patient access issues. You should also review and make changes to position descriptions so that they align with your stations, and consider removing, combining, or adding positions. For example, descriptions for a Medical Doctor (On-Call) position and a Safety Officer position are attached to this workbook, but these positions may

not be necessary depending on the size of your event and the qualifications of your existing staff.

Determining staffing needs

The number of staff needed to support your vaccination event depends on several factors, including the hours of your event, your floor plans, and the number of people in your patient population. Here are some best practices to keep in mind when determining how many staff you will need:

- **Plan on providing all COVID-19 vaccine doses in one day.** Current COVID-19 vaccines can only be kept at room temperature for a short amount of time before they must be used or discarded. To minimize or eliminate waste of COVID-19 vaccine, plan on vaccinating your entire patient population in one day.
- **Most patients will spend 30 minutes or less at your event.** This includes the total time it takes to go through each station. Patients will spend most of their time at the Clinical Screening and the Post-Vaccination Monitoring Stations. Your patients will usually spend the least amount of time at your Vaccination Station.
- **Plan on a 1:1 ratio of Vaccinators to Clinical Screeners, Vaccinator Supports, WAIS Data Entry Clerks, and Post-Vaccination Monitors.** The number of Greeters and Flow monitors you will need is mostly dependent on your site layout. For example, if there is a long hallway between your Clinical Screening Station and Vaccination Station, you may want to assign more staff to these positions to keep patient lines orderly and reduce confusion.
- **You may also need to add supervisor and lead positions for larger vaccination events.** Supervisor and Lead positions can help with making sure your event runs smoothly, including managing multiple staff, covering for staff when they need to go on breaks, and working with patients who might need extra help. Consider using a reporting structure and staffing chart like *Figure 1* on the next page.

Figure 1: Community Vaccination Event Staffing Chart

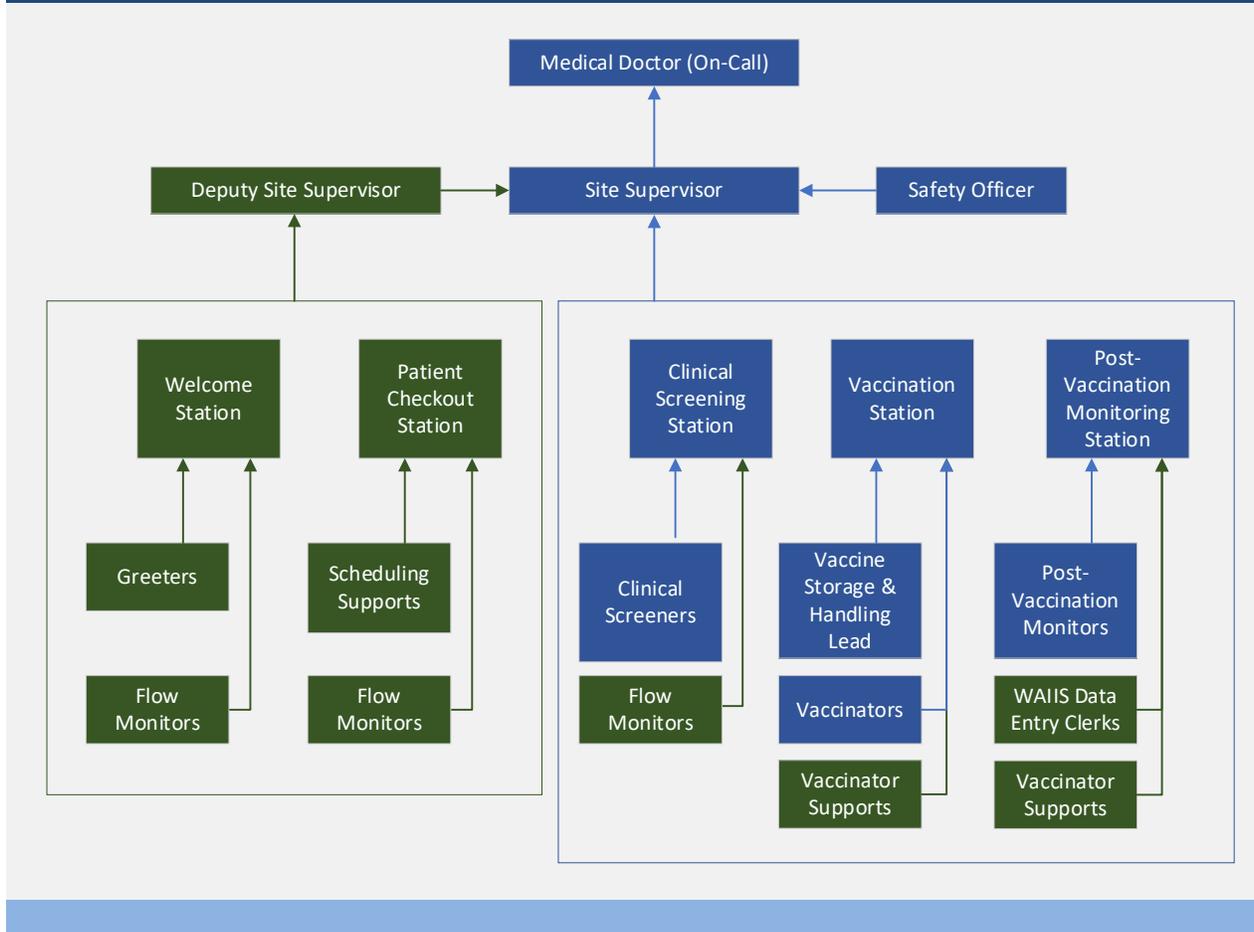


Figure 2 on the next page includes suggested staffing totals if you are planning an event that serves 200 patients over six hours. Adjust your staffing totals to meet the needs of your site layout, patient population, and operating hours.

If you need help identifying partners who can help staff these positions, [contact Public Health](#).

Figure 2: Sample Community Vaccination Event Staffing Totals

Station	Position	Staff needs based on seeing 200 patients in six hours
Management (Floating)	Medical Doctor (On-Call)	1
	Site Supervisor	1
	Deputy Site Supervisor	1
	Safety Officer	1
Welcome	Greeter and Flow Monitor Lead	1
	Greeter	3
	Flow Monitor	1
Clinical Screening	Clinical Screener Lead	1
	Clinical Screener	4
	Flow Monitor	1
Vaccination	Vaccination Lead	1
	Vaccinator	4
	Vaccinator Support	4
	Vaccine Storage & Handling Lead	1
Post-Vaccination Monitoring	Post-Vaccination Monitoring Lead	1
	Post-Vaccination Monitor	3
	Scheduling Support	3
	Washington State Immunization Information System (WAIS) Lead	1
	WAIS Data Entry Clerk	4
Patient Checkout	Flow Monitor	1
	Scheduling Support	1

Try to stick to your staffing plan as much as possible the day of your vaccination event but remember some staff may not show up for their shift due to illness or personal matters. Make sure you verify the [medical qualifications](#) and [trainings](#) of any staff you may need to shift into different positions.

Step 4: Identify an accessible event site

Access and functional needs

Your Community Vaccination Event must be able to serve everyone in your patient population. This includes planning for patients who have **access and functional needs** and may require providing patients with additional accommodations to help them register for appointments, getting to and from your event, and understanding what they need to do at each station at your event. Examples of how you could make accommodations to serve patients with access and functional needs at your vaccination event include providing vaccine fact sheets in multiple languages ([Pfizer](#), [Moderna](#), [Johnson & Johnson](#)), using [tools](#) to communicate with patients who have low literacy rates, ensuring interpretation services are available at your event for people with limited English proficiency, and modifying the layout of your site to meet [American Disability Accessibility \(ADA\) Guidelines](#).

A checklist from the *Center for Independence* and the *Partnership for Inclusive Disaster Strategies* is included at the end of this workbook to help you plan a vaccination event that is accessible to people with disabilities. If you aren't sure how to best address your patients' access and functional needs or where to find a resource, [contact Public Health](#).

Site considerations

In addition to providing access to people with disabilities, here are some other best practices to keep in mind when you are choosing a building or space to host your Community Vaccination Event:

- **Easy to access and familiar:** Host your vaccination event at a site that is familiar to your patient population and easy for them to get to. Consider your site's proximity to nearby bus routes and the availability of free parking. Hosting a vaccination event at a location that is seen as a safe space for community to gather will help patients feel comfortable getting vaccinated.
- **Restrooms:** Your event should have restrooms available for staff and patients. You should also consider how you will [sanitize and keep restrooms clean](#) throughout the day.
- **Parking:** You will need at least some parking space for staff and patients. Determine how many parking spots you may need based on your total patient population.
- **Controlled room temperature:** Heating and air conditioning are recommended to maintain a controlled room temperature. Avoid choosing an outdoor space for your event because of the potential for rain and other inclement weather. However, some partners may be able to provide tents, portable heaters, and other equipment that could make using an outdoor space feasible.
- **Adequate ventilation:** Use as many [ventilation interventions](#) as possible to reduce the risk of exposure to the virus and reduce the spread of disease.
- **Internet connectivity:** Data entry into the [WA Immunization Information System \(WAIS\)](#) requires an internet connection. Your vaccination event may also choose to use an electronic appointment system, which will also require an internet connection. Public Health and other partners may be able to provide support with mobile hotspots or other temporary internet solutions if your potential site does not have this capability.

After you have considered all potential buildings and spaces, use *Table 3* on the next page to list your vaccination event site.

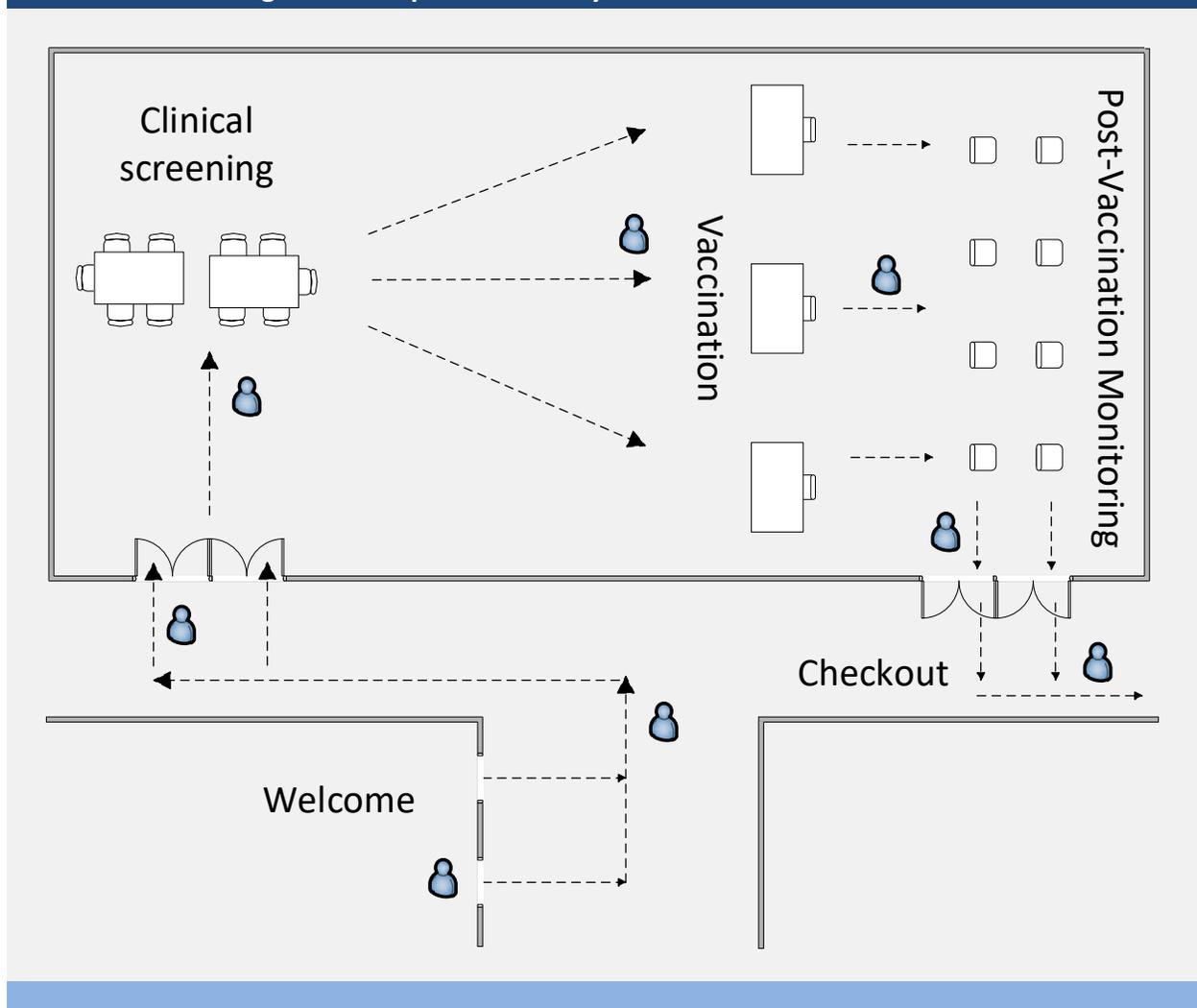
Designing your floor plan

Proper design and layout of your site will help you provide COVID-19 vaccine to your patients in a safe and efficient manner. Here are some suggestions to consider that can help patients navigate your site:

