



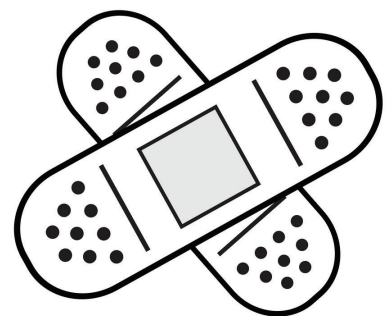
# Emergency Mass Vaccination Training

2020





# NOTES



[WhyImmunize.org](http://WhyImmunize.org)



# Training on Mass Immunizations

## Table of Contents



### **Section A – Preparing: Checklists for Planning a Clinic**

1. Considerations for planning curbside/drive-through vaccination clinics
2. Satellite, temporary and off-site clinic supply checklist
3. CDC checklist for satellite, temporary and off-site clinics
4. CDC checklist FAQs

### **Section B – Getting Vaccine, Storage & Handling**

1. Onboarding with ADHS as an immunization provider
2. Checklist for safe vaccine storage and handling
3. Storage best practices for frozen and refrigerated vaccines
4. Vaccine Temperature Log

### **Section C – Patient Screening, Consent & Administration**

1. Flu screening checklists (future covid vaccine checklists [www.tapi.org](http://www.tapi.org))
2. Patient consent form
3. Preventative measures for vaccinating during a pandemic
4. Know the sites for administration
5. Preventable errors in Vaccine Administration
6. Managing Adverse Vaccine Reactions

### **Section D – Clinic Set-up Planning**

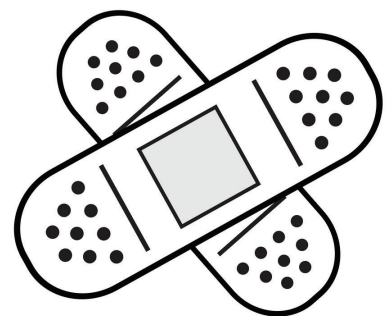
1. Roles and Responsibility
2. Clinic diagrams and flow chart
3. Emergency Preparedness Acronyms



**WhyImmunize.org**



# NOTES



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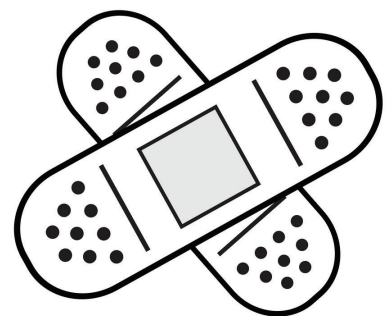
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# NOTES



[WhyImmunize.org](http://WhyImmunize.org)



# Ten Principles for Holding Safe Vaccination Clinics at Satellite, Temporary, or Off-Site Locations

## During All Stages (Pre-Clinic, During the Clinic, and Post-Clinic)

1. **Keep vaccines at the correct temperature at all times** using proper procedures for vaccine transport, handling and storage. Document temperature monitoring at appropriate intervals during all stages. For further guidance:  
[www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf](http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf)

## Pre-Clinic

2. **Have vaccine shipped directly to the site.** If direct shipment is not possible, **transport vaccine using correct storage and handling guidelines.**
3. **Train staff to perform CPR and treat medical emergencies,** including anaphylaxis. Ensure supplies are on site, including an emergency medical kit and infection control supplies, as well as **enough Vaccine Information Statements (VISs).**

## During the Clinic

4. **Always check for medical contraindications and allergies** before vaccinating anyone. **Provide VISs for all patients or guardians.**
5. **Follow manufacturers' instructions and Advisory Committee on Immunization Practices guidelines for correct age and intervals** (for vaccines that require more than one dose).
6. **Follow manufacturers' instructions for injection dose, site, and route.**
7. **Only use vaccines that are not damaged, not expired, at the correct temperature, and prepared using aseptic technique.**
8. **Follow safe handling of needles and syringes,** including using a new needle and syringe for every injection. Dispose of all sharps in a sharps container.
9. **Document** every vaccination and give patients a copy.

## Post-Clinic

10. Keep patient information **secure and private.** Record vaccinations in the Immunization Information System (IIS), if available.

For further guidance, refer to the full checklist:

[www.izsummitpartners.org/off-site-vaccination-clinic-checklist](http://www.izsummitpartners.org/off-site-vaccination-clinic-checklist)



National  
Adult and  
Influenza  
Immunization  
Summit

► ***This document is NOT intended to replace use of the checklist.***

Version 3 (Updated January 25, 2019)



# NOTES



# MASS VAGGINATION - BE READY!





# YOU CALL THE SHOTS

## Satellite, Temporary, and Off-Site Vaccination Clinic Supply Checklist

Below are supplies that may be needed to conduct a satellite, temporary, or off-site vaccination clinic. The list may not be comprehensive. Your [state or local public health immunization program](#) may also have a checklist.

For large-scale clinics held at large facilities, such as stadiums and arenas, or over multiple days, additional supplies will be needed. Contact your state or local public health preparedness program and work with the clinic medical director for additional guidance and assistance.

Quantity of supplies needed will vary significantly between smaller, one-day clinics held in schools, churches, or pharmacies and large-scale clinics held in arenas or held over multiple days.

### VACCINES



#### Refrigerated vaccines

Select the vaccine(s) that will be offered at the clinic.

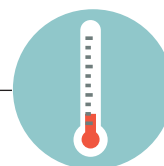
- |   |  |
|---|--|
| <input type="checkbox"/> Diphtheria, tetanus, and pertussis (DTaP)                | <input type="checkbox"/> Measles, mumps, rubella* (MMR)            |
| <input type="checkbox"/> DTaP-HepB-IPV (Pediarix)                                 | <input type="checkbox"/> Meningococcal ACWY* (MenACWY)             |
| <input type="checkbox"/> DTaP-IPV/Hib* (Pentacel)                                 | <input type="checkbox"/> Meningococcal B (MenB)                    |
| <input type="checkbox"/> DTaP-IPV (Kinrix, Quadracel)                             | <input type="checkbox"/> Pneumococcal conjugate (PCV13)            |
| <input type="checkbox"/> <i>Haemophilus influenzae</i> type b* (Hib)              | <input type="checkbox"/> Pneumococcal polysaccharide (PPSV23)      |
| <input type="checkbox"/> Hepatitis A (HepA)                                       | <input type="checkbox"/> Polio, inactivated (IPV)                  |
| <input type="checkbox"/> Hepatitis B (HepB)                                       | <input type="checkbox"/> Rotavirus* (RV)                           |
| <input type="checkbox"/> HepA-HepB (Twinrix)                                      | <input type="checkbox"/> Tetanus-diphtheria, adult (Td)            |
| <input type="checkbox"/> Human papillomavirus (9vHPV)                             | <input type="checkbox"/> Tetanus, diphtheria, and pertussis (Tdap) |
| <input type="checkbox"/> Influenza, injectable (IIV) (in season)                  | <input type="checkbox"/> Zoster, recombinant (RZV, Shingrix*)      |
| <input type="checkbox"/> Influenza, live attenuated intranasal (LAIV) (in season) |  |

#### Frozen vaccines

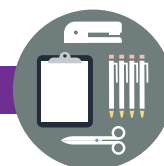
(Frozen vaccines may only be administered at satellite, temporary, and off-site clinics if they can be safely shipped to and monitored at the site. They should never be transported from one location to another.)

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Measles, mumps, rubella, varicella* (MMRV, ProQuad) | <input type="checkbox"/> Varicella* |
|--|-------------------------------------|

\*Diluent for ActHIB, Hiberix, Menveo, Pentacel, Rotarix, and Shingrix comes packaged in the same container as the lyophilized component.  
Diluent for MMR, MMRV, and varicella comes from the manufacturer packaged with the vaccine in separate containers.



