Vaccination of the School-Age Population in a School Setting and in the Community

Playbook to Support Vaccination Events

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Introduction

Disclaimer

This document has been adapted from the CDC's Influenza School-Located Vaccination (SLV): Information for Planners and tailored to VDH-specific guidance for COVID-19 vaccination in the 5- to 11-year-old population. This is to be used for informational purposes only and is not required to be used.

Purpose

The purpose of this playbook is to provide information for planning and conducting school-located COVID-19 vaccination clinics for the 5- to 11-year-old population. Vaccinating our children is another encouraging step toward ending the COVID-19 pandemic. We hope this guidance will provide you with a basic understanding of the key areas required to implement and support COVID-19 vaccinations for children. This playbook will give school and clinic staff additional reminders on how to make events more effective for the 5- to 11-year-old population, including strategies to adjust the environment to provide distractions that are "child-friendly" and manage potential emotions from children. *While the focus of this playbook is school-located COVID-19 vaccination clinics, it can be adapted for use by other clinics offering the COVID-19 vaccine to the 5-11 population.*

Target Audience

This playbook is directed at sites and site planners, including school administrators, school staff, school nurses, and partners preparing to vaccinate the 5-11 year population. Partners may include local health departments and nearby pharmacies that can provide COVID-19 vaccination clinics. Schools should consider collaborating with their local health departments and community partners to plan and carry out COVID-19 vaccinations in schools.

Definition

School-located vaccination (SLV) is vaccination that is:

- Administered on school grounds
- Held before, during, and/or after school hours
- Targets enrolled students and potentially others
- Often involves collaboration between Local Health District (LHD), other community vaccine providers (FQHCs, pharmacies, private providers), and public and private schools/school districts

Background

In response to the COVID-19 pandemic, the U. S. Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC) have recommended COVID-19 vaccination for all individuals ages 5 years and older. Vaccination of individuals aged 16 years and older has been recommended since December 2020, vaccination of children ages 12 to 15 years has been recommended since May 2021, and vaccination of children ages 5 to 11 years has been recommended since October 2021.

Vaccinating many children in a short period of time is essential to end the COVID-19 pandemic. Private providers (e.g., pediatricians) are likely to be the primary vaccinators of choice for school-aged children; other vaccination venues may be considered as well, such as Community Vaccination Clinics (CVCs), mobile clinics, and pharmacies. SLV has been widely discussed as another option for vaccinating many school-aged children.

Listed below are several benefits to holding COVID-19 SLV clinics:

- Large numbers of children are found in schools
- Schools are conveniently located throughout communities
- Communities are generally familiar with and trust schools
- School facilities can generally accommodate mass vaccination clinics (e.g., the availability of gymnasiums and auditoriums, ample parking in some locations)
- School nurses, if present, may be available to assist in vaccination activities and may be familiar with the health of individual students
- School staff have access to parental contact information, which could facilitate communications (e.g., for announcing clinic dates, obtaining parental consent for vaccination)

- Others prioritized for vaccination besides enrolled students may request vaccination at events

Listed below are potential challenges to holding COVID-19 SLV clinics:
- Locating adequate staff to prepare for and conduct the clinic may be difficult and clinics could disrupt educational activities
- Immunization activities may need to be tailored to each school or school district, complicating planning efforts
- Handling, storing, and transporting the COVID-19 vaccine to many and varied locations requires considerable planning, equipment, training, and collaboration with the local health department and/or pharmacies

Many schools and LHDs have conducted SLV clinics in the past, for influenza vaccination and other vaccines, but others have not. The information below has been designed primarily to help inexperienced but interested LHDs, schools/school districts, and other partners conduct successful SLV clinics.

The following information, for the most part, assumes that the health department will be leading the COVID-19 SLV effort. The information provided focuses on clinics occurring during school hours without parents present because of the many unique challenges associated with this scenario. For planners who are considering a school as a potential venue to offer vaccines primarily to non-students, guidelines for setting up large-scale vaccination clinics are posted on the CDC Mass Clinic Activities website.

Planning for the Vaccination Clinic

In addition to the information provided below about planning for SLV clinics, please also see the more general guidelines for setting up large-scale vaccination clinics posted on the CDC's website:

- Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations
- How Schools Can Support COVID-19 Vaccination

Vaccine and Vaccination Guidelines

Vaccine

Three different types of COVID-19 vaccines are available in the U.S.: Pfizer-BioNTech, Moderna, and J&J/Janssen. All vaccines are administered via intramuscular injection in the arm.

The Pfizer-BioNTech Vaccine is an mRNA vaccine that is administered as a 2-dose series, 3 weeks apart, and then a booster dose at least 6 months after the second dose. This vaccine is currently approved for ages 16 years and up and authorized for ages 5 to 15 years (note: as of December 9, 2021, booster doses are only recommended for ages 16 years and up). The Moderna Vaccine is an mRNA vaccine that is administered as a 2-dose series, 4 weeks apart, and then a booster dose at least 6 months after the second dose. This vaccine is currently authorized for ages 18 years and up. The J&J/Janssen vaccine is a viral vector vaccine that is administered with a first dose and then a booster dose at least 2 months after the first dose. This vaccine is currently authorized for ages 18 years and up.