- **Use clear signage.** Even if patients have been to your space before, now that it is hosting a vaccination event, they will likely need help on where to enter and exit the facility and how they should move from station to station. Greeters can help direct patients, but signs should be used, too. The Washington State Department of Health (DOH) has [generic signs](#) that can be copied and posted around your site, or you can handwrite your own. Make sure to create signage in whatever languages are most relevant to your population. Use of icons and graphics can help improve readability for all.
- **Reduce the use of narrow hallways.** Hallways provide a wall for patients to stand and form a line against, but if the hallway is not wide enough to allow for two-way traffic, patients may not be able to easily enter and/or exit your site. Narrow hallways may also not meet ADA standards.
- **Have a one-way flow of patients.** If possible, set up your site so that there is a one-way flow of patient as they move from station to station. This will increase the accessibility and reduce risk of improper physical distancing.
- **Provide chairs and tables.** Patients will need a place to sit for 15 to 30 minutes at the Post-Vaccination Monitoring Station. They may need places to sit at other stations, including while they answer screening questions and when they get vaccinated. Tables are needed at all stations for staff to place supplies on and complete their work.
- **Keep families together.** Expect some patients to bring their children with them. Always encourage patients to keep their children with them. Your event can help by grouping extra chairs at the Clinical Screening, Vaccination, and Post-Vaccination Monitoring Stations. A play area for children is not recommended due to current physical distancing requirements.
- **Stay six feet apart.** Physical distancing is required at Community Vaccination Events. Although staff and patients [should be screened](#) for COVID-19 symptoms before entering your site, everyone should keep their distance as much as possible to prevent any spread of disease by asymptomatic carriers.

Figure 3 on the next page is a sample Community Vaccination Event floor plan using the stations recommended in [Step 3](#) of this workbook. More detailed guidance and recommended protocols for each station can be found in [Step 6](#).

Figure 3: Sample Community Vaccination Event Floor Plan



Here are some final considerations for planning the layout of your site:

- **Include an area for staff to arrive and take breaks.** Staff will need to check in and receive instructions and training before your event starts. Staff may also need a location to put personal belongings, a refrigerator to store food and snacks, and a space to take short breaks.
- **Measure your space.** Take measurements of your space to make sure you will have enough room for tables and chairs while keeping your patients at least six feet apart as they move through the stations.
- **Draw it out.** Sketching your final floor plan and sharing it with staff will help them visualize and orient to your operations. Documenting ahead of time smaller decisions, such as where signage will be placed or where flow monitors will be stationed, will also save you time when setting up your event.

Step 5: Keep staff and patients safe

Ensuring the safety of your staff and patient population is an important part of your Community Vaccination Event planning. Here are some planning considerations for developing your safety protocols:

- **Securing unused entrances and exits:** Non-emergency doors and exits that are not being used as a part of your site layout and floor plan should be locked. [Signs](#) directing patients to the appropriate entrances and exits should be placed around your site.
- **Storing vaccine vials and doses:** [Approved COVID-19 vaccine providers](#) are responsible for safely and securely storing and handling vaccine vials and doses. Providers are encouraged to staff a [Vaccine Storage and Handling Lead](#) to monitor vaccine product.
- **Protecting patient information:** Patient name, date of birth, address, and medical history is confidential information that must be protected and treated carefully. COVID-19 vaccine providers should have plans to store or destroy any collected forms with [Protected Health Information \(PHI\)](#).
- **Emergencies:** Identify a place where staff should evacuate to in case there is an emergency at your event. Staff should also be prepared to help guide patients out of your building or space.

Infection control

Preventing the further spread of COVID-19 is a shared responsibility. Your event should promote staff and patient safety by following [good infection control practices](#) and creating an environment of safety:

- **Symptom screening:** Only staff and patients without symptoms of COVID-19 and who have not been recently exposed to someone with laboratory-confirmed COVID-19 should be at your event. A list of symptom screening questions is [attached to this workbook](#).
- **Personal Protective Equipment (PPE):** Staff should wear appropriate PPE while working at your vaccination event:
 - Staff should wear masks that [fit well](#). Masks that become soiled or wet during the day should be changed.
 - Patients should also wear masks while at your event. Patients should be given disposable surgical or procedure masks if they do not already have masks.
 - Eye protection such as face shields or goggles are recommended for all staff who have patient encounters closer than six feet. These do not need to be changed between patients unless they are soiled.
 - Gloves are generally not recommended for staff or patients.
- **Hand hygiene:** Staff should regularly use alcohol-based hand sanitizer while they work. Hand sanitizer should also be available at stations for patients. Staff should wash their hands with soap and water whenever they are visibly dirty, before eating, and after using the restroom.
- **Surface disinfection:** Surfaces that are frequently touched should be routinely cleaned by following [CDC guidelines](#) and using [disinfectants for COVID-19](#).

Because COVID-19 is highly transmissible and can be spread by people who do not know they have the disease, staff may be exposed to people with COVID-19 outside of your vaccination event. If a staff member later tests positive for COVID-19 and Public Health determines that they were infectious when they worked at your event, they will be encouraged to share this information. Using a staff sign in sheet can be helpful if Public Health needs to conduct case investigations and contact tracing.

Use *Table 4* below to list how you plan to address the following staff and patient safety concerns. You should work with the people who are normally responsible for the safety of your building or space and are familiar with infection control. If you need more guidance, [contact Public Health](#).

Table 4: Safety and Security Planning Considerations

Issue	Planning Considerations
Access to facility (entrances/exits, signage, how to identify staff)	
Securing vaccine	
Protected Health Information (PHI)	
Emergencies	
Infection control	

Step 6: Organize event operations

All partners involved in planning a Community Vaccination Event should be familiar with evidence-based immunization strategies and best practices. Below you will find recommended actions to take leading up to your event and a recommended workflow. This should not be considered a comprehensive source of information for COVID-19 vaccination administration, storage and handling, reporting, and patient education for each vaccine product. COVID-19 vaccine providers should always check [CDC resources](#) for the most [updated training and reference materials](#). Resources linked throughout the guidance may change frequently.

You can modify the recommended workflow to best meet the needs of your patient population, but there are some important safety precautions that must always be followed. COVID-19 vaccine providers must also always follow Washington State Department of Health (DOH) directions and instructions per the conditions of their [COVID-19 Vaccination Program Provider Agreements](#). As you plan your Community Vaccination Event, COVID-19 vaccine providers are also encouraged to use the DOH [toolkit and resources for enrolled providers](#) and to [contact Public Health](#) with any questions.

Securing vaccine

Public Health acknowledges how frustrating it is that there is not enough vaccine available in our state and across the nation. Vaccine access will improve as more doses are manufactured and distributed to states and as approved COVID-19 vaccine providers in King County receive more doses.

Because of limited supply, COVID-19 vaccine providers are not receiving all the vaccine doses they are requesting from the Washington State Department of Health (DOH). Some providers are unfortunately not receiving any vaccine at all. It may take time for a provider to secure enough vaccine for your event, especially if your organization has a preference for which COVID-19 vaccine product ([Pfizer](#), [Moderna](#), [Johnson & Johnson](#)) will be provided to your patients. Public Health will continue to advocate that vaccine be allocated to all providers that are [working to ensure equitable access to vaccine](#) through Community Vaccination Events.

Scheduling appointments

Begin scheduling your patients' appointments once your event's COVID-19 vaccine provider has confirmed it has secured vaccine for your patient population. Take community input into account when determining the exact date and time of your vaccination event, and schedule your event on a day that best meets the needs of your community, such as a weekend or in the evening so that patients can come after work.

Your event hours and how many people are in your [patient population](#) will determine how frequently you need to schedule patient appointments. For example, if you plan to provide COVID-19 vaccine to 200 patients over six hours, you will need to schedule a little more than 30 patient appointments every hour, or about five or six appointments every 10 minutes. Consider scheduling fewer appointments at the beginning of your event and more appointments toward the end of your event. You may find it takes a little longer to serve the first few patients as staff get used to their roles and the flow of operations, and scheduling fewer appointments at the beginning of the day will reduce the potential for long patient lines.

Your patient population will help inform what method or system you use to register patients for appointments. For example, your patients might be most easily registered by going door-to-door and

documenting appointment times on printed forms. Or, you may call your patients and help them make appointments using an electronic appointment system. Make sure to proactively reach out to patients who need extra assistance getting scheduled, including those who may not have internet access, need interpretation, or those who may need extra time to have their questions answered before deciding to schedule an appointment.

Electronic appointment systems can be helpful for capturing your patients' demographics and the [required data elements for reporting COVID-19 vaccinations](#), reducing the time needed to complete this data entry at your event. COVID-19 vaccine providers are responsible for reporting data within 24 hours of vaccine administration to the Washington State Department of Health (DOH). Most COVID-19 vaccine providers will prefer to use a version of their normal electronic appointment system because of this requirement, but your event could also adapt free versions of online services like [SignUpGenius](#) and [Eventbrite](#) to register patients. You may also find it easier to use a paper-based system. With whatever appointment system you use, it is important to keep [Protected Health Information \(PHI\)](#) secure.

It is important for patients to know that some COVID-19 vaccines require two doses to be the most effective in preventing disease in adults. If your event is providing Pfizer vaccine, first and second dose appointments should be set as close to [21 days](#) apart as possible, and for Moderna vaccine, it is [28 days](#) apart. When registering patients for their first appointments, let them know the date of the second vaccination event so they can make plans to attend. The Johnson & Johnson vaccine is currently recommended for just a [single dose](#).

When scheduling appointments, patients should also understand:

- How soon they should arrive at the event before their appointments
- What to expect when they arrive
- What to bring with them to their appointments
- Where to park or other [transportation options](#) for getting to the vaccination event

Opening your vaccination event

Three to five days before your event, communicate to your vaccination event staff:

- The location of your event
- When and where they should check in
- Their position assignment and shift hours
- What to wear
- What to bring
- Safety precautions
- Training materials to review
- Point of contact for any questions

How soon staff should arrive at your event before it opens depends on your site [floor plan](#). Make sure you leave enough time to move tables and chairs, set out supplies, and post signs. Consider setting up your site a day or two before your event opens if possible. You may also consider hosting an online orientation for staff before your event. Anything you can do to reduce the time it takes to orient and train staff ahead of opening will help your operations run more smoothly. *Figure 4* on the next page includes a sample schedule of tasks that should be completed before opening a Community Vaccination Event.

Figure 4: Opening Tasks

Schedule	Tasks
Two hours before your vaccination event opens	All staff arrive, sign in, and self-screen for any COVID-19 symptoms .
90 minutes before your vaccination event opens	All staff set up stations. Supervisors or leads provide training to staff on their role for the day.
45 minutes before your vaccination event opens	All staff participate in a briefing .
30 minutes before your vaccination event opens	All staff participate in a walkthrough of the site and learn about what happens at each station.
15 minutes before your vaccination event opens	All staff are at their stations to finish any setup and prepare for patients.

