

CDC Guidelines for Large-Scale Influenza Vaccination Clinic Planning

To facilitate the most efficient and safe delivery of available vaccine via large community clinics, these recommendations and guidelines have been developed to assist with planning large-scale influenza vaccination clinics by public and private vaccination groups. Ideally, plans from private and public groups should be shared to identify best practices, avoid unnecessary overlapping of services, and maximize the effective and efficient delivery of influenza vaccinations.

This document provides general guidance to help ensure smooth operations at large-scale vaccination clinics under 8 major headings:

1. Leadership roles
2. Human resource needs
3. Vaccination clinic location
4. Clinic lay-out and specifications
5. Crowd management outside of the clinic
6. Crowd management inside of the clinic
7. Clinic security
8. Clinic advertising

Leadership Roles

- Designate local clinic leaders for overall vaccination campaign operations and leaders for communications systems from both the public and private sectors
- Designate a clinic manager and a team leader and backups to coordinate supplies, logistics, clinic personnel, and to support functions

Human Resource Needs

- Secure staff to fill the positions of greeters-educators, priority client screeners, forms' support personnel, medical screeners, clinic flow controllers, vaccination assistants, vaccination administrators, data collectors/enterers, security and emergency medical personnel
- Meet the language needs of the community using multi-lingual staff
- Prepare staff members to know and execute their responsibilities and be able to correctly answer questions from clients
- Cross-train staff members, if possible, to enable flexibility in meeting needs at various stations as demands fluctuate
- Make provisions for surge capacity staffing, particularly at clinic opening time, where pre-scheduling will not be done or large numbers of unscheduled clients are anticipated
- Request surge capacity staff from out-of-area city/county agencies and health departments, local private nursing agencies, local nursing associations, local law enforcement, local medical community, health care worker and pharmacy students, volunteer groups and personnel working at the retail stores/corporations that might be used as the clinic sites
- Ensure staff well-being by scheduling times for rests and snacks in a designated area

Vaccination Clinic Location

- Seek out school gyms, churches, auditoriums, theaters or other large covered public spaces accessible to the elderly and persons with disabilities
- Ensure proximity to population centers and mass transit, ample parking, separate entry and exit doors, adequate lighting and heating, functional and accessible restrooms, and adequate space for all clinic functions such as screening, registration, vaccine storage, vaccination, and staff breaks
- Select a facility with space for reasonably large and well-delineated covered gathering areas outside and inside of the clinic

Clinic Lay-Out and Specifications

- Set up for unidirectional client flow from an external gathering area → eligibility screening area (multiple stations) → clinic entrance → facility waiting area(s) → form completion /question and answer area (multiple stations) → medical screening/treatment area (as needed) → vaccination area (multiple stations) → post-vaccination observation area → exit at a location distant from the entrance – (see Example of Large Scale influenza Vaccination Clinic attached)
- Use liberal amounts of rope, stands and signs in multiple languages, as needed, in outside waiting area(s) and inside clinic to delineate routes for clients to follow from station to station
- Provide seating for clients at each vaccination station and one or more vaccination stations with surrounding screens where over-clothed clients can discreetly bare their arms for vaccination
- Section off private area(s) where clients who experience acute adverse events after vaccination or who have medical problems can be evaluated and treated
- Ensure the presence of an onsite emergency medical kit and a physician, emergency medical technician (EMT), pharmacist, or nurse certified in basic cardiopulmonary resuscitation who can administer treatment for allergic reactions and address urgent medical problems