CDC recommends an additional dose of an mRNA COVID-19 vaccine after an initial 2-dose primary mRNA COVID-19 vaccine series for people with moderate to severe immunodeficiency from a medical condition or treatments (aged 12 years and older for Pfizer-BioNTech or aged 18 years and older for Moderna). For more information on who is considered immunocompromised, please visit the CDC Vaccine FAQs for Immunocompromised Individuals webpage.

The CDC recommends a booster shot for all individuals ages 16 years and up. Individuals may receive either the same mRNA vaccine as a booster or "mix and match" with an mRNA booster of a different manufacturer's vaccine. J&J recipients may boost with either J&J or with an mRNA vaccine. For more information on booster dose recommendations, please visit the CDC COVID-19 Vaccine Booster Shots webpage.

SLV clinics should plan to offer the Pfizer-BioNTech Vaccine for children ages 5 to 11 years. This will be a separate vaccine from the Pfizer-BioNTech COVID-19 Vaccine for individuals ages 12 years and up, and will be handled differently (e.g., different dosage, vaccine formulation, and vial size). Similar to the

Pfizer-BioNTech Vaccine series for ages 12 years and up, all children ages 5 to 11 years require a 2-dose series of the Pfizer-BioNTech Vaccine, administered at least 21 days apart. SLV clinic planners should plan to schedule additional clinics for second doses, at least three weeks after the first dose.

View the FDA-provided COVID-19 Vaccine EUA Fact Sheets:

- Pfizer-BioNTech
  - Providers (English) (Spanish)
  - Recipients and Caregivers (English) (Spanish)
  - FAQs (English) (Spanish)
- Moderna
  - Providers (English)
  - Recipients and Caregivers (English) (Spanish)
  - FAQs (English) (Spanish)
- J&J/Janssen
  - Providers (English)
  - Recipients and Caregivers (English) (Spanish)
  - FAQs (English) (Spanish)
- Multilingual COVID-19 Resources from the FDA

Vaccination Guidelines

The most up-to-date COVID-19 vaccination recommendations should be followed when implementing SLV clinics. The CDC has published interim clinical considerations for use of COVID-19 vaccines currently approved or authorized in the United States. These recommendations can be found on the CDC Interim Clinical Considerations for Use of COVID-19 Vaccines website.

Timeline

Developing a timeline for implementation of a COVID-19 SLV clinic will help the program run smoothly and efficiently. Each SLV program is unique with differing resources available which may change the timing of certain events. A generic sample timeline with activities is provided below:

Pre-Planning (2 weeks prior to event)
• Contact school districts, superintendents, and principals to enlist their support • Identify possible clinic dates • Contact other potential partners (e.g., FQHCs, pharmacies, private providers) • Plan for safety
Development (2 week prior to event)
• **REMINDER:** Follow the VDH Training Plan for all VDH vaccinators • Develop materials (e.g., consent forms, letters, and other documents) for parents/guardians • Use language in the approved VDH consent forms, which are located on the VDH Intranet, or the template consent form for non-VDH sponsored events (see Appendix A) • Provide consent forms in multiple languages • Develop training material for vaccinators and school staff • Coordinate clinic staff • Review comfort measures for children and approved CDC “safe holds” for children • Review emergency plans and discuss security with school personnel • Review protocols for syncope and responding to pediatric emergencies (e.g., anaphylaxis) • Plan strategies to help identify the right dose for each child (i.e., different vaccines for 5-11 age group versus 12+ age group)
Logistics and Clinic Preparation (1 week prior to event)

● Schedule clinics and coordinate bell and/or class schedules ● Secure location and equipment (location of vaccinating site clinic must allow for directional flow of traffic) ● Finalize list of staff and vaccinators to support event ● Establish lines of communication (e.g., school website, emails, robocalls, email blast) ● Create appropriate signage for traffic flow, holding area, etc. ● Disseminate materials to parents/guardians and children ● Provide consent forms and EUA statements in multiple languages ● Educate school staff and provide training on COVID-19 vaccine protocols ● Order clinic supplies and emergency medical supplies for onsite ● Set up space (e.g., cots, tables, chairs, extension cords)
Clinic Operations (during event)
● Review consent forms and determine eligibility of students ● Report any adverse events to the Vaccine Adverse Event Reporting System (VAERS) ● Provide vaccine card to student and information sheet to take home to parents
Post-Clinic (up to 2 weeks post-event)
● Record immunization in Virginia Immunization Information System (VIIS) within 24-48 hours of event ● Provide information to parents about v-safe ● Prepare necessary post-event reports ● Send thank you notes to volunteers

Population(s) Identified for Vaccination

Planners will need to identify which population(s) will be offered the opportunity to be vaccinated. The information contained in this document focuses on vaccination of enrolled students. Although most enrolled students will be elementary school-aged (5-11 years), planners should be aware that some schools include students who are older than 11-years-old or younger than 5-years-old.

