



Drive Thru Flu and You: A Detailed Guide

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Intended Audiences



- Public Health Management & Staff
- Nonprofit Healthcare Providers
- Private Healthcare Providers
- Emergency Management Agencies
- Community Representatives interested in helping vaccinate their community against Influenza

Who is involved in organizing the clinic?



- Health department management
- Health department staff (clinical **and** clerical)
- County EMA (Emergency Management Agency)
- Local sheriff / police
- Local Fire / EMS
- Community partners (churches, food banks, schools, etc)
- Volunteers



What is a Drive-thru Flu Clinic?

- Provide flu vaccines efficiently to a large number of residents
- Temporary popup clinic
- Process
 - Residents show up to clinic, give ID + insurance info (if available)
 - Receive appropriate flu vaccine (High Dose, Regular, Egg free, etc)
 - Residents can be observed following vaccination if needed / requested
 - Residents stay in their cars during entire encounter

When to Schedule a Drive-thru Clinic?

- Begin planning logistics at the beginning of summer
 - Contacting community partners to gauge interest
- Finalize locations by end of July
- Promote the clinic throughout August/September (radio, flyers, etc)
- Your clinic should be on a day you'll reliably have influenza vaccine on-hand
- Schedule your drive-thru clinic towards the beginning of flu season to maximize participants
- Typically, the last week of September and first week of October are most successful



Where Should a Drive-thru Clinic be Held?

- Large parking lots with multiple entrances
- Near large population clusters
 - Major intersections
 - Popular churches
 - Near malls
- Good visibility
- Facility preferably has awning or overhang
 - Rain
 - Sunlight / Heat
 - Wind

- Facility examples
 - Churches
 - Parks
 - Gyms
 - Clinics designed for drive-thrus
 - Local businesses
- Use same facility consistently year-to-year
- Ensure access to restroom facilities for staff/volunteers

Why Do Drive-thru Clinics?



Establish and strengthen community partnerships

Offer vaccines in locations where access to healthcare may be limited

Provide convenience for residents, especially those who are mobility-impaired

Serves as drill to prepare staff for mass dispensing in emergencies

- Smallpox, anthrax, etc

I want to do it!...

What next?!

1

Make sure you
have enough flu
vaccine prebooked

2

Ensure you have
needed
equipment

3

Review timeline

4

Ensure adequate
staffing for normal
services alongside
drive thru(s)

General Equipment



Tables for each station

Chairs for staff at each station

Tents for stations that are not under shelter

Vests to identify staff

Extension cords

Traffic cones

Radios if needed

Required Clinical Equipment

- Qualified mobile storage units/temperature monitoring device
- Flu Vaccine
- Ample supply of the following for vaccine administration:
 - Needles (25gx1", 25gx1.5")
 - Syringes (if flu vaccine is in vials)
 - Band-aids
 - Cotton balls/gauze pads
- Sharps containers
- Trash cans (preferably heavy duty with lid)
- Vaccine Records for the patients (can be cards with pre-typed label)



Required Clerical Equipment

- Clipboards (3 per nurse)
- Pens (3 per staff member)
- Desktop scanner / copier / printer
- Copy Paper
- Consent forms
- VIS (Vaccine Information Sheets)
- Locked cashbox
- Bins for paperwork
- Stapler

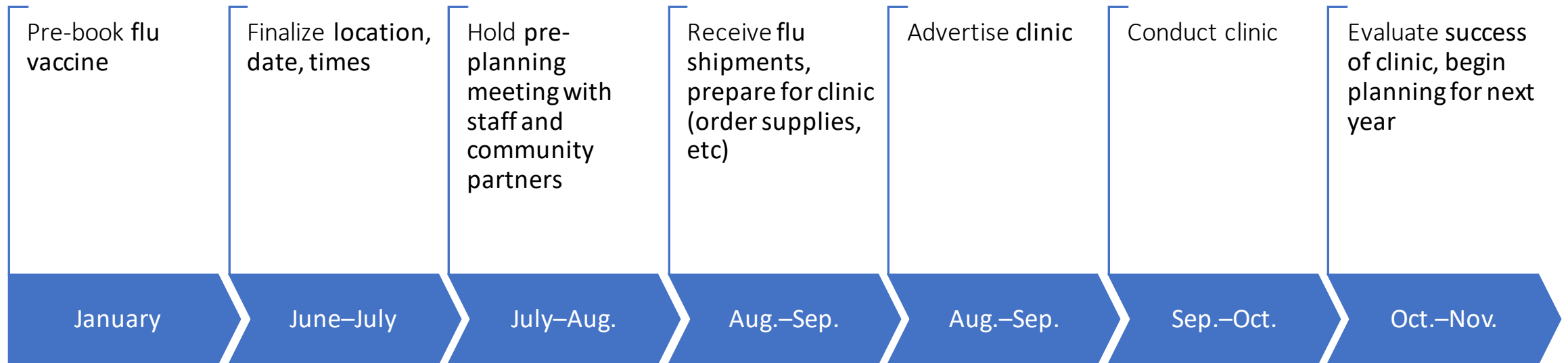


Staff needed

- These needs are based on suburban / rural health departments
 - Major cities may vary
- 2 – 4 Nurses per vaccination and observation station
 - GA public health nursing requires at least one RN be present for emergency protocols
- 3 – 6 Clerks for registration and payment/insurance stations
 - Can use volunteers for registration station and to direct traffic
- Local law enforcement for traffic control (optional)



