

Guide: Mobile COVID-19 Vaccination Campaigns for Refugee, Immigrant and Migrant (RIM) Communities

Why provide mobile vaccinations to RIM communities?

Bringing healthcare, including COVID-19 vaccinations to where people live, work, learn and play has promising potential to improve community engagement and communities. This guide is intended for health professionals, public health departments, and community organizations to help plan vaccination events for RIM communities. **Mobile vaccination campaigns**, in coordination with community-based or faith-based organizations can be an effective way to reach these communities and ensure that all communities are kept safe and receive COVID-19 vaccinations in the most equitable manner possible.

Step 1: Identify trusted community-based or faith-based organizations that work with RIM communities

• Partner with community organizations, faith-based organizations, and health department community liaisons (if available) to offer information and education about the vaccine to the communities ahead of time.

Step 2: Increase COVID vaccine confidence

- Assess vaccine confidence of community members and provide language-concordant educational materials and videos to answer questions about vaccine concerns.
- Utilize promising and best practices to communicate vaccine benefits and risks.
 - Use trusted resources found on the <u>NRC-RIM Vaccine Central</u>, including:
 - <u>Fact sheets</u> translated into multiple languages that can be customized with your organization's logo
 - <u>Resources to build your own vaccination campaigns</u> in partnership with communities
 - o Use the <u>C.A.S.E. technique</u> in discussions to increase vaccine confidence
 - Corroborate, About me, Science, Explain/Advise

The National Resource Center for Refugees, Immigrants, and Migrants (NRC- RIM) is funded by the U.S. Centers for Disease Control and Prevention to support state and local health departments working with RIM communities. Learn more at nrcrim.umn.edu. Last update: 05/09/2021.

Step 3: Identify community organizations or healthcare providers that provide mobile vaccinations

- Identify local community organizations that have existing collaborations and trust with RIM communities
 - Some examples include ethnic-based community organizations and collectives, community health centers, faith-based organizations, community-based organizations, advocacy organizations, and local stores and restaurants that serve the immigrant worker community.
 - Establish contact with trusted community leaders, influencers, organizers of faith-based organizations and respected community members.

Step 4: Plan vaccination event in collaboration with community partners

- Assess the community's specific needs, number of members, availability and timing following community members' common work shifts, and vaccination space and location that the community-based organization can provide. Consult with community partners to determine if they have a space for vaccination on site or in a nearby location.
 - See the community partnership form (Appendix A) with questions to ask.
- Address Legal Concerns Around Immigration-Related Vaccine Hesitancy.
- Utilize NRC-RIM <u>Vaccine Central</u> for multilingual resources in education and promising practices, including:
 - <u>Fact sheets</u> translated into multiple languages that can be customized with your organization's logo
 - <u>Resources to build your own vaccination campaigns</u> in partnership with communities
- If trained staff are limited, train vaccinators using these <u>resources</u>.
- Community organizations may have limited funding and resources. As a public entity, understand the resources that you can bring to support the partnership.
 - For example: covering staff and interpreter services, using the CARES Act or other public dollars to support vaccination or other social services.
 - Consider offering additional health-related or poverty relief services in combination with the vaccination event; some examples include influenza vaccinations, health screenings and education, food boxes, clothing, household and personal care items, insurance navigation and information about local healthcare access such as community health centers.

