

Packing Vaccines for Transport during Emergencies

Be ready BEFORE the emergency

Equipment failures, power outages, natural disasters—these and other emergency situations can compromise vaccine storage conditions and damage your vaccine supply. **It's critical to have an up-to-date emergency plan with steps you should take to protect your vaccine.** In any emergency event, activate your emergency plan immediately, and if you can do so safely, follow the emergency packing procedures for refrigerated vaccines.

1 Gather the Supplies



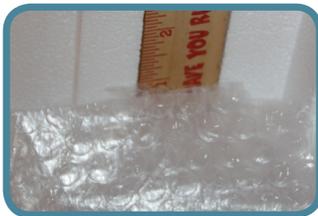
Hard-sided coolers or Styrofoam™ vaccine shipping containers

- Coolers should be large enough for your location's typical supply of refrigerated vaccines.
- Can use original shipping boxes from manufacturers if available.
- Do NOT use soft-sided collapsible coolers.



Conditioned frozen water bottles

- Use 16.9 oz. bottles for medium/large coolers or 8 oz. bottles for small coolers (enough for 2 layers inside cooler).
- Do NOT reuse coolant packs from original vaccine shipping container, as they increase risk of freezing vaccines.
- Freeze water bottles (can help regulate the temperature in your freezer).
- Before use, you must condition the frozen water bottles. Put them in a sink filled with several inches of cool or lukewarm water until you see a layer of water forming near the surface of bottle. The bottle is properly conditioned if ice block inside spins freely when rotated in your hand.



Insulating material — You will need two of each layer

- **Insulating cushioning material** – Bubble wrap, packing foam, or Styrofoam™ for a layer above and below the vaccines, at least 1 in thick. Make sure it covers the cardboard completely. Do NOT use packing peanuts or other loose material that might shift during transport.
- **Corrugated cardboard** – Two pieces cut to fit interior dimensions of cooler(s) to be placed between insulating cushioning material and conditioned frozen water bottles.



Temperature monitoring device – Digital data logger (DDL) with buffered probe. Accuracy of $\pm 1^{\circ}\text{F}$ ($\pm 0.5^{\circ}\text{C}$) with a current and valid certificate of calibration testing. Pre-chill buffered probe for at least 5 hours in refrigerator. Temperature monitoring device currently stored in refrigerator can be used, as long as there is a device to measure temperatures for any remaining vaccines.

Why do you need cardboard, bubble wrap, and conditioned frozen water bottles?

Conditioned frozen water bottles and corrugated cardboard used along with one inch of insulating material such as bubble wrap keeps refrigerated vaccines at the right temperature and prevents them from freezing. **Reusing vaccine coolant packs from original vaccine shipping containers can freeze and damage refrigerated vaccines.**



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Visit www.cdc.gov/vaccines/SandH
for more information, or your state
health department.

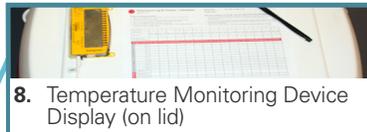
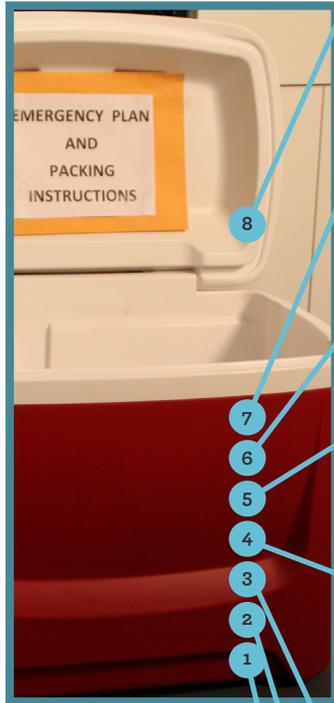
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Packing Vaccines for Transport during Emergencies

2 Pack for Transport

Conditioning frozen water bottles

- Put frozen water bottles in sink filled with several inches of cool or lukewarm water or under running tap water until you see a layer of water forming near surface of bottle.
- The bottle is properly conditioned if ice block inside spins freely when rotated in your hand.
- If ice “sticks,” put bottle back in water for another minute.
- Dry each bottle.
- Line the bottom and top of cooler with a single layer of conditioned water bottles.
- Do NOT reuse coolant packs from original vaccine shipping container.