Please note that the COVID-19 vaccine will be different for the 5-11 year population compared to the 12+ year population, and will be shipped in a separate vial. Therefore, planners must ensure that the correct vaccine supply is available if vaccinating multiple populations.

Planners may also decide to include the following populations, for example:

- Students attending nearby schools other than the school where the SLV clinic will take place
- Home-schooled children and/or school-aged children who are not enrolled in school for other reasons
- School staff
- Students' siblings and other family members
- Other members of the community

Many factors will affect the decision to include persons other than students where the SLV clinic(s) will be held, including vaccine supply or which populations would most benefit from vaccination.

Strategies to Minimize Errors in Vaccine Administration

Public health nursing personnel will follow the seven rights of vaccine administration: *right client, right vaccine, right dosage, right route, right time, right site, and right documentation.*

If using a central vaccine preparation area, there should be one individual assigned to mix and prepare each vaccine. We recommend using color-coded labels that match the color on the cap of the vaccine to label each syringe as it is prepared (see CDC Pfizer Pediatric Reference Planning Guide). The label must include the name of the vaccine, lot number, and time prepared. Color-coded wristbands or other strategies may be used to match each child to the type of vaccine they are receiving. For younger children, avoid placing a color-coded sticker on their clothing, as children may "swap" and "trade" the stickers while

waiting in line.

If you are administering different vaccines to different age groups or to families, it is crucially important that staff have a method of identifying which vaccine each family member is receiving prior to administering the vaccine. *Vaccine administration staff should perform verification of the seven rights of vaccine administration with each family member prior to administering the vaccine.*

Additional strategies include using separate lines or "lanes" based on the vaccine type, cones that correspond to the color of the vaccine each individual will be receiving, or administering only one type of vaccine in each room of the building.

When to Hold SLV Clinics

Planners will also need to decide whether to hold SLV clinics before, during, and/or after school hours. Below are some benefits and challenges to consider when making decisions on when to hold SLV clinics.

SLV During School Hours

Benefits

- Parents/guardians do not need to take time off work because their children can be vaccinated without them being present, increasing equity
- Children are present in large numbers
- Vaccinations can be conveniently provided to school staff, if desired and appropriate
- Parental consent is obtained prior to the clinic, so there is some lead time during which planning for adequate staffing, vaccine, and medical supplies can take place

Challenges

- Parental consent to vaccinate children must be obtained ahead of time; coordination will be required to send consent forms to parents/guardians and allow time for them to be returned to school officials
- Some parents/guardians may not consent to vaccination of their children without them being present, and parents/guardians entering the school during the SLV clinic could be logistically problematic due to security processes
- Disruption of class time may be unacceptable to parents, students, and/or school administrators
- Social distancing and a 15-30 minute monitoring period are required for COVID-19 vaccination clinics (*note*: individuals who have previously experienced anaphylactic reactions to any item should be monitored for at least 30 minutes)
- Children may not be comfortable receiving the vaccine without their parent/guardian present
- The 5- to 11-year-olds may require additional care and comfort measures

SLV Before/After School Hours

Benefits

- Parental consent to vaccinate children can be obtained at the time of service, avoiding the challenges of getting consent forms to and from parents/guardians
- Parents/guardians can be present for the vaccination and comfort their child(ren)
- Clinics could be held in one or several centrally-located schools instead of every school, which may be cost-saving and more feasible for planners and those who conduct the clinic
- Individuals other than school-aged children can be vaccinated, if desired, appropriate, and logistically feasible

Challenges

- Extending school hours may require overtime pay for vaccinators and school staff, incurring additional expenses and planning
- Parents/guardians may find it difficult to bring their child(ren) to clinics held in the evenings or on the weekends

In addition, regardless of whether a SLV clinic is held before, during, or after school hours, school officials may need to consult with their school board attorney and local union representatives if holding such a clinic has an impact on staff members' rights under a collective bargaining agreement.

Planning for Adequate Staff

Implementing SLV clinics may require staffing capacity that exceeds that of the local health department. Because of this, planners should consider recruiting additional staff, both medical and non-medical.

Potential roles and duties for additional, non-LHD staff could include the following (*note*: licensure/liability issues are discussed below under "Legal Issues"):

Non-medical, non-LHD staff:

- Assembling, distributing, and collecting vaccine information, consent forms, and other materials
- Communicating with parents/guardians (e.g., to encourage return of consent forms if consent is required prior to the clinic day)
- Assisting with the promotion of the clinics (e.g., placing posters, posting information on school website, sending messages to parents/guardians, communicating with local media)
- Assisting with clinic flow and escorting students to and from the vaccination site
- Verifying the identity of each child to be vaccinated to ensure that parental consent was given
- Managing entertainment/distractions for children waiting for the vaccine
- Comforting and/or holding children during vaccine administration, especially if clinic is hosted during school hours
- Assisting with the transportation of vaccine and other materials to and from clinic sites
- Providing security
- Tracking and entering vaccination information into immunization registry

