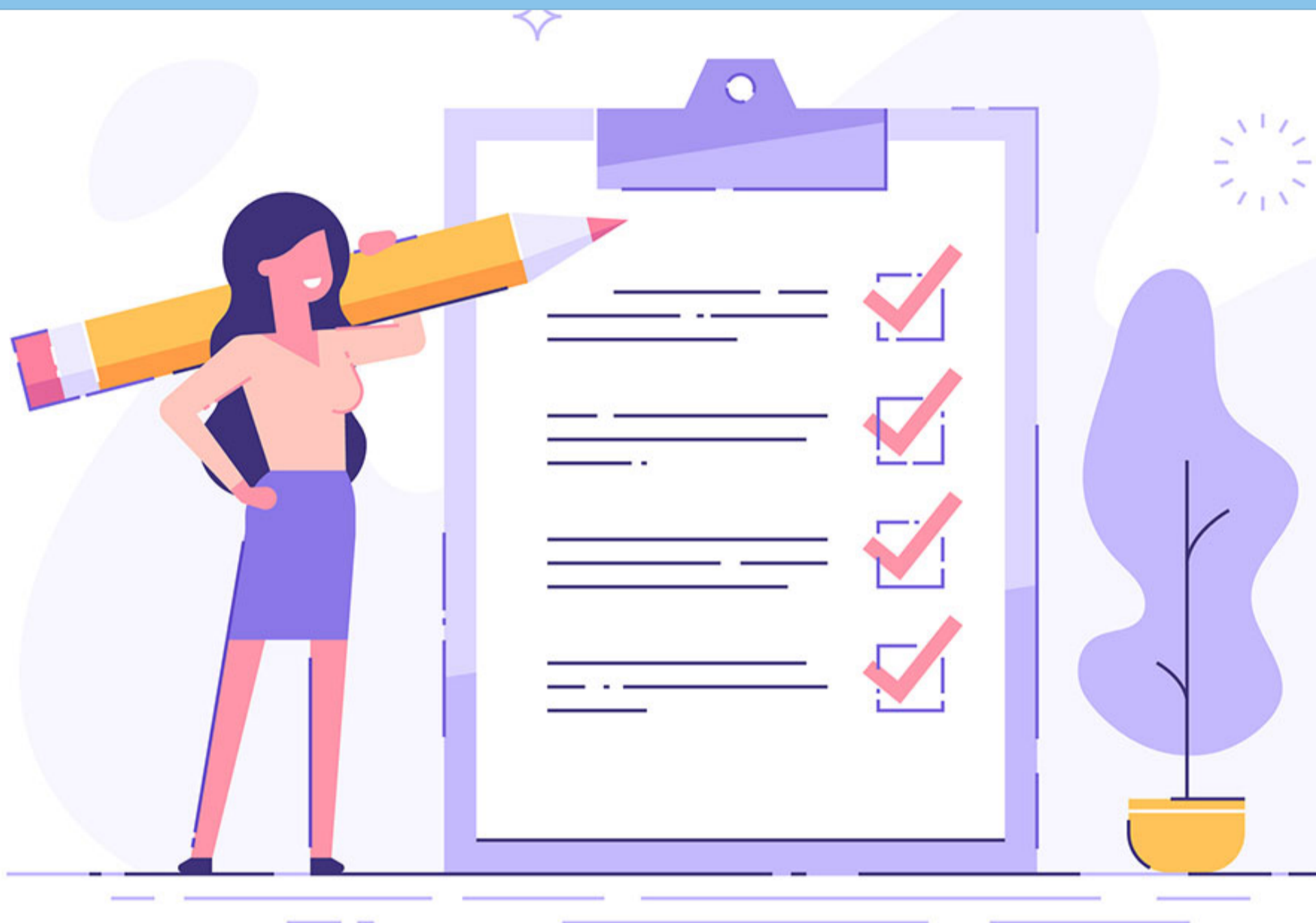


Considerations for Planning Curbside/Drive-Through Vaccination Clinics

Mass Clinic Guidance



Guidance for assisting with jurisdictional planning and implementation of satellite, temporary, or off-site vaccination clinics by public and private vaccination organizations.

Because of COVID-19, there has been a decrease in non-urgent, face-to-face routine medical visits, including those for routine vaccinations. Unfortunately, postponing or canceling routine vaccinations for children and adults leaves these individuals vulnerable to becoming infected with vaccine-preventable diseases and increases the risk of vaccine-preventable disease outbreaks. One way to ensure that people continue to receive needed vaccines is to set up a curbside or drive-through vaccination clinic. Review the guidance below for key considerations in planning and executing a curbside or drive-through vaccination clinic for routine and COVID-19 vaccinations.

This guidance should be used in conjunction with [Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations](#) and the [Satellite, Temporary, and Off-Site Vaccination Clinic Supply Checklist](#).