### CLINICAL SUPPLIES



#### Administration supplies

- |   |  |
|---|--|
| <input type="checkbox"/> Adhesive bandages  | <input type="checkbox"/> Sterile alcohol prep pads |
| <input type="checkbox"/> Appropriate needles (length, gauge) for the route of administration (Subcut, IM) and the expected patient population | <input type="checkbox"/> Syringes (1 or 3 cc)      |





## Clinic supplies

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Alcohol-based hand sanitizer (at least 60% alcohol)                 | <input type="checkbox"/> Partition screens  | <input type="checkbox"/> Table and chairs for patient and vaccination provider at each vaccination station   |
| <input type="checkbox"/> <a href="#">Digital data logger for each storage unit/container</a> | <input type="checkbox"/> Paper towels   | <input type="checkbox"/> <a href="#">Vaccine storage units (onsite) or portable refrigerators or packouts</a> (for transport) that can maintain the appropriate vaccine cold chain |
| <input type="checkbox"/> Disposable table covers   | <input type="checkbox"/> Sanitizing products for vaccination and preparation surfaces | <input type="checkbox"/> Wastebaskets  |
| <input type="checkbox"/> Gauze pads  | <input type="checkbox"/> Sharps containers  |  |
| <input type="checkbox"/> Medical gloves  |   |  |

## Clinic documentation

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Billing forms, if needed  | <input type="checkbox"/> Laptops, computers, tablets, or smartphones, as well as printers and 2D barcode readers (if using), including multiple plug outlet strips and extension cords | <input type="checkbox"/> <a href="#">Vaccination standing orders</a> and protocols, as necessary  |
| <input type="checkbox"/> Immunization record cards   | <input type="checkbox"/> <a href="#">Screening checklist for contraindications to vaccines for children, teens, and adults</a>   | <input type="checkbox"/> <a href="#">Vaccine information statements</a> (VISs) for each vaccine being offered and in <a href="#">multiple languages</a> as appropriate (in some instances, an emergency use authorization [EUA] form may be required) |
| <input type="checkbox"/> <a href="#">Immunization schedule for targeted audience(s)</a>        |  | <input type="checkbox"/> <a href="#">Vaccine storage temperature log(s)</a>   |
| <input type="checkbox"/> Internet access or hotspot  |  |   |
| <input type="checkbox"/> Forms to record vaccine administration (this may be done by computer) |  |   |

## Office supplies

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Clipboards              | <input type="checkbox"/> Rope, cones, and/or tape as needed to direct traffic flow   | <input type="checkbox"/> Trash bags   |
| <input type="checkbox"/> Notepads                | <input type="checkbox"/> Signage for clinic hours, future clinics, clinic flow, and easels or other equipment for displaying | <input type="checkbox"/> Walkie-talkies or similar devices, depending on size of the clinic |
| <input type="checkbox"/> Pens                    |  |   |
| <input type="checkbox"/> Printer paper           |  |   |
| <input type="checkbox"/> Printers, if applicable |  |   |

## MEDICAL EMERGENCY SUPPLIES



If possible, it is preferable that emergency medical services (EMS) staff be available during the clinic. Clinical staff providing vaccine should be trained in CPR and able to respond to medical emergencies.

At a minimum, there should be:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Antihistamines (diphenhydramine [Benadryl], hydroxyzine [Atarax, Vistaril], and syringes if needed) | <input type="checkbox"/> Epinephrine in prefilled autoinjector or prefilled syringe (various doses), prepackaged syringes, vials, or ampules (Epi-pens) | <input type="checkbox"/> Light source to examine mouth and throat |
| <input type="checkbox"/> Cell phone or land line to call 911   | <input type="checkbox"/> First aid kit  | <input type="checkbox"/> Oxygen                                   |
|  | Additional supplies may include:  | <input type="checkbox"/> Stethoscope                              |
|  | <input type="checkbox"/> Blood pressure measuring device  | <input type="checkbox"/> Timing device for measuring pulse        |
|  |   | <input type="checkbox"/> Tongue depressors                        |
|  |   | <input type="checkbox"/> Tourniquet                               |

### Additional supplies needed during the COVID-19 pandemic

During the COVID-19 pandemic, additional supplies are needed to protect both staff and patients, including:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>Additional hand sanitizer with at least 60% alcohol for <a href="#">hand hygiene</a></li> <li>Additional cleaning equipment for more frequent cleanings, using <a href="#">EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2</a></li> <li>Additional signage, tape, ropes, and cones to encourage physical distancing and provide one-way flow through the clinic</li> <li><a href="#">Face coverings</a> for patients who arrive without one</li> </ul> | <ul style="list-style-type: none"> <li>Hand soap, as appropriate</li> <li><a href="#">Personal protective equipment</a> (PPE) for staff. Gloves should be worn by anyone administering intranasal or oral vaccine. Depending on level of community transmission, eye protection may also be recommended.</li> <li>Thermometers for checking patient temperature before <a href="#">entering the clinic</a>, if required</li> <li>Tissues</li> </ul> |
|--|---|






# CHECKLIST of

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

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. These CDC guidelines and best practices are essential for patient safety and vaccine effectiveness. This checklist should be used in any non-traditional vaccination clinic settings, such as workplaces, community centers, schools, makeshift clinics in remote areas, and medical facilities when vaccination occurs in the public areas or classrooms. Temporary clinics also include mass vaccination events, walk-through, curbside, and drive-through clinics, and vaccination clinics held during pandemic preparedness exercises. **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.

This document also contains sections, marked in red, that outline best practices for vaccination during the COVID-19 pandemic. For continued up-to-date guidance, please visit [www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html](http://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).

## INSTRUCTIONS

1. A staff member who will be at the vaccination clinic should be designated as the clinic coordinator/supervisor. This person 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 you can 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, whether patients’ personal information was protected appropriately, or other responses that you have marked as “NO” in 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](http://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:



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention



**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 packout 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 packouts: [www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf](http://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 packout 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 packout 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](http://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 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 and syringes and a sharps container are provided.

☐ ☐ ☐ Staff members administering vaccines have reviewed vaccine manufacturer instructions for administration before the vaccination clinic.

☐ ☐ ☐ If using a standing order protocol, the protocol is current and available at the clinic/facility site.

☐ ☐ ☐ A process for screening for contraindications and precautions is in place.

☐ ☐ ☐ A sufficient number of vaccine information statements (VISs or Emergency Use Authorization [EUA]) forms, if required) for each vaccine being offered is available at the clinic/facility site.

**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"/> | A designated clean area for vaccine preparation has been identified and set up prior to the clinic. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A qualified individual has been designated to oversee infection control at the clinic.              |

**PREVENTING TRANSMISSION OF COVID-19 AT THE CLINIC**

| YES                      | NO                       | N.A.                     |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sufficient supply of PPE for staff is available, including face masks, gloves, and, if appropriate, eye shields.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sufficient supply of face coverings is available for visitors and patients who may not have one.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sufficient hand sanitizer is available so that staff and patients can repeatedly practice hand hygiene.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cleaning supplies are available so workspaces can be cleaned regularly (note the amount needed may be more than normally required). (See <a href="#">EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2</a> the virus that causes COVID-19.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Additional controls, such as counters and plastic shields, are in place to minimize contact where patients and staff interact (e.g., registration or screening areas).   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Signs, barriers, and floor markers to instruct patients to remain 6 feet apart from other patients and clinic staff have been set up before the clinic.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sufficient supply of thermometers to check patient temperatures prior to entering the vaccination clinic and COVID symptom checklists.   |

**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 type="checkbox"/> | <input 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 packout specifically designed and tested to maintain correct temperatures when opened and closed during the clinic).   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vaccine temperature is being monitored during the clinic using a digital data logger with a buffered probe (placed directly with vaccines) and a current and valid Certificate of Calibration Testing. <i>Follow the monitoring guidance specified in CDC's Vaccine Storage and Handling Toolkit: <a href="http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf">www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf</a>.</i>   |
| <input type="checkbox"/> | <input 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 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 packout with a temperature monitoring device (with a probe in a thermal buffer) placed as close 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 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 type="checkbox"/> | <input 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>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 type="checkbox"/> | Vaccines are being prepared in a clean, designated medication area, away from any potentially contaminated items.  |
| <input type="checkbox"/> | <input 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, <b>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).</b>   |
| <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 type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> | Vaccine information statements (VISs or Emergency Use Authorization [EUA] forms, if required) are being provided to every patient, parent, or guardian before vaccination (as required by federal law). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All patients are being screened for contraindications and precautions for the specific vaccine(s) in use before receiving that vaccine(s).  |

**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"/> | Staff is using proper hygiene techniques to clean hands before vaccine administration, between patients, and anytime hands become soiled. <a href="http://www.cdc.gov/handhygiene/providers/index.html">www.cdc.gov/handhygiene/providers/index.html</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 patients.  |
| <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. <i>Follow the recommended guidelines in Table 3-1 of the General Best Practice Guidelines for Immunization: <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html#t-01">www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html#t-01</a>.</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. <b>This is especially critical at drive-through or curbside clinics where drivers are being vaccinated.</b>  |

**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"/> | <b>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.)</b>  |
| <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"/> | For walk-through clinics, 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).  |
| YES                      | NO                       | N.A.                     |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Multidose vials are being used only for the number of doses approved by the manufacturer.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vaccines are never being transferred from one syringe to another.  |

