Safely Reopening and Operating Schools: Deep Dive on COVID-19 Vaccinations

March 16, 2021

For questions about this resource or to inquire about support in implementation, please contact Chiefs for Change at cfct@chiefsforchange.org.

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Districts that have reopened are using a variety of strategies to help mitigate COVID-19 and to build community trust – including promoting vaccine adoption

Establish hygiene protocol
- Cleaning and disinfecting
- Handwashing
- Ventilation

Limit person-to-person contact
- Staggering schedules
- Cohorting
- Physical barriers
- Social distancing

Institute masks and PPE usage
- Requiring masks
- Additional PPE: face shields, eye protection, gloves, and gowns

Identify and isolate cases
- Symptom monitoring
- Reporting procedures
- No-reprisal ‘stay-at-home’ strategy
- Individual testing

Promote vaccine adoption
- Cultivating trust, access, and cooperation

Build community trust and reassurance: e.g., transparency in communications of situation and ongoing mitigation measures, partnering with community leaders and responding to feedback

Tailor mitigation strategies to local context: e.g., laws and regulations, supply availability, cost considerations, COVID-19 prevalence and trends, population density, community perceptions and beliefs

Consider long term needs: e.g., embedding ongoing public health practices to increase system resiliency in long term plans for school systems, bringing on public health support into school system staffing

Source: The Rockefeller Foundation's COVID-19 Testing in K-12 Settings: A Playbook for Educators and Leaders, CDC

Excerpt from Chiefs for Change statement issued on Nov. 13, 2020:
"As the leaders of state and district education systems, we urge the government to prioritize teachers, other essential school staff, and students in the grand effort to vaccinate everyone in our country."

Statement by President Joe Biden on March 2, 2021:
"We want every educator, school staff member, childcare worker to receive at least one shot by the end of the month of March"
What is COVID-19 vaccination?

A COVID-19 vaccine is intended to provide acquired immunity against SARS-CoV-2, the virus that causes COVID-19.
So far there are 3 vaccines approved with FDA Emergency Use Authorization (EUA) in the US

<table>
<thead>
<tr>
<th></th>
<th>moderna</th>
<th>Pfizer</th>
<th>Johnson &amp; Johnson</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of doses</strong></td>
<td>2 doses (1 month apart)</td>
<td>2 doses (3 weeks apart)</td>
<td>1 dose</td>
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<tr>
<td><strong>Ages approved for</strong></td>
<td>18+</td>
<td>16+</td>
<td>18+</td>
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<tr>
<td><strong>Technology</strong></td>
<td>mRNA</td>
<td>mRNA</td>
<td>Viral vector</td>
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<tr>
<td><strong>Efficacy of vaccine at preventing</strong></td>
<td></td>
<td></td>
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<tr>
<td>...death</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>... severe disease</td>
<td>100%</td>
<td>89%</td>
<td>100% (after 49 days) 85% (after 28 days)</td>
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<tr>
<td>... symptomatic infection</td>
<td>94%</td>
<td>95%</td>
<td>66% against moderate-to-severe, e.g., US: 72% South Africa: 57%</td>
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<tr>
<td><strong>Thermo stability</strong></td>
<td>Long term storage / shipment</td>
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<td></td>
<td>-4°F for 6 months (freezer)</td>
<td>-94°F for 6 months (ultracold freezer); can be stored at -13°F to 5°F for up to 2 weeks (freezer)</td>
<td>-4°F for 2 years (freezer)</td>
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<tr>
<td><strong>Storage at site</strong></td>
<td>35-46°F for 30 days (refrigerated)</td>
<td>35-46°F for 5 days (refrigerated)</td>
<td>35-46°F for 3 months (refrigerated)</td>
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The federal government allocates doses of each of the three vaccines to states and jurisdictions every week.

Allocation to each individual vaccine site will depend on availability and the vaccine distribution strategy of the state and jurisdiction.

“...All three of them are really quite good, and people should take the one that's most available to them.”

Dr. Anthony Fauci
Dir. of the National Institute of Allergy and Infectious Diseases

Though decreasing, there is still hesitancy towards the COVID-19 vaccine that could be addressed by focusing on conviction and convenience.

