



**MOBILE
VACCINATION
PLAYBOOK**

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If you have any feedback or remarks on the design of the mobile vaccination capabilities outlined in this playbook. Feedback will be reviewed and updated regularly.

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How to Use this Playbook

This playbook establishes guidance for providing support to existing and new mobile vaccination clinics and delivery service for homebound individuals that are essential to accomplishing the national mission to provide comprehensive access to vaccinations in the safest, fastest, most equitable and efficient means possible. The document opens with the defined scope of practice and "how to" guides for planning and operational leaders to use in the field. It also outlines guiding assumptions and best practices for equitable distribution. Finally, it offers several printable resources to enhance planning and building required for Fixed-Mobile clinics and 'Vaccination To You' services.

By leveraging partnerships in the community as well as health care services and providers, anyone can reference this playbook to address innovation and delivery solutions to meet critical needs for and with our communities.

How To Use This Playbook

Key points are bulleted with four symbol icons to depict their purposes:

- Key criteria or highlights
 - Important background knowledge
 - ✓ Action to take
 - ☐ Check off the list as completed
1. Numbered lists reflect step by step instructions to be followed in order

How To Access the Playbook

- **Tablet:** View the electronic Playbook on a tablet using any PDF document viewer. Use the navigation menu (bottom of each page) to browse the electronic document.
- **Binder:** Print in BLACK and WHITE, double-sided for faster printing and 3-hole punching.
- **Field Guide Flip Book:** Print Plan and Procedure pages on card stock at 100% scale or 2-up on one page. Then laminate printed pages to spiral bind it at the top edge.
- **Job Aids:** The Personnel pages can be printed at 50% scale or as 2-up on one page to distribute as pocket sized job aids.

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Duty of Care

Organizations managing clinics should take reasonable measures to prevent activities that could result in potential harm for all patients, volunteers, and paid staff. Designate a leader at the mobile vaccination clinic to ensure a safe working environment is provided and maintained. Specifically, ensure the following:

1. Workers should work reasonable hours and encouraged to rest:

- Suggested: 30-minute break for every 4 hours of work
- It is not recommended to have volunteers work long, consecutive shifts

2. Workers should be fed & hydrated throughout workday:

- Food is made available at worksite
- Workers are drinking water regularly
- Sunscreen is made available to workers
- Rest time is provided

3. Workers should be prepared to perform tasks safely:

- Provided relevant safety and procedure information
- Provided training on assigned tasks
- Provided necessary hygiene and safety equipment (PPE)

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Scope of Practice

Fixed-Mobile Vaccination Capability: A mobile vaccination clinic can be held at a temporary site as well as set-up, torn-down, and moved to new locations daily. Any organization and its partners will spend significant time in communities to ensure safe and efficient vaccination delivery is efficiently achieved. This is a targeted approach to ensure quality service to individuals arriving to be vaccinated either by foot, vehicle, or any other mode of transportation.

Vaccination To You Capability: Personnel can deliver vaccines directly to homebound individuals, including those that need the help of another person or medical equipment such as crutches, a walker, or a wheelchair to leave their home, or their medical provider believes that their health or illness could get worse if they leave their home, and they typically do not leave their home.

- *The purpose of these mobile capabilities is to decrease the risk of transmission of COVID-19 equitably across the United States. The collected guidance that follows aims to widen the footprint of vaccination distribution by offering augmented support, preparing space, and freeing up time that allows rural hospitals, health centers, or critical access healthcare facilities to perform activities with increased velocity.*

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Guiding Assumptions

The following assumptions serve as foundational knowledge for effective mobile vaccination execution. These are included to inform foresight into any improvisations or modification that may become necessary over time and across geographies.

- Partnership through federal agencies, healthcare systems, rural hospitals, and local organizations are needed to supply or support states, tribes, and territories with staffing augmentation needs. This is based on authorization and identified staffing capability to support clinical and/or non-clinical requirement (e.g. vaccine administration vs. general crowd management and administrative support).
- There will be a change in the available national vaccine supply, storage requirements for vaccine centers, and the number of doses required by recipients pending vaccine developments.
- Plans for operating and activating mobile vaccination clinics must be coordinated with rural hospitals/health centers or critical access healthcare facilities to support access to vaccination in jurisdictions.
- Staffing requirements may change as a function of the facility or local jurisdictions.
- Current distribution of vaccines is not reaching communities most affected by the disease and prioritizes non-vulnerable, low Social Vulnerability Index (SVI) communities.
- TR or any partner could be assigned roles that only account for a portion of any given process and should support the steps assigned.

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Fixed-Mobile Vaccination:

Process

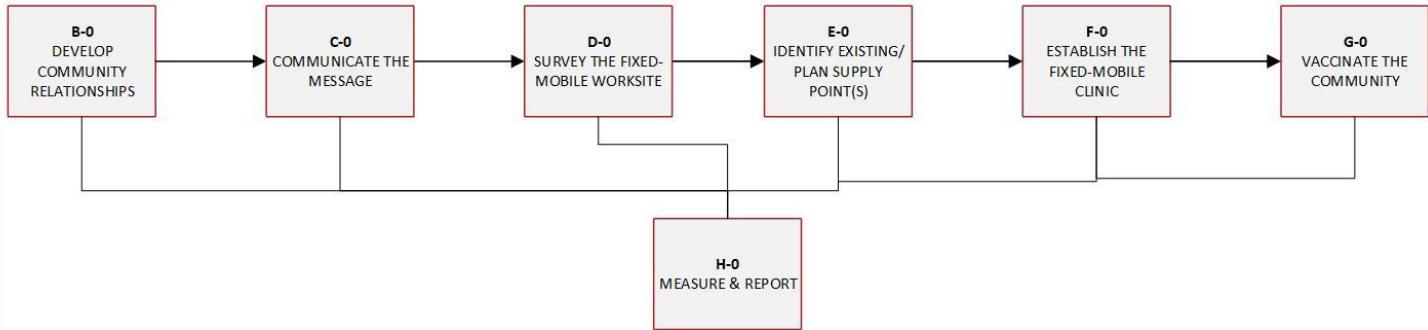
Mobile Vaccination

Macroprocess: **Fixed-Mobile Vaccination**

Objective: To equitably increase access to vaccines in underserved communities through pop up fixed-mobile clinics.



Process ALPHA Last Update: 20210324



Definition: Fixed-mobile vaccination clinics are designed flexibly to scale in increase equitable access in communities and enhance the velocity of vaccine distribution. These clinics are typically established as temporary sites, and can be set-up, torn-down, and moved to new locations daily.

Targeted Communities: Hard to reach (rural, inaccessible, immobile, etc.), Marginalized (BIPOC, non-English speaking, homelessness), Health Disparaged (poor health status, less or no healthcare access, underinsured or uninsured, significant disparities in their life expectancy, access to and use of healthcare services, morbidity, and mortality), Socially or Economically vulnerable (single parents, those living at or below the poverty line, those isolated or ostracized, etc.)

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Develop Community Relationships

Mobile Vaccination Manual

Subprocess: **Develop Community Relationships**

Objective: Develop a coalition of partnerships needed to work in the community



Process BRAVO Last Update: 20210324



Partnership with local healthcare providers, health centers, or critical access healthcare facilities is key to ensuring proper site identification and set-up, availability of medical personnel and equipment, and overall successful implementation of any mobile vaccination modality communities. Partnership with trusted local organizations and community leaders is also crucial to effectively work in communities and widen the vaccination footprint. Ensure this Coalition (or network of partnerships) has been established before any planning or set up of sites has occurred. Together, develop a list of potential vaccination sites are adequately planned, vetted, and communicated within the community (always be sure to include details related to time, meeting location, and any expectations related to the mobile clinic).