**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"/> | 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 (VISs or Emergency Use Authorization [EUA] form), 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.   |

#### PREVENTING TRANSMISSION OF COVID-19 AT THE CLINIC

| YES                      | NO                       | N.A.                     |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All staff and patients have their temperature checked before entering the clinic and are answering the COVID screening questions before <u>entering the clinic</u> .  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All patients are wearing a face covering. Face masks should not be placed on children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All staff is wearing recommended personal protective equipment (PPE), including face masks, gloves (optional for subcutaneous and intramuscular injections, required for intranasal and oral vaccinations), and eye protection (based on level of community transmission). See <a href="http://www.cdc.gov/vaccines/pandemic-guidance/index.html">www.cdc.gov/vaccines/pandemic-guidance/index.html</a> for current guidance. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Social distancing guidance is being followed, including signs, banners, and floor markers to instruct staff and patients where to stand, shields as appropriate when the 6-foot minimum distance cannot be observed, and one-way traffic flow.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All areas are being wiped down and cleaned more frequently than normal cleaning that takes place during vaccine preparation and administration and between patients.  |

#### 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., between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines), 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"/> | <b>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.</b> (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) where available.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If not submitted to an IIS, 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): <a href="http://vaers.hhs.gov/index">vaers.hhs.gov/index</a> .                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All patient medical information was placed in a secured storage location 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.

COVID-19 information can be found at:

- [www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html](http://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html)

- » 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](http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf)
  - Vaccine administration:
    - [www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html](http://www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html)
    - [www.cdc.gov/vaccines/hcp/admin/admin-protocols.html](http://www.cdc.gov/vaccines/hcp/admin/admin-protocols.html)
    - [www.cdc.gov/vaccines/hcp/admin/resource-library.html](http://www.cdc.gov/vaccines/hcp/admin/resource-library.html)
  - Injection safety: [www.cdc.gov/injectionsafety/providers.html](http://www.cdc.gov/injectionsafety/providers.html)
  - Vaccine information statements: [www.cdc.gov/vaccines/hcp/vis/](http://www.cdc.gov/vaccines/hcp/vis/)
  - Videos on preparing and administering vaccines. [www.cdc.gov/vaccines/hcp/admin/resource-library.html](http://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](http://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](http://www.immunize.org/catg.d/p4015.pdf)
    - Adults: [www.aimtoolkit.org/docs/vax.pdf](http://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](http://www.immunize.org/catg.d/p3082a.pdf)
  - Adults: [www.immunize.org/catg.d/p3082.pdf](http://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](http://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 documentation of vaccinations, use of immunization information systems (IISs), and types of health care providers who can administer vaccines.





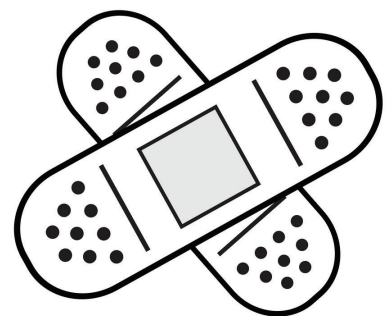
## **Section B – Getting Vaccine, Storage & Handling**

1. Onboarding with ADHS as an immunization provider
2. Checklist for safe vaccine storage and handling
3. Storage best practices for frozen and refrigerated vaccines
4. Vaccine Temperature Log





# NOTES



[WhyImmunize.org](http://WhyImmunize.org)



# Immunization Program



azhealth.gov

Health and Wellness for all Arizonans

## News from the Immunization Program Office

### Today's topic: Pandemic Provider Onboarding

- The Arizona Immunization Program Office (AIPO) does not know if/when COVID-19 vaccines will become available. However we want to be prepared and engage our partners now, so we are ready if/when vaccines are available for distribution in Arizona.
- Both VFC and non-VFC providers who would like to administer future COVID-19 vaccines must complete the Pandemic Provider Onboarding survey forms.
- The survey forms serve two purposes: 1) to ensure the signatory provider knows the requirements, and 2) to ensure the facility is able to meet each requirement.
- The signatory provider is required to complete all of the surveys and be approved by the AIPO before this facility will be able to order future potential pandemic vaccines.
- As we learn more about future vaccines we may add additional survey forms to the onboarding tool to pass the information along.
- The signatory provider will need to sign a CDC provider agreement. When it is available it will be added to the onboarding tool.
- Email notifications will be sent as forms are added to the onboarding tool.
- Onboarding is not an instantaneous process. It will take AIPO time to add providers to ASIIS and review requirements. Onboard now. Plan for it to take time.
- The onboarding tool has the high level requirements for the signatory provider. Provider staff can go to [AIPO Train](#) to learn how to order, receive, store, administer, document, and account for pandemic vaccines in ASIIS.

**Go to <https://redcap.link/onboard> to onboard.**

If the link above does not work, try copying the link below into your web browser:

<https://redcapaip0.azdhs.gov/surveys/?s=DY8CA9LMJ8>

We appreciate your continued efforts to help Arizonans be healthy and vaccinated.



# NOTES - Onboarding for covid vaccine



**MASS VAGGINATION -  
BE READY!**





# Checklist for Safe Vaccine Storage and Handling

*Are you doing everything you should to safeguard your vaccine supply?  
Review this list to see where you might make improvements in your vaccine  
management practices. Check each listed item with either ☐ YES or ☐ NO.*

## Establish Storage and Handling Policies

- ☐ YES ☐ NO 1. We have designated a primary vaccine coordinator and at least one alternate coordinator to be in charge of vaccine storage and handling at our facility.
- ☐ YES ☐ NO 2. Both the primary and alternate vaccine coordinator(s) have completely reviewed either CDC's Vaccine Storage & Handling Toolkit ([www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf](http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf)) or equivalent training materials offered by our state or local health department's immunization program.
- ☐ YES ☐ NO 3. We have detailed, up-to-date, written standard operating procedures for general vaccine management, including procedures for routine activities and an emergency vaccine retrieval and storage plan for power outages and other problems. Our procedures are based on CDC's Vaccine Storage & Handling Toolkit and/or on instruction from our state or local health department's immunization program.
- ☐ YES ☐ NO 4. We review these policies with all staff annually and with new staff, including temporary staff, when they are hired.

## Log In New Vaccine Shipments

- ☐ YES ☐ NO 5. We maintain a vaccine inventory log that we use to document the following:
  - ☐ YES ☐ NO a. Vaccine name and number of doses received
  - ☐ YES ☐ NO b. Date we received the vaccine
  - ☐ YES ☐ NO c. Condition of vaccine when we received it
  - ☐ YES ☐ NO d. Vaccine manufacturer and lot number
  - ☐ YES ☐ NO e. Vaccine expiration date

## Use Proper Storage Equipment

- ☐ YES ☐ NO 6. We store vaccines in separate, self-contained units that refrigerate or freeze only. If we must use a household-style combination unit, we use it only for storage of our refrigerated vaccines, maintaining frozen vaccines in a separate stand-alone freezer.
- ☐ YES ☐ NO 7. We store vaccines in units with enough room to maintain the year's largest inventory without crowding.
- ☐ YES ☐ NO 8. We never store any vaccines in a dormitory-style unit (a small combination freezer-refrigerator unit with the freezer compartment inside the refrigerator).
- ☐ YES ☐ NO 9. We use only calibrated temperature monitoring devices (TMD) that have a Certificate of Calibration Testing\* ("Report of Calibration") and are calibrated every 1 to 2 years from the last calibration testing date or according to the manufacturer's suggested timeline. If storing Vaccines For Children (VFC) vaccine, our TMD is a digital data logger (DDL).
- ☐ YES ☐ NO 10. We have planned back-up storage unit(s) in the event of a power failure or other unforeseen event.

\*Certificate of Calibration Testing ("Report of Calibration") with calibration measurements traceable to a laboratory with accreditation from the International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Arrangement (MRA) signatory body.

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## Ensure Optimal Operation of Storage Units

- ☐ YES ☐ NO 11. We have a “Do Not Unplug” sign (e.g., [www.immunize.org/catg.d/p2090.pdf](http://www.immunize.org/catg.d/p2090.pdf)) next to the electrical outlets for the refrigerator and freezer and a “Do Not Stop Power” warning label (e.g., [www.immunize.org/catg.d/p2091.pdf](http://www.immunize.org/catg.d/p2091.pdf)) by the circuit breaker for the electrical outlets. Both signs include emergency contact information.
- ☐ YES ☐ NO 12. We perform regular maintenance on our vaccine storage units to assure optimal functioning. For example, we keep the units clean, dusting the coils and cleaning beneath the units as recommended by the manufacturer.