### Reported attitudes on getting a COVID-19 vaccine, % of respondents

<table>
<thead>
<tr>
<th></th>
<th>Oct 2020</th>
<th>Feb 2021</th>
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</thead>
<tbody>
<tr>
<td><strong>Unlikely</strong></td>
<td>19%</td>
<td>16%</td>
</tr>
<tr>
<td><strong>Cautious or uncertain</strong></td>
<td>45%</td>
<td>23%</td>
</tr>
<tr>
<td><strong>Interested (or already received)</strong></td>
<td>36%</td>
<td>61%</td>
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</tbody>
</table>

Black, Latinx, female, and lower wage earners are up to 2x less likely to get vaccinated compared to white, male, or higher wage earners.

To reach herd immunity could require vaccination rates of 70-90%.

### Factors school systems can focus on to promote vaccine adoption

#### Conviction – build confidence and shape firmly held beliefs and opinions
by educating on the facts, normalizing vaccination, and engaging community influencers.

#### Convenience – create an easy and frictionless experience
by sharing practical information, simplifying the process, making it a great experience, and increasing proximity.

Conviction: Districts that have implemented COVID-19 vaccination programs have reported several benefits of increasing conviction and building trust

Example actions taken

Educate on the facts
- Share authoritative and accessible information on the safety, efficacy and side effects of the vaccines available (Example scientific resources and communication methods in Appendix)

 Normalize vaccination
- Engage leaders to share their vaccination intent and experiences
- Encourage staff to post about their vaccine experiences
- Hold multiple vaccination events to enable initially hesitant individuals to sign up later

 Engage community influencers
- Host Q&A panel discussions with local physicians and community influencers
- Answer questions, and acknowledge concerns
- Have physicians at events to answer health questions and ease hesitancies

“"”

After I got vaccinated, I waited for 15 minutes. While waiting, I received handouts with information on the side effects of the vaccine. This helped me better understand what to potentially expect.

-- Director of Communications

“"”

The local media followed our superintendent as he received his vaccination on the first day of our vaccination effort. They took a picture of him getting the vaccine and it really helped. People see their leaders being first and they follow.

-- Chief of Staff

“"”

In January, we coordinated with our city health department and medical advisors to host a “Townhall for Educators” where we spoke about the vaccine. About 2,500 people signed into that Zoom.

-- Chief Operating Officer

Source: Interviews with district leaders
Convenience: Districts that have implemented COVID-19 vaccination programs have reported several benefits of increasing convenience

**Example actions taken**

**Share practical information**
- Share timing and criteria for vaccination eligibility
- Share how to set up appointments, what to expect at the event, and actions to take after vaccination

**Simplify the process**
- Offer easy and accessible scheduling tailored to individuals
- Book appointment slots to minimize wait times and provide flexibility for late and early arrivals
- Provide incremental time off and any needed recovery time

**Make it a great experience**
- Ensure the vaccination event experience is positive for those involved (e.g., overstaff events, play music, have a selfie booth)

**Increase proximity**
- Offer vaccination at central locations
- Offer on-site vaccinations at school during regular school hours

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When a patient registers, a logistics email is sent that says, “Here’s where you park. Eat a normal breakfast or lunch. Wear a shirt with easy access to your shoulder....”

-- Director of Strategy

Our contract employees don’t always check their email so I called them and offered to book them an appointment. I also went to posts to ask bus drivers in person if they wanted to sign up.

-- Public Health Fellow

We were thinking about customer service across everything. People were smiling and felt amazing. It was not just you get the vaccine. You are part of this community doing this for a larger purpose.

-- Director of Accountability and Research

If a school site has over 75 individuals who need vaccination, the mobile unit would come to the school and vaccinate in the gym or cafeteria.