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Develop Community Relationships

<p><i>Identify Leaders/Points of Contact in the Community</i></p>	<ul style="list-style-type: none"> • Establish communication for effective and collaborative implementation. • Develop with the community a needs assessment of local policy, systems, and environmental limitations <ul style="list-style-type: none"> ➢ Map local territories ➢ Gather safety and hazard details related to location scouting, worksite locations and strategies to develop effective outreach methods within communities
<p><i>Fixed-Mobile Clinics: List Potential Worksites</i></p>	<ul style="list-style-type: none"> • Locate vaccination sites near public transportation and work with partners to secure ride service for older adults, people with disabilities, people who are homebound, or others for whom transportation to the site is a barrier (see options for using Lyft and Uber) • Seek places that are safe, familiar, and accessible. <ul style="list-style-type: none"> ➢ Compile a list of potential locations and information about worksites inform areas to be surveyed and assessed for potential mobile vaccination clinics. • Seek locations that are accessible by public transportation, ADA complaint, and follow jurisdictional fire/emergency guidance.

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Communicate the Message

Identify Local PIOs and Community Leaders

- Understanding nuances in the community
- Develop message about vaccination service
- Identify communication methods that will be best received by community members
- Deliver message through trusted community leaders, organizations and other resources, such as the local press

Determine Outreach Method

- Leverage existing platforms dedicated to general COVID-19 information and vaccination efforts
- Use the means of communication that community prefers, e.g., word of mouth, or social media, flyers, printed collateral, door to door outreach, posters, phone calls, open houses, advice from one person such as a community leader or their children's teacher
- Set up registration systems to allow early or special access for highest risk and disadvantaged groups who might not be able to register using online register
- Ensure community messengers provide early notification of registration opportunities and enough support for people to successfully complete their vaccination.

Develop Message

- Develop message with the community and reflecting the community's most frequently spoken languages
- Customize this [Community Outreach Boilerplate Template](#) to inform each community and get the word out

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Survey the Fixed-Mobile Worksite

When surveying the worksite, be sure there is:

- Ample space (indoors or outdoors), including adequate space for proper traffic flow, parking, entry/exit, and line queue
- Space for clinic functions such as screening, registration, vaccine storage and preparation, vaccination, waiting areas to monitor for adverse reactions after vaccination, and emergency care
- An administrative and break room

Assess the usability of the space, noting any of the following considerations:

- ✓ Weather accommodations for walk-through, curbside, drive-through, or mobile site
- ✓ Ability to maintain/resupply appropriate vaccine cold chain, storage/monitoring
- ✓ Availability of accessible restrooms
- ✓ Adequate entry and exit points, including the one-way clinic flow
- ✓ Adequate heating, cooling, and lighting
- ✓ Capacity to adhere to infection prevention, equipment specifications, and public safety regulation requirements and protocols (e.g., social distancing)
- ✓ Compliance with Americans with Disabilities Act (ADA) standards, along with ease of accessibility by the elderly and those with disabilities and mobility issues
- ✓ Proximity to population centers and mass transit
- ✓ Internet access
- ✓ Enough power outlets and electrical capacity for clinic needs, including portable vaccine refrigerators and computers, if applicable

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Identify Existing Supply Point(s)

- Inquire with the healthcare partner whether a supply point has already been identified or established.
 - If pre-existing supply points have been established, ensure that the chosen location is strategically located within the targeted community's projected operational area for mobile vaccination.
 - Identify a supply point after mobile vaccination sites have been identified, strategically placed where the location adds to the efficiency of the mobile vaccination efforts.
- **If no supply point facilities have been established**, work with healthcare and community organizations to assess quantity, location, and composition of new, centrally located point(s) of supply to support the entire operational area.
- **If a pre-existing supply point has been established**, set up a supply chain within that supply point.

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Plan Supply Point(s)

Establish Supply Point(s)

- Strategically establish the supply point within the community to ensure equitable access to vaccines by underserved populations.
- Supply points must be flexible and account for all storage, handling, and partnership requirements related to each unique site
- Supply points must contain adequate consumable medical and administrative supplies.
- Partnering healthcare systems are responsible for storage, handling, and administration of the vaccine and will ensure that all manufacturer and Emergency Use Authorization (EUA) storage requirements are met.

Submit Resource Request

Any equipment or supplies needed to be procured by TR will require the completion of a resource request. All resource requests will be managed by Command & General Staff and coordinated through the submission of a [213 Resource Request Form](#).

Inventory Check

Perform an inventory check before leaving a supply point, to ensure all supplies and equipment are within the vehicles.

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Establish the Fixed-Mobile Clinic

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Subprocess: Establish Clinic

Objective: Ensure effective and equitable vaccine distribution within the community



Process **DELTA** Last Update: 20210324



- A team leader should clearly communicate schedules and instructions to team members with assignments for times and locations for the set up and tear down of mobile clinics.
- Assign teams to a worksite with consideration for site need, individual availability, and unique skillset.

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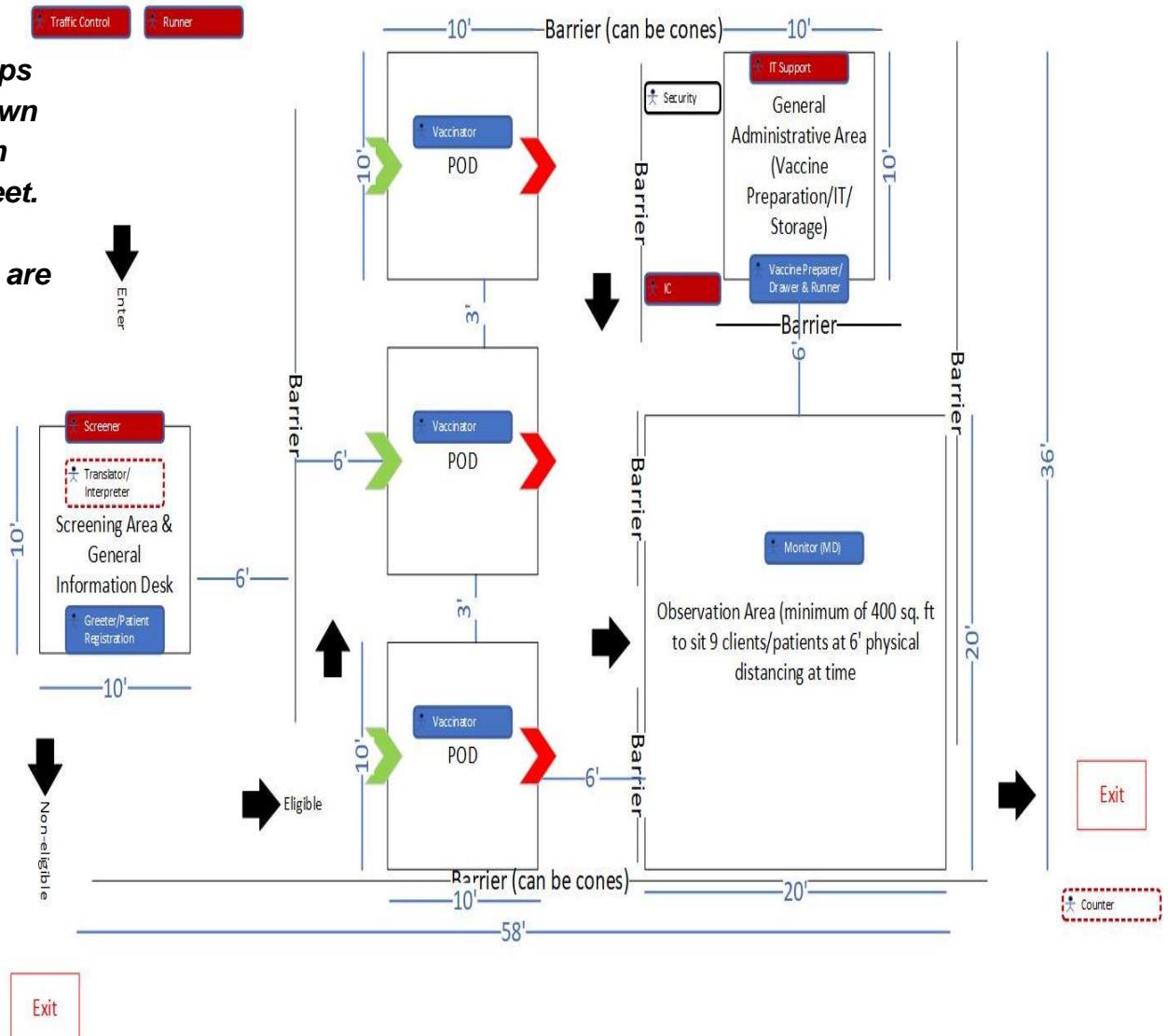
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Suggested Walk-Through Worksite Layout

**Pop-up fixed
mobile- walk-ups
(set-up/tear down
daily) Minimum
2,400 square feet.**

**Measurements are
not to scale.**



Facility or Site Requirements

Patient accompaniment not receiving the vaccine (unless patient is a minor or in need of a caretaker) must wait in a designated outside area until the patient experience ends. Placement of this waiting area as well as a break room for staff should be considered when mapping out the site plan.