## Maintain Correct Temperatures

- ☐ YES ☐ NO 13. We always keep at least one accurate ( $\pm 0.5^{\circ}\text{C}$  [ $\pm 1^{\circ}\text{F}$ ]) calibrated temperature monitoring device (TMD) with the vaccines in the refrigerator and a separate calibrated TMD with the vaccines in the freezer.
14. We use a temperature monitoring device (TMD) that
- ☐ YES ☐ NO a. uses an active display to provide continuous monitoring information.
- ☐ YES ☐ NO b. is digital and has a detachable probe that has been buffered against sudden temperature changes by being immersed in a vial filled with liquid (e.g., glycol, ethanol, glycerin), loose media (e.g., sand, glass beads), or a solid block of material (e.g., aluminum, Teflon®).
- ☐ YES ☐ NO c. includes an alarm for out-of-range temperatures.
- ☐ YES ☐ NO d. has a low-battery indicator.
- ☐ YES ☐ NO e. has a digital data logger that indicates current, minimum, and maximum temperatures.
- ☐ YES ☐ NO f. can measure temperatures within  $\pm 0.5^{\circ}\text{C}$  ( $\pm 1^{\circ}\text{F}$ ).
- ☐ YES ☐ NO g. has a logging interval (or reading rate) that can be programmed by the user to measure and record temperatures AT LEAST every 30 minutes.
- ☐ YES ☐ NO 15. We maintain the refrigerator temperature at  $2\text{--}8^{\circ}\text{C}$  ( $36\text{--}46^{\circ}\text{F}$ ), and we aim for  $5^{\circ}\text{C}$  ( $41^{\circ}\text{F}$ ).
- ☐ YES ☐ NO 16. We maintain the freezer temperature between  $-50^{\circ}\text{C}$  and  $-15^{\circ}\text{C}$  ( $-58^{\circ}\text{F}$  and  $+5^{\circ}\text{F}$ ).
- ☐ YES ☐ NO 17. We set the thermostat for the refrigerator and the freezer at the factory-set or midpoint temperatures.
- ☐ YES ☐ NO 18. We keep extra containers of water in the refrigerator (e.g., in the door and/or on the floor of the unit where the vegetable bins were located) to help maintain cool temperatures. We keep ice packs, ice-filled containers, or frozen water bottles in the freezer to help maintain cold temperatures and to have frozen water bottles available for conditioning in the event of an emergency.

## Maintain Daily Temperature Logs

- ☐ YES ☐ NO 19. If we are using a TMD (preferably a digital data logger or DDL) that records minimum and maximum temperatures, we check and record these temperatures first thing in the morning during each workday when our practice is open. (See selections for recording at [www.immunize.org/clinic/storage-handling.asp](http://www.immunize.org/clinic/storage-handling.asp).)
- ☐ YES ☐ NO 20. If we are using a TMD that does not record minimum and maximum temperatures, we check and record the current temperatures of the refrigerator and freezer at least twice each workday. (See selections for recording at [www.immunize.org/clinic/storage-handling.asp](http://www.immunize.org/clinic/storage-handling.asp).)
- ☐ YES ☐ NO 21. We consistently record temperatures on the log either in Celsius or Fahrenheit. We never mix temperature scales when we record our temperatures.
- ☐ YES ☐ NO 22. If the temperature log prompts us to insert an “x” by the temperature that’s preprinted on the form, we do not attempt to write in the actual temperature.
- ☐ YES ☐ NO 23. We follow the directions on the temperature log to call appropriate personnel if the temperature in a storage unit goes out of range.

CONTINUED ON THE NEXT PAGE ►



- ☐ YES ☐ NO 24. If out-of-range temperatures occur in the unit, we complete the Vaccine Storage Troubleshooting Record ([www.immunize.org/catg.d/p3041.pdf](http://www.immunize.org/catg.d/p3041.pdf)) to document actions taken when the problem was discovered and what was done to prevent a recurrence of the problem.
- ☐ YES ☐ NO 25. Trained staff (other than staff designated to record the temperatures) review the temperature logs weekly.
- ☐ YES ☐ NO 26. We keep the temperature logs on file for at least 3 years.

## Store Vaccines Correctly

- ☐ YES ☐ NO 27. We post signs (e.g., [www.immunize.org/catg.d/p3048.pdf](http://www.immunize.org/catg.d/p3048.pdf)) on the doors of the refrigerator and freezer that indicate which vaccines should be stored in the refrigerator and which in the freezer.
- ☐ YES ☐ NO 28. We do not store any food or drink in any vaccine storage unit.
- ☐ YES ☐ NO 29. We store vaccines in the middle of the refrigerator or freezer (away from walls and vents), leaving room for air to circulate around the vaccine. We never store vaccine in the doors.
- ☐ YES ☐ NO 30. We have removed all vegetable and deli bins from the storage unit, and we do not store vaccines in these empty areas.
- ☐ YES ☐ NO 31. If we must use a combination refrigerator-freezer unit, we store vaccines only in the refrigerator section of the unit. We do not place vaccines in front of the cold-air outlet that leads from the freezer to the refrigerator (often near the top shelf). In general, we try to avoid storing vaccines on the top shelf, and we place water bottles in this location.
- ☐ YES ☐ NO 32. We check vaccine expiration dates and rotate our supply of each type of vaccine so that vaccines with the earliest expiration dates are located close to the front of the storage unit, facilitating easy access.
- ☐ YES ☐ NO 33. We store vaccines in their original packaging with the lids closed in clearly labeled containers.

## Take Emergency Action As Needed

34. In the event that vaccines are exposed to improper storage conditions, we take the following steps:
- ☐ YES ☐ NO a. We restore proper storage conditions as quickly as possible. If necessary, we label the vaccine "Do Not Use" and move it to a unit where it can be stored under proper conditions. We do not discard the vaccine before discussing the circumstances with our state / local health department and/or the appropriate vaccine manufacturers.
- ☐ YES ☐ NO b. We follow the Vaccine Storage Troubleshooting Record's ([www.immunize.org/catg.d/p3041.pdf](http://www.immunize.org/catg.d/p3041.pdf)) instructions for taking appropriate action and documenting the event. This includes recording details such as the length of time the vaccine was out of appropriate storage temperatures and the current room temperature, as well as taking an inventory of affected vaccines.
- ☐ YES ☐ NO c. We contact our clinic supervisor or other appropriate clinic staff to report the incident. We contact our state / local health department and/or the appropriate vaccine manufacturers for consultation about whether the exposed vaccine can still be used.
- ☐ YES ☐ NO d. We address the storage unit's mechanical or electrical problems according to guidance from the unit's manufacturer or a qualified repair service.
- ☐ YES ☐ NO e. In responding to improper storage conditions, we do not make frequent or large changes in thermostat settings. After changing the setting, we give the unit at least a day to stabilize its temperature.
- ☐ YES ☐ NO f. We do not use exposed vaccines until our state/local health department's immunization program or the vaccine manufacturer has confirmed that the vaccine is acceptable for use. We review this information with our clinic medical director before returning the vaccine to our supply. If the vaccine is not acceptable for use, we follow our state/local health department instructions for vaccine disposition.

