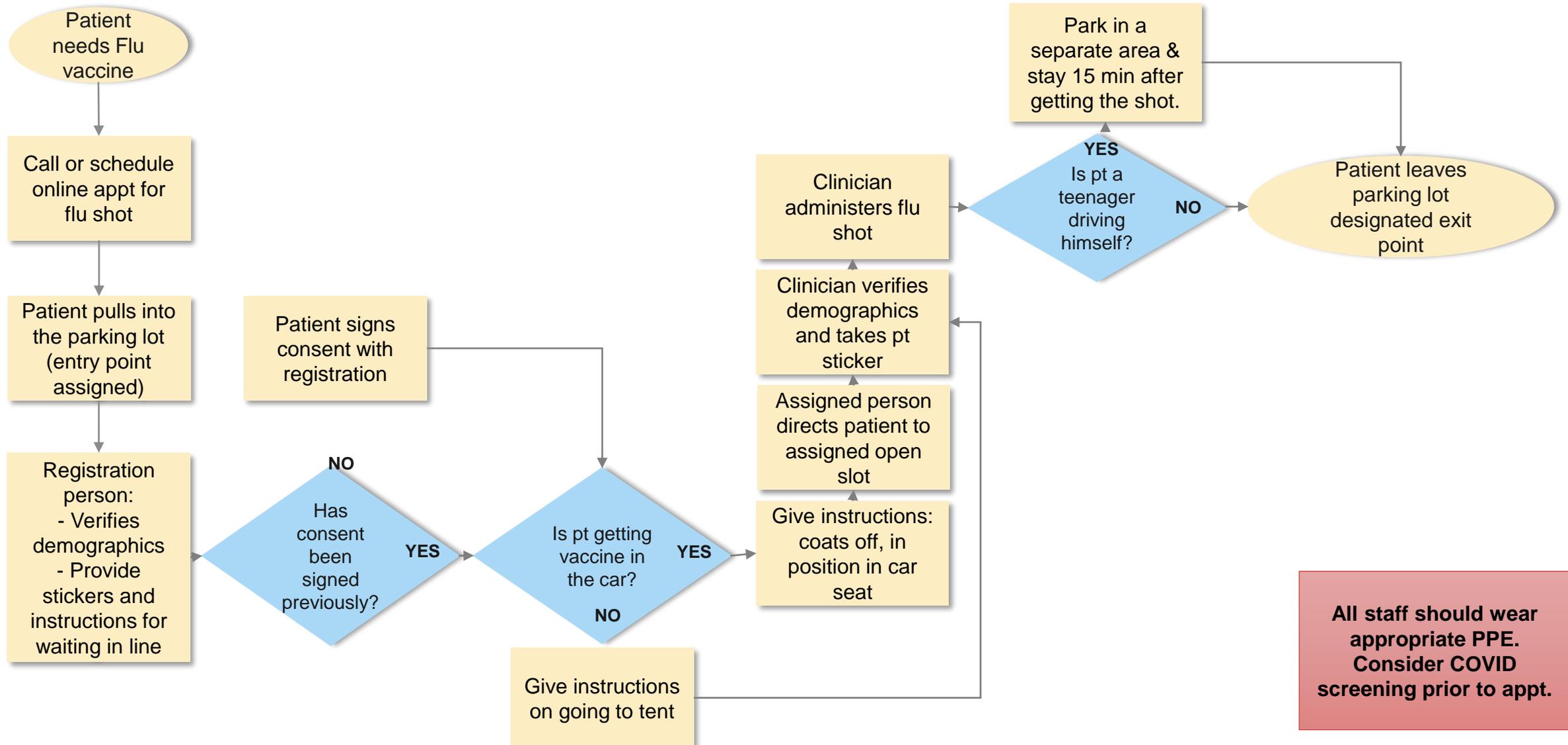


# Flu Clinic Post COVID-19 Pandemic



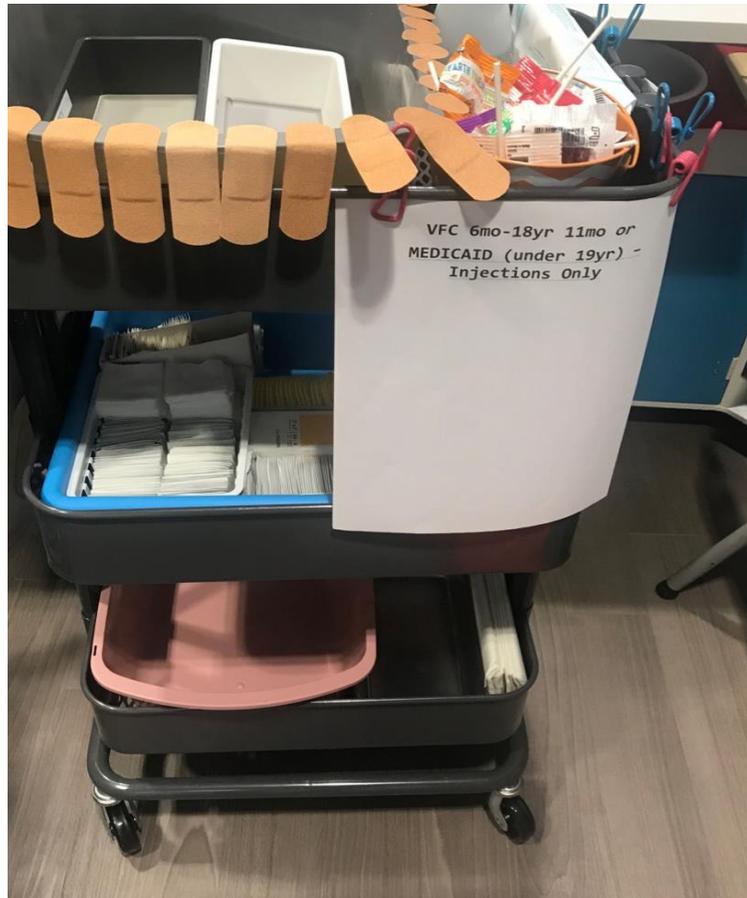
## Flu Clinic Checklist

<b>Supplies</b>	Tent
	Table
	Cones
	Tape
	For vaccination (enough supplies for 1hr):
	- Trays
	- Coolers
	- Sharps bin
	PPE:
	- Faceshield
	- Masks
	- Gloves
	- Gowns
	Chairs
	Stickers
	Printed Consent forms in appropriate language based on patients scheduled for the day
	Printed vaccine information sheet (VIS) in appropriate language based on patients scheduled for the day (refer to CDC website)
	Printed patient charts
<b>Logistics</b>	Designate entry and exit point in parking area
	Mark off spots where patients will go
	Designate parking area for teenagers driving themselves
	<b>If building is not owned by the clinic, check with landlord if parking lot can be used for flu clinic and guidelines for after hours if needed</b>
	Depending on run hours, provide heating/cooling for staff as needed
<b>Workflow</b>	If patient receiving vaccine in the car, patient sticks an arm out the window, or providers open car door, and administer shots while child remains in their car seat.
	Determine timing for restocking supplies
<b>Staffing</b>	Determine staff levels based on scheduled appointments:
	- Registration staff up front (if it slows down, one will go upstairs and start data entry)
	- "Director of traffic"
	- Runner to get extra supplies
	- Nurses/docs to administer shot