- Additional offerings could include reusable masks and hand sanitizers for vaccination participants. These PPE handouts could possibly fit funding or grant guidelines and are essential items in the current environment.
- Ensure there are staff that speak the preferred language and are familiar with cultural norms of the target community.
- Consider offering same gender interpretation and same gender vaccination if available and in settings where cultural norms encourage same gender interpretations and providers.
- Consider offering private vaccination spaces for those who may not be comfortable exposing their shoulders.
- Outline individual organization's roles and responsibilities and ensure there is adequate staff and volunteer participation from the partner community organization.
 - Partners from the community organization can take on interpreter roles, assist with check-in or check-out, or act as one-way traffic directors to be present throughout the event space.
- Consider individuals' work schedules to maximize the number of people reached at a single vaccination event.
 - More than one visit may be necessary to account for shift times.
 - You may also consider planning the event for after work hours or on the weekend.
- Hold the event in a familiar location where the community members congregate.
 - Consider doing this at their work site, community center, or faith-based space if possible.
- Perform a pre-event site assessment (Appendix B) to determine patient traffic flow to avoid crowding and cross traffic and to assess power source options and social distancing and ventilation requirements.
- Advertise through the community partner(s) and in the preferred language of the community will aid in reaching the target community.
 - o Ideas for advertising include:
 - Flyers left at homes, posters in gathering areas, emails, announcements at community events and on community calendars and newsletters.
 - If feasible, consider using messaging apps (e.g., WhatsApp), local radio stations, and social media, based on the local communities.

Step 5: If possible, conduct pre-registration for the vaccine event.

- Conduct pre-registration to have an estimate of the number of vaccines needed be transported to the event location.
- The partnering community or faith-based organizations can help pre-register patients through phone calls, at community events prior to the vaccination clinic, or through a secure online form available in the community's preferred language.
 - In pre-registration, obtain contact information needed and record preferred language. This could also provide an opportunity to gauge preferred appointment times and transportation needs.
- Contact pre-registered patients as a reminder a few days before the vaccination clinic and to confirm transportation needs are met.
- If pre-registration cannot occur, ensure adequate space and interpreters at check-in, for patients to complete registration socially distanced as they arrive.

Step 6: Hold COVID-19 vaccination event with community partner

- See the checklist for mobile COVID-19 vaccinations (Appendix C) which may aid in setting up an event.
- Review safety considerations in regard to mobile vaccinations (Appendix D).
- Review vaccination event infection control checklist (Appendix E).
- Review mobile COVID-19 vaccine set up checklist (Appendix F).
- At the event, have volunteers sign confidentiality agreements. Ensure staff that speaks the preferred language of community is present to aid with registration, traffic flow, education, and monitoring.
 - We recommend that the first encounter should be with staff who speak the preferred language of community.
- Provide clear instructions on what personal information is being collected at the event, including name and contact information.
- Reassure individuals that names and contact information will be kept confidential.
- Information and health education about vaccine risks, including vaccine delayed reactions, should be provided verbally and reinforced by printed translated handouts.

Step 7: If unable to provide mobile vaccinations in the community partner's space, identify a local vaccination site that can accommodate community members.

- Check the CDC's Vaccine Finder for locations where vaccines are given.
 - o <u>https://www.cdc.gov/vaccines/covid-19/reporting/vaccinefinder/about.html</u>
 - This service identifies the latest state-specific data and is regularly updated.
- Consider providing transportation to and from vaccination sites.
- Check to make sure interpretation is available, if needed.
- Check hours of operation to local vaccination sites to ensure that it can accommodate the community's needs.

Appendix A

Community partnership in COVID-19 Vaccinations:

Questions to ask your community partner

Question	Notes/Examples
Is there a space or location that would be best for vaccination within this community?	Mobile unit, community center, parking lot of a popular community space, daycare/Head Start, work office with access to restrooms, power outlets, Wi-Fi/Ethernet/hotspot, etc.
How many people are estimated to come?	This information will help you estimate the number of staff and vaccines to supply.
What are the general demographics of the community?	For example: Country of origin, language preferences, age group, whether the community is more families, single adults, young children, elderly, individuals with limited mobility, etc. Consult the CDC COVID-19 <u>Toolkit for People with</u> <u>Disabilities</u> to anticipate needs.
Are there specific social, cultural, or economic considerations to incorporate while planning the event for the community?	For example: concerns about particular aspects of different vaccines, hesitancy surrounding providing personal information like phone #/email/etc., ability to access events due to transportation/work schedule/childcare/etc., specific health concerns or social determinants of health, documentation status, etc.
Where will patients be coming from and how far will they be traveling? What forms of transportation do they have access to? Will they most likely be walking/driving/biking to the event?	For example: Residential housing, apartment complex, temporary housing shelter
What day of the week is best? What time of day is best?	RIM community members often have rotating day and night schedules. Timing of vaccination events to maximize reach is important.