**If we answer ☐ YES to all of the above, we give ourselves a pat on the back! If not, we assign someone to implement needed changes!**



# NOTES- Storage and Handling



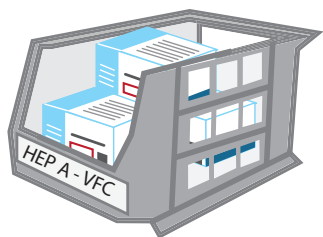
**MASS VACCINATION -  
BE READY!**





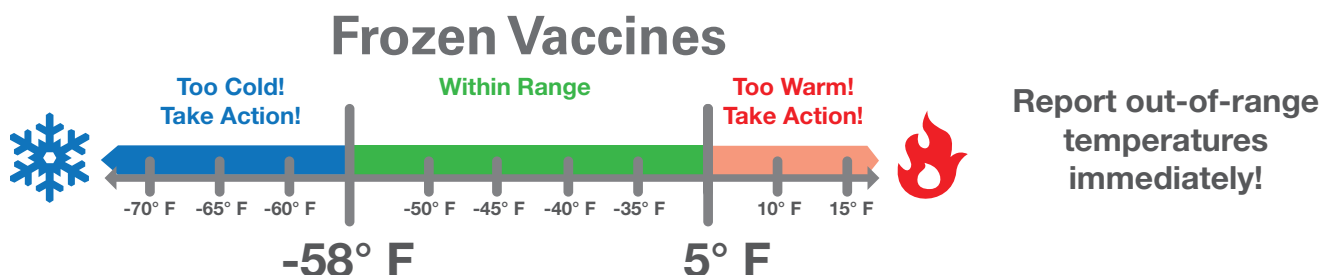
# Storage Best Practices for **Frozen Vaccines–Fahrenheit (F)**

## 1 Unpack vaccines immediately

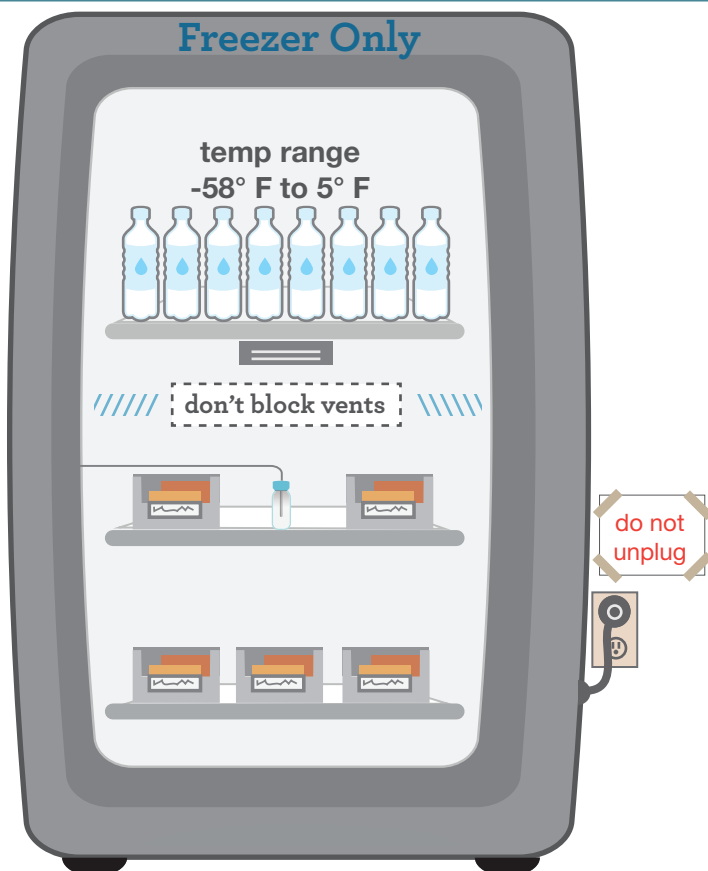


1. Place the vaccines in trays or containers for proper air flow.
2. Put vaccines that are first to expire in front.
3. Keep vaccines in original boxes with lids closed to prevent exposure to light.
4. Separate and label vaccines by type and public (VFC) or private.

## 2 Thermostat should be at the factory-set or midpoint temperature setting



## 3 Use vaccine storage best practices



### DO

- ✓ Do make sure the freezer door is closed!
- ✓ Do use water bottles to help maintain consistent temperature.
- ✓ Do leave 2 to 3 inches between vaccine containers and freezer walls.
- ✓ Do post "Do Not Unplug" signs on freezer and by electrical outlet.

### DON'T

- ✗ Don't use dormitory-style refrigerator/freezer.
- ✗ Don't use combo refrigerator/freezer unit.
- ✗ Don't put food in freezer.
- ✗ Don't store vaccines on shelves in freezer door.



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Centers for Disease  
Control and Prevention

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Visit [www.cdc.gov/vaccines/SandH](http://www.cdc.gov/vaccines/SandH)  
or contact your state health department for  
more information.

CS243541-D Revision February 2018



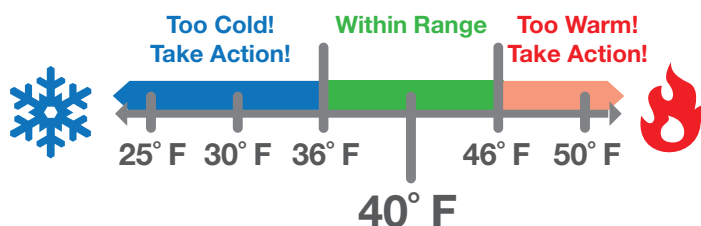
## 1 Store vaccines at ideal temperature: 40° F



**Never freeze refrigerated vaccines!**

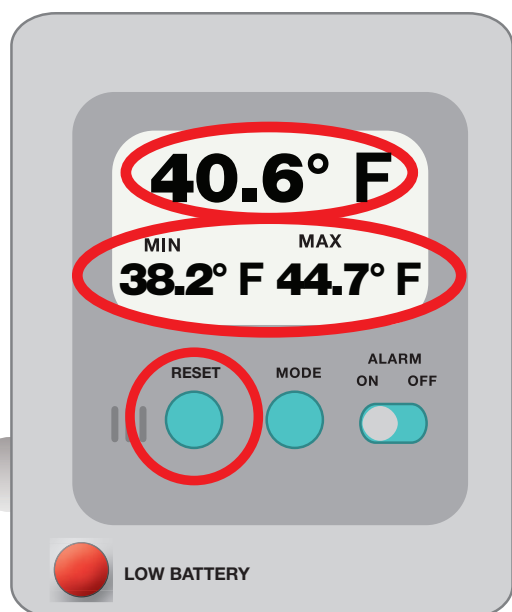
Exception: MMR can be stored in refrigerator or freezer

### Refrigerated Vaccines



**Report out-of-range temperatures immediately!**

## 2 Record daily temperatures



**3 steps, daily:** Check and record min/max temperatures at the start of the workday.

1

**Min/Max:** The coldest and warmest temperatures in the refrigerator since you last reset the thermometer

Note: If your device does not display min/max temperatures, then check and record current temperature a minimum of 2 times (at start and end of workday)

2

**Reset:** The button you push after you have recorded the min/max temperatures

3

**Current temperature:** Check current temperature each time you access vaccines in the refrigerator



### Best Practices

## 3 Take action if out of range!

- Contact your state or local health department immediately. Or for private vaccines, call the manufacturer directly.
- Tell them the total amount of time the refrigerator temperature was out of range.
- **Take your time.** Check and record temperatures accurately.
- **Make your mark!** Initial the log when recording temperatures.
- **Leave it blank.** If min/max temperatures were not recorded, leave the space blank!



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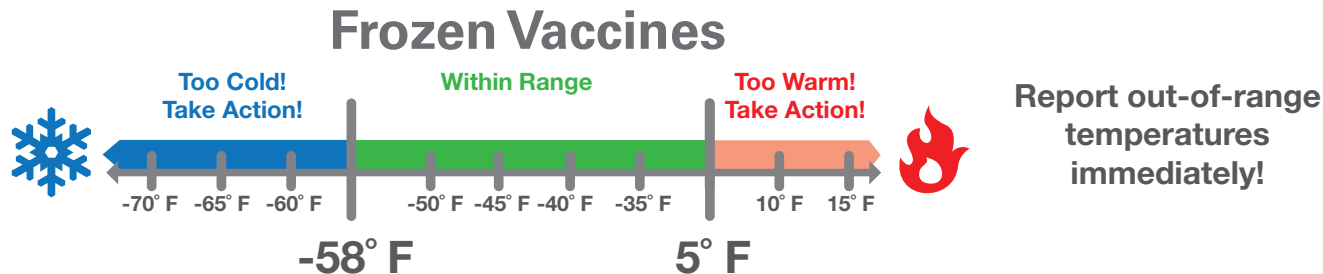
Distributed by

Visit [www.cdc.gov/vaccines/SandH](http://www.cdc.gov/vaccines/SandH)  
or contact your state health department for  
more information.