Keep in mind your very first patients may also arrive early to their appointments. [Greeters](#) should be at your Welcome Station 15 or 30 minutes before the first scheduled appointments to prevent arriving patients from entering your site before it is opened.

Welcome Station

Your patient population will likely have a mix of emotions when they arrive at your vaccination event. Some patients will be extremely excited to be vaccinated, while others may be experiencing a little nervousness. Having known and trusted people in your community as Greeters can help relieve some anxieties. It can also help if Greeters speak the same languages of your patient population. Consider having Greeters and all vaccination event staff write the languages they speak on their nametags. This can be helpful for finding appropriate interpretation quickly.

At a minimum, interpretation services should be available at the Welcome Station and throughout your event. If you need help with interpretation services, [contact Public Health](#).

Greeters should help confirm patients' appointments by asking them to verify their identity, including name and date of birth. Asking patients to show a driver's license or other form of identification can be helpful. However, proof of identification should not be required, and you should never ask for proof of citizenship or for a social security number. All residents of our state, regardless of their immigration status, are eligible to get vaccinated.

Greeters can also help collect any required patient demographic information that was not already gathered when scheduling appointments. Importantly, COVID-19 vaccine providers are required to [collect race and ethnicity data to the Washington State Department of Health \(DOH\)](#). This data is key to helping us understand what populations are and are not getting vaccinated so that DOH can work to improve the distribution of vaccine and reach the populations who are most at risk of experiencing negative effects from the COVID-19 pandemic. When your vaccination event collects this information from your patients, you are helping to ultimately serve the whole community in a more equitable way. You may also find it easier to collect demographic information as part of an [acknowledgement form](#) at

your Clinical Screening Station. If you need more ideas on how to collect data, [contact Public Health](#).

COVID-19 vaccine providers may choose to ask for and collect patients' health insurance information to later [seek reimbursement for administering vaccine](#). However, patients cannot be charged out-of-pocket costs or receive a bill from your event, and all patients regardless of insurance status are eligible to be vaccinated.

Members of the media may also show up at your Welcome Station with questions about your vaccination event. You should determine your media policy and who, if anyone, on your staff is permitted to speak to the media. Media must be respectful of patient privacy, and you can prevent them from filming inside your site. If you do receive media inquiries, you can [contact Public Health](#) for support.

Greeters should [screen patients](#) for COVID-19 symptoms or recent exposure before allowing patients to enter your site. [Flow Monitors](#) should direct patients from the Welcome Station to the Clinical Screening Station. Flow Monitors may also be needed to help keep patient queues orderly at other stations.

Clinical Screening Station

Patients are asked questions about their medical histories at the Clinical Screening Station. [Clinical Screeners](#) are responsible for determining if there is any clinical reason a patient should *not* get the COVID-19 vaccine. This is also known as a medical contraindication.

Patients who answer "yes" to any of the [recommended screening questions](#) are not necessarily prevented from being vaccinated. Answering "yes" to any of these questions does mean that additional questions may be asked, and other precautions may be taken, like observing patients for 30 minutes rather than 15 minutes at the Post-Vaccination Monitoring Station.

Figure 5 on the next page shows the CDC's COVID-19 vaccine triage procedure as of March 5, 2021. COVID-19 vaccine providers should always consult the [CDC's clinical considerations for use of COVID-19 vaccines](#) to make sure they have the most updated guidance and are screening for the appropriate medical contraindications and precautions. If there is uncertainty about whether a patient should be vaccinated, Clinical Screeners should consult with a [Supervisor](#) on site or an [on-call Medical Doctor](#). This is especially true for patients who may not know or be unable to answer questions about their medical histories.

Figure 5: Triage of Patients Presenting for COVID-19 Vaccination

CONTRAINDICATION TO VACCINATION	PRECAUTION TO VACCINATION	MAY PROCEED WITH VACCINATION
<p>History of the following:</p> <ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to component of the vaccine[†] Immediate allergic reaction* of any severity after a previous dose or known (diagnosed) allergy to a component of the vaccine[†] 	<p>Among people without a contraindication, a history of:</p> <ul style="list-style-type: none"> Any immediate allergic reaction* to other vaccines or injectable therapies[‡] <p>Note: people with a contraindication to mRNA COVID-19 vaccines have a precaution to Janssen COVID-19 vaccine, and vice versa. See footnote for additional information on additional measures to take in these people.[#]</p>	<p>Among people without a contraindication or precaution, a history of:</p> <ul style="list-style-type: none"> Allergy to oral medications (including the oral equivalent of an injectable medication) History of food, pet, insect, venom, environmental, latex, etc., allergies Family history of allergies
<p>Actions:</p> <ul style="list-style-type: none"> Do not vaccinate. Consider referral to allergist-immunologist. Consider other vaccine alternative.[†] 	<p>Actions:</p> <ul style="list-style-type: none"> Risk assessment Consider referral to allergist-immunologist 30-minute observation period if vaccinated 	<p>Actions:</p> <ul style="list-style-type: none"> 30-minute observation period: people with history of anaphylaxis (due to any cause) 15-minute observation period: all other people

Clinical Screeners are responsible for documenting patients’ answers to screening questions either electronically or via paper. Clinical Screeners are also responsible for making sure other stations are alerted of patients who:

- **Have a bleeding disorder or are taking a blood thinner.** Different techniques for intramuscular vaccination are required in patients with bleeding disorders or taking blood thinners.
- **Have a history of immediate allergic reactions of any severity to another vaccine or a history of anaphylaxis due to any cause.** These patients will have a 30-minute post-vaccination observation period. All other patients will have a 15-minute post-vaccination observation period.

Clinical Screeners can alert other stations of patient precautions by attaching Post-It Notes to patients’ COVID-19 Vaccination Record Cards. Blank record cards are shipped along with vaccine and should be brought by providers to your vaccination event. A scan of a blank COVID-19 Vaccination Record Card is shown in *Figure 6* below.

Figure 6: COVID-19 Vaccination Record Card

COVID-19 Vaccination Record Card			
Please keep this record card, which includes medical information about the vaccines you have received. Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.			
Last Name		First Name	
Date of birth		Patient number (medical record or IIS record number)	
Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19		mm / dd / yy	
2 nd Dose COVID-19		mm / dd / yy	
Other		mm / dd / yy	
Other		mm / dd / yy	

Front

Reminder! Return for a second dose! ¡Recordatorio! ¡Regrese para la segunda dosis!	
Vaccine	Date / Fecha
COVID-19 vaccine Vacuna contra el COVID-19	mm / dd / yy
Other Otra	mm / dd / yy
Bring this vaccination record to every vaccination or medical visit. Check with your health care provider to make sure you are not missing any doses of routinely recommended vaccines. Lleve este registro de vacunación a cada cita médica o de vacunación. Consulte con su proveedor de atención médica para asegurarse de que no le falte ninguna dosis de las vacunas recomendadas.	
For more information about COVID-19 and COVID-19 vaccine, visit cdc.gov/coronavirus/2019-ncov/index.html . Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite espanol.cdc.gov/coronavirus/2019-ncov/index.html .	
You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at vaers.hhs.gov . Puede notificar las posibles reacciones adversas después de la vacunación contra el COVID-19 al Sistema de Notificación de Reacciones Adversas a las Vacunas (VAERS) en vaers.hhs.gov .	

Back

It is important to allow time and space for patients to review educational materials ([Pfizer](#), [Moderna](#), [Johnson & Johnson](#)) and ask any questions about getting vaccinated. Ensure that educational materials are available in patients’ preferred languages and, if possible, contain information that is culturally relevant. For example, populations who belong to a specific faith may have unique concerns about the ingredients or production of COVID-19 vaccines, while other populations may have unique concerns about what kind of side effects they might experience after getting vaccinated.

After patients have answered screening questions, been given their COVID-19 Vaccination Record Cards, and received any additional educational materials such as fact sheets or [patient acknowledgment forms](#) if required by the COVID-19 vaccine provider, patients should proceed to the Vaccination Station.

Vaccination Station

Approved COVID-19 vaccine providers must ensure that vaccination is administered safely. The CDC has several [vaccination training programs and reference materials](#) to help providers prepare to administer COVID-19 vaccine. These training programs and materials cover:

- Vaccine storage and handling
- Vaccine administration
- Communicating with patients about vaccines

[Additional resources](#) are also provided by the Washington State Department of Health (DOH).

Figure 7 on the next page shows how a COVID-19 vaccine provider may wish to set up workstations for [Vaccinators](#). COVID-19 vaccine providers should set up workstations in any way that allows them to efficiently vaccinate patients in a safe manner.

Figure 7: Sample Vaccination Table Layout

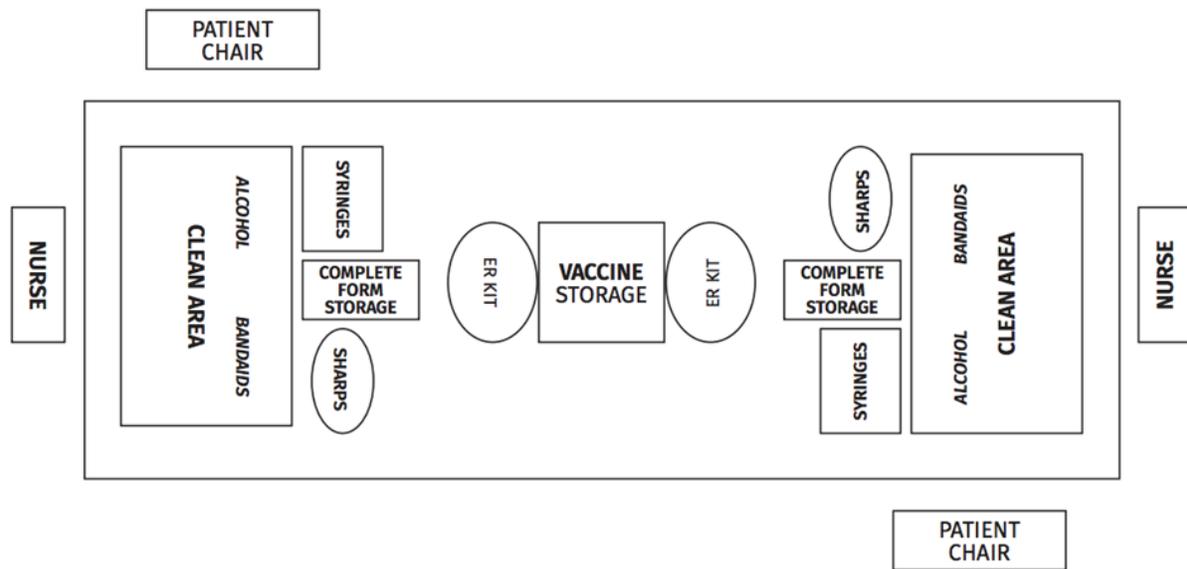


Figure from the Arizona Coalition for Healthcare Emergency Response

[Vaccinator Supports](#) at each workstation should help collect any patient acknowledgement forms. These forms should be stored safely during in a way that does not expose Protected Health Information (PHI), and COVID-19 vaccine providers may choose to later save or destroy these forms per their patient record retention policies. Vaccinator Supports should also complete patients' COVID-19 Vaccination Record Cards with the product manufacturer, lot number, date, and healthcare professional or clinic site. COVID-19 vaccine providers may choose to use pre-printed labels rather than writing this information on record cards. Vaccinator Supports should return record cards to patients before they leave the Vaccination Station.

After patients have been vaccinated, they should continue to the Post-Vaccination Monitoring Station.