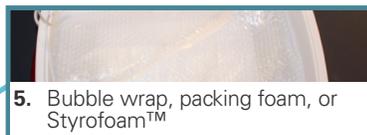
8. Temperature Monitoring Device Display (on lid)



7. Conditioned Water Bottles



6. Cardboard Sheet



5. Bubble wrap, packing foam, or Styrofoam™



4. Vaccines, Diluents, and Temperature Monitoring Device Probe



3. Bubble wrap, packing foam, or Styrofoam™



2. Cardboard Sheet



1. Conditioned Water Bottles

Close lid – Close the lid and attach DDL display and temperature log to the top of the lid.

Conditioned frozen water bottles – Fill the remaining space in the cooler with an additional layer of conditioned frozen water bottles.

Insulating material – Another sheet of cardboard may be needed to support top layer of water bottles.

Insulating material – Cover vaccines with another 1 in. layer of bubble wrap, packing foam, or Styrofoam™

Vaccines – Add remaining vaccines and diluents to cooler, covering DDL probe.

Temperature monitoring device – When cooler is halfway full, place DDL buffered probe in center of vaccines, but keep DDL display outside cooler until finished loading.

Vaccines – Stack boxes of vaccines and diluents on top of insulating material.

Insulating material – Place a layer of bubble wrap, packing foam, or Styrofoam™ on top (layer must be at least 1 in. thick and must cover cardboard completely).

Insulating material – Place 1 sheet of corrugated cardboard over water bottles to cover them completely.

Conditioned frozen water bottles – Line bottom of the cooler with a single layer of conditioned water bottles.

NOTE:

This packout can maintain appropriate temperatures for up to 8 hours, but the container should not be opened or closed repeatedly.

3 Arrive at Destination

Before opening cooler – Record date, time, temperature, and your initials on vaccine temperature log.

Storage – Transfer boxes of vaccines quickly to storage refrigerator.

Troubleshooting – If there has been a temperature excursion, contact vaccine manufacturer(s) and/or your immunization program before using vaccines. Label vaccines “Do Not Use” and store at appropriate temperatures until a determination can be made.



ARIZONA DEPARTMENT OF HEALTH SERVICES

Considerations for Curbside or Drive-Thru Immunization Services for Children and Adults

The Arizona Department of Health Services Immunization Program Office has developed general considerations for the administration of vaccines through alternative approaches such as curbside or drive-thru clinics. Clinics/providers should review these general considerations and develop individual and specific guidance to meet individual abilities and needs.

The general principles for VFC/VFA vaccine storage and handling and best practices for vaccine administration should be applied to any alternative vaccination site, with the additional precaution for physical distancing and use of PPE for both patients and staff.

Immunizations are Critical to Vaccine Preventable Disease Outbreak Prevention:

- slowing or stopping access to immunizations increases our risk of outbreaks of vaccine-preventable diseases
- immunizing children 0-24 months of age should remain a top priority, but continue to vaccinate children of all ages, and adults whenever possible
- reducing COVID-19 fears by offering an alternative to in-clinic services

For more detailed information, clinics should refer to [CDC's General Best Practice Guidelines for Immunization](#), [Arizona VFC Program Operations Guide](#), [CDC Vaccine Storage and Handling Toolkit](#), and [CDC's Vaccination Guidance During a Pandemic](#).

Please see the next page for a quick-look checklist of considerations.



*****Services should be provided by appointment only*****

Things to consider for curbside/drive-thru vaccination:



Site/location capability:

<input type="checkbox"/> Physical layout	<input type="checkbox"/> Protection from elements	<input type="checkbox"/> Patient privacy
<input type="checkbox"/> Post vaccination monitoring area	<input type="checkbox"/> Traffic management	<input type="checkbox"/> Specific vaccination hours
<input type="checkbox"/> Patient age considerations	<input type="checkbox"/> Alternate patient positioning	<input type="checkbox"/> Inclement weather
<input type="checkbox"/> Mock-up or walk-throughs prior to starting process/event		



Information communication considerations:

<input type="checkbox"/> How to let patients know this is happening?	<input type="checkbox"/> Safety expectations for patients (social distance, masks, seatbelts)	<input type="checkbox"/> How will you share VIS?
<input type="checkbox"/> Wear clothes that allow vaccine site access	<input type="checkbox"/> Posting information to your website	<input type="checkbox"/> Expectation to wait 15 minutes post vaccination