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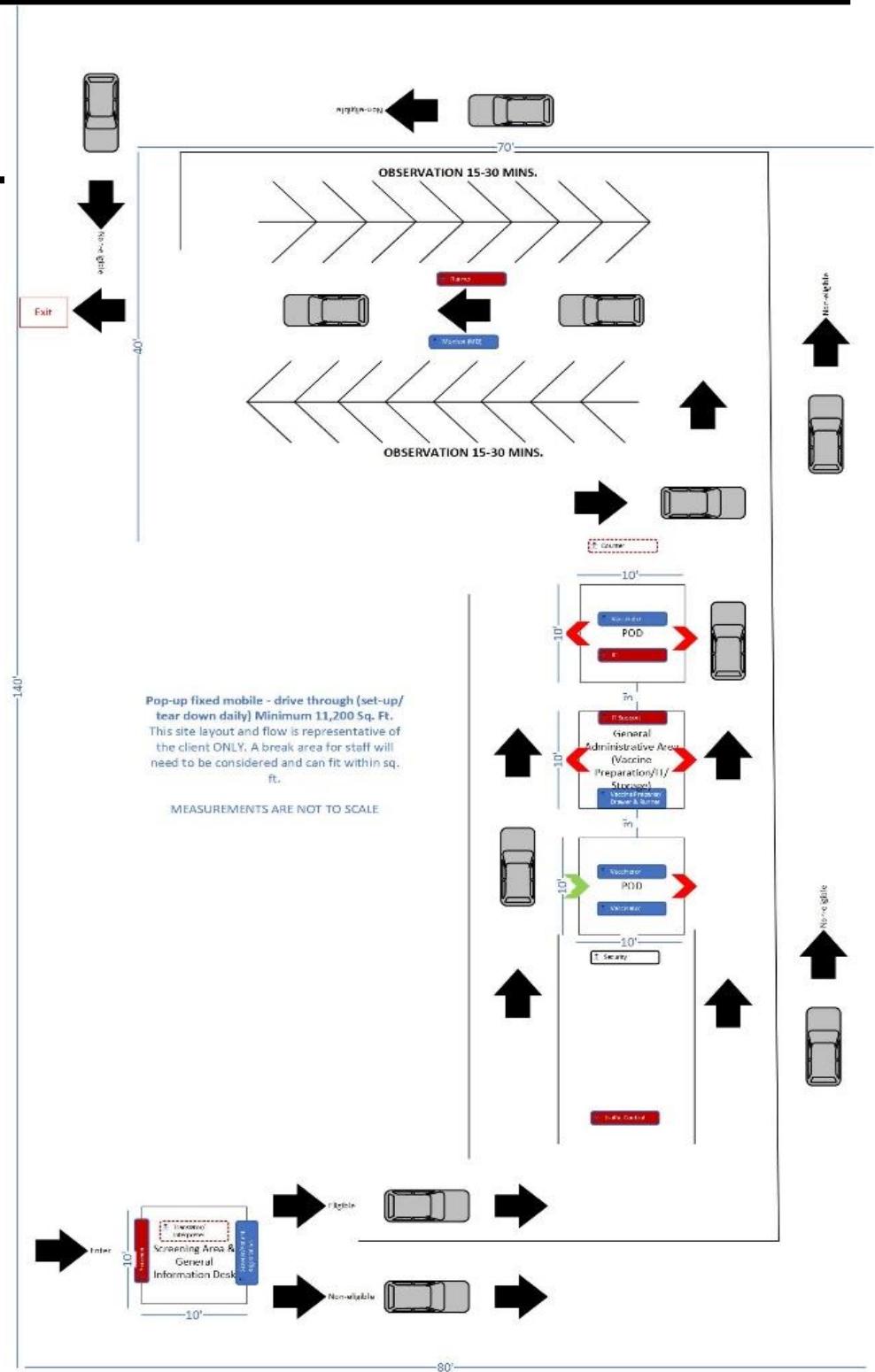
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Suggested Drive-Through Worksite Layout

Facility or Site Requirements (cont.):

- Minimum 11,000 square feet
- Patients should flow in one consistent direction, maintaining 6' distance in all congregate areas
- Adequate sanitation stations and sanitation supplies used to wipe down frequently touched areas and to sanitize hands
- Keep in mind some people may walk up to the drive-through. Ensure accommodations are made for safe pedestrian flow within vehicle traffic flow.
- Pre-screening area for staff (see [COVID-19 Operations Manual](#))





Worksite Areas



Screening Area



Point of Distribution



Site
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Build the Fixed-Mobile Clinic

- A Point of Dispensing (POD) for vaccinations design allows for flexible system that can be adjusted to suit the physical limitations of your site while keeping patients and staff safe and comfortable.
- Ensure there are separate, designated administering stations ensure accuracy in delivering dose 1 and dose 2 of the vaccine and reduce administration errors (if applicable).
- Ensure adequate signage is posted at key points in the worksite to promote a functional flow for patients and that signage accommodates the needs of individuals in the community (language, disabilities).

Worksite Build Checklist:

- ✓ Design the clinic flow to move in one direction, with separate entrance and exit areas.
- ✓ Designate an area for vaccine preparation. Vaccines should not be prepared at individual vaccination stations.
 - ✓ Designate areas for special-needs clients (e.g., persons with disabilities or limited mobility).
- ✓ Provide dividers between stations and at least one privacy screen in case clients need to remove clothing to bare their arms for vaccination at walk-through clinics.
- ✓ Provide a private area where clients who experience acute adverse events after vaccination or who have medical problems can be evaluated and treated.
- ✓ Provide a protected area for staff to leave personal items and take breaks.
- ✓ Provide a separate administrative work area for on-site documentation of vaccination in the IIS or electronic health record (EHR), if applicable. If not done on site, plans must be in place for how vaccinations will be documented after the clinic.
- ✓ Use rope or cones, tape, and signs in multiple languages, as needed, outside the clinic entrance area and inside the clinic to show routes for clients to follow from station to station.

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Signs and Supply Kits

Signs

[Follow this link to access signs to print off and hang around the mobile vaccination clinic.](#) These signs were designed to promote inclusion and accessibility, promote effective navigational flow, and enhance patient experience. Specifications are included at the end of each file name in the link provided (e.g., _18by24 is 18" length x 24" width).

Instructions:

1. Visit [FedEx.com online printing service](#), upload files & order prints
2. Locate the [nearest FedEx](#) & pick up prints
3. Check quality – look for pixilation and ensure signs are readable
4. Hang at mobile clinic

Supply Kits

[Follow this link to access supply kit lists designed to support a minimal mobile vaccination clinic.](#)

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Vaccinate the Community

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Subprocess: **Vaccinate Community**

Objective: Coordinate the safe and effective delivery of the vaccine to community members arriving at the clinic



Process FOXTROT Last Update: 20210324



Open the Clinic

- Healthcare partners will have estimated target distribution numbers ahead of time, informing shift planning for personnel and scheduling for the day.
- Shift lengths should not exceed 8 hours and allow for adequate spacing for personnel breaks. Staff should sign in and out for the day on the same form.
- Ensure clinic procedures to register, screen, and monitor patients, administer the vaccine, and tear down clinic are met. These procedures begin chronologically on the next page.