Post-Vaccination Monitoring Station

As of March 5, 2021, [the CDC recommends](#) that patients be observed after vaccination for the following time periods:

- **30 minutes:**
 - Patients with a history of an immediate allergic reaction of any severity to another vaccine or injectable therapy.
 - Patients with a contraindication to a different type of COVID-19 vaccine (for example, patients with a contraindication to Pfizer and Moderna COVID-19 vaccines who receive Johnson & Johnson vaccine should be observed for 30 minutes following Johnson & Johnson vaccination).
 - Patients with a history of anaphylaxis due to any cause.
- **15 minutes:**
 - All other patients

While rare, anaphylaxis, which is an acute and potentially life-threatening allergic reaction, can happen in patients following vaccination. Because COVID-19 vaccines are available under Emergency Use Authorization (EUA) by the Food and Drug Administration (FDA), COVID-19 vaccine providers are free from liability under the [Public Readiness and Preparedness \(PREP\) Act](#), and injuries can be claimed through the [Countermeasures Injury Compensation Program \(CICP\)](#).

[Post-Vaccination Monitors](#) should be trained and qualified to [recognize the signs and symptoms of anaphylaxis](#) and be able to administer intramuscular epinephrine, commonly referred to as an EpiPen. Your vaccination event should always have at least three doses of epinephrine available and the ability to quickly obtain additional doses to replace supplies after epinephrine is administered to a patient. Patients with a history of anaphylaxis who carry an epinephrine autoinjector could be reminded to bring it with them to your vaccination event when they register for their appointments.

In addition to epinephrine, the CDC also requires the following emergency equipment be available for the assessment and management of anaphylaxis:

- H1 antihistamine (e.g., diphenhydramine and cetirizine, also known by their brand names Benadryl and Zyrtec)
- Blood pressure monitor
- Timing device to assess pulse

It is most common for the COVID-19 vaccine provider to [fill the role](#) of supplying all emergency medications and [other emergency equipment](#) at vaccination events.

Vaccination events must report any adverse events, including anaphylaxis, that occur in a patient following COVID-19 vaccination to the [Vaccine Adverse Event Reporting System \(VAERS\)](#). COVID-19 vaccine providers are required by the FDA to report vaccine administration errors, serious adverse events, cases of Multisystem Inflammatory Syndrome, and cases of COVID-19 that result in hospitalization or death. Reporting is also encouraged for any other clinically significant adverse event, even if it is uncertain whether the vaccine caused the event. Patients may also choose to self-report any symptoms or events that may be associated with COVID-19 vaccination to VAERS.

CDC has also developed a new, voluntary, smartphone-based tool, called [v-safe](#) that uses text messaging and web surveys to perform with health check-ins with patients after they receive a COVID-19 vaccine. CDC representatives will follow up on check-ins and reports of medically significant health impacts in v-safe to collect additional information to complete a VAERS report. As of March 5, 2021, the v-safe tool is only available in English, although patient flyers are available in multiple languages. The CDC has stated that additional languages will be available in the future.

While patients wait for 15 or 30 minutes at the Post-Vaccination Monitoring Station, they should:

- **Be encouraged to register for v-safe.** [Flyers](#) are available in multiple languages and include instructions on how to register and complete health check-ins.
- **Register for their second COVID-19 vaccine appointment.** Patients should receive their second COVID-19 vaccine doses at least [21 days \(Pfizer\)](#) or [28 days \(Moderna\)](#) apart. Before patients leave your site, be sure that you have multiple ways of contacting them so that you can remind them and encourage them to get their second dose. COVID-19 providers will not face consequences if any patients choose not to return for their second dose appointments. The Johnson & Johnson vaccine is currently recommended for only a [single dose](#), and a second vaccine appointment is not needed.

- **Encourage patients to continue practicing measures to reduce the transmission of COVID-19 even after getting vaccinated.** Once patients complete the full two-dose vaccine series they should be protected against moderate and severe COVID-19 disease. However, it is still not known whether vaccinated individuals can carry and pass a COVID-19 infection to others. To keep friends, family, and community safe, patients should be encouraged to continue wearing masks, staying physically distanced, and limiting exposure to people outside of their household.

[WAIS Data Entry Clerks](#) should also enter the information on patients' COVID-19 Vaccination Record Cards into the [Washington State Immunization Information System \(WAIS\)](#). WAIS is a lifetime immunization registry with records for Washington residents, and all COVID-19 vaccine providers have [access to WAIS](#). [Training materials](#) are available for troubleshooting and quick reference.

WAIS Data Entry Clerks should return COVID-19 Vaccination Record Cards to patients after updating their immunization records. After waiting for 15 or 30 minutes, patients should continue to the Patient Checkout Station.

Patient Checkout Station

All patients should have second COVID-19 vaccine appointments scheduled and confirmed before they exit your site. [Scheduling Support](#) staff should double-check patients were correctly scheduled for their next appointment, if required, while they waited at the Post-Vaccination Monitoring Station.

Additional educational materials should also be given to patients as they exit. A flyer with [recommended actions patients should take after being vaccinated](#) should be given to patients, and patients should be encouraged to contact their health networks or primary care providers if they have additional questions or concerns about symptoms. Remember that not all patients may not be connected to a health network, and COVID-19 vaccine providers are *strongly* encouraged to provide a phone number that patients can also call if they have questions or concerns.

Patients should also be reminded to bring their COVID-19 Vaccination Record Cards with them if they need to return for second appointments. Patients should be encouraged to take a photo of their COVID-19 Vaccination Record Card in case they end up losing it, but it is recommend that patients *not* post photos to social media, as it might make them vulnerable to identify theft or scams.

[Flow Monitors](#) should be stationed at the Patient Checkout Station to keep patients from gathering around the exit and to help direct patients away from the vaccination event.

Closing your vaccination event

You may have extra or “leftover” COVID-19 vaccine doses after providing vaccine to everyone in your patient population. This may happen if some of your patients do not show up for their scheduled appointments or the number of vaccine doses that can be drawn from each vial of vaccine is greater than anticipated. Depending on the product, unused vaccine may be able to be kept refrigerated and used at another site. But vaccine vials that have already been diluted ([Pfizer](#)) or punctured ([Moderna](#), [Johnson & Johnson](#)) must be used or the vaccine must be discarded.

Efforts should be made to not waste viable vaccine doses. One way to do this is to create a “standby list” of at most 10 people in addition to those who have a scheduled appointment. Those on the standby list may live nearby or may be people who were not able to get an appointment at your vaccination event. Any patients offered leftover vaccine should still meet our state’s [most recent eligibility criteria](#) for vaccination, and partners are encouraged to work through their networks to identify people who could

quickly get to your event at the end of the day. As you get close to the end of the day, call or contact people on your standby list so that they can come to your event in case there is any leftover vaccine. Please note that leftover vaccine in this specific scenario only includes vaccine vials that have been diluted or punctured and cannot be returned to a refrigerator. If you are unable to find patients who meet current eligibility criteria and still have leftover doses, you may consider offering any leftover doses to individuals who are eligible under the [next vaccine phase](#).

Patients offered leftover doses should proceed through all the stations in the same ways as patients who had scheduled appointments.

COVID-19 vaccine providers are responsible for reporting and returning to the Washington State Department of Health (DOH) any vaccine that is wasted because of broken or damaged vials or are otherwise unusable due to storage and handling errors. COVID-19 vaccine providers should also have a plan for disposing medical waste such as filled sharps containers.

Once the last patient has exited your site, begin cleaning up and breaking down your stations. Return your building or space to its original state and consider posting signage at what was formerly your Welcome Station and Patient Checkout Station that says your vaccination event is now closed. Any Protected Health Information (PHI) should be stored safely until it is no longer needed and then destroyed.

Step 7: Prepare for your next vaccination event

Your planning and hard work will undoubtedly make your first Community Vaccination Event a huge success! When it is over, you may find a couple of things you would want to go differently if you were to do it all over again. Because the Pfizer and Moderna COVID-19 vaccine products currently require two doses to be the most effective in preventing disease in adults, you may have a chance to make those improvements.

Consult with event staff, members of your planning group, and the whole community to reflect on what went well and what could be improved when planning your next Community Vaccination Event. Document these “lessons learned” so that in three or four weeks you can make the necessary changes and improvements to have an even better event. Use *Table 7* on the next page to reflect on the strengths of your first vaccination event and describe the improvements you will make at your next one.

Your operations will mostly stay the same for patients and their second COVID-19 vaccine appointments, but there are some small differences to consider:

- **Patients will know what to expect.** Patients will be better prepared to answer screening questions and will likely have fewer questions. Unless you alter your site floor plan, they will likely move through stations quicker.
- **Patients may not need education materials.** Education materials should still be available at your second vaccination event, but patients should have received these materials at their first appointments and may not be interested in receiving another copy. Materials like fact sheets are unlikely to change, but you should still check for any updates.
- **Patients will not need to schedule another appointment.** You will likely not need to staff the Scheduling Support position.
- **Data entry into WAIS may be quicker.** Demographic information like race and ethnicity should already be updated in patients’ immunization records, but the product manufacturer, lot number, date, and healthcare professional or clinic site for the second dose must still be entered.

Table 5: Lessons Learned

Describe what went well at your first Community Vaccination Event and what could be improved when planning your next one.

Strengths:

Areas for Improvement:

Partners who have successfully opened and operated a Community Vaccination Event are encouraged to share their lessons learned with [Public Health](#) so we can help future partners and update this workbook. If you are interested in providing your expertise and resources to help other partners that are planning Community Vaccination Events, Public Health can also help connect you to other organizations in your community.

Attachment A: Sample vaccination event positions

Medical Doctor (On-Call)

This position is not recommended if the Site Supervisor is a medical doctor (MD) who can carry out the below responsibilities and tasks. If the Site Supervisor does not feel comfortable with the responsibilities below, an on-call Medical Doctor is recommended.

Reports to: N/A

Supervises: Site Supervisor

Qualifications: Doctor of Medicine

PPE: N/A

Infection control: N/A

Responsibilities and tasks:

Before the vaccination event

- Issue standing orders for vaccination ([Pfizer](#), [Moderna](#), Johnson & Johnson – not yet available)
- Approve clinical guidance and provide input to non-medical operations.

During the vaccination event

- Be available for clinical consult by phone during the entirety of clinical operations.

After the vaccination event

- Debrief with medical staff

Site Supervisor

Reports To: Medical Doctor (*unless Site Supervisor is also an MD*)

Supervises: Deputy Site Supervisor and all medical staff (*unless Lead positions are assigned*)

Qualifications: Nurse licensure or other medical professional licensed by the Washington Medical Commission. [Able to supervise vaccine providers under Washington law](#). Ability to direct and support the overall operations and logistics of a vaccination event. Able to perform the roles of all medical positions. Experience at a previous clinic or vaccination event is helpful.

PPE: Face mask, eye protection

Infection control: Frequent hand hygiene

Responsibilities and tasks:

Before the vaccination event

- Confirm [clinical guidance](#) and the roles and responsibilities of all medical staff.
- Consult with the Deputy Site Supervisor to review operations, staff expectations, and media policy.
- [Ensure medical staff are trained](#) and prepared for their assignments. Vaccinators should be evaluated for their [clinical skills, techniques, and procedures](#).
- Ensure [medical supplies](#) are brought to the vaccination event.
- Coordinate with Deputy Site Supervisor to manage site setup
- Review clinical guidance and safety instructions with medical staff.
- Welcome staff and lead the [staff briefing](#).

During the vaccination event

- Ensure the safety of all staff and patients.
- Supervise all medical stations.
- Manage all operations.
- Troubleshoot non-medical operational challenges with the Deputy Site Supervisor.
- Resolve long patient queues or “bottlenecks” by shifting staff as needed.
- Ensure vaccination best practices are followed.
- Manage medical supplies as needed.
- Ensure the privacy, confidentiality, and security of all protected health information.
- Break staff and cover shifts as necessary.
- Ensure adverse reactions are managed appropriately.
- Complete and submit reports to [VAERS](#) as needed.
- Work with Vaccination Lead to offer “leftover” vaccine to people not in the original patient population.

After the vaccination event

- Debrief with staff and capture lessons learned.
- Assist with returning unused medical supplies as needed.
- Breakdown site and dispose of medical waste.

Deputy Site Supervisor

Reports To: Site Supervisor

Supervises: All non-medical staff (*unless Lead positions are assigned*)

Qualifications: Non-medical. Experience leading teams of interdisciplinary staff. Ability to direct and support the overall operations and logistics of a vaccination event. Able to perform the roles of all non-medical positions. Experience at a previous clinic or vaccination event is helpful.