Ensure sufficient staff and resources, safety considerations:

<input type="checkbox"/> Coordinator/POC	<input type="checkbox"/> Sufficient staff	<input type="checkbox"/> Staff communication
<input type="checkbox"/> Adequate PPE supply	<input type="checkbox"/> Patient and family masks	<input type="checkbox"/> Waste management
<input type="checkbox"/> Patient/staff safety	<input type="checkbox"/> Vehicle safety	<input type="checkbox"/> Adverse event response plan

Guidance for Curbside Immunization Services

Private Vaccine

Childhood Immunizations are Critical to Outbreak Prevention:

- Slowing or stopping access to immunizations increases our risk of outbreaks of vaccine-preventable diseases.
- Immunizing the youngest children should remain a top priority.

Guidance for Provision of Drive-Through Immunization Services:

- Services should be provided **by appointment only**
- **While the caller is on the phone:**
 - Verify insurance status and VFC eligibility status.
 - Ask the caller to email, text or fax a copy of their insurance card, if possible. (Phone photos work)
 - Review the patient's immunization record, discuss recommended vaccines, including risks and benefits, and review contraindications.
 - Instruct caller that if the driver is receiving a vaccine he or she will be asked to wait 15 minutes before leaving the parking lot.
 - Set appointment time and provide directions for the curbside location.
- **Before the patient arrives:**
 - Pull the appropriate Vaccine Information Statement (VIS) sheets.
 - Prepare a tray of: Band-Aids, alcohol wipes, cotton balls, and other needed materials.
 - Create an encounter in your EHR or paper chart and begin documentation.
- **When the patient arrives:**
 - Don a cloth or surgical mask.
 - Go out to the vehicle, review the recommended vaccines and confirm the patient will receive them. Provide the VIS sheets. Explain how vaccines will be administered.
 - Ask parent to move next to the child, if needed, and remove clothing covering vaccine administration sites.
 - Return to clinic. Don gloves and mask. If N95 is not available, don surgical mask or other protective face covering.
 - Draw up the vaccines; take the vaccines and supply tray to the vehicle; administer the vaccines.
 - Require patients who are driving themselves to remain in the parking lot for 15 minutes and re-check prior to discharge.
 - Document vaccinations according to standard procedures.

Stay informed about resources for vaccinating during COVID-19: [Immunize.org](https://immunize.org)
Contact ADHS for further VFC vaccine guidance: [AZDHS.gov](https://azdhs.gov)

CHECKLIST of

Best Practices FOR Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

OVERVIEW OF THIS DOCUMENT

This checklist is a step-by-step guide to help clinic coordinators/supervisors overseeing vaccination clinics held at satellite, temporary, or off-site locations follow Centers for Disease Control and Prevention (CDC) guidelines and best practices for vaccine shipment, transport, storage, handling, preparation, administration, and documentation. It should be used in any non-traditional vaccination clinic setting, including but not limited to: workplaces, community centers, schools, makeshift clinics in remote areas, and even medical facilities when vaccination occurs in the public areas or classrooms. Temporary clinics also include mass vaccination events, and vaccination clinics held during pandemic preparedness exercises. This checklist outlines CDC guidelines and best practices that are essential for patient safety and vaccine effectiveness. **A clinic coordinator/supervisor at the site should complete, sign, and date this checklist EACH TIME a vaccination clinic is held.** To meet accountability and quality assurance standards, all signed checklists should be kept on file by the company that provided clinic staffing.