Crowd Management Outside of the Clinic

- Schedule staff to arrive 1 to 2 hours before clinic opening time to welcome and screen clients even if pre-scheduling is being used
- Arrange accommodations for special-needs clients (e.g., persons with disabilities, very advanced age or fragility) for expedited access into the clinic
- Direct arriving clients into several lines and use numerous signs and announcements to clarify who falls into high-risk groups
- Communicate the number of vaccine doses available at the clinic to the clients
- Instruct clients to assess their eligibility to receive vaccination by reviewing the CDC, or similar, self-screening form; provide language translation services where necessary
- Update clients on their estimated waiting times to be screened
- If vaccine supplies are limited and vaccine is being prioritized for certain groups, inform waiting clients that high-risk populations only will be served
- Schedule additional screeners to reduce crowd size and waiting times by rapidly identifying and retaining high-risk clients and dispersing non-priority individuals
- Distribute Vaccine Information Statement (VIS) and other educational or necessary clinic forms to clients as they enter into the clinic
- Provide clients who cannot be served for lack of vaccine an up-to-date listing of alternative clinics providing vaccinations

Crowd Management Inside of the Clinic

- Vaccinate clients in the order of their arrival (consider numbered tickets)
- Arrange accommodations for special-needs clients (e.g., persons with disabilities, very advanced age or fragility) to receive expedited vaccination – consider a dedicated vaccination line
- Communicate clinic updates and wait times for vaccination so that clients are free to leave and return to be vaccinated
- Provide entertainment materials, TV and/or refreshments if wait times are anticipated to be long
- Assist clients in completing required forms (e.g., consent forms, vaccination cards and/or other required forms) by having sufficient support staff available
- Utilize runners to keep staff stocked with ample supplies so that they can remain at their stations
- Maintain a steady flow of clients through the clinic so that vaccinators are never without a client at their stations; redirect clients to other stations if bottlenecks occur
- Vaccinator assistants fill syringes with vaccine at the time of vaccination only preparing just enough vaccine and prefilled vaccine syringes to meet the clinic's needs on an ongoing basis; never pre-fill before clinic opening hours
- Discard any vaccine-filled syringes remaining after the clinic closes
- Provide adequate facilities (e.g., waiting areas, restrooms, water) to meet the needs of the clients

