

Federally Qualified Health Centers: COVID-19 Vaccination Best Practices

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Overview

The New York City Department of Health and Mental Hygiene (NYC Health Department) recognizes the tireless work by federally qualified health centers (FQHCs) across NYC to offer a COVID-19 vaccine to their staff and partners. Recently, we asked all FQHCs to provide vaccination best practices and this document provides some of the responses we received. FQHCs have been asked to start planning to expand vaccine access to additional priority groups in their community that are currently or will soon be eligible. These best practices provide considerations and resources for FQHC providers to continue expanding reach into their communities to safely, effectively, equitably and efficiently deliver vaccines to all eligible New Yorkers.

Coordination, Decision-making and Organization

While each FQHC and network is unique, it is important to have leadership involvement in the rollout and continued execution of the COVID-19 vaccine campaign.

Best practices shared by FQHC facilities:

- Development of workflows to streamline staff operations and identify potential challenges — particularly beneficial for FQHCs that operate in partnership networks.
- For larger networks, a centralized plan with a clear decisionmaker has proven helpful to ensure a successful vaccine campaign with support from a senior executive to coordinate and execute the overall plan.

- These work plans have allowed larger FQHCs to utilize much or all of their first vaccine dose allotment within the designated period.

Communication, Promotion and Access

Success depends on getting the word out, addressing concerns and making vaccination as easy as possible.

General

Best practices on general communication, promotion and access shared by FQHC facilities:

- Partner with local organizations and community partner groups to administer vaccine.
- Hold town halls for staff, partners and members to reduce fears and provide more information about the specifics of the vaccine, possible complications and safety.
- Anticipate vaccinating increasing numbers of staff each day or week with plans to increase efficiency.
- Vaccine team and senior leadership should provide frequent updates each week (often daily updates) to the entire facility/organization via multiple platforms (for example, email, intranet broadcast, screensavers, text message, bulletins).
- Make sure intranet includes resources about each of the vaccines and progress in vaccinating facility staff (possibly with testimonials).
- Keep written FAQs and information on vaccine safety, prioritization and administration easily accessible and up to date.
- Consider a dedicated vaccine hotline to answer questions or direct staff to relevant information.
- Promote vaccination through positive campaigns like stickers, competitions or other positive reinforcement strategies.
- Have linguistically appropriate client materials to hand out. Patient fact sheet translations can be found here: [Moderna](#) | [Pfizer](#).
- Make sure eligible staff are aware of their eligibility and process to schedule or receive vaccination by making proactive contact with follow-up emails or phone calls.
- Use mobile point of dispensing (POD) to vaccinate staff to make getting vaccinated convenient; utilize high traffic areas, like hallways, while moving from unit to unit.

Hesitancy

Best practices focused on hesitancy shared by FQHC facilities:

- Hold virtual town halls for staff and leadership to provide information, answer questions, address concerns and reduce staff fears regarding vaccination.
- Create materials for staff members that gives information related to dose schedule, possible complications, and safety to reduce fears and promote vaccination.
- Send leadership, clinical staff and peer influencers who have been vaccinated to rounds on floors to discuss experiences, answer questions and encourage uptake.

- Conduct surveys of health care workers about vaccine hesitancy and reasons to better understand how to improve access and demand; collaborate with academic partners if needed.

Vaccine Supply and Distribution

The NYC Health Department recommends maximizing reach of vaccine as quickly and safely as possible to protect your staff and NYC sooner. Create a conservative estimate of how many vaccinations you can complete at the FQHC and at satellite sites in coming week to maintain constant operations. Order the amount of each type of vaccine that suits the storage, handling and administration capacity of your sites via the Citywide Immunization Registry. Reach out to the NYC Health Department for support in ordering vaccines at 347-396-2400 or email COVIDVax@health.nyc.gov.

Best practices shared by facilities:

- Use a single clinical record and a single inventory system to track and report dose usage. This facilitates the redistribution of vaccines within a FQHC or health network and ensures equitable allocation while also eliminating the potential for wastage; however, real-time data is critical to rapid decision-making and reallocation.
- Establish large internal clinics to maximize staff access to vaccine.
- Prepare labels with a clear date, time thawed and use-by date and time to make sure no doses are wasted.
- If scheduling is used, include a list of eligible (and available) staff on waitlist for the day; this allows for use of any end-of-day vaccine that may result from cancelled appointments.

Prioritization, Eligibility and Scheduling

New York State (NYS) sets prioritization groups and schedules for the state. For a list of currently eligible groups, visit nyc.gov/covidvaccinedistribution.

Best practices shared by facilities:

- Maintain awareness of current NYS vaccine eligible groups by frequently (daily) verifying information on the NYS website (link above).
 - Once prioritization is established, all team members in that group are equally eligible. This means that housekeepers and medical assistants are given access at the same time as doctors and nurses for a particular area.
- Create a system for rapid and regular communication with management teams about supply via web, video, group chat or email. The coordinating team should have routine check-in calls at the beginning and end of the day.
- Consider implementing self-scheduling for eligible employees. Make sure staff understand the information needed for proper reporting of vaccination and provide

staff an opportunity to update their information, including race and ethnicity information, at time of scheduling.