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Greeting/Patient Registration

Role: Greeter

Supplies: Computer, registration and scheduling software, clipboard, pen/pencil, hand sanitizer, surgical masks

Procedure:

- ✓ Ensure all persons follow universal masking, hand hygiene and physical distancing protocol while inside the registration area
- ✓ Welcome patients to the clinic
- ✓ Confirm appointment if applicable **OR** register new patient
- ✓ Collect information from patients
- ✓ Schedule second dose (*if applicable*)
- ✓ Provide patient with FAQ and fact sheet about vaccine
- ✓ Inform patient of expected process time (including observation time) and waiting locations
 - ✓ *Depending on site, waiting location maybe in car or waiting room with an assigned number*

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Screening

Role: Screener, Runner

Supplies: Screening forms, clipboard, pen/pencil, no-touch thermometer, hand sanitizer, surgical masks

Procedure:

- ✓ Ensure all persons follow universal masking, hand hygiene and physical distancing protocol while inside the screening area
- ✓ Screen all patients and staff entering the facility for COVID-19 symptoms take temperatures with a no touch thermometer
- ✓ Ask and record [screening questions listed in this questionnaire](#)
- ✓ Note any concerns or serious health conditions on prominently on the screening questionnaire
- ✓ Ensure screening questionnaire travels with patient and delivered to vaccinator

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Administering the Vaccine

Roles: Vaccinator, Vaccination Preparer, Runner

Supplies: See [CDC's recommended supply list for administering the vaccine](#), Informational Packets ([find updated fact sheets on CDC's website](#))

Procedure:

- ✓ **Vaccine Preparer** will set up and prepare all vaccines (draw up from vial to syringe) so they are ready to administer by the Vaccinator
- ✓ **Vaccine Preparer** will maintain a Qualified Container and log temperatures consistently
- ✓ **Runner** will manage flow of new patients into vaccination PODs, ensuring all new patients wait in an area away from the vaccination POD until Vaccinators are ready
- ✓ **Vaccinator** will distribute informational packet on the vaccine to new patient
- ✓ **Vaccinator** will review patient's screening forms, discuss any disclosed issues, and answer patient questions
 - ✓ Vaccinator may decline to administer the vaccine based health concerns
 - ✓ Vaccinator will determine if patient requires a longer observation period based on health concerns and write "30" in red pen on the first page of patient's information packet
- ✓ **Vaccinator** will ask which arm patient prefers, sanitize the area, deliver the vaccine, apply a bandage, and properly dispose of the used syringe needle
- ✓ **Vaccinator** will fill out vaccination card, noting a return date for second inoculation if applicable
- ✓ **Vaccinator/Runner** will direct patient into a monitoring area

Note: This procedure may be adapted to accommodate different vaccination modalities and methods, e.g., drive-through

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Post-Vaccination Monitoring

Role: Monitor

Supplies: COVID-19 vaccination sticker, pen, clock or watch

Procedure:

- ✓ Ensure all persons follow universal masking, hand hygiene and physical distancing protocol while inside the monitoring area
- ✓ Ask patients where they would prefer to sit and inform them that they will be observed for adverse reactions. Check to see if patient requires additional monitoring time (i.e., 30 minutes), or default to 15 minutes
- ✓ Mark the patient's exit time on the first page of their informational packet (i.e., write the time 15-30 minutes from the time patients enter as "Exit: XX:XX")
- ✓ Ask the patient to raise their hand if they feel anything out of the norm
- ✓ Observe for adverse reactions for duration of monitoring
 - ✓ If any adverse reactions occur, inform the on-site healthcare partner or emergency leader who will direct with appropriate response and reporting
- ✓ Remind patients to continue to wash their hands, practice social distancing, and wear masks in public even after being vaccinated and provide printed information, if available. Give patient extra surgical masks to promote continued vigilant behavior if supplies are available.
- ✓ Provide patient with a vaccination sticker
- ✓ Tell patient they may leave at the marked exit time if they are not experiencing any adverse reactions. Check times upon exit

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Tearing Down the Worksite

When tearing down a mobile vaccination clinic worksite, be sure to:

- ✓ Properly disposal of medical waste
- ✓ Properly handle and report surplus vaccinations that expire at the end of day
- ✓ Complete all data entry
- ✓ Ensure all volunteers have signed out
- ✓ Remove all supplies and equipment
- ✓ Leave a small footprint and leave no waste

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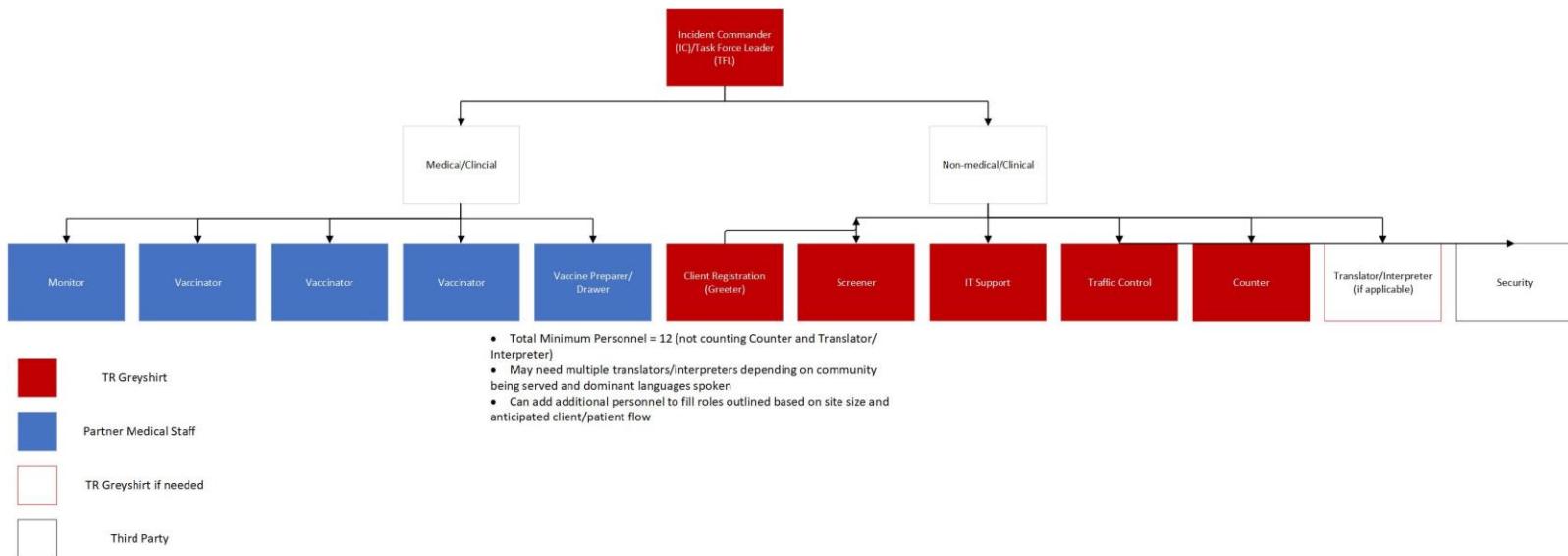
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Fixed-Mobile Clinic: Recommended Personnel

Work with healthcare partners to design a personnel org chart that fits the need for each mobile vaccination clinic. Categories of personnel required at each site include: Runner(s), traffic controller(s), screener(s), vaccinator(s), vaccine preparer(s), monitor(s), and security. Assign these roles based on [minimum medical credentials/requirements](#) and quantify based on population need. If ample volunteering workforce is available and worksite space allows, consider including these additional roles in your clinic org chart: Greeter(s)/patient registration, counter, translator(s), IT support, and task force leader. Roles will be fully defined in the next section.

The org chart below demonstrates a minimum structure of 12 personnel estimated to sufficiently vaccinate a total of 100 patients per day.