INSTRUCTIONS

1. A staff member who will be at the vaccination clinic should be designated as the clinic coordinator/supervisor. (This individual will be responsible for completing the steps below and will be referred to as “you” in these instructions.)
2. Review this checklist during the planning stage of the vaccination clinic—well in advance of the date(s) when the clinic will be held. This checklist includes sections to be completed before, during, and after the clinic.
3. **Critical guidelines for patient safety and vaccine effectiveness are identified by the stop sign icon: . If you check “NO” in ONE OR MORE answer boxes that contain a , DO NOT move forward with the clinic. Follow your organization’s protocols and/or contact your state or local health department for guidance BEFORE proceeding with the clinic. Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.**
4. Contact your organization and/or health department if you have any concerns about whether vaccine was transported, stored, handled, or administered correctly, concerns about whether patients’ personal information was protected appropriately, or concerns about other responses that you have marked as “NO” on rows that do not have the .
5. This checklist should be used in conjunction with CDC’s Vaccine Storage and Handling Toolkit: www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf. For information about specific vaccines, consult the vaccine manufacturer’s package insert.
6. **This checklist applies ONLY to vaccines stored at REFRIGERATED temperatures** (i.e., between 2–8° Celsius or 36–46° Fahrenheit).
7. Sign and date the checklist upon completion of the clinic or completion of your shift (whichever comes first). *(If more than one clinic coordinator/supervisor is responsible for different aspects of the clinic, you should complete only the section(s) for which you were responsible.)*
8. Attach the staff sign-in sheet (with shift times and date) to the checklist (or checklists if more than one clinic supervisor is overseeing different shifts), and submit the checklist(s) to your organization to be kept on file for accountability.

Name and credentials of clinic coordinator/supervisor:

Name of facility where clinic was held:

Address where clinic was held (street, city, state):

Time and date of vaccination clinic shift (the portion you oversaw):

Time (AM/PM)

Date (MM/DD/YYYY)

Time and date when form was completed:

Time (AM/PM)

Date (MM/DD/YYYY)

Signature of clinic coordinator/supervisor:



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BEFORE THE CLINIC (Please complete each item before the clinic starts.)

VACCINE SHIPMENT

YES NO N.A.

Vaccine was shipped directly to the facility/clinic site, where adequate storage is available. (*Direct shipment is preferred for cold chain integrity.*)

VACCINE TRANSPORT (IF IT WAS NOT POSSIBLE TO SHIP VACCINES DIRECTLY TO THE FACILITY/CLINIC SITE)

YES NO N.A.

Vaccines were transported using a portable vaccine refrigerator or qualified container and pack-out designed to transport vaccines within the temperature range recommended by the manufacturers (i.e., between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines). **Coolers available at general merchandise stores or coolers used to transport food are NOT ACCEPTABLE.** See CDC's Vaccine Storage and Handling Toolkit for information on qualified containers and pack-outs: www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf.

The person transporting the vaccines confirmed that manufacturer instructions for packing configuration and proper conditioning of coolants were followed. (*Your qualified container and pack-out should include packing instructions. If not, contact the company for instructions on proper packing procedures.*)

The person transporting the vaccines confirmed that all vaccines were transported in the passenger compartment of the vehicle (NOT in the vehicle trunk).

A digital data logger with a buffered probe and a current and valid Certificate of Calibration Testing was placed directly with the vaccines and used to monitor vaccine temperature during transport.

The amount of vaccine transported was limited to the amount needed for the workday.

VACCINE STORAGE AND HANDLING (UPON ARRIVAL AT FACILITY/CLINIC)

YES NO N.A.

If vaccines were shipped, the shipment arrived within the appropriate time frame (according to manufacturer or distributor guidelines) and in good condition.

If the vaccine shipment contained a cold chain monitor (CCM), it was checked upon arrival at the facility/clinic, and there was no indication of a temperature excursion (i.e., out-of-range temperature) during transit. CCMs are stored in a separate compartment of the shipping container (a CCM may not be included when vaccines are shipped directly from the manufacturer). *Note: CCMs are for one-time use and should be thrown away after being checked.*

Upon arrival at the facility/clinic (either by shipment or transport), vaccines were immediately unpacked and placed in proper storage equipment (i.e., a portable vaccine refrigerator or qualified container and pack-out specifically designed and tested to maintain the manufacturer-recommended temperature range). *Follow the guidance for unpacking and storing vaccines specified in CDC's Vaccine Storage and Handling Toolkit: www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf.*

Upon arrival at the facility/clinic, vaccines were still within the manufacturer-recommended temperature range (i.e., between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines).

Upon arrival at the facility/clinic, vaccines remained protected from light (per manufacturer's package insert) until ready for use at the vaccination clinic.

Upon arrival at the facility/clinic, expiration dates of vaccines and any medical equipment (syringes, needles, alcohol wipes) being used were checked, and they had not expired.

CLINIC PREPARATION AND SUPPLIES

YES NO N.A.

A contingency plan is in place in case vaccines need to be replaced. The plan addresses scenarios for vaccine compromised before arrival at the clinic and for vaccine compromised during clinic hours.

