

SCHOOL-LOCATED VACCINATION

School Nurse Planning Checklist



School nurses are a valued and trusted leader in the provision of school health services and a champion for vaccination. School-located vaccination (SLV) is a strategy to increase immunization rates for staff and students, reduce vaccine preventable disease and absenteeism, increase public perception of the importance of vaccinations, and increase equitable access to vaccines. Establishing SLV is complex. It requires detailed planning to ensure success and typically involves a joint effort between the school/school district and a community health provider partner.

The National Association of School Nurses (NASN) and the Association of Immunization Managers (AIM) directed an environmental scan and roundtable discussions^{1,2} to identify key considerations for the school nurse when planning SLV.

School Nurse Planning Checklist

(Not all activities must be completed by the school/school system. Depending on the model of SLV implemented, partners will complete some activities.)

- Review a SLV comprehensive planning resource from the [environmental scan](#).
- Garner education leadership support (e.g., health services/school nursing team, principal, superintendent, school board, communications, security, IT, facilities/custodial, teachers' union, parent organization)

- Identify SLV champions (e.g., students, clubs, sports teams; families, local pediatricians, family practice providers, local elected official; school staff and education leaders)**
- Determine potential location (e.g., school[s], administration building, indoor or outdoor, access to Wi-Fi, electricity for vaccine storage, hazardous waste disposal, traffic flow, site security)**
- Identify when to sponsor SLV (e.g., during the school day, before and after school, in conjunction with school events)**
- Consider SLV location and timing:**
 - + Transportation issues for families
 - + Public transportation available to location
 - + Disruption to the learning environment
 - + Time students are out of class
- Identify target population and vaccine(s)**
 - + All students, select students, staff, parents, families, community members
- Engage community partners:**
 - + Local public health departments
 - + Independent and/or chain pharmacies
 - + Healthcare providers (e.g., medical homes, federally qualified health centers, hospital systems, mobile clinics)
 - + State partners (e.g., state health departments, state immunization programs)
 - + Others (e.g., national guard, medical reserve corps)
 - + Families/caregivers
 - + Community influencers (e.g., Community Health Workers/Promotores de Salud), faith leaders)
- Obtain resources with partner(s)**
 - + Vaccines (e.g., partner with stakeholders that can receive, store, and redistribute vaccines)
 - + Staff (medical and non-medical)
 - + Supplies (e.g., personal protective equipment, vaccine administration supplies, furniture, signage, paper and/or electronic documentation, emergency medical response kit)
 - + School communication channels and/or school information technology
 - + Administrative/legal counsel
- Develop and implement SLV logistics, including:**
 - + Medical orders for vaccines and emergency response procedures
 - + Liability coverage (e.g., school, medical and non-medical staff)
 - + Memorandum of agreement for contracted services (e.g., vaccine vendor)

- + Job description for SLV staff
- + Documentation and exchange of health information (HIPAA/FERPA compliant)
 - Involve IT staff for internet access, use of electronic health records, connection with state immunization information systems (registries)
 - Link state registries to school district immunization data where possible
 - Obtain current school entry vaccine records from caregivers as needed
- + Billing process (Medicaid, 3rd party payors)
- + Vaccine consent process
 - Review state, county, and local vaccine consent policies
 - Consider multiple forms/channels of consent based on community needs and legal guidelines
 - Secure consent documents in languages used in community and health literacy focused
 - Detailed plan for each phase of the SLV clinic to create a safe environment
- + Communication plan
 - Identify communication channels (e.g., newsletters, phone robocalls, letters home, emails, videos, social media, local media, in-person events, 211, local public health)
 - Scan the school community for actual and potential information needs and/or gaps
 - Identify culturally appropriate educational materials considering health literacy needs
 - Identify communication needs (i.e., pro-vaccine and vaccine hesitant) of target populations (e.g., school and school staff, families, underserved community groups)
 - Central to the communication plan: the school nurse
 - Personal contact by school nurse to vaccine hesitant caregivers
- + Post-SLV evaluation
 - Number of COVID-19 vaccines administered
 - Number of parent/caregiver communications (phone, email, virtual meetings)
 - Percentage of parent/caregivers contacted by the school nurse (broken down by race/ethnicity, free/reduced lunch, disability)
 - And any specific outcomes, such as vaccine permission obtained
 - Number of healthcare provider communications (phone, email, virtual meetings)

Resources

¹[School-Located Vaccination Clinics: Insight into State and Local Level Practices, Policies and Lessons Learned from Providing COVID-19 and Routine Vaccinations in schools](#) | Environmental Scan Report

²[School-Located Vaccination Clinics for COVID-19 and Influenza: Insights from Virtual Roundtable Discussions with School Nurses and State Immunization Program Managers](#) | Roundtable Report

NASN's COVID-19 Vaccine Administration in Schools <https://schoolnursenet.nasn.org/covid19ref/glossary/covid-19-vaccine-administration-in-schools>