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COVID-19 Vaccination

Clinical Care

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Special Considerations for COVID-19 School-Located Additional Resources Communications

This guidance should be used in conjunction with Guidance for Planning Vaccination Clinics Held at **Planning & Partnerships** Satellite, Temporary, or Off-Site Locations and the Satellite, Temporary, and Off-site Vaccination Clinic Supply Checklist. **COVID-19 Vaccination Program** Operational Guidance

Mass Clinic Guidance Vaccine Allocation Transfer and Purpose Redistribution Guidance for IHS and Tribal Facilities The purpose of this guidance is to provide information for planning and

> communication materials are also provided. Target Audience

The target audiences for this guidance are public and private entities interested in planning and implementing SLV clinics, including staff from state and local Guidance for assisting with public health departments, community health care clinics, pharmacies, pediatric jurisdictional planning and

practices, health systems. The information may also be useful and relevant to implementation of satellite, school and school district staff. temporary, or off-site vaccination clinics by public and private vaccination organizations.

More routine medical visiting, including routine vaccinations. Because of this, children, adolescents, and adults have been left

While children in the United States are vaccinated primarily in their pediatrician's or family doctor's office, schools provide • SLV can be more convenient for parents and guardians (referred to from this point on as parents)

the pandemic • SLV is often used for yearly influenza vaccination SLV is defined as vaccination that is: Administered on school grounds via temporary clinics

• Held before, during, and/or after school hours, or when schools are not in session (i.e., during summer break) • Typically involves collaboration between public health departments and public and private schools/school districts, and sometimes other public or private entities

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SLV Planning Considerations

The following planning considerations apply to SLV in general, regardless of vaccine type offered. For COVID-19 SLV (C-SLV)specific considerations, see Special Considerations for C-SLV below.

Start by considering the need for SLV and feasibility of offering it: • Is there a local need for SLV (i.e., is the availability of other vaccination providers in the community inadequate)?

If SLV clinics will be held, plan the basic approach: • Which vaccine(s) will be offered? • Will clinics be held during school, after school, or at other times like during the summer or when school is not in session, such as school breaks? Consider issues related to building access, need for extended hours for school staff,

Will eligibility be expanded beyond enrolled students (e.g., students from other schools, home schooled

 Select schools/school districts that will be offered SLV. • Contact superintendents and principals of selected schools to solicit interest in participation. **Scheduling Clinics and Developing or Gathering Materials** • Consistent with state law requirements, develop consent forms and parent communications.

• Plan for training vaccinators, school staff, and others involved in implementing the clinics, including training medical

staff on how to work with children as this is a specific skill which not all may possess. See You Call The Shots:

• Plan for clinic space and design clinic layout. Notify local healthcare providers of plans to offer SLV in schools their patients may attend. **Preparing for Clinic Day**

• Schedule SLV clinics, including make-up clinics or clinics to administer subsequent doses for multi-dose

that will need to be immediately available for the assessment and management of anaphylaxis. **Clinic Day Activities** • Review consent forms to ensure they are complete.

• Screen for Contraindications and Precautions to receiving routine childhood and adolescent vaccines and use

• Report any adverse events and vaccine administration errors to the <u>Vaccine Adverse Event Reporting System (VAERS)</u>.

• Record vaccine administration information (i.e., in local immunization information system (IIS) or "immunization

• Provide students and/or parents with post-vaccination materials, including EUA Fact Sheet or VIS, as appropriate.

• Communicate with school and school district partners about the clinic; tell them the number of students vaccinated

• To inform program improvement, consider collecting feedback from SLV participants and reviewing lessons learned.

the Prevaccination Checklist for COVID-19 vaccines, to ensure each student is eligible for vaccination

• If not done on the day of the SLV clinic, record vaccine administration information (i.e., in the immunization information system or "immunization registry"). • Communicate vaccination information to primary healthcare providers, as feasible.

and what is needed to prepare for subsequent clinics, as applicable.

• CDC_H1N1_Flu | School-Located Vaccination_Planning_Materials_and_Templates

traditionally led SLV efforts, but other public or private entities could alternatively serve as the

Regardless of which entity leads or initiates the SLV effort, establishing partnerships is essential.

who require background checks, the process may be quite lengthy and will vary locally.

Department of Education funding, and/or to other Federal or state laws.

What vaccine(s) is being offered and why it is recommended for their child

• Who they can contact if they have questions or concerns

them with vaccination information related to their patients.

Clinic Day Considerations

effects, see the COVID-19 Post-vaccination Side Effects below.

criteria for what proof of first vaccination will be required.

• Determine if other routinely recommended vaccines will be offered.