The National Resource Center for Refugees, Immigrants, and Migrants (NRC- RIM) is funded by the U.S. Centers for Disease Control and Prevention to support state and local health departments working with RIM communities. Learn more at nrcrim.umn.edu. Last update: 05/09/2021.

How to time dosing when a 2 nd dose is needed?	Consider utilizing single dose vaccines if available or two dose vaccines and specify timing of the second dose at the first event.
Does staff speak the preferred language of the community? Can they assign translators or interpreters as needed for the event?	It is very important that there is representation of the community that you are vaccinating within the healthcare staff.
What is the best way to reach out to this community for advertising of the event? How far in advance should we start advertising?	For example: Flyers, posters, email advertising, door-to-door, social media, WhatsApp, announcements at community events and on community newsletters, etc. Consider distributing informative, culturally appropriate, quality videos about vaccines in the primary language of the community. Videos may be available on your health department's website.
Are there additional resources that you think may be helpful for this community?	It is important to understand the needs of the community, particularly regarding social determinants of health. For example: Medical insurance/Medicaid registration, food stamps/food banks, immigration law resources

7

Appendix B

Pre-Event Site Assessment for RIM Communities

A pre-event site assessment will include questions aimed at determining how to safely vaccinate community members. Coordination with community organizations is essential.

Aspects to consider prior to the event include:

- All staff and volunteers are encouraged to be fully vaccinated or be willing to have adequate PPE and take personal safety precautions.
- Number and position of staff and volunteers.
- Individuals' work schedules to maximize number of people vaccinated at one event
 - More than one visit may be necessary to account for shift times
 - You may also consider planning the event for after work hours or on the weekend.
- Number and position of tents/shelters, tables, chairs, etc.
- One-way pedestrian traffic layout/route, to the extent possible
 - Use signage, spatial barriers like traffic cones, barrier tape, etc. to clearly communicate direction of movement
- Wi-Fi/Ethernet/hotspot needs
- Trash can, recycling, and/or compost needs and location. Includes sharps disposal for safe vaccine syringe disposal. Consult the <u>CDC Safe and Proper Sharps Disposal During</u> <u>the COVID-19 Mass Vaccination Campaign</u>
- Distance between check-in and vaccination table(s)
- Post-vaccination waiting area for monitoring up to 30 minutes
- Power source needs, including # of needed power strips, extension cords, etc.
- Queuing area locations and barriers to separate queue from vaccination tables and post-vaccination waiting areas
- Locations for graphics or signage in preferred languages- entry/exits, checkin/registration, stations, vaccination location, restroom, along pedestrian/vehicle traffic routes, at queues to designate 6' apart, etc.
- Physical/spatial barriers to separate different stations, demarcate edges of clinic area, and highlight clinic flow. Examples include:
 - o Traffic cones
 - o Barrier tape
 - o Bollards

- o Building or landscaping edges
- o Tables
- Portable restroom location, if applicable
- Ventilation and social distancing needs if the event is inside
 - For large spaces, open windows and doors if possible so inside air is moving outside and vice versa. Fans can also be positioned at or near openings to pull inside air out.
 - For smaller spaces, a portable HEPA air purifier can help reduce the spread of aerosols carrying the coronavirus.