Timeline



Stations

- 4 stations total
 - Some stations can be combined (Registration & Insurance, Vaccination & Observation) if needed depending on size of clinic
- Can be set up day before or morning of clinic depending on access to facility
- Staff needs to be assigned to appropriate station before clinic starts
- Stations can be replicated for multiple drive-thru lanes if needed



Station #1: Registration

Consent form is started –
demographics and
questions are completed

VIS and flyers given to
patient

Station #2:
Insurance/Payment



Copies are made of insurance cards, attached to consent forms

If no insurance or insurance out-of-network, payment is collected if applicable



Station #3: Vaccination

Nurse reviews screening questions and checks what vaccine the patient will receive

Vaccine given; card given with vaccine info



Station #4: Observation

Patient advised that they can wait 15 min for observation in designated area

Patients can remain in their car during this time

Staff needs to ensure visibility of patient

Sample Clinic Schedule

- Clinic Hours 9AM-3PM
 - 8:00AM – All staff members report to site for setup
 - 8:30AM – All volunteers report to site
 - 8:30AM – Briefing for all members on schedule and duties
 - 9:00AM – Clinic starts
 - 11:00AM – Staggered lunches
 - 3:00 PM – Clinic finished; site broken down
 - 3:30PM – Breakdown complete, staff returns to clinic; vaccines are loaded in EHR

Important Tips

Signage

- Label signs clearly with "Flu offered"
- Put many signs along the street the evening before the event
- Give clear traffic directions using these signs
- Put the day/time of vaccine event on signs
- Make the signs look appealing

Staff wellness

- Make sure you ask the facility for access to their bathrooms when you schedule the event.
- Have water available for staff and volunteers
- For longer events (4+ hours), provide lunch / dinner to staff and volunteers



Signage examples

Important Tips



Community partner
involvement

Involve
community
partners with
advertising event



Make scheduling as
easy as possible if you
opt for a scheduling
system.

Ex: QR codes, and
~5 fast questions



Have at least 2 points
of contact who will be
at the facility on the
day of the event.

Don't get locked
out of the
building!

Important Tips



Place stop signs at designated areas where you expect patients to stop at each station



Plan for a floater to allow staff to take breaks/use restroom



Schedule staggered lunches for staff at each station to ensure no break in staffing



Ensure all staff/volunteers know who is in charge of the event in case problems/emergencies arise



Be weather aware – plan for hotter or cooler temperatures and rain (bring heaters, fans, or ponchos)

Important Tips



Bring all of the same lot # of vaccine for simplicity



Preprint records to hand to patient with the vaccine info/lot number that you take

_____ County Health Department Vaccine Questionnaire-Adult Flu Only

Client's Name:		Mailing Address:			
City:	County:	State:	Zip:	Phone:	
<i>(Please Check One)</i>	Client's Date of Birth	Age	<i>(Please Check One for Race)</i>		<i>(Please Check for Ethnicity)</i>
Female	{month/day/year} Birthday		Asian	Black/African American	Hispanic/Latino
Male			White	American Indian/Alaska Nat	Non-Hispanic/ <u>Non-Latino</u>
			Multicultural	Hawaiian or Polynesian	Unknown
			Unknown		

ANSWER THE FOLLOWING ABOUT THE PERSON RECEIVING THE IMMUNIZATION:	YES	NO	DO NOT KNOW	N/A
Is the person sick today?				
Does the person have allergies to latex, medications, food, or any vaccine?				
Has the person had a serious reaction to a vaccine in the past?				
Do you have a seizure, brain, or other nervous system problem?				
Do you consent to a nurse volunteer or student to administer the vaccine?				

I have been given a copy and have read, or have had explained to me, the Vaccine Information Statement for the vaccine indicated above. I have been given an opportunity to ask questions and they were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and request it/they be given to me or to the client named above for whom I am authorized to make this request. I understand that it is recommended to wait at least 15 minutes at the clinical site after receiving the immunization in case of a reaction to the vaccine. I have been given the opportunity to review and/or receive, a copy upon request of, the Notice of Health Information Practices from the County Board of Health regarding my health information rights and the Board of Health responsibilities and I authorize the release of any medical or other information necessary for care, treatment and claim processing. I authorize payment of medical benefits to the undersigned physician, supplier or party who accepts assignment for services described. I understand I am responsible for payment if insurance denies payment.

Authorized Client and/or Guardian's Signature _____

Date _____

Dose/~~Rte~~: 0.5ml/IM

L___ R___ Deltoid

Place label here

VIS date: 08/06/21

Nurse Signature _____ Date: _____

No insurance _____

Medicare _____

Medicaid _____ (Amerigroup ~~Wellcare~~ ~~Peachstate~~ ~~Caresource~~)

Private _____ Type _____

Paperwork

MOU between health dept and facility (if clinic is held at outside facility)

Sign-in/out sheet for staff/volunteers

Consent Forms (required)

Flu Vaccine Information Statements (required)

Paper record to provide patient after vaccination

Clinic handouts to provide to patients as desired to promote other clinic services



Previous Drive Thru Clinic
Gallery



**Drive-Thru
Clinic
Today**



DRIVE-THRU

DRIVE-THRU CLINIC





WELCOME



Public Health

Be Wise. Immunize

STOP
Register
HERE

RHR6183



REGISTRATION

Registro

PUBLIC HEALTH

9/3/20XX



Pay Here

SILVERADO









Thank You!