Medical, non-LHD staff, depending on licensure and training:

- Preparing and/or administering vaccines
- Ensuring that vaccination medical screening eligibility has been met
- Evaluating children for illness when they present to the clinic for vaccination

Potential Sources of Non-Local Health District Staff and Ideas for Recruitment

School Staff

School staff, including school nurses, teachers and teachers' assistants, security and maintenance personnel, and other staff, can contribute greatly to the success of a SLV clinic. These staff members are familiar with the students, the school facilities, and the administrative structure of the school. School nurses and teachers may be familiar with students' personalities, pre-existing health conditions, and their parents/guardians. School nurses, who are present in many, but not all, U.S. elementary and secondary schools, can play a critical role in SLV clinics by answering questions from parents and educating school staff about COVID-19, the consent process, and the SLV clinic. School nurses can also serve as the liaison between the LHD and the school community.

Although school nurses and other staff are likely to be willing to provide assistance, competing priorities and other school responsibilities may serve to limit their involvement. Roles and responsibilities, and the degree to which school staff are involved in the SLV clinic, will vary from school to school and should be determined and defined by partners in advance of the clinic. In many cases, school administrators may determine the roles their staff will play. School officials are encouraged to review collective bargaining agreements (CBAs) with school staff prior to making decisions on how staff are to be utilized.

For each participating school, a liaison or point of contact should be identified for whom planning communications should be directed. Identifying such a person has been recognized as a key to the successful implementation of SLV. Regardless of the degree of school staff involvement, the SLV clinic should be viewed as a partnership between staff from the LHD and the school/school districts, in addition to any other organizations that participate.

The following lists activities for which school and partner organization staff may wish to take responsibility.

- Advertising the SLV clinic, perhaps using materials supplied by the LHD
- Distributing to parents/guardians (e.g., via students, direct mailings, internet sites, or by other means) informational materials and parental consent forms authorizing their child to be vaccinated, subsequently collecting and tracking the return of consent forms, and following up on students who

have not submitted consent forms. These activities may be coordinated by school nurses or by teachers (e.g., for their homeroom class)

- Screening returned consent forms for completeness and ensuring that medical eligibility for vaccination has been verified
- Identifying a location within the school where informational meetings, training, and the SLV clinic will take place
- Working with LHD staff to establish clinic times/dates
- On scheduled clinic days, escorting students to and from classrooms to the clinic, verifying the identity of the student to be vaccinated, and ensuring that parental consent has been properly given prior to vaccination
- Communicating vaccination information to the vaccine recipient's primary health care provider
- Alerting vaccine recipient and parent/guardian of plans for the administration of the second dose

It also is important that school staff members are able to answer questions from parents or others about the SLV clinic or direct questions to the appropriate staff member(s). School districts and schools should consider identifying a single spokesperson and also provide information on their websites, to the extent feasible. Questions may be directed to the school superintendent's office, school board members, school nurses, teachers, school secretaries, or others; however, all school staff should be appropriately educated about COVID-19 and the SLV clinics and know where to direct more complex questions.

Contractual Staff

Temporary employment agencies may be a resource to hire both medical and non-medical staff to assist with SLV clinics.

Other potential staffing sources include private providers. In addition to supplying temporary staff, private providers also can be hired to plan and conduct SLV clinics. Many of these organizations are experienced in operating COVID-19 vaccination clinics for children and adults. Some have partnered with schools to conduct SLV clinics or worked with local health departments in partnership with schools.

Volunteers

Volunteers can serve as an excellent source of SLV clinic staff and may even be considered an essential component of an SLV program, depending on the number of SLV clinics planned within a jurisdiction. Volunteers can fill many roles in SLV clinics, both non-medical and medical.

For example, volunteers can help by:

- Passing out candy
- Directing foot traffic
- Handing out take-home documents
- Sanitizing seats or stations between classes
- Monitoring the 15-30 minute observation period

Non-Medical Volunteers

Many school divisions have specific requirements for volunteers -- please contact the local school division for guidance. Parents of school children can be helpful in conducting the SLV clinic. Other groups to consider are fraternal and service organizations, large local employers, area faith groups, medical service organizations, and students from local colleges and professional schools. Law enforcement, hospitals, and for-profit organizations (e.g., local health insurance companies) also may provide staff.

Students of the school or school district where the SLV clinic will take place are another potential source of volunteers. In addition to providing a positive experience for the student volunteers, peer involvement may increase student participation in the program considerably.