PPE: Face mask, eye protection

Infection control: Frequent hand hygiene

Responsibilities and tasks:

Before the vaccination event

- Consult with the Site Supervisor to review operations, staff expectations, and media policy.
- Communicate to all staff their shift assignments and arrival instructions.
- Ensure non-medical staff are trained and prepared for their assignments.
- Ensure non-medical supplies are brought to the site.
- Set up staff check-in area with position assignments and a staff sign-in sheet.
- Coordinate with the Site Supervisor to manage site setup.
- Assist the Site Supervisor with the [staff briefing](#).
- Lead staff in a walkthrough of the site and an overview of operations.

During the vaccination event

- Ensure the safety of all staff and patients.
- Supervise all non-medical stations.
- Support the management of all operations.
- Troubleshoot non-medical operational challenges with the Site Supervisor.
- Resolve long patient queues or “bottlenecks” by shifting staff as needed.
- Manage non-medical supplies as needed.
- Ensure the privacy, confidentiality, and security of all protected health information.
- Break staff and cover shifts as necessary.
- Work with Vaccination Lead to offer “leftover” vaccine to people not in the original patient population.

After the vaccination event

- Debrief with staff and capture lessons learned.
- Assist with returning unused non-medical supplies as needed.
- Breakdown site and dispose of non-medical waste.

Safety Officer

The safety of staff and patients is a shared responsibility of all positions. A dedicated Safety Officer position may not be necessary at smaller Community Vaccination Events.

Reports To: Site Supervisor

Supervises: N/A

Qualifications: Nurse licensure or other medical professional licensed by the Washington Medical Commission. Experience with infection control, occupational health and safety, and safety in a clinical setting.

PPE: Face mask, eye protection

Infection control: Frequent hand hygiene

Responsibilities and tasks:

Before the vaccination event

- Review [clinical guidance](#) and the roles and responsibilities of all medical staff. Address any concerns with the Site Supervisor.
- Check-in and resolve tripping and other physical safety hazards with the site floorplan.
- Assist the Site Supervisor with the [staff briefing](#).
- Address safety concerns in a walkthrough of the site and an overview of operations.

During the vaccination event

- Ensure staff and patients are wearing the appropriate PPE and practicing hand hygiene.
- Remind staff and patients to keep a physical distance of at least six feet as feasible.
- Ensure staff are wearing name tags or other forms of identification, if issued.
- Help de-escalate any potential conflicts. Be aware of introducing biases into decision-making.
- Watch for needle safety and proper disposal of sharps.
- Advise Vaccinators on proper aseptic techniques.
- Assist with the management of adverse reactions.
- Ensure the privacy, confidentiality, and security of all protected health information.
- Break staff and cover shifts as necessary.

After the vaccination event

- Participate in debrief with staff and contribute lessons learned.
- Assist with the breakdown of the site.

Greeter

Larger Community Vaccination Events may need multiple Greeters. Consider also staffing a Greeter Lead position to manage Greeters. In addition to the responsibilities and tasks below, a Greeter Lead position would be responsible for training staff, adjusting workflows and station operations, breaking staff, and covering shifts as necessary. If a Greeter Lead position is not staffed, those responsibilities fall to the Deputy Site Supervisor or another higher-level position that manages non-medical staff.

Reports To: Deputy Site Supervisor

Supervises: N/A

Qualifications: Non-medical. Known and trusted by the community. Comfortable interacting with patients. Able to speak the same language(s) of the patient population or comfortable working with an interpretation service.

PPE: Face mask, eye protection

Infection control: Frequent hand hygiene

Responsibilities and tasks:

Before the vaccination event

- Review shift assignment, arrival instructions, and training materials.
- Review the site layout.
- Check-in and set up Welcome Station with equipment and supplies.
- Participate in the staff briefing.
- Participate in a walkthrough of the site and an overview of operations.

During the vaccination event

- Ensure the safety of all staff and patients.
- Staff the Welcome Station.
- Greet patients and make them feel comfortable as they prepare to enter the site.
- Confirm patients' appointment times.
- Collect any additional required patient demographic information.
- Routinely check-in with supervisor and report any issues or challenges.
- Alert supervisor of any media presenting at the vaccination event.
- Ensure the privacy, confidentiality, and security of all protected health information.

After the vaccination event

- Participate in debrief with staff and contribute lessons learned.
- Assist with the breakdown of the site.

Flow Monitor

Larger Community Vaccination Events may need multiple Flow Monitors. Consider also staffing a Lead position to manage Flow Monitors. In addition to the responsibilities and tasks below, a Flow Monitor Lead position would be responsible for training staff, adjusting workflows and station operations, breaking staff, and covering shifts as necessary. If a Flow Monitor Lead position is not staffed, those responsibilities fall to the Deputy Site Supervisor or another higher-level position that manages non-medical staff.

Reports To: Deputy Site Supervisor

Supervises: N/A

Qualifications: Non-medical. Comfortable interacting with patients. Able to walk and stand most of shift. Able to speak the same language(s) of the patient population or comfortable working with an interpretation service.

PPE: Face mask, eye protection

Infection control: Frequent hand hygiene

Responsibilities and tasks:

Before the vaccination event

- Review shift assignment, arrival instructions, and training materials.
- Review the site layout.
- Check-in and assist with site setup.
- Participate in the staff briefing.
- Participate in a walkthrough of the site and an overview of operations.

During the vaccination event

- Ensure the safety of all staff and patients.
- Staff areas of the vaccination event where patient queues or “bottlenecks” are likely to form, including Welcome Station, Clinical Screening Station, and Patient Checkout Station.
- Help patients move about the site and get from station to station. Escort patients between stations as needed.
- Keep patient lines orderly. Ensure physical distancing of at least six feet as feasible.
- Maintain a calm and friendly atmosphere at the vaccination event.
- Routinely check-in with supervisor and report any issues or challenges.
- Alert supervisor of any media presenting at the vaccination event.
- Ensure the privacy, confidentiality, and security of all protected health information.

After the vaccination event

- Participate in debrief with staff and contribute lessons learned.
- Assist with the breakdown of the site.

Clinical Screener

Larger Community Vaccination Events may need multiple Clinical Screeners. Consider also staffing a Lead position to manage Clinical Screeners. In addition to the responsibilities and tasks below, a Clinical Screener Lead position would be responsible for training staff, adjusting workflows and station operations, breaking staff, and covering shifts as necessary. If a Clinical Screener Lead position is not staffed, those responsibilities fall to the Site Supervisor or another higher-level position that manages medical staff.

Reports To: Site Supervisor

Supervises: N/A

Qualifications: Nurse licensure or other medical professional licensed by the Washington Medical Commission. Familiarity with COVID-19 vaccine [screening questions](#) and [contraindications](#). Comfortable interacting with patients. Able to speak the same language(s) of the patient population or comfortable working with an interpretation service.

PPE: Face mask, eye protection

Infection control: Frequent hand hygiene

Responsibilities and tasks:

Before the vaccination event

- Review shift assignment, arrival instructions, and training materials.
- Review the site layout.
- Check-in and set up Clinical Screening Station with equipment and supplies.
- Participate in the staff briefing.
- Participate in a walkthrough of the site and an overview of operations.

During the vaccination event

- Ensure the safety of all staff and patients.
- Staff the Clinical Screening Station.
- Ask patients about their medical histories. Ensure patients understand all COVID-19 vaccine screening questions.
- Determine if there is any reason a patient should *not* get the COVID-19 vaccine. Consult with supervisor as needed.
- Give patients educational materials such as fact sheets ([Pfizer](#), [Moderna](#), [Johnson & Johnson](#)), [patient acknowledgment or consent forms](#), and COVID-19 Vaccination Record Cards before they proceed to the Vaccination Station.
- Alert other stations of patients' medical histories, such as bleeding disorders or previous allergic reactions to medications.
- Maintain a calm and friendly atmosphere at the vaccination event.
- Routinely check-in with supervisor and report any issues or challenges.
- Ensure the privacy, confidentiality, and security of all protected health information.

After the vaccination event

- Participate in debrief with staff and contribute lessons learned.
- Assist with the breakdown of the site.

Vaccinator

Larger Community Vaccination Events may need multiple Vaccinators. Consider also staffing a Lead position to manage Vaccinators. In addition to the responsibilities and tasks below, a Vaccinator Lead position would be responsible for training staff, adjusting workflows and station operations, breaking staff, and covering shifts as necessary. If a Vaccinator Lead position is not staffed, those responsibilities fall to the Site Supervisor or another higher-level position that manages medical staff.

Reports To: Site Supervisor

Supervises: N/A

Qualifications: [Authorized to administer vaccine under Washington law](#). Certain retired and inactivate healthcare workers can also administer vaccine if they meet [Washington State Department of Health \(DOH\) requirements](#). Familiarity with COVID-19 vaccine [screening questions](#) and [contraindications](#). Comfortable interacting with patients. Able to speak the same language(s) of the patient population or comfortable working with an interpretation service.

PPE: Face mask, eye protection

Infection control: [Hand hygiene between each vaccination administration](#)

Responsibilities and tasks:

Before the vaccination event

- Review shift assignment and arrival instructions.
- Review COVID-19 vaccine product information ([Pfizer](#), [Moderna](#), [Johnson & Johnson](#)) and [online training modules](#).
- Review the site layout.
- Check-in and set up Vaccination Station with equipment and supplies.
- Participate in the staff briefing.
- Participate in a walkthrough of the site and an overview of operations.

During the vaccination event

- Ensure the safety of all staff and patients.
- Staff the Vaccination Station.
- Administer COVID-19 vaccine per clinic standing orders and product manufacturer recommendations.
- Maintain a calm and friendly atmosphere at the vaccination event.
- Routinely check-in with supervisor and report any issues or challenges.
- Ensure the privacy, confidentiality, and security of all protected health information.

After the vaccination event

- Participate in debrief with staff and contribute lessons learned.
- Assist with the breakdown of the site.

Vaccinator Support

Reports To: Deputy Site Supervisor

Supervises: N/A

Qualifications: Non-medical. Comfortable interacting with patients. Able to speak the same language(s) of the patient population or comfortable working with an interpretation service.

PPE: Face mask, eye protection

Infection control: Frequent hand hygiene

Responsibilities and tasks:

Before the vaccination event

- Review shift assignment, arrival instructions, and training materials.
- Review the site layout.
- Check-in and set up Vaccination Station with equipment and supplies.
- Provide the WAIS Data Entry Clerk with the names of Vaccinators (*required field in WAIS*).
- Participate in the staff briefing.
- Participate in a walkthrough of the site and an overview of operations.

During the vaccination event

- Ensure the safety of all staff and patients.
- Staff the Vaccination Station.
- Complete patients' COVID-19 Vaccination Record Cards with the product manufacturer, lot number, date, and healthcare professional or clinic site. Return record cards to patients before they proceed to the Post-Vaccination Monitoring Station.
- Maintain a calm and friendly atmosphere at the vaccination event.
- Routinely check-in with supervisor and report any issues or challenges.
- Ensure the privacy, confidentiality, and security of all protected health information.

After the vaccination event

- Participate in debrief with staff and contribute lessons learned.
- Assist with the breakdown of the site.

Vaccine Storage and Handling Lead

Reports To: Vaccinator

Supervises: N/A

Qualifications: Pharmacist or other medical staff with vaccine storage and handling experience. Familiarity with [vaccine storage and handling best practices](#) and COVID-19 vaccine-specific storage and handling requirements, including how to thaw and prepare doses ([Pfizer](#), [Moderna](#), [Johnson & Johnson](#)).

PPE: Face mask, eye protection

Infection control: Frequent hand hygiene

Responsibilities and tasks:

Before the vaccination event

- Review shift assignment and arrival instructions.
- Review COVID-19 vaccine product information ([Pfizer](#), [Moderna](#), [Johnson & Johnson](#)) and [online training modules](#).
- Thaw vaccine per product manufacturer's instructions.
- Transport vaccine from storage location to the site.
- Check-in and set up Vaccination Station with equipment and supplies.
- Participate in the staff briefing.
- Participate in a walkthrough of the site and an overview of operations.