-- Chief Operating Officer

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Source: Interviews with district leaders
There are five main steps districts have taken to implement a COVID-19 vaccination program:

1. **Where will vaccination sites be located (e.g., at schools, at other sites with priority access / dedicated hours, or other existing sites to which people are directed)?**
2. **What populations will be getting vaccinated?**
3. **Over what time period?**
4. **How many events will be organized and what size?**
5. **With what external stakeholders (e.g., local health dept., healthcare provider, pharmacy chain) can we partner?**

- What will the roles of external partners be (e.g., healthcare provider) and what will their level of involvement be?
- How will the program be funded?
- What quantity and type of vaccines will be allocated to our sites?
- When can we or our health partner place the order and schedule the event(s)?
- How will the program be announced?
- What will the campaign to increase conviction look like?
- How will we share information, normalize vaccination, and engage influencers?
- How will we collect information on who is interested and potential concerns?
- How will we offer easy scheduling and "protected" appointments (including for the second dose if applicable)?
- Pre-event: What locations will we use? What staff and materials will be needed?
- How do we check for readiness before launch?
- What can we do to ensure a positive experience?
- How will data be tracked and managed?
- How will we know which staff are vaccinated? What, if anything, is different for them day-to-day?

These steps may be iterative as it is likely that not everyone will get vaccinated in one event.

Source: Interviews with district leaders
School systems are approaching COVID-19 vaccination programs in different ways

**Location(s)**
- Schools
- Partner locations (e.g., hospitals) with priority access / dedicated hours
- No school-specific location (program focused on providing information on existing medical or community locations)

**Who is vaccinated**
- Staff (including contracted workers)
- Families and broader community
- Students¹

**Level of partnership / support**
- Schools fully responsible for all logistics
- Health partner responsible for vaccine storage and individual immunizations, schools responsible for all other logistics
- Partner or vendor responsible for all logistics

**Number of vaccination events**
- One large event (and subsequent follow-up event for second dose)
- Multiple large events
- Ongoing regular vaccination (e.g., setting up community site)

**Sources of funding**
- State, federal, or county funding
- CARES Act or American Rescue Plan Act funding
- Existing district budget
- Philanthropic support

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**Quotes**

- "Schools are actually uniquely prepared to organize these kind of large scale events—just think of graduations or big game nights!" — District Superintendent

- "We noticed that once people see community members in their schools being vaccinated, they are more comfortable." — Chief Operating Officer

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¹ Currently only Pfizer vaccine is approved for ages 16+, other vaccines are approved for 18+
What follows is a case study illustrating the end-to-end process for a district organizing two vaccination events.

Steps to implement a COVID-19 vaccination program:

1. **Case study illustrating the end-to-end process for a district organizing two vaccination events**, including:
   - Context on what role the district played and how they laid the groundwork
   - “Day in the Life of” visualizations to exemplify the pre-event activities and communications, the vaccination event, and the post-vaccination tracking

Source: Interviews with district leaders
1: District vaccination program case study

District context

City district with >40k students and 6k staff;¹ ~80% of all students have opted to be in person; retiring phased approach to in-person learning and transitioning to fully in-person in March 2021

In Feb-March 2021, district-led vaccination program using Pfizer and Moderna vaccines

Key decisions made in vaccination program

- Located in the gym of a centrally-located elementary school with a great building layout for foot traffic
- All staff, including contracted workers, are vaccinated (school-based staff prioritized)
- Healthcare provider partner responsible for vaccine administration, storage, and data reporting²
- 2 vaccination events to administer first dose on Saturdays from 8am-6pm and 8am-12pm
- State provided vaccines; healthcare partner absorbed most staff costs; and district used CARES funding to cover supplies and school nurses’ overtime

We wanted to make sure everyone walked out of our event feeling they were so glad they came. It was a joyful event.

— COVID-19 Response Coordinator

Impact felt

- Vaccinated ~1.6k staff in 2 weeks, and worked to ensure equitable access by analyzing attendee demographics to inform decision-making for future events
- Made staff feel cared for by hosting convenient staff-specific vaccination events where individuals could be vaccinated in under 20 minutes, get answers to questions, and have fun; as a result, social media posts from attendees were overwhelmingly positive
- Continued with the transition to return to fully in-person learning, knowing that vaccinated teachers will no longer need to quarantine following a potential exposure³

1. Not including custodial, bus drivers, substitute teachers, student teachers, and charter schools; 2. District worked with the healthcare partner to be prepared for either the district receiving the vaccines first and being responsible for vaccine administration, storage, and reporting or for the healthcare partner to receive the vaccines first and take on those roles; ultimately, the healthcare partner received the vaccines and took on those roles, but if the district had received the vaccines, the partner would have supported in staffing and administering vaccine; 3. CDC guidelines state an exposure will not require quarantining if it occurs 15 days or more after the second dose

Source: Interviews with district leaders

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1: DILO simulation of Ms. Gomez, a teacher, receiving communications about vaccinations and scheduling her appointment

**Timeline**

**Wednesday (~15 min) – scheduling appointment**

1. On Wednesday, Ms. Gomez gets an email explaining that there will be a vaccination event on Saturday with a link to the scheduling platform. She clicks the link, and is asked to enter her email address and select a 5 minute time slot on Saturday. She selects 3:55 PM ET on Saturday.