- Determine clinic specifics, such as what vaccine(s) will be offered to which age group(s) and/or what patient health insurance requirements need to be met.
- Identify the clinic site, considering how much space will be needed based on
 - Clinic activities, including registration; screening for contraindications and precautions; and vaccine storage, preparation, and administration
 - Estimated number of patients
 - Physical distancing practices
 - Enhanced [infection control](#) procedures (including handwashing stations)
 - Traffic and weather considerations
 - Accommodations for people with a disability
 - Safety considerations for patients and health care personnel
- Ensure enough parking is available, including accessible parking, to observe patients for 15-30 minutes after vaccination. Observation is a critical patient safety step to prevent potential syncope (fainting) while driving or to allow staff to immediately respond if anaphylaxis occurs.
- Identify essential staffing.
- Internet access may be needed to allow for retrieval of information from or entering information into an immunization information system (IIS) or electronic medical record.
- Establish logistics and clinic flow, including
 - Practices to maintain physical distancing
 - Safety guidelines (for example, having passengers remain in their vehicles, restraining children properly, not allowing pets other than service animals)
 - Layout and equipment (e.g., traffic cones, barricades, signs) to maintain clinic flow from entrance to exit. Ideally, all vehicles, including those transporting people with disabilities, should be able to enter and exit in separate areas.

Before the vaccination encounter

- Determine staff training needs. Clinic staff should demonstrate competence in:
 - [Infection control](#) procedures
 - Proper vaccine [storage and handling](#), preparation, and administration for each vaccine offered
 - Accessing patients in a potentially limited space (including multiple patients in a vehicle, different vehicle heights)
- Consider offering clinic services by appointment. When possible, complete activities by phone, email, or online system prior to the clinic:
 - Review the patient's vaccination history in the IIS or electronic medical record
 - Screen for contraindications and precautions (no earlier than the day of vaccination)
 - Provide after-care instructions
 - Provide the appropriate [Vaccine Information Statement \(VIS\)](#) or [Emergency Use Authorization \(EUA\) Fact Sheet for Recipients and Caregivers](#)
 - Obtain health insurance information, if needed
 - Ask if the patient will need an accommodation when scheduling the appointment (e.g., extra time, an American Sign Language translator, information in accessible formats, modified procedures for patients using mass transit, etc.)
 - Inform patients of any clinic requirements (such as wearing masks, post-vaccination waiting periods, and clinic restrictions [e.g., patient age, vehicle type, or number of patients per vehicle]). Include information on requirements and restrictions in all electronic communications and promotional materials and on websites.

- Consider creating an on-call or wait list of patients that can be notified and readily available for vaccination if extra doses are available.
- Gather supplies for the expected number of patients.

During the vaccination encounter

- Staff should wear appropriate personal protective equipment and patients should wear [face coverings](#), if tolerated.
- If not already completed, review patient vaccination history, screen for contraindications and precautions, obtain insurance information (if applicable), and provide the appropriate VIS or EUA Fact Sheet for Recipients and Caregivers. Make sure all information is provided in an accessible and easy-to-understand format.
- Ensure staff properly store and handle vaccines.
 - Store vaccine(s) in a portable unit or container qualified to maintain vaccine(s) at recommended temperatures.
 - Use a digital data logger (DDL) that displays minimum/maximum temperatures. Follow temperature monitoring guidance found in [CDC's Vaccine Storage and Handling Toolkit](#).
- Inform patients they will need to wait 15-30 minutes before leaving the clinic area.
- Ensure staff follows proper vaccine administration practices:
 - Prepare and administer vaccine using aseptic technique.
 - Properly position patient. Some patients may need additional assistance with positioning. Consider using pictures, modeling, or providing personal assistance as needed.
 - Identify the recommended injection site for children and adults. Adjust the car window or open the door as needed to administer vaccine.
 - Make sure patients are seated to prevent injury from a fall if the patient faints.


After the vaccination encounter

- Give patients a record of the vaccine(s) they received.
- Document all vaccinations in the IIS and electronic medical record (if possible).
- Observe all patients who received vaccine for 15-30 minutes in a dedicated parking area for observation.
 - Direct patients to park in the observation area.
 - Instruct patients how to let staff know medical assistance is needed.
 - Assign a safety monitoring team competent in responding to anaphylaxis to roam the observation area and consistently monitor patients.
 - Arrange signage to indicate when the observation period ends and check patients before they leave. For example, sit a traffic cone in front of each care and attach a piece of paper or small white board indicating completion time.

Vaccine	Observation Time	Vaccine Recipient Group
Routine vaccines	15 minutes	All vaccinated drivers and passengers

Vaccine	Observation Time	Vaccine Recipient Group
COVID-19 vaccines	30 minutes	All vaccinated drivers and passengers with: <ul style="list-style-type: none"> • A history of an immediate allergic reaction of any severity to another vaccine or injectable therapy • A contraindication to a different type of COVID-19 vaccine (e.g., people with a contraindication to mRNA COVID-19 vaccines who receive Janssen COVID-19 Vaccine) • A history of anaphylaxis due to any cause
COVID-19 vaccines	15 minutes	All other drivers and passengers not recommended for 30-minute observation time

Resources

- [Advisory Committee on Immunization Practices General Best Practice Guidelines for Immunization](#)
- [Tools to Assist Satellite, Temporary, and Off-Site Vaccination Clinics](#) 
- [CDC Vaccine Storage and Handling Toolkit](#)
- [Vaccine Administration Practices](#)
- [You Call the Shots](#) web-based training courses
- [Information for Healthcare Professionals about Coronavirus \(COVID-19\)](#)
- [U.S. COVID-19 Vaccine Product Information](#)
- [Administering Flu Vaccine During the COVID-19 Pandemic](#)
- [Immunization Information Systems](#)

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