

Preparing for Flu Vaccine Season in Times of Social Distancing Live Webinar Q&A Session

- **Bringing siblings will be harder for patients in the office, since we are limiting the number of people with them because of COVID.**
 - You are correct! Do you make an exception when your flu supply hits? Maybe. Do you expose your team to a parent and a patient twice (when they may have been exposed to COVID in the meantime) or one parent and both children at the same time? **OR** Do you have that parent “bring along another adult” and then give flu vaccine in the parking lot after the “in-person visit” child is seen?
- **Is their online check-in available in OP?**
 - [Curbside arrival](#) is currently available. More robust self-check in coming later this year.
- **More about legality of having VIS only on web. The CDC direction says we have to provide a copy to keep.**
 - You have to OFFER a copy to keep. You have to provide it in SOME format (laminated copy to read in the office, send a link on a patient portal message, etc.) <https://www.cdc.gov/vaccines/hcp/vis/about/facts-vis.html>
- **I really like the idea of drive-through clinics to minimize exposure. What are some ideas for vaccine storage for these clinics? Obviously not efficient for nurse to run in and out to retrieve the vaccine.**
 - You could utilize a “runner” to bring appropriate vaccines out to the parking lot. Alternatively, there are smaller cooler boxes such as: <https://pelicanbiothermal.com/products/credo-cube-series-4-12/>
- **Staff have always been required to have flu vaccine to work in our office. No vaccine, no job. They are told up front this is required.**
 - That is a great strategy if you have a written policy and it is acknowledged at the time of hiring! Maybe we should all consider updating this to include “Office team members are required to be up to date on all recommended CDC/ACIP vaccines including novel or pandemic viruses that create a public health threat.”
- **I set very high expectations about staff being vaccinated. Even in the initial interview, we talk about vaccines and inform potential employees that we are very pro-vaccine, that vaccines are required for employment, and a NO anti-vax message will not be tolerated.**
 - Creating a culture of expectation with onboarding new team members is the best way to make sure there is no question about vaccine acceptance and

- promotion. I have heard practices ask as part of job interview, "Can you tell me a little about your personal and professional views on vaccine safety, hesitancy and how you would discuss vaccine hesitancy with a patient or family?" That answer can tell you a lot from the outset. If they are smart and do their homework, and your website has a clear vaccine policy, they will use that opportunity to reinforce your practice policies.
- **If I vaccinate patients in the parking lot and I am vaccinating a baby, how do I get their temperature? Normally, we do rectal.**
 - You do not need to get rectal temperatures on children older than 2 months of age by a matter of routine, and flu vaccine is for children 6 months of age and up. Contactless temperature measurement is the best way to accomplish this in the parking lot. IN ADDITION: there is NO requirement to take a temperature during a vaccine only visit.
 - You do not need to routinely check temperatures on all patients before vaccinating them. Routinely measuring temperatures is not a prerequisite for vaccinating patients who appear to be healthy. As part of your routine pre-vaccination screening for contraindications and precautions, simply ask the parent or patient about the patient's current state of health. Here are two handy checklists to help you screen:
 1. [Screening checklist for contraindications to vaccines for children and teens](#)
 2. [Screening checklist for contraindications to vaccines for adults](#)
 - **How do we address a very vaccine resistant population?**
 - Research has shown that "presumptive" counseling works better than "participatory." More AAP guidance can be found here: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Pages/vaccine-hesitant-parents.aspx>
 - **If we have two orders for flu from two different vendors, at what point do we need to "choose" the vendor?**
 - That is up to you. Some people will maintain a small supply from each, to have a broader resource if needed later. Since these do not expire until June of next year, we recommend you only have one "active" product at a time (for each of VFC vs Private) - if at all possible - to minimize errors.
 - **Are health plans / payers usually willing to adjust fee schedules if expense ratios are higher for 2020 flu shot clinics?**
 - The fee schedules for flu vaccine are likely already set for this year. You want to make sure that you have your charges set appropriately and reach out to payers that are not covering your costs. The AAP is working with appropriate

- parties to get PPE covered as a separate expense and I will make sure that vaccine visits is included.
- **What PPE is recommended for drive-through flu clinics?**
 - Surgical masks and gloves. If you are in a high-risk area with increasing COVID cases AND you have enough N95s, they may be a personal choice for your team's safety. However, you are talking about short-term exposure and likely, the mask and gloves is enough. I would still require mask wearing for all except young children, even if they are in their cars.
 - **During a flu clinic, if a patient presents and are not currently one of our patients, are we obligated to see them?**
 - This is one of the advantages of having scheduled appointments of registered patients only, so you have time to troubleshoot these problems in advance. You can certainly use the opportunity to turn them into new patients (if that's their intention). But if they are in a plan that assigns PCP (like many Medicaid plans) and they are not assigned to your office, or you don't take their plan, you run the risk of not getting paid for the visit. Therefore, you have no obligation to see them as new patients until they are "registered." There may be individual state guidance as to "where the doctor-patient relationship begins" that you can find from your state medical society.
 - **Any suggestions for using flu clinics to get patients caught-up on other vaccines they may have been missed during stay-at-home orders?**
 - I would suggest "pre-visit" preparation in identifying these patients and then separating them out to a team/location that is doing "flu-PLUS" (not just flu vaccine only visits) so that you do not interrupt the cadence of flu vaccine only visits.
 - **If providing drive up and flu clinics, must a licensed provider be on the premise at all times?**
 - This depends on your state requirements, however, in general: "physician may not necessarily need to be present to administer vaccines if standing orders are used." <https://www.immunize.org/technically-speaking/20140301.asp>
 - **How do you manage the case when a patient has fever during the flu season and COVID is rampant in your community?**
 - Stay tuned for additional educational materials coming your way!
 - **Advice on proper restraint of a child when in the car?**
 - If the car is not moving, you can take a child out and have a parent hold. This may take some practice, creativity and team work - but in general, we advise patients to remain restrained in the car during the drive-through visit (as long as they are in a position reachable by rolling down the window or opening the door.)

- **We have patients fill out a questionnaire as they arrive for flu clinic and verify demographics/insurance on the spot. Are you doing all that ahead of time?**
 - This completely depends on your technical tools available to you, your staffing capabilities and your patient population. As much as you can do in advance, it creates less opportunity for unexpected issues during the visit (such as new insurance that you do not participate with.)
- **We have all LPN/RN's. Can MA's administer vaccines?**
 - This is completely a state scope of licensure issues and varies by state.
<https://www.aama-ntl.org/employers/state-scope-of-practice-laws>