

RESPONSE & RECOVERY **IN ACTION**

FEBRUARY 2021

Your monthly resource for COVID-19 strategies and tools from NACHC, our health center community, and partners

BUILDING HEALTH CENTER CAPACITY TO SUPPORT MASS COVID-19 VACCINATION CLINICS

President Biden's recent announcement launching the first phase of the Federally Qualified Health Center Program for COVID-19 Vaccination underscores the central and essential role health centers are playing to ensure underserved communities across the country are getting the COVID-19 vaccine.

In order to expand and sustain their capacity to conduct mass COVID-19 vaccination efforts for several months, many health centers are focusing on several core components to ensure their vaccine efforts operate efficiently and effectively to reach their primarily underserved, and often marginalized, communities. In this issue we explore two of these core components:

- Securing and training supplemental staff and volunteers, and
- Logistical and operations planning



Expanding and Training the COVID-19 Immunization Workforce

**“We cannot fight this pandemic alone...
Our strength is in our numbers.”**

*Ronda Arline, MSN, Director of Nursing
Albany Area Primary Health Care*

Mass COVID-19 vaccination clinics take more people and resources to operate than health centers often have available. The use of volunteers can enable health centers to utilize staff on a rotating basis to oversee and manage key vaccination clinic stations. As you look to create a volunteer pool, consider reaching out to:

- Retired health care providers
- Local and neighboring county health departments, private practice providers, and larger health system organizations
- Trusted community leaders and their organizations

- Emergency medical technicians and paramedics

Everyone involved in a COVID-19 vaccination clinic, regardless of their years of experience administering vaccinations or role they play in the vaccination clinic, needs to be familiar with the specific COVID-19 vaccine products; guidance for vaccine storage, handling, preparation, and administration; and patient data collection and software to upload the data correctly into online immunization information systems (IIS), electronic medical records, and other software systems. To ensure all staff and volunteers are properly trained:

- Access [**CDC COVID-19 Training Materials and Resources**](#) for active and retired health care providers, and clinic support and operations staff and require each staff/volunteer to complete their appropriate trainings
- Conduct additional onsite training specific to each staff/volunteer role and station prior to the clinic's opening
- Utilize health center staff to provide ongoing oversight of and guidance to all volunteers
- Closely monitor staff and volunteers who are entering patient data as it is critical that the data be entered correctly and completely

LOGISTICAL AND OPERATIONS PLANNING

Health centers are finding that logistical and operations planning and execution of mass COVID-19 vaccination clinics are often requiring an “all hands on deck from multiple departments” approach. This is needed to ensure these offsite vaccination clinics are organized, and operate efficiently and effectively in administering the vaccines.

As your health center plans and executes its mass COVID-19 vaccination clinics, consider these tips from Appalachian Mountain Community Health Center. Their *COVID-19 Vaccination Clinic Logistics and Operations Checklist* reflects learnings from executing recent mass COVID-19 drive-thru and offsite vaccination clinics:

- Review CDC requirements for vaccine administration
- Have station/team leads to serve as: procuring and monitoring vaccine supplies (such as your pharmacist), volunteer coordinator, operations coordinator, information and technology needs and data collection, etc.
- Send staff and volunteers educational materials, specific to their roles (varies state to state) prior to their clinic participation
- Plan the clinic flow from entrance to exit, maintaining safe distancing
- Make patient education handouts in advance: COVID-19 vaccine consent (CDC provides a template), Emergency Use Authorization for your vaccine product, Vaccine Adverse Event Reporting System form, side effects handout
- Plan for enough supplies – gloves, sanitizer, sharps containers, gauze, Band-Aids, trash receptacles, etc.
- Try to make a schedule and get vaccine recipients into slots, based on number of available vaccinators, and pre-load their information into the COVID-19 Vaccine Management System if possible
- Arrange for qualified staff at each station:
 - Greeting
 - Check-in
 - Registration/Consent assistance, required handouts/vaccine cards to recipients
 - Vaccinators

- Post-Vaccine observation
- Chair sanitizing (after each person)
- Staff to monitor vaccine supply and pre-draw syringes
- Create staff shifts if numbers allow. Recommend one person to be the overall supervisor.
- Breakfast and Lunch!

For detailed guidance, see CDC Guide for Planning Satellite and Off-site Vaccination Clinics under Monthly Resources.