Runner

<i>Schedule</i>	On-site 45 minutes before and after open hours.
<i>Responsibilities</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Meets patient at point of arrival <input type="checkbox"/> Confirm individuals getting vaccinated, gives instructions to accompanying family or friends (not receiving the vaccine) <input type="checkbox"/> Monitors overall clinic flow <input type="checkbox"/> Guides patient into registration/screening/vaccination POD areas <input type="checkbox"/> Manages patient queue area away from vaccination PODs <input type="checkbox"/> Accommodates patient's accessibility needs (e.g., wheelchairs, translators) <input type="checkbox"/> Reminds patient to prepare required info <input type="checkbox"/> Ensures all persons follow universal masking, hand hygiene and physical distancing protocol

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Traffic Controller

<i>Schedule</i>	On-site 45 minutes before and after open hours.
<i>Responsibilities</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Guides cars entering and exiting parking lot <input type="checkbox"/> Ensures traffic flow is maintained <input type="checkbox"/> Ensures barriers are removed and mitigate bottlenecks <input type="checkbox"/> May provide patient with a numbered ticket

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Screener

<i>Schedule</i>	On-site 45 minutes before and after open hours.
<i>Responsibilities</i>	<ul style="list-style-type: none"> <input type="checkbox"/> May screen patients and staff entering the facility for COVID-19 symptoms take temperatures with a no touch thermometer <input type="checkbox"/> Asks and records screening questions listed in this questionnaire <input type="checkbox"/> Notes any major concerns or serious health conditions prominently on the screening questionnaire <input type="checkbox"/> Ensures screening questionnaire travels with patient and delivered to vaccinator <input type="checkbox"/> Ensures all persons follow universal masking, hand hygiene and physical distancing protocol while inside the screening area

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Vaccinator

<i>Schedule</i>	On-site 45 minutes before and after open hours.
<i>Responsibilities</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Distributes informational packet on the vaccine <input type="checkbox"/> Review patient's screening forms, discuss any disclosed issues, and answer patient questions <input type="checkbox"/> May decline to administer the vaccine based health concerns <input type="checkbox"/> Determines if patient requires a longer observation period based on health concerns and write "30" in red pen on the first page of patient's information packet <input type="checkbox"/> Asks which arm patient prefers, applies topical sanitization, delivers the vaccine, and applies a bandage <input type="checkbox"/> Properly disposes of the used syringe needle <input type="checkbox"/> Fills out vaccination card, noting a return date for second inoculation if applicable <input type="checkbox"/> Directs patient into a monitoring area <input type="checkbox"/> If qualified and comfortable, may provide patient screening and vaccine preparing service <input type="checkbox"/> Sanitizes POD after each use
<i>Qualifications</i>	<p>Minimum Requirement may vary by federal and state law. Partnering healthcare professionals are liable to adhere to all federal and state law and guidelines.</p>

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Vaccine Preparer

<i>Schedule</i>	On-site 45 minutes before and after open hours.
<i>Responsibilities</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Sets up preparation station <input type="checkbox"/> Consults and coordinates with pharmacy liaison to manage vaccine supply <input type="checkbox"/> Prepares vaccines (draws up from vial to syringe) so they are ready to administer by the Vaccinator <input type="checkbox"/> Resupplies vaccinators with doses <input type="checkbox"/> Maintains a Qualified Container and log temperatures consistently
<i>Qualifications</i>	Minimum Requirement: RN or Pharmacist

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Monitor

<i>Schedule</i>	On-site 45 minutes before and after open hours.
<i>Responsibilities</i>	<p>Monitors for adverse reactions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ask patient where they would prefer to sit <input type="checkbox"/> Inform patient they will be observed for adverse reactions <input type="checkbox"/> Check to see if patient requires additional monitoring time (I.e., 30 minutes), or default to 15 minutes. <input type="checkbox"/> Mark patient's exit time on the first page of their information packet <input type="checkbox"/> Ask patient to raise their hand if they feel anything abnormal <input type="checkbox"/> Observe for adverse reactions for duration of monitoring <input type="checkbox"/> Inform on-site healthcare partner or emergency leader if any serious adverse reactions occur <input type="checkbox"/> Remind patients to continue to wash their hands, practice social distancing, and wear masks in public even after being vaccinated and provide printed information and surgical masks, if available. <input type="checkbox"/> Provide patient with a vaccination sticker <input type="checkbox"/> At the marked exit time tell the patient(s) they may leave the monitoring area if they are not experiencing any adverse reactions <input type="checkbox"/> Ensure all persons follow universal masking, hand hygiene and physical distancing protocol while inside the monitoring area

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Security

<i>Schedule</i>	On-site 45 minutes before and after open hours.
<i>Responsibilities</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Assists traffic controller to promote safety of pedestrians, clients, and staff <input type="checkbox"/> Clears important intersections or high trafficked areas (by foot or car) <input type="checkbox"/> De-escalates potentially harmful situations <input type="checkbox"/> Ensures the overall safety and wellbeing of pedestrians, clients, and staff <input type="checkbox"/> Oversees waiting area and ensure proper social distancing and PPE use is taking place in waiting area

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Greeter/Patient Registration

<i>Schedule</i>	On-site 45 minutes before and after open hours.
<i>Responsibilities</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Welcomes patient to the clinic <input type="checkbox"/> Signs patient into clinic to be vaccinated <input type="checkbox"/> Protects patient's Personally Identifiable Information (PII) <input type="checkbox"/> Confirm appointment if applicable OR register new patient <input type="checkbox"/> Collects information from patients to be shared with hospital reporting <input type="checkbox"/> Schedules second dose (<i>if applicable</i>) <input type="checkbox"/> Provide patient with FAQ and fact sheet about vaccine <input type="checkbox"/> Inform patient of expected process time (including observation time) and waiting locations

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Counter

<i>Schedule</i>	On-site 45 minutes before and after open hours.
<i>Responsibilities</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Stations at entrance of the clinic <input type="checkbox"/> Counts individuals receiving the vaccine only <input type="checkbox"/> Translates any accessibility needs to runners (e.g., wheelchairs, translators) <input type="checkbox"/> Reports final headcount to healthcare reporting leader at the end of the day

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Translator

<i>Schedule</i>	On-site 45 minutes before and after open hours.
<i>Responsibilities</i>	<ul style="list-style-type: none"><input type="checkbox"/> Provides translation support for clients needing Non-English languages and/or ASL

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IT Support

<i>Schedule</i>	On-site 45 minutes before and after open hours.
<i>Responsibilities</i>	<ul style="list-style-type: none"><input type="checkbox"/> Provides technical support for clients during set-up/registration

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Task Force Leader

<i>Schedule</i>	On-site 45 minutes before and after open hours.
<i>Responsibilities</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Assigns team member's roles <input type="checkbox"/> Responsible for site set-up/ tear-down <input type="checkbox"/> Responsible on-site Safety Officer, unless role is separately allocated <input type="checkbox"/> Responsible for duty of care for all volunteers <input type="checkbox"/> Assists all staff on site where applicable and when needed <input type="checkbox"/> Reviews the Playbook and field guides in entirety <input type="checkbox"/> Prints and distributes Field Guides to team members <input type="checkbox"/> Prints and distributes Personnel Job Aids to volunteers <input type="checkbox"/> Prints and ensures the quality of quality signage <input type="checkbox"/> Hangs signage throughout the mobile clinic to promote proper flow/communicate expectations

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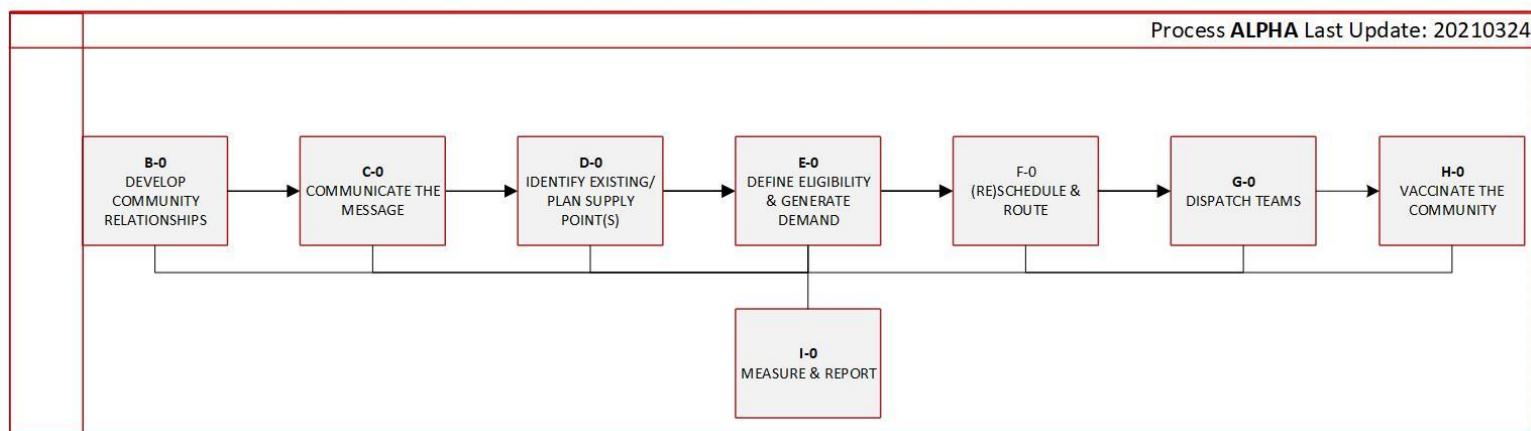