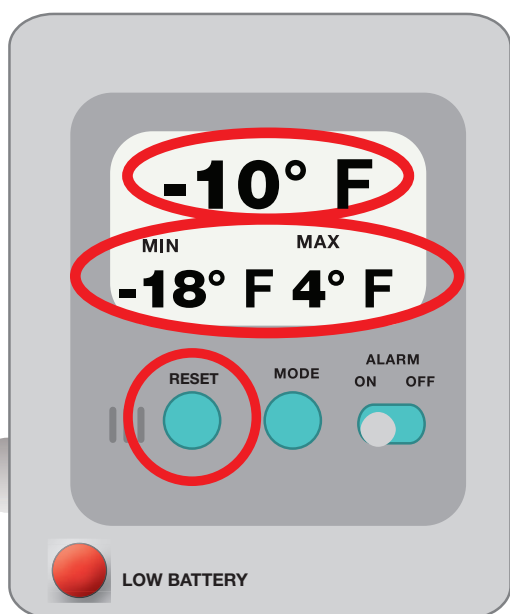


# Temperature Monitoring Best Practices for **Frozen Vaccines–Fahrenheit (F)**

## 1 Thermostat should be at the factory-set or midpoint temperature setting



## 2 Record daily temperatures



**3 steps, daily:** Check and record min/max temperatures at the start of the workday.

**1 Min/Max:** The coldest and warmest temperatures in the refrigerator since you last reset the thermometer

Note: If your device does not display min/max temperatures, then check and record current temperature a minimum of 2 times (at start and end of workday)

**2 Reset:** The button you push after you have recorded the min/max temperatures

**3 Current temperature:** Check current temperature each time you access vaccines in the refrigerator



## Best Practices

## 3 Take action if out of range!

- Contact your state or local health department immediately. Or for private vaccines, call the manufacturer directly.
- Tell them the total amount of time the freezer temperature was out of range.
- **Take your time.** Check and record temperatures accurately.
- **Make your mark!** Initial the log when recording temperatures.
- **Leave it blank.** If min/max temperatures were not recorded, leave the space blank!



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or contact your state health department for  
more information.

CS243541-B Revision February 2018



## For Outreach Clinics

| COOLER ID | CLINIC LOCATION | DATE | VFC PIN |
|-----------|-----------------|------|---------|
|           |                 |      |         |

[illegible]

## Vaccine Tracking

| DOSES AT START | LOT NUMBERS | ADMINISTERED | WASTED | RETURNED |
|----------------|-------------|--------------|--------|----------|
|                |             |              |        |          |

**Notes:** \_\_\_\_\_

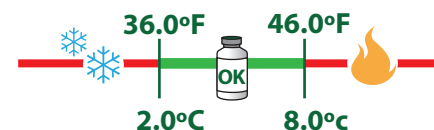
\_\_\_\_\_

\_\_\_\_\_

## Instructions

Review transport job aids for refrigerated and frozen vaccines before transporting vaccines.

**Keep cooler in OK range.**



**Check temperatures hourly.**

1. Fill out clinic details in header.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

### If no alarm:

1. Clear MIN/MAX.
2. Ensure data logger is in place and recording.



### IF ALARM WENT OFF:

1. Clear MIN/MAX and alarm symbol.
2. Post "Do Not Use Vaccines" sign.
3. Alert your on-site supervisor and follow clinic protocol.
4. Ensure data logger is still in place and recording.
5. Report excursion to SHOTS at [MyVFCvaccines.org](http://MyVFCvaccines.org) as soon as possible.
6. Record assigned SHOTS ID.



## Supervisors Review

Date of Data Download: \_\_\_\_/\_\_\_\_/\_\_\_\_

On-Site Supervisor's Name:

Signature: \_\_\_\_\_

Date:     /     /

Staff Names and Initials:



**1-877-243-8832**

Keep all VFC temperature logs and data files for three years.

IMM-1255 (12/19)





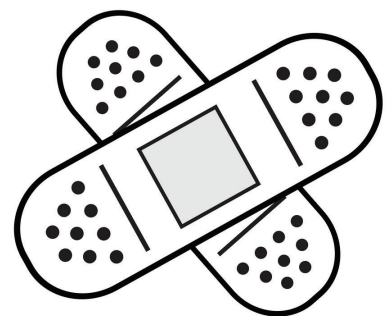
## **Section C – Patient Screening, Consent & Administration**

1. Flu screening checklists  
(Future covid vaccine checklists [www.tapi.org](http://www.tapi.org))
2. Patient consent form
3. Preventative measures for vaccinating during a pandemic
4. Know the sites for administration
5. Preventable errors in Vaccine Administration
6. Medical Management of Vaccine Reactions





# NOTES



[WhyImmunize.org](http://WhyImmunize.org)



# Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination

PATIENT NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

**For patients (both children and adults) to be vaccinated:** The following questions will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination today. If you answer “yes” to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

|  | yes                      | no                       | don't know               |
|--|--------------------------|--------------------------|--------------------------|
| 1. Is the person to be vaccinated sick today?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the person to be vaccinated have an allergy to a component of the vaccine?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the person to be vaccinated ever had Guillain-Barré syndrome?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FORM COMPLETED BY \_\_\_\_\_ DATE \_\_\_\_\_

FORM REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_



# Screening Checklist for Contraindications to Live Attenuated Intranasal Influenza Vaccination

PATIENT NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

**For use with people age 2 through 49 years:** The following questions will help us determine if there is any reason we should not give you or your child live attenuated intranasal influenza vaccine (LAIV, FluMist) today. If you answer “yes” to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

|  | yes                      | no                       | don't know               |
|--|--------------------------|--------------------------|--------------------------|
| 1. Is the person to be vaccinated sick today?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the person to be vaccinated have an allergy to a component of the influenza vaccine?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the person to be vaccinated younger than age 2 years or older than age 49 years?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the person to be vaccinated have a long-term health problem with heart disease, lung disease (including asthma), kidney disease, neurologic disease, liver disease, metabolic disease (e.g., diabetes), or have a cochlear implant or spinal fluid leak, or no spleen?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If the person to be vaccinated is a child age 2 through 4 years, in the past 12 months, has a healthcare provider told you the child had wheezing or asthma?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the person to be vaccinated have cancer, leukemia, HIV/AIDS, or any other immune system problem; or, in the past 3 months, have they taken medications that affect the immune system (e.g., prednisone or other steroids, drugs for the treatment of rheumatoid arthritis, Crohn's disease, psoriasis, or anticancer drugs) or have they had radiation treatments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the person to be vaccinated receiving influenza antiviral medications?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the person to be vaccinated a child or teen age 6 months through 17 years and receiving aspirin- or salicylate-containing medicine?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is the person to be vaccinated pregnant or could she become pregnant within the next month?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has the person to be vaccinated ever had Guillain-Barré syndrome?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does the person to be vaccinated live with or expect to have close contact with a person whose immune system is severely compromised and who must be in protective isolation (e.g., an isolation room of a bone marrow transplant unit)?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has the person to be vaccinated received any other vaccinations in the past 4 weeks?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FORM COMPLETED BY \_\_\_\_\_ DATE \_\_\_\_\_

FORM REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_



# Cuestionario de contraindicaciones para la vacuna inyectable contra la gripe

NOMBRE DEL PACIENTE \_\_\_\_\_

FECHA DE NACIMIENTO \_\_\_\_/\_\_\_\_/\_\_\_\_  
mes día año

**Para pacientes adultos y para los padres de niños a los que se van a vacunar:** Las siguientes preguntas nos ayudarán a determinar si hay algún motivo por el cual no deberíamos aplicar hoy la vacuna inyectable contra la influenza (la gripe) a usted o a su hijo. Si contesta “sí” a alguna de las preguntas, eso no siempre quiere decir que usted (o su hijo) no se debe vacunar. Simplemente quiere decir que hay que hacerles más preguntas. Si alguna pregunta no está clara, pida a su profesional de la salud que se la explique.

|   | sí                       | no                       | no<br>sabé               |
|---|--------------------------|--------------------------|--------------------------|
| 1. La persona que se va a vacunar, ¿está enferma hoy?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. La persona que se va a vacunar, ¿es alérgica a algún componente de la vacuna?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. La persona que se va a vacunar, ¿tuvo alguna vez una reacción seria a la vacuna contra la influenza (gripe)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. La persona que se va a vacunar, ¿tuvo alguna vez el síndrome de Guillain-Barré?                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FORMULARIO LLENADO POR \_\_\_\_\_ FECHA \_\_\_\_\_

FORMULARIO REVISADO POR \_\_\_\_\_ FECHA \_\_\_\_\_



# Information for Healthcare Professionals about the Screening Checklist for Contraindications to Live Attenuated Intranasal Influenza Vaccination

*Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. If you want to find out even more, consult the sources listed at the bottom of this page.*

## 1. Is the person to be vaccinated sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. People with an acute febrile illness usually should not be vaccinated until their symptoms have improved. Minor illnesses with or without fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics. However, if nasal congestion might reduce delivery of the vaccine, delay LAIV or use another type of appropriate influenza vaccine.