Additional considerations for C-SLV clinics:

access to COVID-19 vaccine.

How they can register and provide consent to their child receiving these services

Find a <u>customizable template communication to parents</u> about SLV, including one specific to C-SLV.

on local needs and/or laws.

When vaccine(s) will be offered

Parents

their child

as appropriate

Healthcare Providers

specifically.

children.

• Schools may have regulations about who can be on campus, especially during official school hours.

• Consider sending thank-you notes to volunteers.

Additional planning considerations can be found here:

• Guidance for Planning Vaccination Clinics | CDC

• Influenza School-Located Vaccination (SLV): Information for Planners • The resources section below.

lead. Neither schools nor school districts rarely usually lead SLV efforts unless there is a school-based health center

(permanent health clinics often located on school grounds that deliver primary care to enrolled students) affiliation.

In soliciting the support and partnership of schools and school districts, outreach to superintendents should occur as a first step. However, it is essential to also form partnerships with the school boards and to communicate with and gain the support of school principals and other school leaders. Having support among school leadership can facilitate program implementation, increase student participation, and lead to more successful SLV clinics. Find customizable template communications designed for school principals or other school leaders for SLV in general and for COVID-19 SLV specifically.

It may also help to be prepared to offer the schools and districts information and talking points to give to their stakeholders,

especially parents. Additionally, we recommend that each participating school identify a liaison or point of contact, such as

the school nurse, for the SLV. Regardless of the degree of school involvement, the SLV clinic should be viewed as a

partnership between public health and the school/school districts, in addition to any other entities that participate.

consult their legal counsel for advice concerning the applicability of legal immunity, licensure, medical consent, and privacy laws that may exist with respect to persons involved in vaccination programs: • School officials should consult with local counsel regarding any employment issues (including potential impact on collective bargaining agreements), as well as privacy and/or confidentiality concerns or requirements. • Schools may require background checks for SLV staff and volunteers who will be present on school property. For those

• Generally, the federal government does not have medical consent requirements. Instead, requirements for medical

circumstances under which minors can consent to their own medical treatment, including vaccination. Consult with

information regarding the child. Student information contained in the vaccine consent form may be protected by state

or federal privacy laws or regulations. Requesting such authorization may be recommended or necessary, depending

local counsel to consider the extent to which state/local law sets out when consent is required from a parent, the

• Federal law (as well as state law) may regulate the vaccinator's use or disclosure of individually identifiable health

• The <u>Family Education Rights and Privacy Act</u> (FERPA) applies to educational agency or institutions receiving

SLV clinic organizers will need to develop materials and information that describe the SLV and explain to parents.

consent are legislated and/or regulated by each state or jurisdiction; these requirements may include the

format of required consent, including possible verbal consent, and the process for obtaining consent.

 Joint Guidance on the Application of HIPAA and FERPA to Student Health Records (hhs.gov) For additional legal considerations specific to COVID-19 SLV (C-SLV), see Special Considerations for C-SLV below. Communications

• The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule may allow use or disclosure of a minor's

• A statement on whether their child did or did not receive vaccination and the reason they were not vaccinated (i.e., illness, child refusal, or a contraindications). Parents should also be notified if a reaction, such as syncope, occurred. Optional: An additional copy of the VIS or EUA Fact sheet. Find <u>customizable templates for post-clinic parent communications</u>, including one for C-SLV, specifically.

Local healthcare providers may have concerns that children vaccinated at SLV clinics will not see their primary healthcare

critical to seek the buy-in of local healthcare providers early in the process and to ensure processes are in place to provide

provider for other preventive care services. They may also have concerns about patient record keeping. Therefore, it is

Find customizable templates for communicating with local healthcare providers about SLV here, including one for C-SLV

Following the SLV clinic, all parents who provided consent should receive an additional communication that includes:

Post-vaccination Side Effects Syncope (fainting) has been reported after vaccination. It is most commonly reported in adolescents. While clinical guidance recommends that vaccination providers observe patients for 15 minutes after vaccination, it is particularly important to do so for adolescents. SLV staff should be aware of common signs and symptoms of an impending syncopal episode including

• Provide the vaccine recipient or, as applicable, a legal guardian a copy of the <u>EUA Fact Sheet for Patients and Caregivers</u> for the vaccine to be given before vaccine is administered. • Provide a COVID-19 vaccination record card to all vaccine recipients. • Document vaccine administration in their medical record systems within 24 hours of administration, and report

• How can I comfort my child after vaccination?

hours after administration.

administered.