MULTI-STATE QUALITY IMPROVEMENT EFFORT

Preliminary Data Highlights Begin to Explore Who Among the Health Center Patient Population Are Affected by COVID-19

NACHC and its partners in the CDC COVID-19 Multi-State Quality Improvement Project are continuing its efforts to extract and analyze preliminary data from community health centers across our six multi-state PCA and HCCN partners. This quality improvement research and evaluation effort is assessing data in five areas:

- Testing: distribution over time and the patient population
- Positivity rates: stratified by age, race and time
- Predictors of COVID-19 diagnosis/SARS-CoV-2 infection
- Rate of influenza and COVID-19 vaccinations provided and received by health center patients
- Pandemic Impact on health center operations: virtual care, volume, patient distribution

Additional questions of interest include the impact of social determinants of health (SDOH), comorbidities, utilization of services by COVID-19 positive patients, and outcomes of these patients including post-COVID-19 syndromes.



Preliminary Findings

NACHC's informatics data team is currently analyzing the first set of patient data records from January - December 2020. Preliminary insights extracted from data on 174,016 patients are as follows:

Gender
 Females - 101K
 Males - 72.8K
 Remainder unspecified

Race/Ethnicity
 Hispanic - 75.7K
 White - 39.5K
 African American - 31.9K
 Other - 26.9K

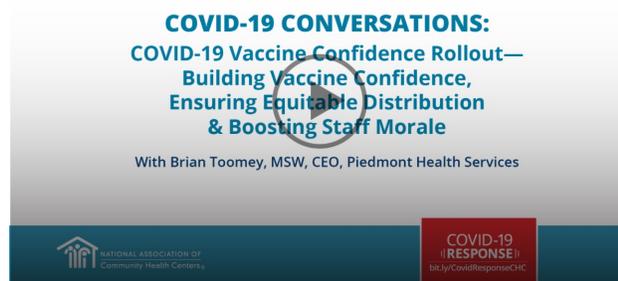
Age of patients with the highest rates COVID-19 exposure:
 25 – 35 year old (16,626 cases)
 35 – 40 year old (13,891 cases)

The lowest number of patients with COVID-19 exposure are for the >75 age population at 2,122.

COMMUNITY HEALTH CENTERS IN ACTION

COVID-19 CONVERSATIONS

This month, NACHC talks with Brian Toomey, MSW, CEO of Piedmont Health, a community health center with eight clinics serving the Piedmont region of North Carolina. Brian shares with NACHC how they are building COVID-19 vaccine confidence among staff, are ensuring equitable distribution of the vaccine, and how he continues to create positive morale among staff nearly one year into the pandemic.



COVID-19 VACCINE

Q&A Corner



What is the recommended maximum interval period between the first and second dose?

On February 10th, the CDC posted on its website updated interim recommendations from The Advisory Committee on Immunization Practices (ACIP) for the use of **Pfizer-BioNTech** and **Moderna** COVID-19 vaccines. Each of the vaccines require two doses. The Pfizer-BioNTech vaccine doses should be given 3 weeks (21 days) apart, and the Moderna vaccine doses should be given 1 month (28 days) apart. However, **second doses administered within a grace period of 4 days earlier than the recommended date for the second dose are still considered valid.** Doses inadvertently administered earlier than the grace period should not be repeated.

The second dose should be administered as close as possible to the recommended interval. If it is not feasible to and a delay in vaccination is unavoidable, the second dose of Pfizer-BioNTech and Moderna COVID-19 vaccines may be administered up to 6 weeks (42 days) after the first dose. There are currently limited data on efficacy of mRNA COVID-19 vaccines administered beyond this window. If the second dose is administered beyond these intervals, there is no need to restart the series.

Are the two currently available COVID-19 vaccines interchangeable?

According to the ACIP, these mRNA COVID-19 vaccines are not interchangeable with each other or with other COVID-19 vaccine products. Studies have not been conducted to evaluate the safety and efficacy of a mixed-product. Both doses of the series should be completed with the same product.