## Things to think about when starting an outdoor flu clinic:

- Start small
  - Example: No more than 30 patients per clinic, leave room for error
- Scheduled time frames
- Register ahead of time and collect insurance information
- Consider offering parents their flu shot for a charge
- Use whatever workflow for consent/VIS you previously had in place
  - Example: it is okay to take verbal consent, do ahead of time electronically, etc.
- Use walkie talkies for runner/traffic director to advise staff member giving vaccines about specifics so supplies can be prepared ahead of time
  - Example: Car is spot 4: 1 adult shot, 1 child shot, 1 child mist

## Prepared Flu cart by vaccine type



## Sticker to place on arm by runner

<input type="checkbox"/> Adult flu waiver signed <input type="checkbox"/> Mist or <input type="checkbox"/> Flu shot	Name: _____	Name: _____
	Age: _____ <input type="checkbox"/> Parent <input type="checkbox"/> Child	Age: _____
<input type="checkbox"/> Adult flu waiver signed <input type="checkbox"/> Mist or <input type="checkbox"/> Flu shot	Name: _____	Name: _____
	Age: _____ <input type="checkbox"/> Parent <input type="checkbox"/> Child	Age: _____
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	Age: _____ <input type="checkbox"/> Parent <input type="checkbox"/> Child	Age: _____

With special thanks to our friends at Village Pediatrics for sharing their best practices.