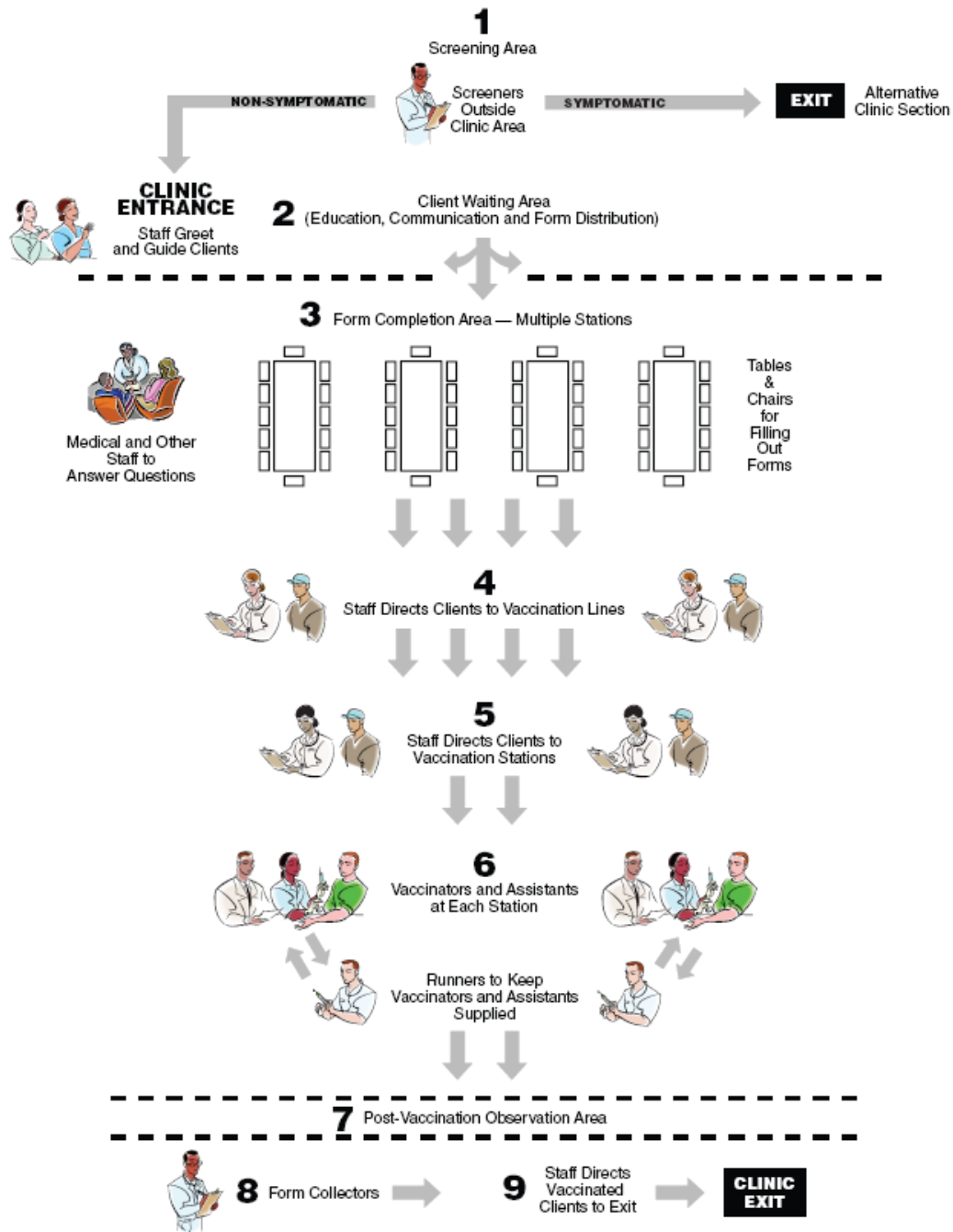
Clinic Security

- Require all staff to wear identification cards color coded for their job functions
- Consider using uniformed presence to act as security and assist in managing crowds
- Employ security personnel to monitor the mood of waiting crowds and communicate deteriorating situations to the clinic manager
- Secure the vaccine and protect clinic staff and their valuables
- Recruit local volunteers familiar to clinic customers since they may be especially effective in diffusing crowd-related tension

Clinic Advertising

- Use multi-lingual and multimedia channels to widely post clinic purpose, dates, locations, times, and which populations will be served
- Provide instructions on how to set up appointments via telephone, in person, or other systems if pre-scheduling will be used
- Know how much vaccine is available for a scheduled clinic and how to reallocate vaccine through centralized or individual clinic efforts to meet the acute needs of other providers
- Recognize that scheduling may be overwhelmed and therefore not be maintainable or able to meet clients' needs during a time of severe vaccine shortage; direct clients to other facilities as required

Example of Large Scale Influenza Vaccination Clinic



REFERENCES

These vaccination clinic planning considerations are a compilation of concepts and practices from many sources – published, unpublished and personal communication.

Published sources:

- [Prevention and Control of Influenza: recommendations of the Advisory Committee on Immunization Practices \(ACIP\)](#)
- [General Guidelines for Smallpox Vaccination Clinics:](#)
- [Guidelines for Large Scale Vaccination Clinics:](#)
- [HHS Pandemic Influenza Plan](#)

Unpublished draft document sources

- [Community-Based Mass Prophylaxis: A Planning Guide for Public Health Preparedness. October 2004. Agency for Healthcare Research and Quality, Rockville, MD.](#)
- General Guidelines for Pandemic Influenza Vaccination Clinics; Health Services Research and Evaluation Branch, NIP, CDC
- Pandemic Influenza: Clinic Preparation Checklists; Health Services Research and Evaluation Branch, NIP, CDC
- State and county health pandemic influenza preparedness plans; selected states
- State, county and city after action reports on exercises of mass prophylaxis and immunization plans; selected states

Personal Communication

- Community Vaccinators Working Group members Department of Health and Human Services Centers for Disease Control and Prevention

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- Page last updated October 17, 2006
 - Content Source: Coordinating Center for Infectious Diseases (CCID)
 - [National Center for Immunization and Respiratory Diseases \(NCIRD\)](#)

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