Medical Volunteers

For medical staffing needs, planners may consider contacting area colleges that grant degrees in health care-related fields, such as medicine, nursing, and pharmacy, to recruit staff, students, or alumni willing to provide assistance with SLV clinics. Planners may also consider soliciting assistance from retired health care professionals. Medical Reserve Corps (MRC) have also been a source of experienced,

credentialed volunteers. *Please note that all volunteers working with the Local Health Department must be enrolled in the MRC.*

All organizations provided with student clinical placements by VDH are required by VDH to have a current clinical affiliation agreement on file with the Central Office's Human Resources Department (note: please contact the State Nurse Manager if you cannot find agreement). There is a specific template for schools of nursing and other accredited institutions. With the expiration of the state of emergency, students must follow all regulations of their governing entity pertaining to the supervision of students during clinical placements. Provisions for student vaccinators under the PREP Act currently only apply to the vaccination of adults, not children. Student vaccinators who have an Memorandum of Agreement with VDH should complete the required modules for the vaccine they will assist with administering.

Challenges of using non-LHD staff in SLV clinics include:

- All SLV clinic staff and volunteers will need to be trained to perform their duties
- Working with children is a specific skill which some medical staff may not possess

SLV Clinic Communications

Promotion and Education

Educating students and parents, as well as school staff, may contribute to the success of SLV programs.

Students

For schools willing to educate their students about COVID-19, planners may consider providing teachers and school nurses with ideas for lesson plans. This represents an ideal opportunity to emphasize the importance of COVID-19 vaccination as well as hygienic measures that can reduce transmission of COVID-19 virus in children.

Parents/Guardians

Of course, because parents/guardians must provide consent for children to be vaccinated, parent/guardian education also is important. Information about the SLV clinic should be disseminated as early in the process as possible. Consent forms and other SLV informational materials can be distributed to parents/guardians through a variety of methods, including public service announcements, radio campaigns, bulletins, and announcements on school websites, all of which have been used to promote vaccination programs to parents/guardians. Messages may also emphasize the importance of COVID-19 vaccination and debunk myths. VDH offers a call center that parents/guardians can call at (877) VAX-IN-VA (877-829-4682) to access information and ask questions in the weeks before, during, and after the vaccination program.

Teachers and Other Staff

In past SLV clinics, teacher support and participation has been perceived to be linked to the success of SLV programs, and students have reported that teacher influence was an important factor in returning consent forms. It is important that school staff are educated about the vaccination program. Educated school staff are able to answer questions from parents and others about the program, and are more likely to emphasize the importance of vaccination and provide vaccination-related lessons to students.

Frequently Asked Questions

A Frequently Asked Questions (FAQ) sheet is a useful tool to educate parents, teachers, school staff, and other community members about the specifics of the SLV clinic, as well as COVID-19 in general. FAQ sheets can be included with other disseminated communications regarding the SLV clinic. These FAQs can also be added to LHD, Department of Education, and school websites. Frequently asked questions about the COVID-19 vaccine can be found on VDH's Vaccination FAQs website. A list of possible FAQs about the specifics of the SLV are listed below, but are not meant to be inclusive. FAQs will differ by SLV

program.

- Why are children being offered COVID-19 vaccines at the school?
- When will the vaccine be given?
- Can our entire family get the vaccine at the school?
- What do I have to do to make sure my child gets the vaccine?
- What if my child is absent when the vaccine is given? Who will give the vaccine to my child?

Registration

Schools or districts will need to identify and define their preferred method of registration and form submission. The two options are:

- Manual Process: Entails printing consent forms to be taken home by students, manually processing intent forms during the clinic
- Automatic Process (*Recommended): Entails parents registering their child and signing consent form via an online tool

Informing and Enlisting the Support of Health Care Providers

In the U.S., children are vaccinated primarily in their pediatrician's or family doctor's office. Because the idea of vaccinating children at school may be unfamiliar to some parents/guardians, there may be reluctance to consent to COVID-19 vaccination at school. Parents/guardians may seek the advice of others, including their child's health care provider.

Hopefully, most providers will be supportive of the SLV clinics, but some may be concerned about vaccinations occurring outside of their offices, especially with regard to keeping their patient records up-to-date and having adequate information in case a patient seeks care for a possible vaccine-related adverse event. The need to conduct SLV programs to ensure children are vaccinated in a timely manner can be explained given the likelihood that providers will be busy treating ill patients. Keeping providers informed about planned SLV clinics also will help them estimate how much COVID-19 vaccine they will need to order for their own patients.

Preparing Forms and Letters to Provide to Parents/Guardians

The following are suggestions on the development of materials that should be delivered – via the child, mail, and/or email – to parents/guardians to inform them of the planned SLV clinic and solicit their permission to vaccinate their child. Each of the following materials should be translated and made available in various languages, as locally appropriate. All of the VDH Official School Consent Forms, available on the VDH Intranet, are in both English and Spanish.

Letter to Parents/Guardians

Among materials provided to parents/guardians should be a letter announcing that COVID-19 SLV clinics will be offered at their child's school. Typically, this letter is sent out as a cover letter to accompany other materials, including the consent form, information about the vaccine, and when the SLV clinics are scheduled to occur. Such a letter also could be sent well in advance of the planned SLV date, perhaps even before the vaccine is available.