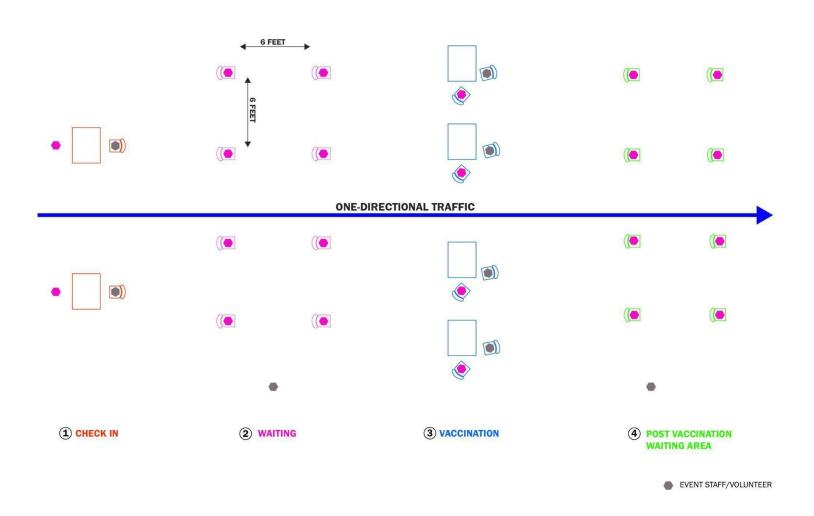


Diagram of Event Layout Guidelines

The National Resource Center for Refugees, Immigrants, and Migrants (NRC- RIM) is funded by the U.S. Centers for Disease 9 Control and Prevention to support state and local health departments working with RIM communities. Learn more at nrcrim.umn.edu. Last update: 05/09/2021.

Appendix C

Mobile COVID-19 Vaccination Checklist

Items separated by category:

Infrastructure	Traffic Flow	Safety	Technology	Lab Items
 Tents Heaters (if indicated) Portable Restroom(s) Foldable chairs Foldable tables Privacy screen Fans (if indoors) Measuring tape Duct tape Trash cans and bags 	 Guiding barriers for pedestrian traffic: stanchions, traffic cones, barrier tape, etc. Banners/signage: available in multiple languages 	 Touchless hand sanitizer stations Extra masks First Aid Kit PPE for staff EPA-approved disinfecting materials 	 Power source Power strips Extension cords Hotspot/wifi source Laptops Tablets Printer Labels 	 Fridge Media transport Biohazard bags Coolers to place smaller quantities of media Biohazard containers Red biohazard bags Biohazard trash cans

The National Resource Center for Refugees, Immigrants, and Migrants (NRC- RIM) is funded by the U.S. Centers for Disease10Control and Prevention to support state and local health departments working with RIM communities. Learn more at
nrcrim.umn.edu. Last update: 05/09/2021.10

Appendix D

Safety Considerations: Mobile Vaccination Events

1. Physical space and set up

- Conduct pre-event site visit (Appendix B) to assess space for physical distancing measures to be appropriately taken, including:
 - Identifying a location for check-in station either outside the facility or in a separate space, if possible, to screen participants for respiratory infection
 - o Ensuring entry points to the facility can be limited and/or monitored
 - If a mobile unit is used: Positioning of mobile unit to ensure access points are controlled.
- Create a one-way patient traffic flow layout, if possible
- Limit number of trained volunteers or staff needed and contact points, areas of staffing to consider include:
 - o Registration
 - o Vaccination station
 - o Education station
 - Float staff to help direct pedestrian traffic
 - Waiting area for 15-minute or 30-minute post-vaccination observation
- Ensure there are staff positioned outside the vaccination area to control who enters and exits and maintain physical distancing standards and masking within the check-in, vaccination and post-vaccination waiting areas.
- Post physical distancing signage using stanchions or other physical barriers, and COVID-19 information signage at each station and throughout the event space.
- Use physical barriers to guide flow of pedestrian traffic if possible
- Provide hand sanitizer to participants upon check in, at each station, and before entering and leaving the mobile unit.
- Disinfect equipment and surfaces with EPA-approved disinfectant after each participant's interaction.
 - o Ensure that materials meet EPA's criteria for use against SARS-CoV-2
- If indoors, ensure proper ventilation with open doors and windows; fans may be placed near open doors or windows to promote air flow
 - For smaller spaces, a portable HEPA air purifier can help reduce the spread of aerosols containing coronavirus

The National Resource Center for Refugees, Immigrants, and Migrants (NRC- RIM) is funded by the U.S. Centers for Disease 11 Control and Prevention to support state and local health departments working with RIM communities. Learn more at nrcrim.umn.edu. Last update: 05/09/2021.