During the vaccination event

- Ensure the safety of all staff and patients.
- Staff the Vaccination Station.
- Manage the storage and handling of vaccine per product manufacturer's instructions.
- Ensure vaccine is secured. Maintain inventory control.
- Ensure Vaccinators have prepped vaccine vials and syringes as needed.
- Eliminate wastage by only prepping vaccine doses as they are needed. Reduce the potential for extra or "leftover" vaccine doses at the end of operations.
- Maintain a calm and friendly atmosphere at the vaccination event.
- Routinely check-in with supervisor and report any issues or challenges.
- Ensure the privacy, confidentiality, and security of all protected health information.

After the vaccination event

- Participate in debrief with staff and contribute lessons learned.
- Assist with the breakdown of the site.
- Transport unused vaccine vials from vaccination event to storage location.

Post-Vaccination Monitor

Larger Community Vaccination Events may need multiple Post-Vaccination Monitors. Consider also staffing a Post-Vaccination Monitor Lead position to manage Post-Vaccination Monitors. In addition to the responsibilities and tasks below, a Post-Vaccination Monitor Lead position would be responsible for training staff, adjusting workflows and station operations, breaking staff, and covering shifts as necessary. If a Post-Vaccination Monitor Lead position is not staffed, those responsibilities fall to the Site Supervisor or another higher-level position that manages medical staff.

Reports To: Site Supervisor

Supervises: N/A

Qualifications: Medical staff trained and qualified to recognize the signs and symptoms of anaphylaxis as well as administer intramuscular epinephrine. Familiarity with current guidance for [assessing and managing anaphylaxis](#). Comfortable interacting with patients. Able to speak the same language(s) of the patient population or comfortable working with an interpretation service.

PPE: Face mask, eye protection

Infection control: Frequent hand hygiene

Responsibilities and tasks:

Before the vaccination event

- Review shift assignment, arrival instructions, and training materials.
- Review the site layout.
- Check-in and set up Post-Vaccination Monitoring Station with equipment and supplies.
- Participate in the staff briefing.
- Participate in a walkthrough of the site and an overview of operations.

During the vaccination event

- Ensure the safety of all staff and patients.
- Staff the Post-Vaccination Monitoring Station
- Ensure patients remain at the Post-Vaccination Monitoring Station for 15 to 30 minutes, depending on medical history.
- Observe patients for clinical signs and symptoms of anaphylaxis.
- Manage patients who experience anaphylaxis.
- Assist the Site Supervisor with reporting any adverse events to [VAERS](#).
- Counsel patients and encourage them to register for [V-safe](#).
- Maintain a calm and friendly atmosphere at the vaccination event.
- Routinely check-in with supervisor and report any issues or challenges.
- Ensure the privacy, confidentiality, and security of all protected health information.

After the vaccination event

- Participate in debrief with staff and contribute lessons learned.
- Assist with the breakdown of the site.

WAIS Data Entry Clerk

Larger Community Vaccination Events may need multiple WAIS Data Entry Clerks. Consider also staffing a Lead position to manage WAIS Data Entry Clerks. In addition to the responsibilities and tasks below, a Lead position would be responsible for adjusting workflows and station operations, breaking staff, and covering shifts as necessary. If a WAIS Data Entry Clerk Lead position is not staffed, those responsibilities fall to the Deputy Site Supervisor or another higher-level position that manages non-medical staff.

Reports To: Deputy Site Supervisor

Supervises: N/A

Qualifications: Non-medical, but must be affiliated with a healthcare provider with access to the [Washington State Immunization Information System \(IIS\)](#). Comfortable with technology and can perform data entry tasks quickly.

PPE: Face mask, eye protection

Infection control: Frequent hand hygiene

Responsibilities and tasks:

Before the vaccination event

- Review shift assignment, arrival instructions, and training materials.
- Review the site layout.
- Check-in and set up Post-Vaccination Monitoring Station with equipment and supplies.
- Receive the names of Vaccinators (*required field in WAIS*) from Vaccinator Support.
- Participate in the staff briefing.
- Participate in a walkthrough of the site and an overview of operations.

During the vaccination event

- Ensure the safety of all staff and patients.
- Staff the Post-Vaccination Monitoring Station.
- While patients are under observation, enter [required data elements](#) into WAIS from patients' COVID-19 Vaccination Record Cards and completed demographic forms.
- Maintain a calm and friendly atmosphere at the vaccination event.
- Routinely check-in with supervisor and report any issues or challenges.
- Ensure the privacy, confidentiality, and security of all protected health information.

After the vaccination event

- Participate in debrief with staff and contribute lessons learned.
- Assist with the breakdown of the site.

Scheduling Support

Reports To: Deputy Site Supervisor

Supervises: N/A

Qualifications: Non-medical. Comfortable interacting with patients. Able to speak the same language(s) of the patient population or comfortable working with an interpretation service.

PPE: Face mask, eye protection

Infection control: Frequent hand hygiene

Responsibilities and tasks:

Before the vaccination event

- Review shift assignment, arrival instructions, and training materials.
- Review the site layout.
- Check-in and set up Post-Vaccination Monitoring Station and Patient Checkout Station with equipment and supplies.
- Participate in the briefing.
- Participate in a walkthrough of the site and an overview of operations.

During the vaccination event

- Ensure the safety of all staff and patients.
- Staff the Post-Vaccination Monitoring Station and Patient Checkout Station.
- Schedule and confirm patients' second COVID-19 vaccine appointment times. Patients should receive their second COVID-19 vaccine doses at least [21 days \(Pfizer\)](#) or [28 days \(Moderna\)](#) apart. The Johnson & Johnson vaccine is currently recommended for just a [single dose](#).
- Routinely check-in with supervisor and report any issues or challenges.
- Ensure the privacy, confidentiality, and security of all protected health information.

After the vaccination event

- Participate in debrief with staff and contribute lessons learned.
- Assist with the breakdown of the site.

Attachment B: Sample supply list

Medical Supplies

Station	Supply
All stations	Face shields
All stations	Hand sanitizer
All stations	Sanitizing wipes
Clinical Screening	COVID-19 Vaccination Record Cards*
Clinical Screening	Fact sheets
Post-Vaccination Monitoring, Vaccination	Epinephrine
Post-Vaccination Monitoring, Vaccination	H1 antihistamine (e.g., diphenhydramine, cetirizine)
Post-Vaccination Monitoring, Vaccination	Blood pressure monitor
Post-Vaccination Monitoring, Vaccination	Timing device to assess pulse
Post-Vaccination Monitoring	Pulse oximeter
Post-Vaccination Monitoring	Oxygen
Post-Vaccination Monitoring	Bronchodilator (e.g., albuterol)
Post-Vaccination Monitoring	H2 antihistamine (e.g., famotidine, cimetidine)
Post-Vaccination Monitoring	Pocket CPR mask with one-way valve
Vaccination	Alcohol prep pads*
Vaccination	Band-aids
Vaccination	Diluent (Pfizer only)*
Vaccination	Gauze
Vaccination	Needles*
Vaccination	Syringes*
Vaccination	Sharps containers
Vaccination (Storage and Handling)	Temperature logs
Vaccination (Storage and Handling)	Temperature monitoring equipment
Vaccination (Storage and Handling)	Vaccine transport equipment
Welcome Station	Surgical or procedure masks
Welcome Station	No touch forehead thermometer
Welcome Station	Wheelchair

**COVID-19 vaccines are shipped with ancillary supply kits that include these supplies. Ancillary kits also include some PPE (surgical or procedure masks, face shields) but only in limited quantities. Your vaccination event should plan on obtaining additional PPE.*

Non-Medical Supplies

Supply

Accordion file folders

Cell phones (*connecting to interpretation services*)

Charging cords

Clipboards

Duct tape

Extension cords

Food and refreshments for staff

Highlighters

Laptops

Masking tape

Megaphone

Nametags

Pen holder

Pens

Post-Its

Power strips

Printer and printer paper

Scissors

Signage

WiFi hotspots

Attachment C: Staff and patient symptom checklist

COVID-19 Symptom Checklist

1. Have you had any of the following COVID-19 symptoms in the last 24 hours?

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Muscle or body aches
- Headache
- Sore throat
- New loss of taste or smell
- Fatigue
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

→ If YES to any of the above symptoms, **do not allow entry into the site**

2. Have you recently been tested for COVID-19 and are you waiting for your results?

→ If YES, ask them to clarify why they recently got a COVID-19 test:

- If person was tested because they have or recently had symptoms or was in close contact with someone with lab-confirmed COVID-19, **do not allow entry into the site**
- If test was required by person's employer or for any other reason other than symptoms or potential exposure, person may enter site if responses to all other questions are NO

3. Have you been in close physical contact with a person with lab-confirmed COVID-19 and not wearing proper PPE?

→ If YES, **do not allow entry into the site**

These questions can be modified at the discretion of the Site Supervisor

Attachment D: Sample staff briefing

Community Vaccination Event briefing script

Before opening your vaccination event, the Site Supervisor and Deputy Site Supervisor should conduct a briefing and provide an overview of operations for all staff. Below are recommended talking points:

1. Introduce yourself.
2. Remind staff to check in if they not already done so.
3. Point out location of restrooms, breakroom, and areas for staff to store personal belongings.
4. Introduce any supervisors or leads.
5. Expected patient population and patient volume for the day.
6. Schedule for the day.
 - First appointment and last appointment times.
 - How often appointments are scheduled.
 - Work with supervisor to take breaks as needed.
 - Lunch break schedules.
7. Please make patients and fellow staff/volunteers feel welcome and help accommodate their needs:
 - We have translation services (over the phone) that we can use as needed
 - We will likely be serving patients with disabilities today. If you need help coming up with an accommodation (e.g. someone who cannot wear a mask, someone who needs a place to sit at a station, etc.), please let your supervisor know. We do not want to turn anyone away based on their disability status.
 - Please be respectful of patient privacy.
8. Always prioritize our own health and safety and that of our patients. Everyone must always wear proper PPE.
9. What to do if there is an emergency among staff or patients – call out “staff help needed” – respond if you hear this and can do so.
 - Process for building evacuation.
10. Staff liability is covered for all activities here today while you are performing your assigned duties.
11. Review media policy.
12. See your supervisor for instructions on closing your station at the end of day. Share observations with your supervisor throughout the day or at end of day to help us improve.
13. Describe flow of patients through the site and start the site walkthrough.

Attachment E: Resources and references

The COVID-19 pandemic is changing rapidly and guidance for vaccine administration is always being refined. Below are all the local, state, and federal resources linked throughout this workbook.