The letter to parents/guardians should include:

1. An explanation about why COVID-19 vaccination is recommended for their children
2. An announcement that COVID-19 vaccine will be offered at the school, along with the clinic date(s) for both doses (if a second-dose clinic is planned and dates are possible to determine)
3. Information on how to register child for vaccine
4. A request for parental consent
5. The vaccine's EUA statement
6. Contact information in case parents/guardians have questions or concerns
7. Information on how to prepare their child for day of vaccination

Materials to Send Home with Students Post-Vaccination

Planners must distribute the CDC COVID-19 Vaccination Record Cards to vaccine recipients (e.g., to parents via vaccinated children). Information recorded on these cards includes the vaccine provider, lot number, manufacturer, etc. Planners are encouraged to send a letter to parents/guardians that includes the following information: date the child received their first dose, scheduled clinic date for the second dose, and typical side effects of the vaccine.

SLV Clinic Day-Of Logistics

Published guidelines for setting up large-scale vaccination clinics can be found on CDC Mass Clinic Activities website. These guidelines were not developed specifically for COVID-19 SLV clinics. However, most of the suggested approaches are relevant, especially to SLV clinics held during non-school hours. Additional considerations apply to SLV clinics held during school hours.

These challenges, along with tips and examples of how to manage them, are outlined below.

SLV Clinics Held During School Hours

- Rules determining who may be present in the school building during school hours may vary. Communicate well in advance about these issues and plan accordingly. Additional security staff to monitor safety and help with traffic flow may be necessary.
- Since parents/guardians may not be present when students are vaccinated, processes need to be in place to ensure that only children for whom parental consent was obtained are vaccinated. This process of confirming the identity of children is easiest if school staff (e.g., teachers and school nurses) are overseeing the process.
    - Placing labels and/or name tags on children (usually younger students) can help reduce the risk of immunizing the wrong students, although monitoring is suggested as these identifiers can be exchanged by children.
    - Asking multiple questions in addition to the child's name (e.g., parent/guardian names, street address) may be helpful.
- Processes need to be in place for orderly vaccination of children. Staff will be needed to escort students to and from the clinic site.
    - Often, children are escorted classroom by classroom. For older students who change classrooms throughout the day, it may be helpful to focus on one particular class that is attended at some point by most or all students (e.g., Language Arts/English).
- Despite some parents/guardians providing consent for their child to be vaccinated, it may not be possible to vaccinate the child at the clinic for reasons such as illness, child refusal, or discovering a contraindication. In this case, it is essential that parents/guardians are informed that the child was not actually vaccinated. This could be accomplished by returning a form to parents/guardians via the child or via U.S. mail, sending the parent an email message, and/or calling the parent on the telephone. It may be helpful to designate one SLV clinic staff member to be in charge of this important task.

Managing Children at SLV Clinics

- Children are more likely to be stressed and/or scared when receiving shots. Therefore, it is critical that SLVs prepare for emotion management. This can include the following: providing entertainment as a distraction, holding and/or comforting children during vaccination, providing "rewards" after vaccination, as well as procuring materials in anticipation of strong reactions to the vaccine (e.g., faint, throw up, etc.).
- Entertainment for children may include coloring books, television/movies, games, and more.
    - Examples of educational coloring books include:
        - Vaccine Education Center at Children's Hospital of Philadelphia's Vaccine Activity Book
        - CDC's Coping with COVID-19 Coloring Book
    - Coloring books and games should not be touched by multiple children. These items should either be individually packaged or sanitized between use.

- Children, especially younger children, may need to be held in order for clinicians to easily administer shots. If the SLV is during school hours and the child's parent/guardian is not present to comfort the child, it is recommended that planners consider designating staff for this role. Refer to CDC's How to Hold Your Child During Vaccination fact sheet for guidance. **Under no circumstances should staff deviate from the recommended CDC comfort holds. Staff that use these holds must have their training documented.**
    - Some children may not be able to be coaxed into allowing vaccination. It may be helpful to contact the parent to speak with the child or to invite the parent to come to school to hold their child.
- Children may react strongly to the vaccine, either before, during, or after. Reactions can include crying, throwing up, and/or fainting. Therefore, planners should procure the following materials:
    - Mats to protect children from fall-related injuries after fainting
    - Cots for children to lie down
    - Spill kits to easily clean up vomit
- Children may experience anaphylaxis, an acute and potentially life-threatening allergic reaction, following COVID-19 vaccination. Planners should ensure they have the medication and supplies for treating and managing anaphylaxis, which are listed here.
- To make shots easier and more rewarding, planners should procure fun band-aids and stickers for children after getting vaccinated.

Administering Vaccine and Preventing, Managing, and Reporting Possible Vaccine-related Adverse Events

Health care providers and parents are encouraged to report clinically significant adverse events after COVID-19 vaccine or any vaccine to the Vaccine Adverse Event Reporting System (VAERS). It is also recommended that providers and volunteers encourage parents/guardians to enroll their children in v-safe. Print resources for v-safe are provided in Appendix B.