2. Ms. Gomez gets a confirmation email with information on what to expect on vaccination day (e.g., paperwork to bring, what to wear) and information on the vaccine. It also includes a brief information sheet to fill out and notifies Ms. Gomez that the vaccination process may take up to 1 hour.

**Friday and Saturday – reminder emails**

3. On Friday, Ms. Gomez gets a text and email reminder about her vaccination appointment the next day.

4. Two hours before her appointment time, Ms. Gomez gets an email reminder about her vaccination appointment.

**Key considerations:**

District had to find a delicate balance between scheduling participants in advance and ensuring vaccines were first received, which gave them just 3 days (Wednesday-Friday for a Saturday event) to recruit staff members.

While teachers like Ms. Gomez were typically active on email (step 1), non-instructional staff, especially contracted workers were often less active on email and required a different communication approach (which is detailed later).

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1. Communications campaign at district and school level also included texts, social media posts, and phone calls

Source: Interviews with district leaders
1: DILO simulation of Ms. Gomez, a teacher, checking into the vaccination site

Timeline

Saturday (~2 min) – walking into vaccination site, verifying paperwork, and reaching nurse

5 Ms. Gomez arrives at the centrally-located elementary school vaccination site, parks, wears her mask, and walks to the school entrance.
Saturday, 3:50 PM

6 At the entrance, Ms. Gomez is greeted by volunteers who make sure she has her information sheet filled out and direct her to the check-in table.
Saturday, 3:50 PM

7 Ms. Gomez walks to the check-in table, where a volunteer verifies her name, ID, and employment on the electronic spreadsheet. The volunteer indicates that Ms. Gomez arrived at the center and points her towards the gym, where she will receive her vaccine. She walks to the gym and is guided by volunteers who line the hallways to direct foot traffic.
Saturday, 3:50-3:52 PM

8 At the entrance to the gym, Ms. Gomez is directed to a nurse who is waving a flag at her station to say he is available.
Mrs. Gomez walks to his station.
Saturday, 3:52 PM

Volunteers are senior leaders in the district showing support (e.g., Superintendent, Deputy Superintendent).

If Ms. Gomez forgot her paperwork or did not fill it out, the volunteers direct her to an empty table with clipboards and forms where she can fill out a new information sheet (brief sheet that asks for her contact information, birthday, and questions about whether she previously received the vaccine, is symptomatic, or has allergies).

Source: Interviews with district leaders

Key considerations:

After the event, participants said it made an impression on them that senior leaders (e.g., Superintendent) were volunteering, greeting and helping them.

The district focused on making the event fun and lively; some volunteers who were only supposed to work one shift ended up staying the whole day because they thought it was a great time.
1: DILO simulation of Ms. Gomez, a teacher, receiving the first dose of the vaccine

**Timeline**

- **Saturday (~2 min) – getting the vaccine**
  - Ms. Gomez gives the nurse her vaccine paperwork, which indicates if she previously received the vaccine, is symptomatic, or has allergies. The nurse sees she marked "no" to the categories. He checks with Ms. Gomez once more to verify she is ready to be vaccinated. 
  - Saturday, 3:52 PM

- **Saturday (~15 min) – being monitored and leaving**
  - Ms. Gomez receives the vaccination by the nurse and is given a card with the date of vaccination as proof. She is also given a "Vaccinated" sticker by a volunteer. She is directed to sit at chairs at the other side of the gym to be monitored for 15 minutes in case of an allergic reaction. 
    - Saturday, 3:53 PM
  - Ms. Gomez waits for 15 minutes on a chair, socially distanced from other people waiting. She is monitored by volunteers who watch her and let her know when she can leave. 
    - Saturday, 3:53-4:08 PM
  - Ms. Gomez sees a selfie station by the exit where a volunteer encourages her to take a selfie. She stops to take a picture and posts it on social media.
    - Saturday, 4:08 PM
  - Ms. Gomez follows the pathway to exit and walks back to her car.
    - Saturday, 4:08 PM