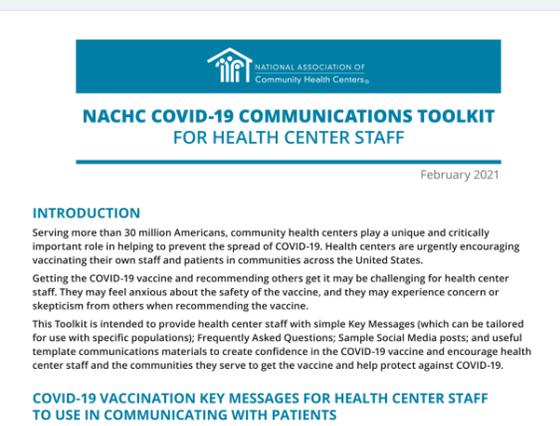
In exceptional situations in which the first-dose vaccine product cannot be determined or is no longer available, any available mRNA COVID-19 vaccine may be administered at a

minimal interval of 28 days between doses to complete the mRNA COVID-19 vaccination series. If two doses of different mRNA COVID-19 vaccine products are administered in these situations (or inadvertently), no additional doses of either product are recommended at this time.

SOURCE:

www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#SARS-CoV-2-infection

MONTHLY RESOURCES



NACHC COVID-19 COMMUNICATIONS TOOLKIT FOR HEALTH CENTER STAFF

February 2021

INTRODUCTION

Serving more than 30 million Americans, community health centers play a unique and critically important role in helping to prevent the spread of COVID-19. Health centers are urgently encouraging vaccinating their own staff and patients in communities across the United States.

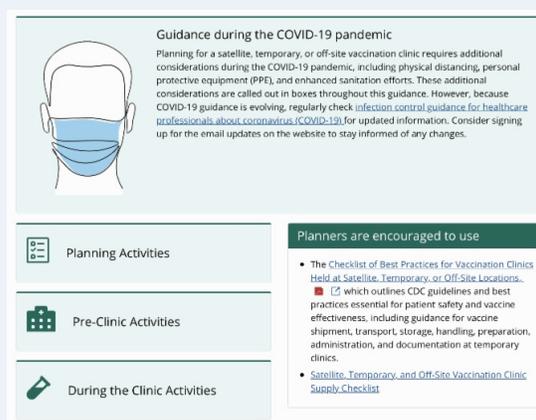
Getting the COVID-19 vaccine and recommending others get it may be challenging for health center staff. They may feel anxious about the safety of the vaccine, and they may experience concern or skepticism from others when recommending the vaccine.

This Toolkit is intended to provide health center staff with simple Key Messages (which can be tailored for use with specific populations); Frequently Asked Questions; Sample Social Media posts; and useful template communications materials to create confidence in the COVID-19 vaccine and encourage health center staff and the communities they serve to get the vaccine and help protect against COVID-19.

COVID-19 VACCINATION KEY MESSAGES FOR HEALTH CENTER STAFF TO USE IN COMMUNICATING WITH PATIENTS

NEW: NACHC's COVID-19 Vaccine Communications Toolkit

NACHC has just released its new **COVID-19 Vaccine Communications Toolkit** for health centers to use to build COVID-19 vaccine confidence among staff, patients, and their community. The toolkit includes customizable key messages, frequently asked questions, sample social media posts, posters (English and Spanish), and press release and public service announcement script templates.



Guidance during the COVID-19 pandemic

Planning for a satellite, temporary, or off-site vaccination clinic requires additional considerations during the COVID-19 pandemic, including physical distancing, personal protective equipment (PPE), and enhanced sanitation efforts. These additional considerations are called out in boxes throughout this guidance. However, because COVID-19 guidance is evolving, regularly check [infectious control guidance for healthcare professionals about coronavirus \(COVID-19\)](#) for updated information. Consider signing up for the email updates on the website to stay informed of any changes.



Planners are encouraged to use

- The [Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations](#), which outlines CDC guidelines and best practices essential for patient safety and vaccine effectiveness, including guidance for vaccine shipment, transport, storage, handling, preparation, administration, and documentation at temporary clinics.
- [Satellite, Temporary, and Off-Site Vaccination Clinic Supply Checklist](#)

Planning Activities

Pre-Clinic Activities

During the Clinic Activities

CDC Resources for Planning and Hosting Satellite and Drive Thru COVID-19 Vaccination Events

CDC's **Guide for Planning Satellite and Off-site Vaccination Clinics** has been updated to include specific considerations for administering the COVID-19 vaccination. The guide covers all aspects of planning and implementing a mass vaccination clinic including planning, pre, during, and post clinic activities, and includes an **off-site vaccination best practices checklist** and **supply checklist**.

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