Vaccine Storage and Handling

Please view the following links for information on vaccine storage and handling for each vaccine:

- Pfizer-BioNTech Storage and Handling
- Moderna Storage and Handling
- J&J/Janssen Storage and Handling

Recording, Reporting, and Tracking Vaccination Information

The Commonwealth of Virginia uses the Virginia Immunization Information system (VIIS) to collect information on COVID-19 vaccine administration. As of January 2022, reporting to VIIS will be required under state law. Providers can access VIIS to determine if their patient received COVID-19 vaccine.

SLV clinic planners should consider mechanisms for dissemination of vaccination information to the primary health care provider of participating students. This can be done by requesting the student's pediatrician's information on consent forms or other documents. The physician listed can then be sent information regarding their patient's vaccination once the SLV clinic has occurred.

Legal Considerations

Parental Consent Forms

The requirement to seek parental consent prior to vaccination, and the exact format and elements that must be included on a standard consent form, generally are not governed by federal law or regulation. However, all VDH staff must use the approved forms posted on the Nursing Directives and Guidelines Intranet. Any electronic reproduction on the forms must include all elements. As a reminder, these forms are updated frequently as new guidelines are issued, so check the site frequently to make sure you are using the most current version.

For entities other than VDH, requirements for informed consent are legislated or regulated by each entity, including the circumstances under which minors can consent to their own medical treatment. If planning on obtaining advanced consent, planners should discuss this approach with their respective legal advisors before deciding to implement it. Planners must plan for requiring separate consents for administration of each dose of a two dose vaccine series.

While consent to be vaccinated is generally not regulated by federal law, federal law (as well as state law) may regulate the vaccinator's use or disclosure of individually identifiable health information regarding the child.

Below are notes about recommended sections to include in the template consent form (for non-VDH entities):

- Information about child receiving vaccine: This section includes suggestions for collecting personal and demographic information.
- Screening for vaccine eligibility: This section includes COVID-19 vaccination eligibility screening questions.
- Consent: This section includes a statement and signature line for parents/guardians to consent to or decline vaccination on behalf of their child.
- Vaccination record: This section includes suggestions for collecting information regarding the vaccine and its administration.

SLV program planners may also want to include a section for consent or authorization for disclosures of certain vaccination, medical, personal, and/or demographic information. Student information contained in the vaccine consent form may be protected by privacy laws or regulations. Please consult with your entity's legal advisors regarding protected information. Requesting such authorization may be recommended or necessary, depending on local needs and/or laws such as the Family Educational Rights and Privacy Act (FERPA) or the Health Insurance Portability and Accountability Act (HIPAA).

The entity conducting the vaccination program is responsible for only using and disclosing a child's health information consistent with applicable laws. For example, the entity should know whether it is subject to the HIPAA Privacy Rule, which only applies to certain health care providers, to health plans and to health care clearinghouses, to FERPA, which only applies to educational agency or institutions receiving Department of Education funding, and/or to other Federal or state laws.

Consent Form Dissemination, Collection, and Follow-Up

Consent forms and other SLV informational materials can be provided to parents/guardians using a variety of methods. Sending information packets home with students is common. Schools also should consider making consent forms available online, either through the school website (if available) or via email (schools and/or parent organizations may have pre-established list serves for students' families). Additionally, high schools might want to make consent forms available on-site for eligible students who do not require parental consent (e.g., students ages 18 years or older).

If resources are available, school staff should attempt to follow up with students who do not initially return the forms. For this reason, consent forms should include an option for the parent/guardian declining vaccination so that school staff can easily identify students who have not returned consent forms and distinguish them from students whose parents/guardians declined vaccination.

General Legal

States should consult their legal counsel for advice concerning the applicability of legal immunity, licensure, and privacy laws that may exist with respect to persons involved in vaccination programs. The paragraphs below provide general summaries of some relevant legal authorities, but the list is not intended to be exhaustive.

Countermeasures Injury Compensation Program (CICP)

The Public Readiness and Emergency Preparedness Act (PREP Act) authorizes the Countermeasures Injury Compensation Program (CICP) to provide benefits to certain individuals or estates of individuals who sustain a covered serious physical injury as the direct result of the administration or use of covered countermeasures identified in and administered or used under a PREP Act declaration. The CICP also may provide benefits to certain survivors of individuals who die as a direct result of the administration or use of such covered countermeasures. Additionally, if all requirements set forth in the PREP Act are met, qualified persons who administer COVID-19 vaccines are immune from liability except for "willful misconduct" with respect to all claims for loss caused by, arising out of, relating to, or resulting from the manufacture, testing, development, distribution, administration, and use of a COVID-19 vaccine. More information about the CICP can be found at https://www.hrsa.gov/cicp.

State and Local Government Immunity

Officials of state and local governments may also have "official" or "governmental" immunity under state legislation, municipal ordinances, or as otherwise provided for by common law. These laws may differ depending upon the level of government, the nature of the official function, the presence or absence of malice, and the degree of alleged negligence. In some instances, however, this immunity may only be provided to public officers while exposing their government employers to at least limited liability. Officials may wish to contact State and local legal advisors on these matters.