**Key logistics:**

- The full vaccination event took 18 min (including 15 min waiting)
- ~20 vaccination stations were set up and vaccinated ~1,600 staff over two days
- The district overstaffed events (with ~12 volunteers and extra nurses) and aimed to make them "fun" to promote a positive experience for staff

Source: Interviews with district leaders
1: Alternate simulation steps for Ms. Gomez for the vaccination event

What if...

Ms. Gomez doesn’t show up or has to cancel

When Ms. Gomez does not show up for her appointment, a volunteer at the event gives her a call and asks if she still plans on coming. If she has to cancel, they let her know that she can check her email for future vaccination events.

Ms. Gomez shows up very early or later

Ms. Gomez receives a vaccine if she arrives on her vaccination date regardless of what time she shows up. She is not turned away and is seen as soon as possible.

Ms. Gomez doesn’t have an appointment

Ms. Gomez receives a vaccine if there is availability.

Ms. Gomez brings someone who isn’t eligible

In this case, other individuals Ms. Gomez brings (non-school staff) are not given a vaccine regardless of whether they are eligible. District is considering opening up the next vaccination event to eligible family and friends to further motivate staff to get vaccinated.

Ms. Gomez has a severe reaction to the vaccine while waiting (very rare)

A volunteer watching Ms. Gomez notices she is having a very rare reaction and alerts the EMT on site. They provide her with an epinephrine injection if it is deemed necessary.

Ms. Gomez is nervous about getting the vaccine

Ms. Gomez informs a volunteer of her hesitations and they connect her to a physician or nurse at the site who can answer her questions. She is always welcome to leave and not receive a vaccine if she chooses not to.

Source: Interviews with district leaders

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1: DILO simulation of Ms. Gomez, a teacher, after the first event and later receiving her second dose to be fully vaccinated

**Timeline**

**Sunday and Monday – recovering and sharing feedback**

14. The next morning at home, Ms. Gomez's arm hurts and she has a headache.

15. After school, Ms. Gomez receives an email with a questionnaire about how her experience was.

16. Two weeks later, Ms. Gomez gets an email informing her of an upcoming vaccination event to receive the second dose of her vaccine with a link to schedule a 5 minute appointment. She selects 2 PM ET on Saturday.

17. Ms. Gomez attends another vaccination event (steps 5-14) to receive her second dose. She brings the card she received in the first dose.

18. The next morning at home, Ms. Gomez has chills and a headache.

19. Having recovered from the vaccine's side effects, Ms. Gomez returns to teaching at school. She continues to wear a mask, maintain social distance, and follow other school safety protocols.

**2-3 weeks later – scheduling and receiving second dose, resting, and returning to teach**

If Ms. Gomez isn't feeling better on Monday, she can rest at home and take a COVID day.

The next morning at home, Ms. Gomez has chills and a headache.

Ms. Gomez attends another vaccination event (steps 5-14) to receive her second dose. She brings the card she received in the first dose.

Ms. Gomez can receive her second dose at a district-hosted event or at an external site. If Ms. Gomez forgets her vaccination card, her vaccination history can be looked up in a central state database.

**Post vaccination tracking**

By vaccinating on Saturday, the district is able to provide the full day on Sunday for individuals with side effects to rest before returning to school.

Two weeks later, Ms. Gomez gets an email informing her of an upcoming vaccination event to receive the second dose of her vaccine with a link to schedule a 5 minute appointment. She selects 2 PM ET on Saturday.

If Ms. Gomez is exposed to the virus 15 days or more after her second dose of the vaccine, she will no longer be required to quarantine. If a staff member has not been vaccinated, they will need to quarantine and take COVID leave.