An emergency medical kit (including epinephrine and equipment for maintaining an airway) is at the site for the duration of the clinic.

All vaccination providers at the site are certified in cardiopulmonary resuscitation (CPR), are familiar with the signs and symptoms of anaphylaxis, know their role in the event of an emergency, and know the location of epinephrine and are trained in its indications and use.

There is a designated area at the site for management of patients with urgent medical problems (e.g., fainting).

Adequate infection control supplies are provided, including biohazard containers and supplies for hand hygiene. If administering injectable vaccines, adhesive bandages, individually packaged sterile alcohol wipes, and a sufficient number of sterile needles, syringes, and a sharps container are provided.

Needles in a variety of lengths are available to optimize injection based on the prescribed route/technique and patient size.

Reasonable accommodations (e.g., privacy screens) are available for patient privacy during vaccination.

- » If you check "NO" in ONE OR MORE answer boxes that contain a , **DO NOT move forward with the clinic.**
- Follow your organization's protocols and/or contact your state or local health department for guidance *before* proceeding with the clinic.
 - Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Staff members administering vaccines have reviewed vaccine manufacturer instructions for administration before the vaccination clinic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If using a standing order protocol, the protocol is current and available at the clinic/facility site.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A sufficient number of screening forms are available at the clinic/facility site.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A sufficient number of vaccine information statements (VISs) for each vaccine being offered are available at the clinic/facility site.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A designated clean area for vaccine preparation has been identified and set up prior to the clinic.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A qualified individual has been designated to oversee infection control at the clinic.

DURING THE CLINIC (Please complete each item while the clinic is occurring and review at the end of your shift.)

VACCINE STORAGE AND HANDLING (AT FACILITY/CLINIC)

YES	NO	N.A.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Vaccines are being kept in proper storage equipment that maintains the manufacturer-recommended temperature range (<i>i.e.</i> , a portable vaccine refrigerator or qualified container and pack-out specifically designed and tested to maintain correct temperatures when opened and closed during the clinic).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Vaccine temperature is being monitored during the clinic using a digital temperature data logger with a buffered probe (placed directly with vaccines) and a current and valid Certificate of Calibration Testing. <i>Follow the temperature monitoring guidance specified in CDC's Vaccine Storage and Handling Toolkit: www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf.</i>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If vaccines are being stored in a storage unit at the site, vaccine temperature data are being reviewed and documented a minimum of 2 times during each clinic workday (preferably at the beginning and middle of an 8-hour shift) to ensure they remain at correct temperatures (<i>i.e.</i> , between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines). <i>If you are a VFC provider, check with your state immunization program for specific requirements for vaccine temperature monitoring during mass vaccination clinics.</i>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If vaccines cannot be stored in a storage unit at the site, they are being kept in the portable vaccine refrigerator or qualified pack-out with a temperature monitoring device (with a probe in a thermal buffer) placed as closely as possible to the vaccines, and temperatures are being read and recorded <u>at least once an hour</u> . The container is being kept closed as much as possible.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vaccines are being protected from light during the vaccination clinic per the manufacturer's package insert.

VACCINE PREPARATION

YES	NO	N.A.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Expiration dates of vaccines (and diluents, if applicable) are being checked again during preparation, and only vaccines that have not expired are being administered. (<i>Of note: If you are using multidose vials, be sure to review beyond use dates, along with expiration dates.</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vaccines are being prepared in a clean, designated medication area, away from any potentially contaminated items.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If using reconstituted vaccines, they are being prepared according to the manufacturer's guidelines.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccines are being prepared at the time of administration.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If vaccines are predrawn from a multidose vial, only the contents of 1 multidose vial are being drawn up at one time by each staff member administering vaccines (the maximum number of doses per vial is described in the package insert).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If using single-dose or multidose vials, syringes are being labeled with the name of the vaccine.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Once drawn up, vaccines are being kept in the recommended temperature range. (<i>Questions about specific time limits for being out of the recommended temperature range should be referred to the manufacturer.</i>)

VACCINE ADMINISTRATION

YES	NO	N.A.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Vaccine information statements (VISs) are being provided to every patient, parent, or guardian before vaccination (as required by federal law).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	All patients are being screened for contraindications and precautions for the specific vaccine(s) in use before receiving that vaccine(s).
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Staff is using proper hygiene techniques to clean hands before vaccine administration, between patients, and anytime hands become soiled. www.cdc.gov/handhygiene/providers/index.html

