

Lessons Learned from School-Located Vaccination Clinics

- Clinics held during school hours work well.
- It is important to schedule the clinics on the days that the principal and school nurse (if there is one) are present.
- The school principal is key to enlisting teacher support and for promotion of the school-located immunization program.
- The school staff's willingness to participate and assist is imperative.
- A timeline for the school's responsibilities is effective and it will include the school's responsibilities.
- Frequent planning and contact with the school's community partners (public health, volunteers, PTA) is crucial.
- Partnerships are of the utmost importance especially with dwindling resources!
- .The State of Alaska will provide a consent form template.
- An incentive program helps greatly to increase participation.
- Teachers should put name tags on very young students and should verbally identify the student prior to immunization.
- Utilize foreign language translators at the clinics if indicated.
- Display information about the H1N1 immunization clinic around schools, in school newsletters, on school websites, and other sources
- Place consent forms, VIS, and other important forms on school and/or district websites
- Identify a point person in the school for parent questions
- Parent letters jointly signed by school district administrators, community partners, and school nurses show a unified commitment.
- Parent letters should emphasize the importance of keeping children healthy and in school

- Parents should be notified if a child does not receive the vaccine when a consent was signed and provided.
- Emails, phone alert/blasts, websites, Twitter should be utilized to remind parents of the upcoming clinic.
- Scheduling clinic participation by classrooms is most successful.
- Teaching students and staff about prevention of 2009 H1N1 viral infection should include information about vaccination.
- Be flexible; as with any clinic, things can and will go wrong!