Ms. Gomez can prove she has been vaccinated by having a medical professional look up her vaccination history in a central state database. To track their employees at once, one district requires all employees to fill out a mandatory survey sharing their vaccination status. Another district asks the state to share anonymized statistics on what percentage of their employees have been vaccinated (both at school and outside).
1: Additional communications strategies for this district’s non-instructional, contracted staff

The district employed additional tactics to recruit non-instructional staff, especially contracted employees, such as bus drivers, custodial staff, and nutrition departments, who they have observed to be less active on email. Tactics were conducted by individuals who speak English and Spanish.

**Example actions taken**

**Make a personal phone call**
- Shared a phone number to contact in communication emails (recommended creating a hotline number that can be answered by multiple staff members who are managing the vaccination program)
- Actively called contracted employees individually and offer to make vaccine appointments for them on the phone

**Visit in-person at work**
- Went to bus posts, where drivers pick up buses, so that when drivers came to check in, they were offered an appointment
- Put up flyers in English and Spanish in custodian closets of each school with information to sign up

**Reach out through direct employers**
- Had managers send out a text with a link to sign up for vaccinations and a phone number to call with questions

“For example, a custodian that works in the elementary school where vaccinations take place was at the first event on a Saturday with us for 12 hours. It’s the end of the day and we offer her a dose again. She saw over 1,000 people get it but by the end of the day, she still doesn’t want one.

So then the following Saturday, the same custodian is with us all day. And at the end of the day we had 10 doses left and she finally said, ‘I’ll do it.’ It took seeing nearly 2,000 people taking it for her to say ‘Okay, take it away. I’ll do it.’”

— COVID-19 Response Coordinator
Elements of other cases further illuminate process components beyond the previous full case study

Steps to implement a COVID-19 vaccination program

1. Case study illustrating the end to end process for a district organizing two vaccination events, including:
   - Context on what role the district played and how they laid the groundwork
   - “Day in the Life of” visualizations to exemplify the pre-event activities and communications, the vaccination event, and the post-vaccination tracking

2. Opening up vaccination site to community members after organizing successful staff only events at schools

3. Survey created by a district to help plan needed capacity, schedule appointments, and identify what may be driving vaccine hesitancy

4. Communication campaign by a district to increase conviction, including branding vaccination events

5. Implications of not partnering with a healthcare organization for a district that was responsible for vaccine distribution and storage

Source: Interviews with district leaders

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One district started focusing on organizing vaccination events for **district staff** (including non-staff contracted workers).

Given the significant time and cost associated with each large scale drive through vaccination event, the district is seeking support from the city government (for cost reimbursement and personnel support).

After organizing the second dose events for staff, the district wanted to continue to put its learnings and event setup to use. So they organized a community event for **eligible essential workers**.

Moving forward, the district is hoping to set up regular community testing events for all **eligible community members**.

Several other school districts have publicly highlighted that **schools are uniquely situated to be good community vaccination sites**

"We're in the neighborhood. We're the only civic institution that, by design, is located in communities."

-- District Superintendent

We can help take care of our community health and improve our students' wellbeing. We will be able to keep our kids safer from COVID-19 by vaccinating their households, and we will also improve their social and emotional health.

-- District Superintendent

Source: Interviews with district leaders, EdWeek.
3: District used a survey to help plan needed capacity, schedule appointments, and identify potential drivers of vaccine hesitancy

**Q1: Are you interested in receiving a COVID-19 vaccination?**

- **Yes**: ~80% (Survey is not anonymous and asked about the individual's:
  - Name
  - School site
  - Role
  - Email and phone number)

- **No**: ~20% (Survey is anonymous and asked about:
  - Reasons for hesitancy
  - Confidence in knowledge base and trusted news sources
  - Interest in receiving the vaccine in a few months
  - Demographics (age, gender, race)

**Implications for district**

The district was able to share names of interested individuals in each school with school coordinators; **schools could then schedule appointments for their employees** (as the data asked in the survey was the same data needed to book an appointment).

The district **identified what may be driving vaccine hesitancy** (e.g., fear the vaccine was created too quickly) and also what sub-populations may be less likely to be vaccinated (in this school district, Black and Latinx staff, and staff in support roles like bus drivers had greater hesitancy).

The data has **helped the district identify new ways to increase access** (e.g., have bus vendors host mobile vaccination sites as employees may trust their employer more than the school system).