Family Educational Rights and Privacy Act (FERPA)

FERPA is the federal law, administered by the U.S. Department of Education, which protects the privacy of student education records, including health records, maintained by educational agencies and institutions. The law applies to all educational agencies and institutions that receive funds under a program administered by the U.S. Department of Education. FERPA generally prohibits the disclosure, without prior written consent, of education records or personally identifiable information (PII) from education records to outside entities, although there are a number of exceptions to the requirement of prior written consent (see: http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html).

The applicability of FERPA will vary based on who is conducting the school-located vaccination clinic as follows:

- If a LHD, or an entity acting on its behalf (e.g., a commercial community vaccinator with whom the LHD developed a contract), conducts the clinic and maintains the student's records, FERPA does not apply to the vaccination records because they are maintained by the LHD.
- If a school, school district, or an entity acting on its behalf (e.g., a commercial community vaccinator with whom the school or district developed a contract) conducts the clinic and maintains the student's records, FERPA applies to the vaccination records because they are maintained by the school or school district.
- If an entity, other than the LHD or the school/school district, conducts the clinic (e.g., a commercial community vaccinator not under a contract with the school or the LHD) and maintains the student's records, then FERPA does not apply to the vaccination records because they are not maintained by an educational institution or agency or a party acting for an educational institution or agency.

Under the FERPA regulations at 34 Code of Federal Regulations (C.F.R.) Part 99, many disclosures of PII from education records of students require signed and dated parental consent. However, when a student turns 18 years of age or attends an institution of postsecondary education, the signed and dated consent must be obtained from the student. 34 C.F.R .99.3 (definition of "Eligible student") and 99.5. The FERPA regulations provide that the prior written consent must specify the records to be disclosed, the purpose of the disclosure, and the party or class of parties to whom the disclosure may be made. 34 C.F.R. 99.30. For example, in the absence of a health or safety emergency, signed and dated consent is generally needed for a school to release PII from education records to public health authorities (e.g., for entry into an immunization registry) or to the child's health care provider (e.g., for inclusion in the child's

health care record).

Certain disclosures may be made without prior written consent. 34 C.F.R. 99.31. For example, a disclosure may be made without prior written consent to other school officials within the educational agency or institution whom the agency or institution has determined to have legitimate educational interests (e.g., school officials may be informed that a student has the COVID-19 virus and has been advised to stay at home; the disclosure is needed so that school officials can monitor whether that student nevertheless attends school or a school-related activity). 34 C.F.R. 99.31(a)(1). Additional information regarding disclosures in a health or safety emergency may be found at 34 CFR 99.31(a)(10) and 99.36.

Health Insurance Portability and Accountability Act (HIPAA)

The HIPAA Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes. The HIPAA Privacy Rule requires covered entities to protect individuals' health records and other identifiable health information by requiring appropriate safeguards to protect privacy, and setting limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The rule also gives patients rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

In most cases, the HIPAA Privacy Rule does not apply to elementary or secondary schools because the schools either: (1) are not HIPAA covered entities; or (2) are HIPAA covered entities, but maintain health information on students only in records that are by definition "education records" under FERPA and, therefore, are not subject to the HIPAA Privacy Rule. If a person or entity acting on behalf of a school subject to FERPA, such as a school nurse that provides services to students under contract with or otherwise under the direct control of the school, maintains student health records, these records are education records under FERPA, just as they would be if the school maintained the records directly.

More information about HIPAA can be found at http://www.hhs.gov/ocr/privacy/ Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) And the Health Insurance Portability and Accountability Act of 1996 (HIPAA) To Student Health Records can be found here.

Appendix

A. Templates

- Pre-Vaccination Letter to Parents/Guardians (English) (Spanish)
- Post-Vaccination Letter to Parents/Guardians (English) (Spanish)
- COVID-19 Vaccination - Student Consent & Screening Form (English) (Spanish)

B. Tools and Helpful Links

- **Planning Vaccination Clinics**
  - CDC's Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations
  - Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations
  - Checklist for COVID-19 Patient Safety at Vaccination Clinics
  - Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States
- **Planning School Vaccination Clinics**
  - How Schools Can Support COVID-19 Vaccination
  - We Can Do This Campaign's Guide to On-Site Vaccination Clinics for School
  - CDC's Customizable Content for School-Located Vaccination Clinics
  - NACCHO's School-Located Influenza Vaccination Toolkit
  - ASTHO's Vaccination Clinics in Schools Issue Brief
- **Planning Pediatric Vaccination**
  - CDC's Pediatric COVID-19 Vaccination Operational Planning Guide
  - V-safe Print Resources
- **Coloring Books for Children**
  - Vaccine Education Center at Children's Hospital of Philadelphia's Vaccine Activity Book
  - CDC's Coping with COVID-19 coloring book
- **COVID-19 Vaccine FAQs**
  - VDH's Vaccination FAQs
  - CDC's Key Things to Know About COVID-19 Vaccines
  - CDC's Possible Side Effects After Getting a COVID-19 Vaccine