## 2. Does the person to be vaccinated have an allergy to a component of the influenza vaccine?

A history of an anaphylactic reaction such as wheezing, difficulty breathing, circulatory collapse or shock, or who required epinephrine or another emergency medical intervention after a previous dose of intranasal live attenuated influenza vaccine (LAIV; tradename FluMist) usually means no further doses of LAIV should be given. ACIP recommends that people with a history of egg allergy who have experienced only hives after exposure to egg may receive any recommended and age-appropriate influenza vaccine that is otherwise appropriate for their health status without specific precautions (except a 15 minute observation period for syncope). People who report having had an anaphylactic reaction to egg may also receive any age-appropriate influenza vaccine. The vaccine should be administered in a medical setting (e.g., a health department or physician office). Vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions. For a complete list of vaccine components (i.e., excipients and culture media) used in the production of the vaccine, check the package insert (at [www.immunize.org/fda](http://www.immunize.org/fda)) or go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf).

## 3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?

Patients reporting a serious reaction to a previous dose of LAIV should be asked to describe their symptoms. Immediate – presumably allergic – reactions are usually a contraindication to further vaccination with LAIV.

## 4. Is the person to be vaccinated younger than age 2 years or older than age 49 years?

LAIV is not licensed or recommended for use in people younger than age 2 years or older than age 49 years.

## 5. Does the person to be vaccinated have a long-term health problem with heart disease, lung disease (including asthma), kidney disease, neurologic disease, liver disease, metabolic disease (e.g., diabetes), or have a cochlear implant, spinal fluid leak or no spleen?

The safety of LAIV in people with any of these health conditions has not been established. These conditions, including asthma in people age 5 years and older, should be considered precautions for the use of LAIV.

## 6. If the person to be vaccinated is a child age 2 through 4 years, in the past 12 months, has a healthcare provider told you that the child had wheezing or asthma?

LAIV is not recommended for a child this age if their parent or guardian answers yes to this question or if the child has a history of asthma or recurrent wheezing. Instead, the child should be given the inactivated injectable influenza vaccine (IIV).

## 7. Does the person to be vaccinated have cancer, leukemia, HIV/AIDS, or any other immune system problem; or, in the past 3 months, have they taken medications that affect the immune system (e.g., prednisone or other steroids, drugs for the treatment of rheumatoid arthritis, Crohn's disease, psoriasis, or anticancer drugs) or have they had radiation treatments?

People with weakened immune systems should not be given LAIV. Instead, they should be given the inactivated injectable influenza vaccine (IIV).

## 8. Is the person to be vaccinated receiving influenza antiviral medications?

Receipt of certain influenza antivirals (e.g., amantadine, rimantadine, zanamivir, oseltamivir, baloxavir, peramivir) could reduce LAIV vaccine effectiveness; therefore, providers should defer vaccination with LAIV in people who took these antivirals within the previous 48 hours and to advise avoiding use of these antivirals for 14 days after vaccination, if feasible. Influenza antivirals may be used in people vaccinated with IIV.

## 9. Is the person to be vaccinated a child or teen age 6 months through 17 years who is receiving aspirin therapy or aspirin-containing therapy?

Because of the theoretical risk of Reye's syndrome, children age 6 months through 17 years on aspirin therapy should not be given LAIV. Instead they should be vaccinated with the inactivated injectable influenza vaccine (IIV).

## 10. Is the person to be vaccinated pregnant or could she become pregnant within the next month?

Pregnant women or women planning to become pregnant within a month should not be given LAIV. All pregnant women should, however, be vaccinated with the inactivated injectable influenza vaccine. Pregnancy testing is not necessary before administering LAIV.

## 11. Has the person to be vaccinated ever had Guillain-Barré syndrome?

It is prudent to avoid vaccinating people who are not at high risk for severe influenza complications and who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination. As an alternative, clinicians might consider using influenza antiviral chemoprophylaxis for these people. Although data are limited, the established benefits of influenza vaccination for the majority of people who have a history of GBS, and who are at high risk for severe complications from influenza, justify yearly vaccination.

## 12. Does the person to be vaccinated live with or expect to have close contact with a person whose immune system is severely compromised and who must be in protective isolation (e.g., an isolation room of a bone marrow transplant unit)?

Inactivated injectable influenza vaccine is preferred for people who anticipate close contact with a severely immunosuppressed person during periods in which the immunosuppressed person requires care in protective isolation (e.g., in a specialized patient-care area with a positive airflow relative to the corridor, high-efficiency particulate air filtration, and frequent air changes). Either the inactivated injectable influenza vaccine or LAIV may be used in people who have close contact with people having lesser degrees of immunosuppression.

## 13. Has the person to be vaccinated received any other vaccinations in the past 4 weeks?

People who were previously given an injectable live virus vaccine (e.g., MMR, MMRV, varicella, zoster [Zostavax], yellow fever) should wait at least 28 days before receiving LAIV (30 days for yellow fever). LAIV can be given on the same days as other live vaccines. There is no reason to defer giving LAIV if people were vaccinated with an inactivated vaccine or if they have recently received blood or other antibody-containing blood products (e.g., IG).

## SOURCES

1. CDC. *Epidemiology & Prevention of Vaccine-Preventable Diseases*, Hamborsky J, Kroger A, Wolfe S, eds. 13th ed. at [www.cdc.gov/vaccines/pubs/pinkbook/index.html](http://www.cdc.gov/vaccines/pubs/pinkbook/index.html)
2. CDC. *Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP)* at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html)
3. CDC. *Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices – United States, . . .* Access links to current ACIP recommendations at [www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html)





Maricopa County Department of Public Health Consent for Immunization  
PLEASE PRINT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Male ☐ Female ☐ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age: \_\_\_\_\_

Insured for vaccines? No ☐ Yes ☐ Name of Insurance: \_\_\_\_\_

**For patients to be vaccinated (both children and adults)**

Office Only

ASIIS #: \_\_\_\_\_

The following questions will help us determine if there is any reason, we should not give you or your child inactivated injectable influenza vaccination today. If you answer “yes” to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

1. Is the person to be vaccinated sick today? Yes ☐ No ☐
2. Does the person to be vaccinated have an allergy to a component of the vaccine? Yes ☐ No ☐
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past? Yes ☐ No ☐
4. Has the person to be vaccinated ever had Guillain-Barré syndrome? Yes ☐ No ☐

I agree to allow the health care provider giving vaccinations consent to release information about all vaccinations given to me to the Arizona State Immunization System (ASIIS), other health care providers and schools in order to avoid receiving unnecessary vaccinations and to provide information about which immunizations have been received. I understand that I am not required to agree to the release of this information in order to receive the vaccinations I request.

I have been given a copy and have read, or have had explained to me, the information in the “Important Information Statement(s)” for the disease(s) and vaccine(s) checked below. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccines requested and ask that the vaccine(s) checked below be given to me.

☐ I HAVE RECEIVED THE NOTICE OF PRIVACY PRACTICES (HIPAA) ☐ DO NOT ENTER THIS IMMUNIZATION DATA INTO ASIIS

PATIENT/GUARDIAN SIGNATURE: X \_\_\_\_\_ PRINTED SIGNATURE: X \_\_\_\_\_ Date: \_\_\_\_\_

**Staff only:**

Screeners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vaccine Administration: Influenza VFC/VFA ☐ Influenza PPV ☐ Site: \_\_\_\_\_ Nurse Signature: \_\_\_\_\_

Vaccine Label: \_\_\_\_\_ or Lot # \_\_\_\_\_ Expiration date: \_\_\_\_\_ Manufacture: \_\_\_\_\_





# Condado de Maricopa Servicios de Salud Publica Consentimiento para Inmunizaciones

## Letra de Molde

Nombre: \_\_\_\_\_ Apellido: \_\_\_\_\_ Número de Teléfono: \_\_\_\_\_

Domicilio: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Masculino ☐ Femenino ☐ Fecha De Nacimiento: Mes \_\_\_\_\_ Día \_\_\_\_\_ Año \_\_\_\_\_ Edad Actual: \_\_\_\_\_

Ö Marque lo que aplica: ☐ No tiene aseguranza de salud ☐ Aseguranza Nombre de Aseguranza: \_\_\_\_\_

Office Only

ASIIS #: \_\_\_\_\_

**Para pacientes adultos y para los padres de niños a los que se van a vacunar:**

**Las siguientes preguntas nos ayudarán a determinar si hay algún motivo por el cuál no deberíamos aplicar hoy la vacuna inyectable contra la influenza (la gripe) a usted o a su hijo. Si contesta “sí” a alguna de las preguntas, eso no siempre quiere decir que usted (o su hijo) no se debe vacunar. Simplemente quiere decir que hay que hacerle más preguntas. Si alguna pregunta no está clara, pida a su profesional de la salud que se la explique.**