Source: Interviews with district leaders

**CASE STUDY EXAMPLE ONLY — NOT A RECOMMENDATION**
4: Communication campaign by a district to increase conviction, including branding vaccination events

One district sent out communications to all who qualified, including:

**Public-facing communications**

**Press Releases (late January)**

- Announced partnership between districts and public health department and upcoming vaccination dates, times, and locations
- Shared quote from Superintendent and assurance that return will only happen when it is “safe, reasonable, and responsible to do so”

**Branded events**

- Launched a #SpreadLoveNotCovid social media campaign for initial vaccination events to make them feel exciting and safe
- Launched a similar #DoseDos campaign to build excitement around the second dose events
- Created a “This Is Who We Are” slogan

**Individualized communications**

- Launched personal communications to all those who qualified, including emails, phone calls, and FAQs
- Prioritized everyone equally and sent out all communications at once, leading to significant work to respond to individual questions from all staff

Source: Interviews with district leaders

"We were points of contact for the county and it was back to back. Our office was responding to individual emails pretty much 24/7 or so for 3 weeks. The personal communication took a lot of the work."

— Chief of Staff
5: Implications for a school district applying to be responsible for the storage and dispensing of vaccine doses

What it took to apply to be a closed point of dispensing (POD)

- Working closely with the local public health agency to understand requirements
- Creating a planning committee and developing a plan
- Sharing information with local public health agency on demographics
- Having healthcare professional (e.g., school nurse chief or medical officer) and district Superintendent sign agreement
- Designating a vaccine coordinator to be responsible for receiving vaccine shipments, monitoring storage unit temperatures, managing vaccine inventory, etc.

Practical implications of being a closed POD

Assets needed per site

- A small refrigerator that can store thawed vaccines at 35-46°F (freezer or ultra freezer not required)
- Each refrigerator with vaccines requires a monitoring device to measure temperature
- Refrigerators also need to be locked

Additional site responsibilities

- Monitor vaccine temperature to prevent spoilage
- Record data on vaccine storage 2-4x per day and send to local health agency
- Thaw and dilute vaccine as needed
- Administer thawed, reconstituted, or opened doses in a timely manner to a large number of patients, storing and tracking opened multi-dose vaccine vials to prevent wastage

The logistics of setting up our own POD was less complicated than we thought. We would’ve preferred to have been able to partner with a healthcare provider to take on that responsibility, but we decided to do it ourselves in the end for speed. We wanted to organize our event immediately and with a partner we would have to wait a few weeks.

— District Superintendent

Source: Interviews with district leaders, CDC, expert interviews
The Chiefs for Change website contains an extensive set of resources to support school reopening

https://covid.chiefsforchange.org/resources/chiefs-for-change-reopening-tools-monitoring-and-evaluation-resources/

<table>
<thead>
<tr>
<th>Key resource</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>The Return: How Should Education Leaders Prepare for Reentry and Beyond</strong></td>
<td>• Outlines relevant research and provides key recommendations for reopening K-12 schools</td>
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<tr>
<td><strong>School Reopening Workbook: A Tool for School Districts</strong></td>
<td>• Baseline, 100-day plan leaders can use to inform operational decisions about the return to school</td>
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<tr>
<td><strong>State Education Agency Resource Guide</strong></td>
<td>• Resource guide supporting local education agencies during COVID-19</td>
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<td><strong>Webinars</strong></td>
<td>• Practical planning for fall reopening</td>
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<td>• Testing your reopening preparedness and DILO simulation</td>
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<td>• Facing the challenge: monitoring and evaluating</td>
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<td>• Insights from district leaders</td>
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Conviction: Educate on the facts

Example scientific information

- CDC’s FAQs and “Myths and Facts” about COVID-19 vaccines
- CDC’s communication toolkits for COVID-19 vaccines
- Vaccine evidence from clinical trials (CDC, Pfizer-BioNTech, Moderna)
- Safety and efficacy data from “real world” use (CDC, safety and efficacy)
- Information for specific groups (e.g., people with allergies, expecting mothers, underlying medical conditions) (CDC)
- Information on the vaccine technologies (CDC)
- Pandemic overview and vaccine rollout progress (CDC trackers)

Example communication methods include

- E-mails e.g., newsletters
- Intranet page
- Pamphlets and posters on-site
- Mail for workforce not on-site