- Routinely follow up with facility and affiliated staff that initially opted not to be vaccinated to assess if their interest has changed and ensure access to vaccine as soon as interested.
- Conduct outreach to staff and residents at local living facilities who may be underserved or experience difficulty acquiring vaccine allotment.
- Identify eligible patients by using your electronic health record (EHR). Those with the eClinicalWorks EHR system can use NYC REACH's [Creating Patient Lists with the eClinicalWorks Registry](#) to quickly generate a list of eligible patients. All certified EHR systems have a similar list-making tool. Contact your EHR vendor if you have questions. Use EHR tools like automated reminders through voice, text/SMS and phone. Contact nycreach@health.nyc.gov with any questions about this process.
- Have a dedicated phone number or email address for appointments, or a dedicated link through a platform like Google Forms.
- Coordinate with other FQHCs for overbooked appointments.
- Ask clients to complete forms in advance.
- Create a waiting or standby list of eligible people at nearby urgent cares and independent practices.
- Dedicate specific days of the week and times for larger vaccination events; include evening hours for workers.

Prescreening and Vaccine Clinic Safety

Screening for eligibility, contraindications, and any required enhanced precautions and maintaining strong infection control and safety practices are essential to protecting clinic staff and vaccine recipients.

Best practices shared by facilities and the NYC Health Department:

- Designate qualified individuals to oversee infection control and operational safety in the vaccine clinic. These individuals should also be involved in planning.
- Hold a daily safety huddle with vaccine clinic staff at the start of the day and with each shift change to review key protocols and updates.
- If possible, clients should be prescreened for vaccine eligibility and symptoms prior to arrival. See NYS sample [COVID-19 Immunization Screening and Consent form](#) and required NYS [form](#) and [instructions](#) that can be completed prior to visit.
- Anyone with signs or symptoms of acute illness (for example, fever, cough, sore throat) should not report to the vaccine clinic and should be instructed to follow up with a medical provider as appropriate.
- If prescreening is not possible, a dedicated staff member should be posted outside the vaccine clinic entrance to measure temperatures and screen for symptoms of COVID-19 (for example, cough, fever, shortness of breath, sore throat).

- Place visible signage reminding clients of hand and respiratory hygiene and to report any concerning pre-vaccination symptoms to clinic staff. Make sure hand sanitizer is available at every station, at entrances, and in client waiting and observation areas.
- Have a written protocol and train staff on recognizing anaphylaxis and managing medical emergencies following vaccination. **Refer to the Centers for Disease Control and Prevention’s (CDC) [guidance on managing post-vaccine anaphylaxis](#) and [Vaccine Coalition’s guidance](#) for more details.**

Vaccine Administration

The NYC Health Department is providing the below example for consideration of staffing and stations needed for a vaccine POD site capable of vaccinating 60 people per hour. If you wish to learn about potential point of dispensing layout, job action sheets and just-in-time training to establish this sort of POD, contact us at EOC-HSSB-Liaison@health.nyc.gov.

Example of staffing and stations needed to vaccinate 60 people per hour:

- Create stations with layout, logistics, number of staff, reporting structure and job action sheets.
- Proposed roles with number of staff that should be designated:
 - Registration area: Greeter (1), Registration Flow Monitor (1-2), Infection Control Monitor (1)
 - Screening Station: Screening Quality Control Monitor (1), Prescreening Flow Monitor (1), Screener (1-2), Post-Screening Flow Monitor (1)
 - Medical Evaluation: Medical Evaluator (1+), Mental Health Staff (1+)
 - Dispensing: Dispenser (5-6), Post-Dispensing Flow Monitor (1), Quality Assurance Monitor and Community Affairs Liaison (1)
 - Command and Control: POD Team Leader (1), Staffing Coordinator (1), Public Information Officer (1), Flow Monitor Chief (1), Medical Affairs Chief (1), Runner (1), Facilities (1)

Best practices shared by facilities:

- Hold internal vaccine clinics of varying size for first doses. This helps maximize throughput to the vaccination stations with a constant stream of people arriving to be vaccinated (this may work best with larger networks); eligible patient care teams are further pulled as the lines get shorter.
- Opening mobile PODs to vaccinate community partners.
- Set up staff vaccination stations at each site based on expected demand but also be ready to redistribute staff based on demand in a given day. Weekends and early and late hours should be accommodated.
 - The CDC has the [Vaccine Administration Management System](#) (VAMS), an optional, web-based application to support vaccinations.
- Ensure adequate number of staff or clients are onsite or scheduled to receive all doses in a vial before puncturing.

