

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

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

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INDICATIVE, NON-EXHAUSTIVE

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

Focus of document



Promote vaccine adoption

Cultivating trust, access, and cooperation

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"

Establish hygiene

- Cleaning and disinfecting
- Handwashing
- Ventilation

protocol

Limit person-toperson contact

- Staggering schedules
- Cohortina
- Physical barriers
- Social distancing

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



- Symptom monitoring
- Reporting procedures
- No-reprisal 'stay-at-home' strategy
- Individual testing
- 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



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

		moderna	Pfizer BIONTECH	Johnson "Johnson
Number of doses Ages approved for		2 doses (1 month apart)	2 doses (3 weeks apart)	1 dose
		18+	16+	18+
Technology		mRNA	mRNA	Viral vector
Efficacy of vaccine at preventing 	death	100%	100%	100%
	severe disease	100%	89%	100% (after 49 days) 85% (after 28 days)
	symptomatic infection	94%	95%	66% against moderate- to-severe, e.g., US: 72% South Africa: 57%
Thermo stability	Long term storage / shipment	-4°F for 6 months (freezer)	-94°F for 6 months (ultracold freezer); can be stored at -13°F to 5°F for up to 2 weeks (freezer)	-4°F for 2 years (freezer)
	Storage at site	35-46°F for 30 days (refrigerated)	35-46°F for 5 days (refrigerated)	35-46°F for 3 months (refrigerated)

Source: CDC, ClinicalTrials.gov, Bloomberg, Moderna, WBUR, Pfizer, Pfizer, The Guardian, Moderna; FDA; Bloomberg, J&J, ClinicalTrials.gov, CDC, CNBC

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

INDICATIVE, NON-EXHAUSTIVE

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

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

Source: Reuters, Bloomberg, Interviews with school district leaders, "When will the COVID-19 pandemic end?" McKinsey.com; McKinsey 2021 US Consumer Health Insights Survey



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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)

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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

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

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.

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

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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

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

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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

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

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 set a policy that if you need to get vaccinated during the school day you will be compensated for your time.

-- Director of Strategy

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)

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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

Increase proximity

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

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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



INDICATIVE, NON-EXHAUSTIVE

There are five main steps districts have taken to implement a COVID-19 vaccination program

Decide what role to play	Lay the groundwork and prepare capabilities	Share information and schedule appointments	Roll out vaccination program	Post- vaccination tracking
 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)? What populations will be getting vaccinated? Over what time period? How many events will be organized and what size? 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?
Source: Interviews with district leaders				



INDICATIVE, NON-EXHAUSTIVE

School systems are approaching COVID-19 vaccination programs in different ways



1. Currently only Pfizer vaccine is approved for ages 16+, other vaccines are approved for 18+

INDICATIVE, NON-EXHAUSTIVE

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



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



DILO simulation for Ms. Gomez, a teacher



1: District vaccination program case study



District context

City district with >40k students and 6k staff;¹ \sim 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



Impact felt





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

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

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



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



1. Communications campaign at district and school level also included texts, social media posts, and phone calls Source: Interviews with district leaders



CASE STUDY EXAMPLE ONLY -NOT A RECOMMENDATION

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 checkin table.

Saturday, 3:50 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).