- » If you check "NO" in ONE OR MORE answer boxes that contain a , **DO NOT move forward with the clinic.**
 - Follow your organization's protocols and/or contact your state or local health department for guidance *before* proceeding with the clinic.
 - Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If gloves are being worn by staff administering vaccines, they are being changed and hands are being cleaned using proper hygiene techniques between each patient.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is triple-checking labels, contents, and expiration dates or beyond use dates (as noted in the manufacturer's package insert, if applicable) before administering vaccine.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccines are normal in appearance (i.e., not discolored, without precipitate, and easily resuspended when shaken).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each staff member is administering only the vaccines they have prepared.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If more than one vaccine type is being administered, separate preparation stations are set up for each vaccine type to prevent medication errors.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccines are being administered using aseptic technique.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is administering vaccine to the correct patient (e.g., if a parent/guardian and child or two siblings are at the vaccination station at the same time, patient's name and date of birth are verified prior to vaccination).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is administering vaccines using the correct route per manufacturer instructions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is administering the correct dosage (volume) of vaccine.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff has checked age indications for the vaccines and is administering vaccines to the correct age groups.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For vaccines requiring more than 1 dose, staff is administering the current dose at the correct interval, if applicable. <i>Follow the recommended guidelines in Table 3-1 of the "General Best Practice Guidelines on Immunization": www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html#t-01.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If vaccine administration errors are observed, corrective action is being taken immediately.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any persons with a needlestick injury, a vaccine administration error, or an urgent medical problem are being evaluated immediately and referred for additional medical care if needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patients are being encouraged to stay at the clinic for 15 minutes after vaccination to be monitored for adverse events.
ADMINISTRATION OF INJECTABLE VACCINES (In this section, N.A. is ONLY an option if the clinic is EXCLUSIVELY using non-injectable vaccines, such as live, attenuated influenza vaccine.)			
YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A new needle and new syringe are being used for each injection. (Needles and syringes should never be used to administer vaccine to more than one person.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-dose vials or manufacturer-filled syringes are being used for only one patient.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccines are being administered following safe injection practices.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seats are provided so staff and patients are at the same level for optimal positioning of anatomic site and injection angle to ensure correct vaccine administration.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is identifying injection site correctly. (For intramuscular route: deltoid muscle of arm [preferred] or vastus lateralis muscle of anterolateral thigh for adults, adolescents, and children aged ≥3 years; vastus lateralis muscle of anterolateral thigh [preferred] or deltoid muscle of arm for children aged 1–2 years; vastus lateralis muscle of anterolateral thigh for infants aged ≤12 months. For subcutaneous route: thigh for infants aged <12 months; upper outer triceps of arm for children aged ≥1 year and adults [can be used for infants if necessary].)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is inserting needles quickly at the appropriate angle: 90° for intramuscular injections (e.g., injectable influenza vaccines) or 45° for subcutaneous injections (e.g., measles, mumps, rubella vaccine).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multidose vials are being used only for the number of doses approved by the manufacturer.

- » If you check "NO" in ONE OR MORE answer boxes that contain a , **DO NOT move forward with the clinic.**
- Follow your organization's protocols and/or contact your state or local health department for guidance *before* proceeding with the clinic.
 - Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccines are never being transferred from one syringe to another.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Used needles and syringes are being immediately placed in a sharps container following administration. (Needles are NOT being recapped.)

VACCINE DOCUMENTATION

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each vaccination is being fully documented with name of person vaccinated; vaccination date; vaccine type, lot number, manufacturer; patient receipt of vaccine information statement (VIS), including edition date and date VIS was provided; injection site; vaccination route; dosage; and name, title, and office/company address of person who administered the vaccine.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Your state's immunization information system (IIS) was used to document vaccinations administered. (<i>CDC recommends using your state's IIS to document vaccinations.</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patients are receiving documentation for their personal records and to share with their medical providers.

AFTER THE CLINIC (Please complete each item after the clinic is over.)

