

Recommendations for Welcoming and Inclusive Vaccination Sites

Fostering a Welcoming Environment for Staff and Volunteers

Lead by example, have a team huddle for all staff, allow time for brief introductions (e.g., name and role such as site leads, medical staff, interpreters, greeters, volunteers) and emphasize the importance of working as one team. Every person at the site has an important role to play to create a welcoming and inclusive environment.

Site leads should welcome everyone the same way they would want the staff to welcome the public. Smile, be humble, practice active listening. Determine who the greeters at the site are and instruct them on how to actively greet people. Check in on them periodically.

Staffing

- The lead needs to be easy to identify by staff (e.g., bright colored shirt).
- Staff should wear nametags (including their role such as interpreter, greeter).
- Brief staff on providing a welcoming and inclusive environment and include or brainstorm specific examples of what that looks like.
- Walk through the event with them as a participant and provide feedback to how important each staff member's role is.
- The lead should meet with each team to walk through their roles and answer questions.
- Provide a written description of their role and expectations that they can refer to
- Conduct an on-site team debrief at the end of each event day to learn what worked well and what needs to be improved or changed.

- Employee wellbeing: leadership at each site should ensure that all staff – from welcoming, registration, interpreters, to clinical – are doing well and that their well-being is being considered.

Fostering a Welcoming Environment for Individuals

- Ask people as they check in if they will need privacy, do not wait for them to ask. Have a system so they can let the vaccinators know they want/need privacy.
- Assure the availability of privacy screens for at least those that would like to receive their vaccination in private, especially as it requires some to disrobe or show parts of their body they do not want to show in public. Privacy screening should be seen as a normal option for vaccination and not something where an individual must know before arriving on site, they should ask for privacy screening. Privacy screening areas should be in the main vaccination area as to not feel like individuals are being "taken or whisked away" to a secret area.
- In addition, a privacy screen can be for those that would like to take the vaccination lying down for fear of fainting.
- Foster a no-barrier to vaccine environment. People receiving vaccines need only provide necessary health information and can choose to add their own name to their vaccination card.
- Some people being vaccinated may need to take a moment for prayer, or for nervousness. If someone is pausing in line, be respectful of that moment before asking them to move.
- Ask at check-in or as they arrive if they will need translation. Try to ensure that guests are not profiled to decide if they will have language needs, but that language access support is offered to all (and literacy support also). For needs, if so figure out how that is passed on to the next person or have the greeter/wayfinder be the person that uses the language line and walks them through/stays with that person during the entire process.



These recommendations were drafted by the MDH COVID-19 Cultural, Faith, and Disability Communities Branch along with input from associates and partners.

The National Resource Center for Refugees, Immigrants, and Migrants (NRC- RIM) is funded by the U.S. Centers for Disease Control and Prevention to support state and local health departments working with RIM communities. Learn more at nrcrim.umn.edu. Last update: 06/02/2021.

Engagement

- Authentically engage communities or individuals working with communities who live, work, or play in or near the location of the vaccination site on the decision and planning of a vaccination event.
- **Trust must be continually built and cultivated between communities and government.**
 - Site visits by key community partners before a site is open, especially those
- from focus communities, are helpful in thinking through ways to be more welcoming and accessible.
- Community outreach efforts should begin as early as possible, and at least a week before vaccination dates.
 - Engage priority populations to understand why individuals may not be choosing to receive a vaccination at this time and work to build vaccine confidence.
 - Address vaccine hesitancy and provide vaccination education resources.
 - Involve local community leaders to increase vaccination uptake.
 - When/if appropriate, invite community leaders to the event to offer support.

Communications / Multilingual Access

- Simple (plain language and graphics) welcome signs that clearly identify what the site is and help people feel confident about the site.
 - Use multiple platforms and trusted messengers to recruit for the event.
- Messaging should be available in languages of the focus communities and be accessible in multiple formats (written, audio, visual, online etc.).
 - Signs in English and the top 3 languages in the county should be posted throughout the site.
- Language requests (including American Sign Language) should be coordinated and available for all COVID-19 community vaccination sites.



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- This includes spoken language interpreters for any focus communities. Ideally, spoken language interpreters would be available for the top 3 non-English languages in the region.
- Consider multi-lingual staff when possible.
- Staff must be trained and comfortable using Language Line for all other languages – staff should have phone number, client code, and access code on their person when at the site.
- Any communication should be accessible to all, including reminders, appointment changes, follow up care, etc.
- Ensure support is available for those not comfortable getting information in writing only (literacy support).

Location

- If feasible, community vaccination sites will be available in neighborhood-based locations where priority populations live, work and play.
- Host vax sites in locations within access to public transportation.
- Utilize common community gathering facilities or locations for events if possible.
- Choose an indoor site, if possible, helps prevents events from being cancelled due to weather or atleast have a back-up indoor site.
- Ensure a clean location with strong and clear mitigation measures. If a testing site is nearby, ensure that the lines and areas are clearly distinct.

Disability Access

- Community vax sites must be accessible and ADA compliant. Accessibility considerations include physical, cognitive, sensory, and technologically. See [Best Practices for COVID-19 Testing and Vaccination Sites: Disability-related Accessibility - Minnesota Dept. of Health \(state.mn.us\)](#).
- Consider that deaf/hard of hearing communities may need to lip read and wearing masks that are not transparent will hinder the ability to lip read. Accommodations such



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as face shields with social distancing should be in place and staff should be trained on these practices. Additionally, there are some individuals who are unable to tolerate a mask and should be allowed vaccine access.

- Basic training of staff on disability etiquette is helpful.
- Ambassadors on site to serve as wayfinders to welcome individuals living with a disability and ensure that any possible barrier has been removed so they have quick and easy access.
- Access considerations should begin before guests reach the site. Can they call from the parking lot or transit stop? How can they be confident in advance that their needs will be met?



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