- Is it mandatory/required that my child receive the COVID-19 vaccine? • Will the school also provide the second dose of vaccine (if applicable)? • What if my child has a reaction to the COVID-19 vaccine at school? • What if the vaccine makes my child feel sick and they miss school? Will their absence be excused?
- training. Training is important not only for those who will prepare and administer vaccine, but also for those responsible for other critical, mandatory functions, including protecting the vaccine cold chain, inputting required data, and ensuring vaccine recipients receive documentation of vaccination. At a minimum it is highly recommended that all healthcare personnel review the <u>COVID-19</u> module for the vaccine(s) being administered.

COVID-19 Post-vaccination Side Effects

experience side effects.

References

Additional Resources • CDC's Division of Adolescent and School Health • COVID-19 Vaccine Toolkit for Staff in School Settings and Childcare Programs | CDC

for contacting parents/guardians and sending students home early if they are feeling ill post-

MMWR <u>Decline in Child Vaccination Coverage During the COVID-19 Pandemic — Michigan Care Improvement Registry, May 2016–</u> May 2020 | MMWR (cdc.gov) Notes from the Field: Rebound in Routine Childhood Vaccine Administration Following Decline During the COVID-19

Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — United States, 2020

National Association of County and City Health Officials [NACCHO] School-Located Influenza Vaccination Toolkit

Pandemic — New York City, March 1-June 27, 2020 | MMWR (cdc.gov)

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Considerations for Planning School-Located implementing school-located vaccination (SLV) clinics for any routinelyrecommended vaccine as well as COVID-19 vaccine. Modifiable template Background Widespread COVID-19 vaccination is a critical tool to protect people, including eligible children, from COVID-19 and help stop the pandemic. Over the course of the pandemic, there has also been a decrease in non-urgent, face-to-face, vulnerable to becoming infected with vaccine-preventable diseases, thus increasing the risk of vaccine-preventable disease outbreaks. unique opportunities for getting children vaccinated: • Children are already present in schools • SLV can be used to administer COVID-19 vaccine rapidly and efficiently to eligible students and possibly their family members, teachers, school staff, and others in the community

• SLV can be used to offer routine vaccinations and catch-up vaccinations for students behind in vaccination because of

Vaccinating Adolescents.

vaccines, as applicable.

• Administer vaccine(s).

Post-clinic Day Activities

registry").

• Identify clinic staff.

• Are there sufficient resources and staff to implement SLV?

class disruption, vaccine availability, additional operational costs, etc.

Establish partnerships with entities that will help promote and implement SLV.

• As applicable, develop or plan for use of an electronic registration and/or consent system.

• Plan to distribute educational and <u>promotional materials for students and parents</u>.

• Is there adequate community and stakeholder support?

• Primarily designed to vaccinate enrolled students

are not school staff or students to be vaccinated). Developing a list of SLV planning and implementation activities, along with a timeline, may help the program run more smoothly and efficiently. Below is a list of activities that may be useful for planning SLV clinics. **Establishing Partnerships**

students, school staff, parents and other family members, community members)? Consider vaccine supply, potential

for vaccine wastage, and logistical issues (e.g., clinics held during school may not be conducive to inviting persons who

including an Emergency Use Authorization (EUA) Fact Sheet or Vaccine Information Statement (VIS), as appropriate. • Train all SLV staff. Some helpful links are provided below: Vaccine Storage and Handling Resources COVID-19 Vaccine Training Modules Vaccine Administration

Interim Considerations: Preparing for the Potential Management of Anaphylaxis after COVID-19 Vaccination

• Order vaccine and clinic supplies, possibly based on returned consent forms. Clinic supplies should also include those

• Provide consent forms and promotional and educational materials for the school to distribute to parents and students,

Establishing SLV Leadership and Partnerships A critical initial step in planning for successful SLV clinics is to form partnerships. Public health departments have

Legal Issues Related to Minors, School Staff, and Volunteers SLV programs must ensure they are conducted in accordance with state and local laws and regulations. Entities should

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health information with signed authorization of the parent/guardian using a form that meets HIPAA requirements. Top of Page

All communications should be translated and available in various languages, as locally appropriate.

• How they can access the VIS or an EUA Fact Sheet for Patients and Caregivers for the vaccine(s) to be administered to

• Where they can find consent forms and pre-vaccination checklists for contraindications and precautions to vaccination,

Protection of Minors If parents will not be present during vaccination, it is critical to protect minors by ensuring processes are in place to: • Verify students are eligible to be vaccinated ahead of the SLV clinic, by reviewing consent forms to ensure they are complete and screening for contraindications and precautions.