Federal resources

- CDC Clinical Resources for Each COVID-19 Vaccine:
<https://www.cdc.gov/vaccines/covid-19/index.html>
- CDC Pfizer COVID-19 Vaccine Product Page:
<https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/index.html>
- CDC Moderna COVID-19 Vaccine Product Page:
<https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/index.html>
- CDC Johnson & Johnson COVID-19 Vaccine Product Page:
<https://www.cdc.gov/vaccines/covid-19/info-by-product/janssen/index.html>
- COVID-19 Vaccination Training Programs and Reference Materials for Healthcare Professionals:
<https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-Clinical-Training-and-Resources-for-HCPs.pdf>
- CDC Vaccines and Immunizations Training and Education:
<https://www.cdc.gov/vaccines/covid-19/training.html>
- CDC Pre-vaccination Checklist for COVID-19 Vaccines:
<https://www.cdc.gov/vaccines/covid-19/downloads/pre-vaccination-screening-form.pdf>
- CDC Skills Checklist for Vaccine Administration: <https://www.immunize.org/catg.d/p7010.pdf>
- CDC Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines:
<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>
- CDC Clinical Care Considerations for COVID-19 Vaccination:
<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/index.html>
- CDC Community-Based Organizations COVID-19 Vaccine Toolkit:
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/toolkits/community-organization.html>
- CDC Preparing for the Potential Management of Anaphylaxis After COVID-19 Vaccination:
<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/managing-anaphylaxis.html>
- CDC Talking to Recipients about COVID-19 Vaccines:
<https://www.cdc.gov/vaccines/covid-19/hcp/index.html>
- FDA Emergency Use Authorization (EUA) Fact Sheets – Pfizer COVID-19 Vaccine:
<https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine>
- FDA Emergency Use Authorization (EUA) Fact Sheets – Moderna COVID-19 Vaccine:
<https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/moderna-covid-19-vaccine>
- FDA Emergency Use Authorization (EUA) Fact Sheets – Johnson & Johnson Vaccine:
<https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/janssen-covid-19-vaccine>
- FEMA Civil Rights Considerations During COVID-19 Vaccine Distribution Efforts:
https://www.fema.gov/sites/default/files/documents/fema_civil-rights-covid-19_vaccine_checklist_02-11-2021.pdf

- FEMA Community Vaccination Centers Playbook: <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/janssen-covid-19-vaccine>
- Americans with Disabilities Act (ADA) Accessibility Standards: <https://www.access-board.gov/ada/#ada-401>
- CDC Vaccine Administration – COVID-19 Personal Protective Equipment: <https://www.cdc.gov/vaccines/hcp/admin/downloads/COVID-19-vaccine-administration-PPE-508.pdf>
- CDC Improve How Your Mask Protects You: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks.html>
- CDC Cleaning and Disinfecting Your Facility: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
- CDC Ventilation in Buildings: <https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>
- EPA Disinfectants for COVID-19: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19>
- Vaccine Adverse Event Reporting System (VAERS): <https://vaers.hhs.gov/>
- CDC v-safe After Vaccination Health Checker: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>
- CDC v-safe Print Resources: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe/printresources.html>
- CDC Health Information and Privacy: <https://www.cdc.gov/phlp/publications/topic/healthinformationprivacy.html>

Washington State Department of Health (DOH) resources

- COVID-19 Vaccine Information: <https://www.doh.wa.gov/Emergencies/COVID19/Vaccine>
- COVID-19 Vaccine Information for Healthcare Providers: <https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/VaccineInformationforHealthcareProviders>
- COVID-19 Vaccine Toolkit and Resources for Enrolled Providers: <https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/VaccineInformationforHealthcareProviders/ToolkitandResources>
- COVID-19 Vaccine Allocation and Prioritization: <https://www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/AllocationandPrioritization>
- COVID-19 Vaccination Locations: <https://www.doh.wa.gov/YouandYourFamily/Immunization/VaccineLocations>
- COVID-19 Assistance Hotline: <https://www.doh.wa.gov/Emergencies/COVID19/ContactUs>
- COVID-19 Vaccine Prioritization Guidance and Interim Allocation Framework: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/SummaryInterimVaccineAllocationPrioritization.pdf>

- Preparing to Enroll in the COVID-19 Vaccination Program:
https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/PreparingEnrollment_COVID19VaccineProvider.pdf
- COVID-19 Vaccine Communication Card:
<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/820-125-CommunicationCard-20210202.pdf>
- COVID-19 Vaccine Patient Acknowledgment Template:
<https://www.wsha.org/for-patients/coronavirus/coronavirus-resources-for-hospitals/#vaccine>
- Washington State Immunization Information System (WAIS): <https://wais.doh.wa.gov/iweb/>
- WAIS Training Materials Portal:
<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionalsandFacilities/DataReportingandRetrieval/ImmunizationInformationSystem/IISTrainingMaterials>
- Required Data Elements for Reporting COVID-19 Vaccinations:
<https://www.doh.wa.gov/Portals/1/Documents/Pubs/348-774-RequiredDataElementsforCOVIDReporting.pdf>
- Signs for Clinics:
<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/EmergencyPreparedness/MedicationHealthCareCenters/Signs>
- Glove and Other PPE Guidance for COVID-19 Vaccine Administration:
<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVID-19VaccineGloveGuidance.pdf>
- List of Providers Authorized to Administer and Order Vaccines:
<https://www.doh.wa.gov/Portals/1/Documents/Pubs/698-001-ProvidersAuthorizedVaccineAdministration.pdf>
- COVID-19 Vaccine Administration Fee Coverage:
<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVID19VaxAdminInsuranceCoverageTable.pdf>

Public Health – Seattle & King County (Public Health) resources

- Community vaccination resources:
<https://kingcounty.gov/depts/health/covid-19/vaccine/resources.aspx>
- King County Unified Regional Strategy – COVID-19 Vaccine Delivery Progress Reports:
<https://www.kingcounty.gov/depts/health/covid-19/~media/depts/health/communicable-diseases/documents/C19/king-county-strategy-vaccine-delivery.ashx>
- King County Principles for Equitable Vaccine Delivery:
<https://www.kingcounty.gov/depts/health/covid-19/~media/depts/health/communicable-diseases/documents/C19/king-county-principles-vaccine-delivery.ashx>
- King County COVID-19 Speakers' Bureau:
<https://www.kingcounty.gov/depts/health/covid-19/community-faith-organizations/presentation-requests.aspx>
- Getting Vaccinated in King County:
<https://kingcounty.gov/depts/health/covid-19/vaccine/distribution.aspx>

- Frequently Asked Questions about COVID-19 Vaccine:
<https://kingcounty.gov/depts/health/covid-19/vaccine/FAQ.aspx>
- Ways to Get to Your Vaccination Appointment:
<https://publichealthinsider.com/2021/02/24/take-transit-to-take-your-shot-here-are-ways-to-get-to-your-vaccination-appointment/>
- Public Health Recommendations – After COVID-19 Vaccination Flyer:
<https://kingcounty.gov/depts/health/covid-19/vaccine/distribution.aspx>

Checklist to Ensure that Vaccine Sites are Accessible to People with Disabilities



Checklist to Ensure that Vaccine Sites are Accessible to People with Disabilities

This checklist consists of three sections that can be used independently of each other.

Section 1: Vaccination Registration/ Appointment Checklist for Non-Structural Elements provides instructions for people with disabilities registering for the vaccine on line or by phone. It also is a tool to assess other access needs including equally effective communication that they might have.

Section 2: Vaccination Site Checklist for Non-Structural Elements is a tool to assess a vaccine site's capacity to provide access to people with disabilities that is non-structural in nature.

Section 3: Structural Checklist for Drive-Through and Walk-in Vaccination Sites is a tool to assess adherence of structural elements of vaccine sites with Americans with Disabilities Act accessibility Guidelines (ADAG).

The checklists are based on obligations held by government entities and public accommodations under the Americans with Disabilities Act, 42 U.S.C. § 12101 et seq (ADA) and the Rehabilitation Act of 1973, 29 U.S.C. § 701 et seq (Rehab Act). Some items in the checklist such as peer support specialists, self advocate specialists and use of plain language are not addressed in the ADA or Rehabilitation Act, but are regarded as a best practice.

Disclaimer: The following document(s) are for information purposes only and do not constitute legal advice. If you are seeking legal advice please contact a qualified attorney.

Section 1

Vaccination Registration/ Appointment Checklist for Non-Structural Elements

Registration/Making an Appointment

Are the following questions included on the registration website or should be asked during phone vaccine registrations?

Please bring a portable chair if they need to sit while waiting in line.
(If walk-in site)

Vaccine site staff will be able to assist you in reading and filling out forms if you need this?

If you need emotional support, a peer support specialist may be available on site or virtually. You can ask at the check in area if you need this.

If you need help understanding what is going on because of your disability, you can ask for a self-advocate assistant when you check in.

Do you need a sign language interpreter?

Yes No

Do you need a Deafblind interpreter?

Yes No

Do you need written material to be in accessible alternate format?

Yes No

Do you need large print?

Yes No

Do you need Braille? (If document is short, a reader may be an alternative)

Yes No

Do you need material to be read to you?

Yes No

Section 1

Vaccination Registration/ Appointment Checklist for Non-Structural Elements

Registration/Making an Appointment (Continued)

Do you need other accessibility accommodations?

Yes

No

If you answered “yes” please specify.

Section 2

Vaccination Site Checklist for Non-Structural Elements

Please complete the checklist below for all drive-through and walk-in vaccinations sites.

Check in

Are sign language interpreters available on site to interpreted for individuals who are Deaf during registration, the vaccination process, and while waiting after the vaccine is administered?

Yes

No

When are the sign language interpreters available?

Is this information about sign language interpreters made available on the electronic registration site?

Yes

No

Is it posted at the physical site?

Yes

No

Are registration, consent and other forms available in alternate format? (large print, electronic format, Braille)

Yes

No

Which formats are they available in?

Are staff available to assist in reading and filling out forms for people with disabilities who do not or have difficulty reading print or writing?

Yes

No

Section 2

Vaccination Site Checklist for Non-Structural Elements

Check in (Continued)

Are peer support specialists available on site or virtually to assist individuals with psychiatric disabilities who may need support while waiting in line, in the car or at a site, during the vaccination or while waiting?

Yes

No

Is their availability made known at the vaccination site?

Yes

No

Are self advocates available on site or virtually to assist individuals with intellectual disabilities in understanding and managing the process?

Yes

No

Is their availability made known at the vaccination site?

Yes

No

Is there a policy allowing service animals to accompany people with disabilities?

Note: This is required under the Americans with Disabilities Act (ADA). “Under the ADA, service animals are defined as dogs (or miniature horses) that are specifically and individually trained to perform a task or tasks for the person with a disability. These animals are permitted to accompany the person with the disability anywhere that people with disabilities are allowed to go so long as the animal doesn’t pose a direct threat to the safety of the person or others” (Northwest ADA Center [Accessibility at Drive-Thru Medical Sites](#)). Documentation for service animals is not required.

Yes

No

Are vaccination site staff made familiar with this policy?

Yes

No

Section 2

Vaccination Site Checklist for Non-Structural Elements

Check in (Continued)

Are there circumstances would someone be allowed to move to the front of the line because of their disability?

Yes

No

Please describe examples of these circumstances.

If “yes,” have staff been instructed on this policy?

Yes

No

Section 3

Structural Checklist for Drive-Through and Walk-In Vaccination Sites

This checklist is developed based on the Americans with Disabilities Act Accessibility Guidelines.

Hints on using this section of the checklist

1. Begin by assembling a few basic measuring tools: a tape measure; a two-foot level; and a spring gauge or door pressure assessment device to ascertain door pressure weight (i.e., pressure).
2. Work from the outside in. Begin by assessing parking, walkways, drop-off areas, exterior ramps, and entrances, then proceed to interior spaces - corridors; restrooms; elevators; registration, vaccination, and waiting areas; and then any communications features such as signage. Proceeding in this sequence parallels the experience of people as they undergo the vaccination process. By following this sequence, it is less likely that you will miss things.
3. Use the “Comments” space provided in each section to describe conditions that need attention or correction, or to add details that cannot be adequately addressed in the questionnaire. Recorded comments ensure that faulty memory - the bane of accurate assessment - does not produce inaccurate evaluation results.

Section 3

Structural Checklist for Drive-Through and Walk-In Vaccination Sites

Glossary of checklist terms

Use and application of a checklist is greatly aided when you understand what the terms mean and why the conditions they describe are important to people with disabilities. The following terms are all used in the checklist:

Access aisle (parking): The access aisle is the hatch-worked space beside the area for the vehicle that provides room for maneuvering and/or lowering a ramp. A standard accessible space is made up of the area for the vehicle (10 feet wide), plus an access aisle (five feet wide). Standard accessible spaces may share an access aisle. (See below for information on van-accessible spaces.)

Door hardware (non-compliant): Non-compliant door hardware is any hardware that requires a closed fist or grasping action to operate. Knobs are a typical example of non-compliant hardware. (Lever hardware is an example of compliant hardware.)

Door pressure weight: Door pressure weight (or resistance) is the pressure exerted by a door as it is opened; the term does not refer to the weight of the door itself. The maximum pressure weight for an interior door is 5 pounds; there is no standard maximum pressure weight for exterior doors, although 8 and ½ pounds is the recommended maximum.

Latch-side clearance: Latch-side clearance is the distance from the door latch (handle) to the wall on the same side as the latch. Without adequate latch-side clearance, a user of mobility equipment will not have room to attain position when opening the door. In other words, the clearance offers space to back into during the motion of pulling open the door.

