

Mobile COVID-19 vaccination

Frequently asked questions

How to plan and operationalize a mobile vaccine program to support subpopulations who are homebound or may experience barriers in getting to a vaccine clinic.

Key staff (at a minimum): Eligible vaccine provider, outreach scheduler

- The OHA EMS office has issued an [emergency scope of practice change](#) that allows all levels of emergency medical services (EMS) providers to provide vaccinations, to increase the number of vaccine providers.
- If you would like information on any local community paramedicine or mobile integrated health (MIH) programs, contact the Oregon MIH Coalition chairs: Keshia Bigler (biglerk@careoregon.org) or Sabrina Ballew (sabrinab@mercyflights.com).

Scheduling patients

- One vaccine vial contains 11 doses and must be administered within six hours once the vial seal is broken. This is true for both Pfizer and Moderna vaccines, when using a standard one-inch needle to administer the vaccine into the deltoid muscle.
- Vaccine appointments should be windows of time and not specific times (e.g., 1-3 p.m. appointment window rather than 2:45pm appointment time). This allows for any extenuating variables that could impact the travel schedule.
- Set a date for when the second dose will be given ahead of time, if possible. Communicate this date to your patients.
- Ensure that the person calling patients and scheduling for home-delivered vaccines sets clear expectations up front (e.g., the level of PPE that will be used by the vaccine provider, scheduling appointment window rather than a specific time, who to contact with questions, overview of process and what to expect).
- Document any special circumstances, considerations or helpful information for scheduled patients, and ensure that the information is given to the vaccine provider.
- Have a process in place for the vaccine provider to call each patient the night before to introduce themselves, remind the patient of their appointment time window, and ask if they have any questions or concerns. If possible, conduct telephonic pre-screening to determine if a patient requires a 15- or 30-minute post-vaccine administration observation period. This will impact your route timeline.

Documentation

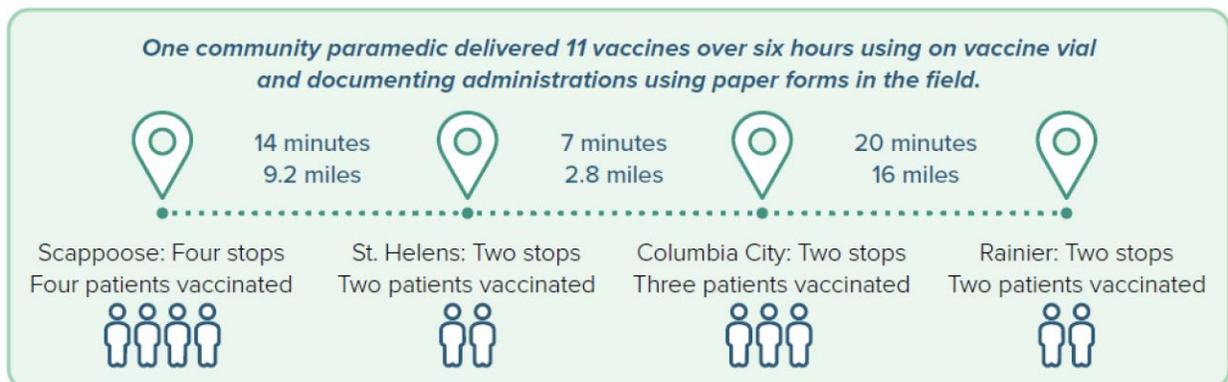
- Have a plan to document all the vaccines administered in the Oregon ALERT database.
 - To streamline processes, use paper forms to document in the field and then transfer the information into ALERT afterward.

- If the goal is to document in ALERT in the field, in real time, there should be two-person teams assigned to support and maintain the route timeline.
- Make sure you have forms available in other key languages in your region (e.g., Spanish).
- OHA vaccination forms:
 - [OHA COVID-19 Vaccine Screening and Consent form](#)
 - [OHA COVID-19 Vaccine Administration form](#)
 - [Vaccine Record card](#)
 - All materials are available in multiple languages, which you can find [here](#).

Planning the travel route

- Strategically plan the schedule around geographic clusters of patients (in groups of 11, if possible). If there are larger clusters of patients in one city or municipality, you could feasibly vaccinate more patients (estimate a maximum of 20-22 vaccines distributed in one six-hour window). This reduces potential for unintentional vaccine waste.
- Plan for each stop to take around 30 minutes, including the standard 15-minute post-vaccine observation period.
 - Some patients may require a 30-minute observation period pending pre-screening and risk level.
 - If possible, pre-screen ahead of time as you can to help identify higher-risk patients and allow for proactive planning and route development.
 - One vaccine vial has 11 doses in it. Once the vial is opened all vaccines must be delivered within six hours.

Example of a real-world mobile COVID-19 vaccine effort:



For questions or more information about mobile vaccination opportunities, contact Keshia Bigler at biglerk@careoregon.org.