• Ensure only children who have parental consent are vaccinated by confirming a child's identity. Identify students at

time of vaccination, possibly through a child's verbal confirmation or through a teacher's verification for younger

lightheadedness, dizziness, visual and/or auditory changes, nausea, diaphoresis, pallor, and palpitations, among others, and

In addition, administering any medication, including vaccines, has the potential to cause adverse events. Find information on

take appropriate measures to prevent injuries. If syncope develops, patients should be observed until symptoms resolve.

Decisions about whether to offer C-SLV should be made at the local level, because the feasibility and appropriateness will

• If resources are limited and C-SLV clinics must be offered to a subset a schools within a region or district versus all

dose clinics, with an awareness of possible conflicts with school events (e.g., graduation, standardized

testing) and lower student availability if clinics occur during the summer or during school breaks.

schools, decide how to prioritize schools or school districts based on the principles of health equity and ensure equal

• Decide when to schedule C-SLV clinics, including second dose clinics if needed at the appropriate interval following first

• Decide whether persons receiving a first dose elsewhere can receive the second dose at the C-SLV clinic, and then set

• Separate consent requirements for administration of each respective dose of a two-dose COVID-19 vaccine series.

COVID-19 vaccines are currently available in the United States as part of the CDC COVID-19 Vaccination Program. This

• For the entity receiving and administering the COVID-19 vaccine and supplies, enroll as a COVID-19 vaccination

• Follow all storage, handling, preparation, and administration requirements for the COVID-19 vaccine(s) being

• Provide COVID-19 vaccine at no cost to the vaccine recipient. However, COVID-19 vaccination providers may seek

administration fee reimbursement from private insurance, Medicare, or Medicaid. Providers may also seek

• Some states are using certain types of healthcare providers to administer COVID-19 vaccine under the <u>Public Readiness</u>

and Emergency Preparedness (PREP) Act . This allows individuals such as retired physicians or providers licensed in

other states to administer COVID-19 vaccinations. However, these providers may not be covered to administer other

vary greatly by state, county, school district, and even from school to school. Consider factors such as the availability of

managing vaccine reactions in children and teens in a community setting. For information on COVID-19-specific side

Special Considerations for COVID-19 SLV (C-SLV)

other COVID-19 vaccination providers in the community, as well as community support for vaccination.

C-SLV-specific Legal Issues In addition to legal considerations for all SLV programs, C-SLV programs should also consult with their legal counsel on issues specific to COVID-19 vaccination. Some legal issues, laws, and regulations to be aware of include:

vaccines during a C-SLV clinic; consult with legal counsel for further guidance.

provider and sign the CDC COVID-19 Vaccination Program Provider Agreement.

program has specific legal requirements that all COVID-19 vaccination providers must adhere to:

administration fee reimbursement for <u>underinsured</u> and <u>uninsured</u> vaccine recipients.

• Follow and keep up with all existing and new <u>COVID-19 vaccination provider requirements</u>.

C-SLV-specific Communications In addition to routine communication about SLV clinics, planners may wish to provide specific information to parents to answer the following questions about C-SLV: • Why are students being offered COVID-19 vaccine at the school?

You can find <u>customizable templates to communicate with parents</u> prior to the first and second C-SLV clinic, as applicable, as

importance of COVID-19 vaccination, may increase vaccine confidence and contribute to the success of C-SLV programs and

Educating students, parents/guardians, and school staff on the safety and efficacy of COVID-19 vaccines, as well as the

While many healthcare providers will likely be supportive of the C-SLV programs, they may still have concerns about

vaccinations occurring outside of their practices. You can help alleviate healthcare providers' concerns by keeping them

informed about the program, involving them early in the process, and reassuring them that you will enter vaccination

information into the IIS in a timely manner and promoting well child visits and routine vaccination catch up.

administration data to the relevant system for the jurisdiction (i.e., IIS) as soon as practicable and no later than 72

Find a customizable template communication to local healthcare providers. C-SLV-specific Training Because COVID-19 vaccines are new, it will be critical that all personnel involved with C-SLV programs receive appropriate

• What are common reactions after vaccination (e.g., painful injection site)?

well as post-vaccination communications for students who were and were not vaccinated.

See <u>frequently asked questions about COVID-19 and COVID-19 vaccines</u> for additional information.

clinics. Promotional materials can be found on the COVID-19 Print Resources page.

When should I seek medical advice and who should I contact?

Note: The following are examples of non-governmental websites that may be useful for persons planning and implementing SLV. Linking to a non-federal site does not constitute an endorsement by HHS or CDC or any of its employees

of the sponsors or the information and products presented on the site.

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It is not uncommon for people, including children and adolescents, to experience side effects following COVID-19 vaccination. Because of this, staff from schools/school districts participating in C-SLV should consider developing protocols vaccination. Also consider establishing protocols for excusing school absences one to two days after vaccination as students

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