Vaccination To You: Process

Mobile Vaccination

Macroprocess: **Vaccination To You**

Objective: To deliver vaccines to homebound individuals in underserved communities.



Definition & Target Population: In-home vaccinations are available for homebound people who are not able to leave their home to get to a vaccination site, even with assistance. These individuals either:

- Have considerable difficulty and/or require significant support to leave the home for medical appointments
- Require ambulance or two-person assistance to leave the home
- Are not able to leave the home for medical appointments under normal circumstances

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Develop Community Relationships

Identify Leaders/Points of Contact in the Community

- Establish communication for effective and collaborative implementation.
- Develop with the community a needs assessment of local policy, systems, and environmental limitations
 - Map local territories
 - Gather safety and hazard details related to geographical spaces and strategies to develop effective outreach methods within communities

Refer to the [**linked table**](#) to research existing homebound vaccination efforts within your municipality or contact the Homebound Vaccination Central Intake line at 1-833-983-0485 for more information.

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Communicate the Message

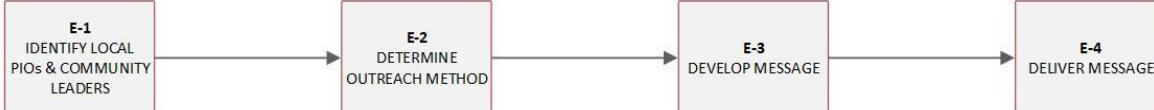
Mobile Vaccination Manual

Subprocess: **Communicate Message**

Objective: Reach out to your community and enhance awareness of vaccination opportunities



Process ECHO Last Update: 20210324



- Include messaging that does not only rely on websites and social media (e.g., newspaper, radio, and TV)
- Work with local partners to distribute written information to those without internet access
- Communication should meet the necessary requirements of the Americans with Disabilities Act, the Rehabilitation Act, the Patient Protection and Affordable Care Act, the Plain Language Act, and other applicable disability rights laws for accessibility throughout the vaccination process (e.g., ASL, Braille, easy to read, large text with pictures or visual cues, text in other languages)

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Define Eligibility & Generate Demand

Define Eligibility

- Eligibility for in-home vaccination should screen adults who have not yet been vaccinated for requirements based on [Medicare's homebound inclusion criteria](#).
- Qualified individuals must have an injury, developmental disability or medical condition that makes it difficult to leave the home and for whom it would require considerable and taxing effort to access vaccine outside the home.

*Organization managers and partners should prioritize and support local definitions for eligibility.

Generate Demand – Reference local data sources for potentially eligible individuals

- Reference local data sources for homebound vaccine providers to interlace with existing effort within the community (for example, [NCDHHS](#) and local [DPH](#)).
- Generate referrals from organizations such as Aging Network, Health Care Providers, Social Services Agencies, State Agencies, Primary Care, Managed Care Organizations.

Generate Demand – Create and maintain a master list of eligible individuals based on eligibility criteria, availability, and route requirements

- Leverage partnerships at the state or county public health department, GIS, and local organizations who currently work with and understand homebound individuals within their community (e.g., [Meals on Wheels](#), Boys and Girls Clubs, local fire departments) to maintain a master list of eligible individuals and effectively map routes through communities.

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(Re)Schedule & Route

Designate a Coordinating Non-Medical Leader. She/he will:

- Schedule appointments over the phone at least one week ahead of vaccination date
- Call at least one day ahead to reconfirm and offer a time window for arrival (ex. 9:00-12:00, 1:00-4:00)
- Call 2 hours ahead as a reminder on the day of the vaccine

Scheduling Checklist

- Reassess patient vaccination status
- Coordinate date/time
- Record patient address
- Message that vaccines will be performed by medical professionals, following all public health guidelines
- Ask about and record any individual needs of the homebound individual or hazards present in the home (e.g., language, pets)
- Schedule individuals based on geography of homebound residents, not on a first-come first-served basis

Rescheduling

- Schedule the second dose (if applicable) at the same time as the first vaccine scheduling. Be sure to record make the second date as applicable on scheduling sheet and reconfirm appointment at least one day ahead.

Route Distribution

- Rely on GIS mapping technology and support from Fire Departments, Public Health Department, Local Pharmacies, and Health Systems
- Map out travel plans to ensure vaccine is utilized within the approved time frames for use of vaccine at different temperatures, including factoring in pre-vaccination preparation time, and post-vaccination observation time.

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Dispatch Teams

- Set a rally point to start the day where a health department/local leader will brief out, assignments and routes will be confirmed, and equipment and supplies will be distributed
- Teams will travel in separate vehicles, but will tandem throughout the day:
 - **Medical Team** will arrive and deliver vaccination and monitor patients for at least 15 min and will be equipped with anaphylaxis kit
 - **Non-Medical Team** will call ahead to each house to ensure patient is ready and arrive first on the scene to:
 1. Deliver educational information
 2. Screen patients and answer any questions that may arise
 3. Understand any special needs from the elderly or disabled individuals from case managers
 4. Prepare the location for the medical team and exit when they arrive

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Vaccinate the Community

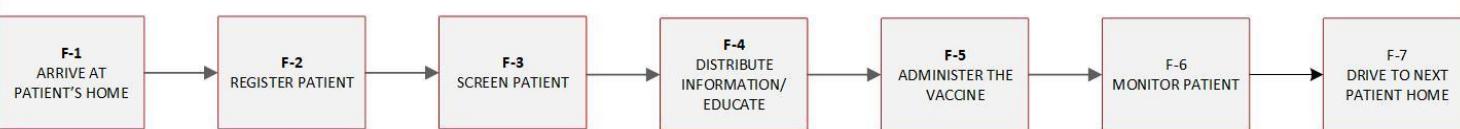
Mobile Vaccination To You

Subprocess: **Vaccinate Community**

Objective: Administer vaccine to the community.



Process FOXTROT Last Update: 20210324



See procedures in the previous section (I.e., Fixed-Mobile Vaccination) for a step-by-step breakdown of Registration, Screening, Educating, Administering, and Monitoring procedures.

Important: During first shot, make note of the second dose date as applicable on the individual's card and on an internal spreadsheet that's maintained and shared with the city.

Be sure to distribute educational information to each house:

- An EUA fact sheet ([Pfizer](#), [Moderna](#), [Janssen](#)) for recipients and/or caregivers
- Information on [V-safe](#), a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins for recipients after COVID-19 vaccination.
- Literature should be available in accessible formats (ASL, large font, braille, low literacy, multiple languages, etc.)

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Vaccinate the Community

Additional Considerations:

- Although there are no federal requirements for documenting informed consent (or assent for people who work with a medical proxy), best practices are to document consent/assent in the medical records.
- For homebound persons who might be at increased risk for anaphylaxis following vaccination (i.e., persons with a for vaccination or a history of anaphylaxis due to any cause), consider whether they can be vaccinated in a setting where medical care is immediately available if they experience anaphylaxis following vaccination.
- If home vaccination is the only option for these persons and a risk assessment has determined that the benefits of vaccination outweigh the potential risk for anaphylaxis, home vaccination providers should be able to manage anaphylaxis. This includes appropriate screening; post-vaccination observation; medications and supplies; staff qualifications for recognition and treatment of anaphylaxis; and ability to contact and availability of emergency medical services in the area.
- COVID-19 vaccination provider should have at least 3 doses of epinephrine on hand when administering vaccine.