- Assign a staff member to be responsible for matching available doses with throughput, limiting to use of a single vial near the end of the scheduled clinic session.
- Be prepared to be flexible with hours of operation to ensure all doses are administered.
- Have a running waitlist ready with nearby staff who can be called, paged or texted to receive unused doses at the end of the last vial for the session.
- If there are people who cannot get vaccinated, make sure they are prioritized in the next session.
- Written consent is not required by federal (Emergency Use Authorization) or State (adult immunization) laws or regulations for adult immunization for COVID-19. Clients must receive a fact sheet before vaccination.
- Have a documenter and administrator to facilitate throughput for the vaccination POD. All documents should be reviewed for completeness before POD entry. Use a single documentation system if possible and make sure that employees give an email address and cell phone number for follow-up.

Second Dose Scheduling and Administration

Per New York State Department of Health, facility pharmacies must keep track of allotments shipped for use as second doses to make sure people complete the vaccine series.

Best practice shared by facilities:

- Unlike the first dose where appointments may not have been used, the second dose should be scheduled via an appointment.
- The appointment for the second dose must be made at the time of the first dose.
- Start reminder emails and/or text notifications four days before the appointment for the second dose.

Billing and Reporting

The NYC Health Department recommends:

- Offsetting the costs of staffing, supplies and space for vaccination activities by doing the following:
 - Maximize available billing of insurance: Medicaid [toolkit](#) | Medicare [rules](#)
 - Request reimbursement for the administration of the COVID-19 vaccine through the [Provider Relief Fund](#) when vaccinating people with no health insurance or insurance that does not cover the administration fee.
- Streamline reporting by developing or updating EHR integration with the [Citywide Immunization Registry](#).
- Ensure individuals complete the required [NYS form](#). Instructions can be found [here](#).

Planning Ahead: Expanding to Non-affiliated Health Care Personnel and Community Members

For rapid and efficient distribution of the vaccines, the NYC Health Department encourages FQHCs to extend vaccination services to non-affiliated health care personnel, high-risk patients and frontline essential workers. Vaccinating people from outside of your facility or network may pose challenges with scheduling and reporting, so it is important to begin to think through potential issues now.

Possible challenges to consider:

- Availability of vaccination locations outside your facility to improve access without limiting current operations. Consider partnering with local community-based organizations and OASAS-funded treatment facilities to identify pop-up spaces.
- Staffing needs to support additional hours of operation.
- Lack of integrated vaccine appointment scheduling system that can link to electronic medical records and eventually the Citywide Immunization Registry.
- Access to reliable shipments of vaccine.

We would like to hear about barriers that may affect your ability to vaccinate members of your community. Please tell us about these constraints and any best practices that you have found to overcome obstacles (such as rapid abbreviated registration systems to collect only data necessary for administering and reporting vaccine). Send all challenges and best practices to EOC-HSSB-liaison@health.nyc.gov.

Personal Protective Equipment (PPE)

The NYC Health Department recommends the following:

- Carefully track incoming deliveries and usage of PPE related to vaccination.
- Project the need for PPE during the coming week based on prior weeks and making adjustments based on expected changes in eligibility, volume and staffing.
- If a shortage of PPE is slowing your vaccination, please place an order from the City Service Center via [Medline](#). Contact EOC-HSSB-Liaison@Health.nyc.gov with any questions.

Resources

- NYC Health Department Vaccine Information
 - [General information](#)
 - [Provider information](#)
- NYS Department of Health
 - [Vaccine Information for Providers](#)
 - [Vaccine Program](#)
- CDC

- [Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations](#)
- [Guidance for Planning Vaccination Clinics at Satellite, Temporary, or Off-Site Locations](#)
- [Health Care Closed Points of Dispensing](#)
- [Vaccine Communication Toolkit/Addressing Hesitancy](#)
- Standing Order Forms: [Pfizer-BioNTech](#) | [Moderna](#)
- Guidance: [Pfizer-BioNTech](#) | [Moderna](#)
- Pfizer-BioNTech [presentation on COVID-19, safety and efficacy](#)
- [Preparing for the Potential Management of Anaphylaxis at COVID-19 Vaccination Sites](#)
- Food and Drug Administration (FDA)
 - Patient fact sheets and translations: [Moderna](#) | [Pfizer](#)
 - [COVID-19 vaccines](#)
 - [Pfizer-BioNTech](#)
 - [Moderna](#)
 - [EUA table](#)
- CMS (information on allowable billing practices): Medicaid [toolkit](#) | Medicare [rules](#)
- [Center for Infectious Disease Research and Policy: Resources and Training for Planning Closed Dispensing Sites](#)
- Primary Care Emergency Preparedness Network (2012). [Point of Dispensing \(POD\) Guidance Template for Outpatient Centers](#).
- NYC REACH COVID-19 Resources www.nycreach.org

The NYC Health Department may change recommendations as the situation evolves.

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