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 CASE STUDY EXAMPLE ONLY -NOT A RECOMMENDATION



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

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

Source: Interviews with district leaders

1: DILO simulation of Ms. Gomez, a teacher, receiving the first CASE STUDY EXAMPLE ONLY -NOT A RECOMMENDATION dose of the vaccine Timeline Saturday (~2 min) -Saturday (~15 min) getting the vaccine being monitored and leaving **Key logistics:** SELFIE STATION The full vaccination event took 18 min The nurse later reports the (including 15 min names of all the patients he waiting) vaccinated, including Ms. Roll out Gomez, to the local health vaccination department. ~20 vaccination stations As she heads to leave, Ms. were set up and program Gomez sees a selfie station by vaccinated ~1,600 staff the exit where a volunteer over two days encourages her to take a selfie. She stops to take a picture and 13 Ms. Gomez Ms. Gomez gives the nurse her vaccine posts it on social media. The district overstaffed follows the paperwork, which indicates if she Saturday, 4:08 PM events (with ~12 pathway to exit previously received the vaccine, is volunteers and extra and walks back to symptomatic, or has allergies. The nurse nurses) and aimed to her car. sees she marked "no" to the categories. Saturday, 4:08 PM make them "fun" to He checks with Ms. Gomez once more to verify she is ready to be vaccinated. promote a positive Ms. Gomez receives the vaccination 11 Ms. Gomez waits for 15 minutes Saturday, 3:52 PM experience for staff by the nurse and is given a card with on a chair, socially distanced the date of vaccination as proof. She from other people waiting. She is is also given a "Vaccinated" sticker monitored by volunteers who If Ms. Gomez's paperwork flags by a volunteer. She is directed to sit watch her and let her know when that she has symptoms, allergies, or she can leave. at chairs at the other side of the gym already had the vaccine, she to be monitored for 15 minutes in Saturday, 3:53-4:08 PM receives a physician consultation case of an allergic reaction. on-site with a doctor to determine if Saturday, 3:53 PM she can be vaccinated. Source: Interviews with district leaders

1: Alternate simulation steps for Ms. Gomez for the vaccination event

CASE STUDY EXAMPLE ONLY -NOT A RECOMMENDATION





Source: Interviews with district leaders

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

CASE STUDY EXAMPLE ONLY -NOT A RECOMMENDATION



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	 Had managers send out a text with a link to sign up for vaccinations and a phone number to call with questions

Source: Interviews with district leaders

employers





CASE STUDY EXAMPLE ONLY
-NOT A RECOMMENDATION





"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

INDICATIVE, NON-EXHAUSTIVE

Elements of other cases further illuminate process components beyond the previous full case study

Steps to implement a COVID-19 vaccination program



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 postvaccination tracking

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

Source: Interviews with district leaders

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

Communication campaign by a district to increase conviction, including branding vaccination events Implications of not partnering with a healthcare organization for a district that was responsible for vaccine distribution and storage

2: District decided to set up a community site using school property and resources

CASE STUDY EXAMPLE ONLY -NOT A RECOMMENDATION



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



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

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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



3: District used a survey to help plan needed capacity, schedule appointments, and identify potential drivers of vaccine hesitancy

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:

Branded events

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"

#SpreadLoveNotCovid #DoseDos

- 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

CASE STUDY EXAMPLE ONLY -NOT A RECOMMENDATION

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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

CASE STUDY EXAMPLE ONLY -NOT A RECOMMENDATION

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

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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

SELECTIONS, NON-EXHAUSTIVE

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/



<u>The Return: How Should Education Leaders</u> <u>Prepare for Reentry and Beyond</u>

<u>School Reopening Workbook: A Tool for</u> <u>School Districts</u>

State Education Agency Resource Guide



- Outlines relevant research and provides key recommendations for reopening K-12 schools
- **Baseline, 100-day plan** leaders can use to inform operational decisions about the return to school
- **Resource guide** supporting local education agencies during COVID-19

<u>Webinars</u>



- Practical planning for fall reopening
- Testing your reopening preparedness and DILO simulation
- Facing the challenge: monitoring and evaluating
- Insights from district leaders



APPENDIX



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, <u>Pfizer-BioNTech</u>, <u>Moderna</u>)
- Safety and efficacy data from "real world" use (CDC, <u>safety</u> and <u>efficacy</u>)
- Information for specific groups (e.g., people with allergies, expecting mothers, underlying medical conditions) (<u>CDC</u>)
- Information on the vaccine technologies (<u>CDC</u>)
- Pandemic overview and vaccine rollout progress (<u>CDC trackers</u>)

Example communication methods include

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