Protruding object: A protruding object is a barrier that protrudes into the path of travel and is not revealed by the sweeping motion of a cane. Protruding objects are of special concern to people with visual disabilities. There are two categories of protruding objects: those that protrude horizontally from a wall and those that protrude vertically from a ceiling. In order to be designated a horizontal protruding object, the object must be at least 4 inches from the wall and at least 27 inches from the floor. Water fountains are frequently horizontal protruding objects. In order to be designated a vertical protruding object, the bottom of an object hung from the ceiling must be 80 inches or or less from the floor. Ceiling-mounted video screens are frequently vertical protruding objects.

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Glossary of checklist terms (Continued)

Signage (exterior): Exterior signage includes signs at accessible parking and signs at the accessible entrances. Signs at standard accessible parking spaces must include the wheelchair symbol. (See “Van-accessible parking,” below, for information on the additional signage requirements at van-accessible parking.) All accessible entrances must be marked as such and all inaccessible entrances must have directional signage that notes the location of the closest accessible entrance.

Signage (interior): Interior signage includes signs at accessible restrooms and signs at other rooms with designated uses. If space permits, signs must be mounted on the wall 60” from the floor (measured from the middle of the sign) on the latch-side of the door. Signs at accessible restrooms must indicate (in raised symbols, lettering, and Braille) 1) the specified gender, and 2) that the restroom is accessible. Inaccessible restrooms must have directional signage noting the location of the nearest accessible restrooms. Signage at designated rooms (other than restrooms) must have raised lettering and Braille.

Slope (non-compliant): Any slope greater than 1:12 is, in most circumstances, non-compliant. The ratio refers to 1 inch of rise for every 12 inches of travel. Any slope between 1:20 and 1:12 is considered a ramp and requires the mandated ramp features (e.g., edge protection, handrails, and a resting platform after 30 feet of rise).

Van-accessible parking: Van-accessible parking has dimensions that allow for use of a van lift. The dimensions are 8 feet for the space itself and 8 feet for the adjacent access aisle. Van-accessible spaces must be designated by signage that, in addition to the elements required for a standard accessible space, includes an extra sign indicating ‘van-accessible.’

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Parking

Requirements for the number and type of handicapped parking spaces vary depending on type of facility and overall size of parking area. Generally, there will be a minimum of 1 accessible space for every 25 total parking spaces up to the first 100 spaces. At least one, and no fewer than one of every eight accessible spaces, must be van-accessible. The number of accessible spaces increases with the size of the parking lot, but the required ratios diminish.

PARKING SPACE AVAILABILITY

of overall spaces in lot

of accessible spaces

of van-accessible spaces

ACCESSIBLE SPACES

Are accessible spaces closest to accessible entrance?

Yes

No

Is there an access aisle for every two accessible spaces that is on an accessible route leading to an entrance?

Yes

No

For car spaces, is the minimum width 10 feet for the vehicle and 5 feet for aisle?

Yes

No

For van accessible spaces is there a minimum of 8 feet for vehicle parking and 8 feet for the aisle?

Yes

No

Note: If a van-accessible space shares an access aisle with a standard accessible space, the aisle will have the dimensions of a van-accessible access aisle (eight feet)

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VAN-ACCESSIBLE GARAGE HEIGHT

Is there a minimum 114 inches vertical clearance at parking space?

Yes

No

Does the driving route from entrance to exit have a minimum 114 inches vertical clearance?

Yes

No

SIGNAGE

Do signs display international access symbol above grade at each space and have the words “van accessible when parking space is van accessible?”

Yes

No

SURFACE CONDITION

Smooth firm pavement; no cracks or level changes more than 1/2 inches

Yes

No

Slope less than or equal to 1:20

Yes

No

No water ponding

Yes

No

Grate openings max. 1/2 inches & perpendicular to route of travel

Yes

No

CURB CUT TO PATHWAY

Curb cut min. width 3' excluding sloped sides

Yes

No

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Structural Checklist for Drive-Through and Walk-In Vaccination Sites

CURB CUT TO PATHWAY (Continued)

Center slope not to exceed 1:12 unless insufficient space

Yes

No

Slope of flared sides not to exceed 1:10

Yes

No

Curb cut does not protrude into pedestrian path Max 1/2 inches lip at edge of road

Yes

No

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Drop off and entrance areas

Location of drop off area:

Is drop-off area within 100 feet of accessible entrance? Is there a 5' wide access aisle adjacent to & parallel to vehicle pull-up space?

Yes

No

SURFACE CONDITION

Is pavement smooth (no cracks or level changes more than 1/2 inches)?

Yes

No

Is slope less than or equal to 1:20

Yes

No

Is path of travel slip resistant and free from water ponding?

Yes

No

Are any grate opening sizes a max. of 1/2 inches & perpendicular to route of travel?

Yes

No

CURB CUT TO PATHWAY

Is min. width of any curb cut 3 feet excluding sloped sides? Does center of slope not to exceed 1:12 (unless insufficient space)?

Yes

No

Does slope of flared sides not exceed 1:10? Curb cut does not protrude into pedestrian path Max. 1/2 inches lip at edge of road

Yes

No

CURB CUT TO PATHWAY

Is min. width of any curb cut 3 feet excluding sloped sides? Does center of slope not to exceed 1:12 (unless insufficient space)?

Yes

No

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ACCESSIBLE EXTERIOR ENTRANCE

Doorway clearance at least 32 inches wide

Yes

No

From an open position, door closes at 5-second count

Yes

No

Door pressure weight does not exceed recommended (not required) 8.5 pounds

Yes

No

Threshold does not exceed 1/2 inch (3/4 inch if beveled)

Yes

No

If there is a vestibule, the space between the two doors is no less than the width of the door swinging into space, plus 48 inches

Yes

No

Is vaccine site area within 100 feet of accessible entrance?

Yes

No

Note: If more than 100 feet, route of travel should be marked with signs and provided with seating to allow people who experience difficulty walking distances to rest.

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Ramps

Slope of ramp between 1:12 and 1:20

Yes

No

Is pavement smooth (no cracks or level changes more than 1/2 inches)?

Yes

No

Minimum width 3 feet between handrails

Yes

No

Non-slip surface without cracks?

Yes

No

Level platform at bottom, every 30 feet, and/or at every change of direction, and at top

Yes

No

Minimum platform is 5 feet by 3 feet if ramp is straight or 5 feet by 5 feet if ramp changes direction

Yes

No

Platform at top is 5 feet by 5 feet

Yes

No

Ramps & landings with sheer drops have protection (railings, curbs etc.) to prevent slipping off edges and railings on both sides of the ramp

Yes

No

Handrail is 34 inches to 38 inches above ramp surface

Yes

No

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Ramps (Continued)

Handrail extends minimum 1 foot beyond ramp at top

Yes

No

Handrail extends minimum 1 foot beyond ramp at bottom

Yes

No

Handrail diameter is 1-1/4 inches to 1-1/2 inches

Yes

No

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Elevators

Vaccine site planners should consider whether reliable power will be available to operate a facility's elevators before counting on them to ensure accessibility during an emergency.

Minimum width 3 feet between handrails

Yes No

Door opening a minimum of 36 inches

Yes No

Reopening device activates when cab door is obstructed; door remains open min. of 20 seconds

Yes No

Cab size minimum 51 inches deep by 68 inches wide if door is off-center Cab size minimum 54 inches deep by 80 inches wide if door is centered Top control on panel is maximum 54 inches high for side reach and 48 inches for front reach

Yes No

Emergency controls and telephone at bottom of panel

Yes No

Raised symbols and lettering for all control buttons and emergency controls

Yes No

Raised and Braille floor designations on elevator doorjamb at 60 inches height

Yes No

Middle of buttons at landing max. 42 inches high

Yes No

Audible signals in elevator cab and at landings

Yes No

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Corridors & Common Areas

The dimensions and requirements listed below can be applied to both the permanent features of a facility and to “corridors” and common areas created by portable partitions, furniture and other temporary arrangements needed for site operations.

NOTE: In estimating space requirements for registration area, health care and social services agencies, computer workstations, etc., be sure to allow sufficient room for wheelchair access (4 foot aisles and 5 foot turning circles).

Carpet is securely fastened with exposed edges attached to floor

Yes No

Doormats anchored at all edges

Yes No

Edge strips at any change in materials

Yes No

Floor surfaces are stable, firm and slip resistant

Yes No

36 inches minimum clear route, except at doors

Yes No

At doors minimum clear width of 32 inches

Yes No

Minimum 18 inches clearance beside latch on pull side of each door

Yes No

Threshold maximum ½ inch high (if beveled, ¾ inch)

Yes No

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Corridors & Common Areas (Continued)

Hardware operable with closed fist (levers, not knobs) Easy to open (max. pressure 5 lbs.) and slow to close (minimum 5 seconds)

Yes

No

SIGNAGE

Signage raised and in Braille identifying restroom located on wall, near latch side, 60 inches from floor to center line of sign

Yes

No

Directional signs to accessible toilet rooms at non-accessible toilet rooms

Yes

No

Directional signs to TTY machine (if present)

Yes

No

PROTRUDING OBJECTS

Wall-mounted objects that protrude horizontally no more than 4 inches when mounted 27 inches or more over the surface

Yes

No

Ceiling-mounted objects that protrude vertically 80 inches or less from the floor when measured from the bottom of the object

Yes

No

Note: Drinking fountains are a frequent side wall protruding object. Open stairways are a variation of a vertical protruding object.

ALARM SYSTEM / CONTROLS

Fire pull boxes:

Operable part maximum 54 inches above floor (side reach)

Yes

No

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ALARM SYSTEM / CONTROLS (Continued)

Fire pull boxes:

Operable part maximum 48 inches above floor (forward reach)

Yes

No

Flashing signal on fire alarm system

Yes

No

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Restrooms

MAIN DOOR

Clear width minimum 32 inches

Yes No

At doors minimum clear width of 32 inches

Yes No

Minimum 18 inches unobstructed wall clearance beside latch on the pull side of door

Yes No

Threshold beveled and maximum 3/4 inches high

Yes No

Hardware operable with closed fist

Yes No

Easy to open (max. pressure 5lbs.) and slow to close (minimum 3 seconds)

Yes No

Signage raised and in Braille identifying restroom on latch side wall with centerline 60 inches above floor

Yes No

CLEAR TURNING SPACE

Minimum 5 foot diameter turning space

Yes No

SINK

Sink rim is maximum 34 inches high

Yes No

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SINK (Continued)

Front edge is min. 17 inches from back wall

Yes No

Knee space is min. 27 inches high

Yes No

Faucets are operable with closed fist

Yes No

Waste & hot water pipes below lavatory (sink) are insulated

Yes No

ACCESSORIES

Bottom of at least one mirror is max. 40 inches from floor

Yes No

Highest operable of all dispensers at maximum 48 inches above floor (if forward reach), 54 inches (if side reach)

Yes No

URINALS

Rim maximum 17 inches above floor

Yes No

TOILET STALL DOOR

Clearance width minimum 32 inches

Yes No

Minimum 18 inches beside latch on the pull side

Yes No

Latch operable with closed fist

Yes No

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TOILET STALL DOOR (Continued)

Coat hook maximum 54 inches above floor for side reach and 48 inches for front reach

Yes No

TOILET

Top of toilet seat 17 inches to 19 inches above floor

Yes No

Centerline of toilet 18 inches from side wall

Yes No

Grab bars mounted parallel to floor 33 to 36 inches above floor

Yes No

36-inch-long on back wall

Yes No

42-inch-long on side wall

Yes No

1 ½ inch space between grab bar and wall

Yes No

Bars are 1 ¼ inch to 1 ½ inch in diameter

Yes No

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Registration area

Registration tables or counters provide minimum 27 inches from floor in knee clearance

Yes

No

Alternative: provide clipboard that is sanitized after each use

Yes

No

Vaccination area

Are there clear spaces for wheelchair users receiving the vaccine that are a minimum of 30 in by 48 inches?

Yes

No

Post vaccination waiting area

Are there clear spaces for wheelchair users receiving the vaccine that are a minimum of 30 in by 48 inches?

Yes

No

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