POST-CLINIC ACTIONS

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temperature of remaining vaccine was checked and recorded at the end of clinic. If not still at manufacturer-recommended temperature (i.e., <i>between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines</i>), follow your organization's protocols and/or contact your state or local health department for guidance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any remaining vaccine in provider predrawn syringes, opened multidose vials, or activated manufacturer-filled syringes (MFSs) was properly discarded. <i>An MFS is activated when the sterile seal is broken (i.e., cap removed from needle or needle added to the syringe). If absolutely necessary, a partially used multidose vial may be transported to or from an off-site/satellite facility operated by the same provider, as long as the cold chain is properly maintained, the vaccine is normal in appearance, and the maximum number of doses per vial indicated by the manufacturer has not already been withdrawn, or the beyond use date indicated by the manufacturer has not been met. However, a partially used vial cannot be transferred from one provider to another or across state lines, or returned to the supplier for credit.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Viable, unused vaccine was placed back in proper storage equipment that maintains the manufacturer-recommended temperature range at the end of the clinic day, and was not stored in a dormitory-style or bar-style combined refrigerator/freezer unit under any circumstances. (This includes vaccine transported for a multi-day clinic to a remote location where adequate storage at the site is not available.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any needlestick injuries were recorded in a sharps injury log and reported to all appropriate entities (e.g., local health department and your organization).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any vaccine administration errors were reported to all appropriate entities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All biohazardous material was disposed of properly.

POST-CLINIC DOCUMENTATION

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccinations were recorded in the jurisdiction's immunization information system (IIS) or vaccine registry, where available.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If not submitted to an IIS or vaccine registry, vaccination information was sent to primary health care providers as directed by an established procedure based on state or jurisdiction regulations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any adverse events were reported to the Vaccine Adverse Event Reporting System (VAERS): vaers.hhs.gov/index .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All patient medical information was placed in secured storage locations for privacy protection.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The staff sign-in sheet was attached to this document (with shift times, clinic location, and date).

N.A. means Not Applicable.

This checklist was adapted from materials created by the California Department of Public Health, the Centers for Disease Control and Prevention, and the Immunization Action Coalition.

- » If you check "NO" in ONE OR MORE answer boxes that contain a  **DO NOT move forward with the clinic.**
 - Follow your organization's protocols and/or contact your state or local health department for guidance *before* proceeding with the clinic.
 - Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.

ADDITIONAL INFORMATION AND RESOURCES

If you are concerned that CDC guidelines were not followed during your vaccination clinic held at a satellite, temporary, or off-site location, contact your organization and/or state or local health department for further guidance.

- » CDC's guidelines and resources for vaccine storage, handling, administration, and safety:
 - Vaccine storage and handling: www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf
 - Vaccine administration:
 - www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html
 - www.cdc.gov/vaccines/hcp/admin/admin-protocols.html
 - www.cdc.gov/vaccines/hcp/admin/resource-library.html
 - Injection safety: www.cdc.gov/injectionsafety/providers.html
 - Vaccine information statements: www.cdc.gov/vaccines/hcp/vis/
 - Videos on preparation and administering LAIV: www.cdc.gov/vaccines/hcp/admin/resource-library.html (includes videos on intramuscular injections and administration of live, attenuated influenza vaccine)
- » The Immunization Action Coalition has a skills checklist for staff administering vaccines: www.immunize.org/catg.d/p7010.pdf.
- » The Immunization Action Coalition and the Alliance for Immunization in Michigan have patient education materials available:
 - Screening tools: <http://www.immunize.org/handouts/screening-vaccines.asp>
 - Vaccination after-care:
 - Children: www.immunize.org/catg.d/p4015.pdf
 - Adults: www.aimtoolkit.org/docs/vax.pdf
- » The Immunization Action Coalition has information on the medical management of vaccine reactions:
 - Children and adolescents: www.immunize.org/catg.d/p3082a.pdf
 - Adults: www.immunize.org/catg.d/p3082.pdf
- » Manufacturers' product information and package inserts with specific, detailed storage and handling protocols for individual vaccines: www.immunize.org/packageinserts/pi_influenza.asp.

This checklist is a valuable resource for use in temporary mass vaccination clinics and other vaccination exercises, such as those conducted at vaccine points of dispensing (PODs) or vaccination and dispensing clinics (VDCs) as part of public health emergency preparedness (PHEP) program activities.

Medical waste disposal is regulated by state environmental agencies. Contact your state immunization program or state environmental agency to ensure that your disposal procedures comply with state and federal regulations.

States have laws on vaccine documentation, immunization information systems (IIS) usage, and the types of health care providers who can administer vaccines.