

# Vaccination Screening Job Aid – Drive Thru

## Screening Process

- Greet patient while observing # on windshield which represents # in car receiving vaccine
  - If inclement weather, # will be on piece of paper on dash of car
- Ask patient if they completed a **mobile screening**
  - If YES - Ask for their **QR code** (will have a colored background)
    - No further screening is needed
    - Place the color paper to match the QR code background on the outside windshield (inside dash if raining)
  - If NO - Screen **each person in the car receiving a vaccine**
    - Can use the short form if 2<sup>nd</sup> dose vaccine
    - Place color paper based on answers on the outside windshield (inside dash if raining)
    - The whole car will be one risk level (*If 1 Orange & 1 Green the whole car is Orange*)

**GREEN** = LOW Risk (15 min observation)

**ORANGE** = HIGH Risk (30min observation)

- Instruct the patient to keep all papers on the dash and visible at all times
- Screening is complete and patient should move on to vaccination area
- If determined patient cannot receive a vaccine today, follow **purple paper process** outlined below

## Purple Paper Process

If patient cannot proceed with the vaccine, you will need **2 pieces of purple paper**:

- The first will go on the patient's windshield as a cue to observation that the patient is exiting
- On the second paper write the patient's name, DOB and phone number  
*\*\*This paper will be given to **Command** so the appointment/check-in can be cancelled and rescheduled for the appropriate time*
- If one person screens out and another is proceeding give the car both orange/green and purple paper so that the vaccinators know that someone has screens out.

## Modifications Due to Inclement Weather

- Instead of # on windshield for # of patients with appointments – a large # on a piece of paper will be used
- Instead of the letter D for issues at registration – a colored index card or paper will be used  
*\*\* If the patient comes to screening with colored index card/paper, follow up with registration.*

## Registration Notes

Registration will use window markers to communicate:

- A number indicates the # of patients with appointments
- A check indicates they were checked in
- The letter **D (for Defect)** indicates there was an issue at registration but that should be corrected when they reach screening

## Lead Job Responsibilities

- Ensure all supplies are at Screening area prior to shift
- Explain layout and purpose of each station so staff understand overall traffic and workflow (registration, screening, vaccination, observation)
- Remind staff to communicate any abnormalities
- At end of day, return supplies to proper location, give any purple papers to Command, wipe down surfaces and ensure area ready for next day

# Vaccination Screening Job Aid – Drive Thru

## Full CDC Prevaccination Checklist for COVID-19 Vaccines – use for 1<sup>st</sup> dose screening

1. Are you feeling sick today?	Yes = ask if known exposure or pending covid test		
2. Have you ever received a dose of COVID-19 vaccine?	1st dose - NO / 2nd dose - YES		
• If yes, which vaccine product did you receive? <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Another product _____			
3. Have you ever had an allergic reaction to: (This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)			
• A component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures	Yes = orange for OBS		
• Polysorbate	Yes = orange for		
• A previous dose of COVID-19 vaccine	Yes = orange for OBS		
4. Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? (This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)	Yes = orange for OBS		
5. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, polysorbate, or any vaccine or injectable medication? This would include food, pet, environmental, or oral medication allergies.	Yes = orange for OBS		
6. Have you received any vaccine in the last 14 days?	Yes = No vaccine - purple paper process		
7. Have you ever had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?	No vaccine if in last 14 days		
8. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?	If yes to #7, ask this - no vaccine if in last 90		
9. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?	Either answer = green for OBS		
10. Do you have a bleeding disorder or are you taking a blood thinner?	Either answer = green for OBS		
11. Are you pregnant or breastfeeding?	Yes = ask if spoken to MD. Patient's choice to proceed		

## Short Version of Prevaccination Checklist – use for 2<sup>nd</sup> dose screening

<b>1</b>	<b>Have you already received your first dose of the COVID-19 vaccine?</b>	Answer should be YES
<b>2</b>	<b>Have you ever had an allergic reaction to:</b> <b>a) Any vaccine</b> Including a prior dose of COVID-19 vaccine; <b>b) Polysorbate</b> An oily liquid used in some medications or foods; <b>c) Polyethylene glycol (PEG)</b> Found in some medications, such as laxatives and preparations for colonoscopy; <b>d) To something other than vaccines?</b> This would include a severe reaction to food, pet, environmental or oral medication.	YES to any - orange for OBS
<b>3</b>	<b>Have you received another vaccine in the last 14 days?</b> <i>This includes a previous COVID-19 vaccination as well as other routine vaccinations</i>	YES to # 3, 4, or 5 = no vaccine, purple paper process
<b>4</b>	<b>In the last 14 days: Has a doctor told you that you have COVID-19 or have you had a positive test result for COVID-19?</b>	
<b>5</b>	<b>If you have had COVID-19, did you receive passive antibody therapy (monoclonal antibodies or convalescent serum) as a treatment for COVID-19 within the last 90 days?</b>	