Appendix E

Mobile COVID-19 Vaccination Infection Control Checklist

Area of observation	Main Event area	Met	Not Met	Intervention/Comments
Patient Care and Flow items:				
Are seating in waiting areas six feet apart?				
No open drinks and food in the patient care areas				
Infection Control items:				
Do staff have materials for disinfecting their stations?				
Are sharps placed in appropriate containers and secured appropriately?				
Are sharp containers below the fill line?				
Biohazard Control items:				
Are biohazardous materials disposed of and located in a designated area away from patient care (must be disposed each day)?				
Do biohazardous containers have a clear description of their contents (original label or labeled appropriately)?				
Do staff and volunteers have appropriate PPE and biohazardous waste baskets in designated areas?				
Personal Protective Equipment (PPE)	Main Event Area	Met	Not Met	Intervention/Comments

The National Resource Center for Refugees, Immigrants, and Migrants (NRC- RIM) is funded by the U.S. Centers for Disease Control and Prevention to support state and local health departments working with RIM communities. Learn more at nrcrim.umn.edu. Last update: 05/09/2021.

	1	1	1	· · · · · · · · · · · · · · · · · · ·
Are all infectious clothes PPEs containers closed with no overflow items?				
Do staff have masks available to them and know where they are located?				
Do staff have eye wear protection for their function(s) and know where it is located?				
Do staff have gloves available to them and know where they are located?				
Do staff have lab coats/disposable gowns, scrubs, clothing for their function(s) and/or know where lab coats can be found?				
Safety	Main Event Area	Met	Not Met	Intervention/Comments
Are HEPA air purifier placements in appropriate areas and cords secured? (if applicable)				
Are staff and volunteers practicing social distancing in all areas of the clinic?				
Are staff wearing covered				
toe shoes?				
toe shoes? Building and Facilities				

The National Resource Center for Refugees, Immigrants, and Migrants (NRC- RIM) is funded by the U.S. Centers for Disease 13 Control and Prevention to support state and local health departments working with RIM communities. Learn more at nrcrim.umn.edu. Last update: 05/09/2021.

Appendix F

Mobile COVID-19 Vaccine Set Up Checklist

Modify quantities as needed.

Things to ask clinician/vaccinator for	~	Notes
LOT #	•	
Expiration date		
Signage	\checkmark	Notes
Entrance		
Exit		
Arrows for traffic directing		
Check-in		
Stop signs		
Lane numbers		
Confirmation Table	\checkmark	Notes
Table + chairs		
Consent form (English and preferred language)		
Fact sheet (English and preferred language)		
V-safe (English and preferred language)		
Pen		
Sanitizer		
Tally sheet to record number of participants		
Check-in/Registration	\checkmark	Notes
Tent		
Table + 5 chairs		
Tablets		

The National Resource Center for Refugees, Immigrants, and Migrants (NRC- RIM) is funded by the U.S. Centers for Disease Control and Prevention to support state and local health departments working with RIM communities. Learn more at nrcrim.umn.edu. Last update: 05/09/2021.

Vaccine cards		
Pens		
Sharpies		
Hotspots		
Tally sheet		
LOT # and expiration date		
Trash bag		
Cooler w/ice and waters		
Scribe	\checkmark	Notes
Pens		
Hotspots		
Consent form bins		
Clinician tents	\checkmark	Notes
Tables + chairs (modify #s as needed)		
Tents with tarps		
Vaccine cooler		
Vaccination bin with supplies		
Pens		
Post-its		
Waist belts		
Trash can + bag		
Biohazard		
Sharps container		
Black cart		
Trash bags plus sharps container		
Cooler w/ ice and waters		
Observation & Waiting Area	\checkmark	Notes
Table + chairs for event staff		

The National Resource Center for Refugees, Immigrants, and Migrants (NRC- RIM) is funded by the U.S. Centers for Disease 15 Control and Prevention to support state and local health departments working with RIM communities. Learn more at nrcrim.umn.edu. Last update: 05/09/2021.

Chairs for patients 6 ft. apart (modify # as needed)	
Vaccine educational materials	
if needed, to discuss with	
patients as they wait	