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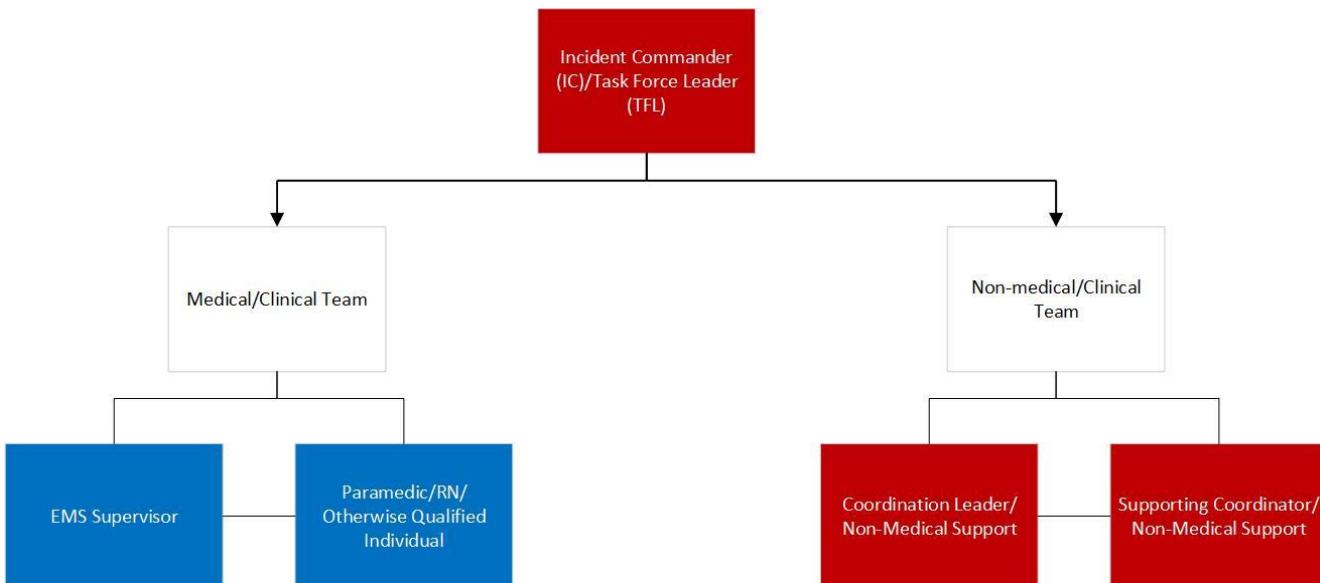
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Vaccination to You: Recommended Personnel

Work with healthcare partners to design a personnel org chart that fits the need for a mobile Vaccination to You capability in the community. Assign these roles based on [minimum medical credentials/requirements](#) and quantify based on population need. Recommended personnel for this modality include at least 2 medical personnel (e.g., 1 EMS supervisor and 1 RN or paramedic) to store, handle, deliver vaccine, and monitor patient and 2 non-medical support volunteers to handle responsibilities related to patient registration, screening, education, and scheduling.

The org chart below demonstrates a minimum structure of 4 total personnel (1 medical team and 1 non-medical team to travel in tandem) estimated to sufficiently vaccinate a total of 18 patients per day.





Non-Medical Team

Responsibilities

- Manages master list of patients accounting for eligibility, availability, individual needs, and meeting point/time for each patient
- Schedules first and second (if applicable) appointments:
 - Coordinates over the phone at least one week ahead of vaccination date
 - Reconfirms at least one day ahead and offer a time window for arrival (ex. 9:00-12:00, 1:00-4:00)
 - Sends a reminder 1-3 hours ahead on the day of the vaccine
- Registers patient and collects additional information needed for hospital reporting
- Provide patient with informational literature, FAQ, vaccine fact sheet, and V-Safe information
- Informs patient of vaccine process and time expectancy
- Asks and records [screening questions listed in this questionnaire](#)
- Notes any major concerns or serious health conditions prominently on the screening questionnaire
- Ensures screening questionnaire travels with patient and delivered to vaccinator
- Prepares space for medical team to administer vaccine

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Medical Team

Responsibilities

- Reviews patient's screening forms, discuss any disclosed issues, and answer patient questions
- May decline to administer the vaccine if health concerns
- Consults and coordinates with pharmacy liaison to manage vaccine supply
- Prepares vaccines (draws up from vial to syringe)
- Maintains a Qualified Container and logs temperatures consistently
- Asks which arm patient prefers, applies topical sanitization, delivers the vaccine, and applies a bandage
- Properly disposes of the used syringe needle
- Fills out vaccination card, noting a return date for second inoculation (if applicable)
- Determines if patient requires a 15- or 30-minute monitoring period based on health concerns and monitors patient in a comfortable position
- Sanitizes space after use

Qualifications

Minimum Requirement may [vary by federal and state law](#). Partnering healthcare professionals are liable to adhere to all federal and state law and guidelines.

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Training and Education

Guidance for storage, handling, preparation, and administration is different for each COVID-19 vaccine product, and healthcare professionals administering COVID-19 vaccines are held liable and should be knowledgeable about requirements and best practices. **It is critical that healthcare professionals and other staff are familiar with the COVID-19 vaccine product in their facility's inventory.** Non-clinical staff members who receive vaccine deliveries as well as those who handle vaccines should have sufficient knowledge of vaccine storage and handling requirements and best practices. Training requirements and recommendations are outlined on [CDC's COVID-19 Training and Education web page](#).

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Technology Support

- Technology requirements vary site to site depending on staffing, location and partner organization's need for augmented services.
- Anticipated operational flow will determine the quantity and type of devices needed.
- Offset any technological needs that a partner organization may not be able to provide for themselves, assuming technology equipment:
 - Is HIPPA compliant if they will be used for client information management
 - Maintains and protects data security and Personal Identifiable Information (PII)
- Leverage partner's booking software to assist in the scheduling and rescheduling of clients

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Promote Equitable Vaccine Distribution

This capability is designed with vaccine equity in mind.

As such, Team Rubicon:

- Acknowledges COVID-19 has had disproportionate impacts on specific populations based on race and ethnicity, age and geography
- Intentionally targets communities most impacted by COVID-19 with vaccine by prioritizing those who are high risk and most impacted
- Relies on data to prioritize vaccine distribution and siting of high-volume and pop-up clinics in areas with the highest incidence of disease and working closely with safety net providers who specialize in serving vulnerable communities

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Equity Best Practices

Before getting started, familiarize yourself with these best practices for ensuring equitable vaccine distribution based on the lessons learned by our partners at [Challenge Seattle](#).

<i>Think About Who You Will Serve</i>	<ul style="list-style-type: none"> What is their experience before, during, and after their visit? Be intentional about the experience you are creating – it should be welcoming, reassuring and easy. Create an experience that helps reduce anxiety, increases calm, and inspires confidence.
<i>Raise Your Awareness</i>	<ul style="list-style-type: none"> Access Team Rubicon's Diversity, Equity, Inclusion and Belonging curriculum on the TeamRubiconUSA.org/vaccinate website to boost your Empathy Building sensibilities, explore stories of Belonging and Inclusion and discover how your support in this effort invites you into Allyship with communities in need of support.
<i>Accessibility</i>	<ul style="list-style-type: none"> Locate vaccination sites near public transportation and work with partners to secure ride service for those whom transportation to the site is a barrier. Ensure sites are fully ADA compliant, have plain language and accessible signage, and are easy to navigate and comfortable for people of all abilities
<i>Language Access</i>	<ul style="list-style-type: none"> Consider the languages most spoken in the target geography and prioritize translation and interpretation for those languages, and when possible, offer materials in the most common spoken languages. Identify staff onsite that speak multiple languages and create badges that show that they have multiple language capability.
<i>Communication</i>	<ul style="list-style-type: none"> Keep communication simple and clear. Focus on experiential priorities to help ensure an efficient and effective patient journey and provide accessible guidance throughout the vaccination process.
<i>Work with Community</i>	<ul style="list-style-type: none"> Invest in and coordinate with trusted, community-based leaders, messengers and organizations. Provide all necessary information to enable these trusted messengers to provide early notification of registration opportunities

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Equity Best Practices (cont.)

<i>Location and Hours</i>	<ul style="list-style-type: none"> Work closely with community organizations to inform siting of high-volume sites and pop-up clinics and to identify other points of delivery and providers that are known and trusted by community. Set up vaccine clinics in places that are safe, familiar, and accessible.
<i>Registration and Scheduling</i>	<ul style="list-style-type: none"> Ensure that appointment and registration systems are simple to use, easy to understand, available in multiple languages, and accessible for people with disabilities. Recognize that technology-dependent systems will create a barrier for many due to the digital divide. When possible, guarantee personal assistance by phone. Ensure an opportunity to schedule a second dose in person – either during check-in or at the end of the process – with the help of an interpreter in addition to a family member. Make sure to set aside space and time for this.
<i>Signage</i>	<ul style="list-style-type: none"> Customize the production of signage based on the needs of the patients accessing the site. Customize language, logos, and specific instructions as needed to create a welcoming and seamless experience
<i>Provide vaccine regardless of immigration or healthcare status</i>	<ul style="list-style-type: none"> Ensure that immigration status is not a barrier to receiving a vaccine. If your state or jurisdiction requires proof of eligibility, be clear on what it is for and what the information will be used for – i.e., checking identification name spelling or date of birth, or employer documentation confirming essential worker status.
<i>Multi-Modal Vaccine Delivery</i>	<ul style="list-style-type: none"> Embrace a multi-modal COVID-19 vaccine delivery strategy that seeks to move as efficiently and quickly as possible to meet people where they are, builds trust, and allows for the highest level of convenience and access.
<i>Don't let efficiency be a barrier to equity</i>	<ul style="list-style-type: none"> Create an experience that is informed by the needs of those in underserved communities. Put equity at the center of design and planning. Efficiency should never come at the expense of an equitable patient experience.

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FAQs

<i>COVID-19 vaccines were developed in record time. Are they safe?</i>	It's important to note that while the currently available COVID-19 vaccines were developed faster than ever, the mRNA vaccine technology template that they use has been studied and refined for decades. The vaccines also are deemed safe based on a rigorous evaluation of currently available scientific evidence. If the available scientific evidence changes or if new information becomes available, the authorization for its use can be adapted.
<i>Can someone with a history of symptomatic or asymptomatic SARS-CoV-2 infection receive the vaccine?</i>	Yes, vaccination should be offered to eligible persons regardless of whether they have a history of prior symptomatic or asymptomatic SARS-CoV-2 infection. Vaccination of persons with known current SARS-CoV-2 infection should be deferred until the person has recovered from acute illness (if the person had symptoms) and until criteria have been met for them to discontinue isolation.
<i>What are the contraindications to the COVID-19 vaccine?</i>	Anyone with a history of immediate allergic reaction of any severity to any component of mRNA COVID-19 vaccines or to polysorbate should not be vaccinated. For example, immediate allergic reaction of any severity to polyethylene glycol (an ingredient commonly used in colonoscopy preparation solutions).
<i>What side effects should we anticipate with the COVID-19 vaccine?</i>	Most side effects we're seeing so far are mild and have gone away after 24 or 48 hours. It's natural and expected for the body to have an immune response to a vaccine—it means your body is creating those antibodies and doing what the vaccine was created to do. Some people in the vaccine clinical trials have experienced side effects that include injection site pain or redness, fatigue, muscle/joint pain and headache. Side effects were more frequently reported after the second dose.
<i>How Long Does Immunity from COVID-19 Vaccination Last?</i>	New research finds that mRNA COVID-19 vaccines provide immunity for at least 6 months. But since COVID-19 is so new, experts aren't sure if immunity will wane after that. Experts say more research will have to be done to understand if people will need regular booster shots for COVID-19. What remains unclear, however, is exactly how long the vaccines prevent COVID-19, if booster shots may be needed down the road, or if vaccines will need to be tweaked to fight against emerging variants of the virus.

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FAQs (cont.)

<i>I am a young healthy adult, why do I need the vaccine?</i>	Getting this vaccine once it is available to you represents one step that you can take to get the economy, and our day-to-day lives, back to normal.
<i>After the vaccine, do I still need to wear a mask and social distance?</i>	<p>Yes. Experts are still learning about the protection that COVID-19 vaccines provide under real-life conditions. The vaccine is not expected to be 100% effective. At this time, CDC recommends that everyone continue to use all the tools to protect ourselves and others from getting and spreading the virus. Wear a mask or cloth face covering whenever you are out in public or when around people who don't live in your household. These masks or face coverings help when you can't avoid being in the same space as others.</p> <p>Once you've gotten vaccinated it takes about two weeks for the body to develop immunity, so you'll need to continue taking precautions like social distancing and wearing masks to reduce your risk of infection during that time.</p> <p>After that, the CDC says it is safe for fully vaccinated people to get together indoors, without masks, with others who are also fully vaccinated. But health officials say everyone should continue to wear masks in public places, even after getting the shot.</p>
<i>How do I report if I have a bad reaction to the vaccine?</i>	<p>CDC has a new smartphone-based tool for this effort called v-safe. This tool helps CDC check in on people's health after they receive a COVID-19 vaccine. When you get your vaccine, you should also receive a v-safe information sheet telling you how to enroll in v-safe. If you enroll, you will get regular text messages directing you to surveys. Use these surveys to report any problems or adverse reactions you have after receiving a COVID-19 vaccine.</p> <p>According to CDC's website, CDC and FDA encourage the public to report possible side effects (called adverse events) to the Vaccine Adverse Event Reporting System (VAERS). This national system collects these data to look for adverse events. Those may include ones that are unexpected, ones that appear to happen more often than expected or ones that have unusual patterns of occurrence. Reports to VAERS help CDC monitor the safety of vaccines. Safety is a top priority.</p> <p>For more information about the difference between a vaccine side effect and an adverse event, visit the Understanding Side Effects and Adverse Events section of the CDC website. For more information about the reporting system, visit the VAERS website or call 800-822-7967. You should also let your doctor know about your reaction.</p>
<i>Can I take OTC painkillers prior to my vaccine appointment to reduce potential side effects?</i>	Although these drugs could decrease subjective side effects, theoretically they could also blunt immune response and make the vaccines less effective — hence they are not recommended before vaccination. They are useful, however, in diminishing side effects once they occur.

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Glossary

Acronyms

- ADA:** Americans with Disabilities Act
- ASL:** American Sign Language
- BIPOC:** Black, Indigenous, and People of Color
- CBO:** Community-Based Organization
- EHR:** Electronic Health Record
- EUA:** Emergency Use Authorization
- FAQ:** Frequently Asked Questions
- HIPAA:** Health Insurance Portability and Accountability Act
- IIS:** Immunization Information Systems
- PII:** Personal Identifiable Information
- PIO:** Public Information Officer
- POC:** Point of Contact
- POD:** Point of Dispensing
- PPE:** Personal Protective Equipment
- TR:** Team Rubicon
- SVI:** Social Vulnerability Index

Definitions

- Consumable Medical Supplies:** Non-durable medical supplies that cannot withstand repeated use, are usually disposable.
- Healthcare Partners:** A partnering healthcare provider, organization or network that enables the program.
- Job Aid:** Provides easily digestible procedures to perform task.
- Qualified Container:** A type of container and supplies specifically designed for use when packing vaccines for transport. They are 'qualified' through laboratory testing under controlled conditions to ensure they achieve and maintain desired temperatures for a set amount of time.
- Social Vulnerability Index:** The Social Vulnerability Index (SVI) employs U.S. Census Bureau variables to help users identify communities that may need support in preparing for hazards or recovering from disasters.

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