1. La persona que se vá a vacunar, ¿está enferma hoy? ☐ sí ☐ no ☐ no sabe

2. La persona que se vá a vacunar, ¿es alérgica a algún componente de la vacuna? ☐ sí ☐ no ☐ no sabe

3. La persona que se vá a vacunar, ¿tuvo alguna vez una reacción seria a la vacuna contra la influenza (gripe)? ☐ sí ☐ no ☐ no sabe

4. La persona que se vá a vacunar, ¿tuvo alguna vez el síndrome de Guillain-Barré? ☐ sí ☐ no ☐ no sabe

**Yo doy permiso al proveedor de salud dando vacunas que revele información sobre todas las vacunas que he recibido, o a la persona mencionada en este registro médico, al programa estatal de vacunas (ASIIS), otros proveedores de salud para evitar recibir vacunas que no son necesarias y para proveer información sobre las inmunizaciones que he recibido.** Yo he recibido y leído una copia, o se me ha explicado la información contenida en el documento que se llama “Información importante” sobre las enfermedades y vacunas indicadas abajo. He tenido la oportunidad de hacer preguntas, y han sido contestadas a mi satisfacción. Creo entender los riesgos y beneficios de la(s) vacuna(s).

☐ He recibido el aviso de prácticas de privacidad (HIPAA) ☐ No ponga mi información en el programa estatal de vacunas (ASIIS)

**FIRMA:** X \_\_\_\_\_ **ESCRIBA EN LETRA DE MOLDE:** X \_\_\_\_\_ **FECHA** X \_\_\_\_\_

### Staff only:

Screener Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vaccine Administration: **Influenza VFC/VFA** ☐ **Influenza PPV** ☐ **Site:** \_\_\_\_\_ **Nurse Signature:** \_\_\_\_\_

Vaccine Label: \_\_\_\_\_ **or** Lot # \_\_\_\_\_ Expiration date: \_\_\_\_\_



# Protective Measures for Vaccinating During the Pandemic

*During the COVID-19 pandemic, vaccination is especially critical to reduce the burden of serious and preventable communicable diseases in our communities. These protective measures will help prevent the spread of COVID-19 when providing vaccination services.*

## Minimize Chances for Patient Exposure

### Share information with patients.

Communicate with your patients in advance about measures that have been put in place to ensure their safety.

### Screen for COVID-19.

Screen patients for COVID-19 risk (e.g., possible exposure, pending test results, underlying medical conditions) and COVID-19 symptoms before and at the visit. Promptly isolate anyone exhibiting symptoms.

### Separate well and sick patients.

Plan vaccination services for well patients at different times and in different areas from the times and areas in which you provide sick patient care.

### Control Patient Flow.

Limit and monitor facility points of entry, control direction of patient flow, and install barriers to limit physical contact between staff and patients at triage. Limit entry of non-essential visitors.

### Maintain distance.

Ensure physical distancing of at least 6 feet between patients and staff where feasible, except during vaccination.

### Consider all needed vaccines.

When possible, screen for and provide all vaccines due or overdue at the visit. If feasible, assess vaccine needs prior to the patient's arrival to reduce in-person visit time.

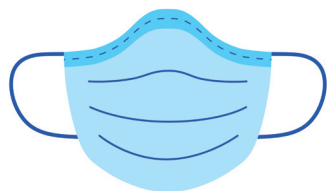
## Ensure All Staff Follow Infection Control Guidance

### Adhere to standard infection control precautions.

Follow standard infection control precautions, including washing hands and/or using hand sanitizer and thoroughly cleaning the vaccination area between patients.

### Wear PPE.

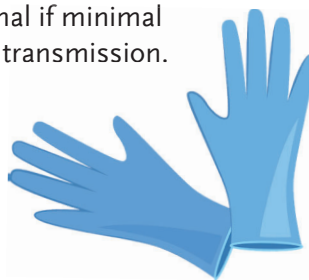
Use appropriate personal protective equipment.



**Face mask:** Recommended for all healthcare providers (N95 masks not required for vaccination services).



**Eye protection:** Recommended in areas of moderate/substantial community COVID-19 transmission; optional if minimal or no transmission.



**Gloves:** Recommended for intra-nasal or oral vaccines (FluMist or rotavirus); optional for intramuscular or subcutaneous injections. Change gloves and practice hand hygiene between patients.

### Post signage.

Prominently display reminders about face coverings (masks), physical distancing, and hygiene in patient areas.

### Require masks.

Require appropriate face covering for people age 2 years and older, if tolerated.

### Ensure proper hygiene.

Ensure respiratory hygiene, cough etiquette, and hand hygiene. Make hygiene supplies accessible, including hand sanitizer or soap and water, tissues, and waste receptacles.

### Disinfect surfaces.

Frequently decontaminate high touch surfaces in both patient and staff areas.



# COMFORTING RESTRAINT

## FOR IMMUNIZATIONS

### • The method:

This method involves the parent in embracing the child and controlling all four limbs. It avoids “holding down” or overpowering the child, but it helps you steady and control the limb of the injection site.

### • For infants and toddlers:



Have parent hold the child on parent's lap.

1. One of the child's arms embraces the parent's back and is held under the parent's arm.
2. The other arm is controlled by the parent's arm and hand. For infants, the parent can control both arms with one hand.
3. Both legs are anchored with the child's feet held firmly between the parent's thighs, and controlled by the parent's other arm.

### • For kindergarten and older children:



Hold the child on parent's lap or have the child stand in front of the seated parent.

1. Parent's arms embrace the child during the process.
2. Both legs are firmly between parent's legs.





# How to Administer Intramuscular and Subcutaneous Vaccine Injections

## Administration by the Intramuscular (IM) Route

### Administer these vaccines via IM route

- Diphtheria-tetanus-pertussis (DTaP, Tdap)
- Diphtheria-tetanus (DT, Td)
- *Haemophilus influenzae* type b (Hib)
- Hepatitis A (HepA)
- Hepatitis B (HepB)
- Human papillomavirus (HPV)
- Inactivated influenza (IIV)
- Meningococcal serogroups A,C,W, Y (MenACWY)
- Meningococcal serogroup B (MenB)
- Pneumococcal conjugate (PCV13)
- Zoster, recombinant (RZV)

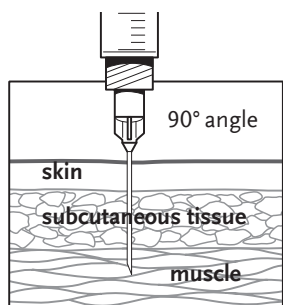
Administer inactivated polio (IPV) and pneumococcal polysaccharide (PPSV23) vaccines either IM or subcutaneously (Subcut).

| PATIENT AGE                              | INJECTION SITE   | NEEDLE SIZE            |
|--|--|------------------------|
| Newborn (0–28 days)                      | Anterolateral thigh muscle                                       | 5/8" (22–25 gauge)     |
| Infant (1–12 mos)                        | Anterolateral thigh muscle                                       | 1" (22–25 gauge)       |
| Toddler (1–2 years)                      | Anterolateral thigh muscle                                       | 1–1 1/4" (22–25 gauge) |
|  | Alternate site: Deltoid muscle of arm if muscle mass is adequate | 5/8"–1" (22–25 gauge)  |
| Children (3–10 years)                    | Deltoid muscle (upper arm)                                       | 5/8"–1" (22–25 gauge)  |
|  | Alternate site: Anterolateral thigh muscle                       | 1–1 1/4" (22–25 gauge) |
| Children and adults (11 years and older) | Deltoid muscle (upper arm)                                       | 5/8"–1" (22–25 gauge)  |
|  | Alternate site: Anterolateral thigh muscle                       | 1–1 1/2" (22–25 gauge) |

\* A 5/8" needle usually is adequate for neonates (first 28 days of life), preterm infants, and children ages 1 through 18 years if the skin is stretched flat between the thumb and forefinger and the needle is inserted at a 90° angle to the skin.

† A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched flat between the

thumb and forefinger and the needle is inserted at a 90° angle to the skin; a 1" needle is sufficient in patients weighing 130–152 lbs (60–70 kg); a 1–1 1/2" needle is recommended in women weighing 153–200 lbs (70–90 kg) and men weighing 153–260 lbs (70–118 kg); a 1 1/2" needle is recommended in women weighing more than 200 lbs (91 kg) or men weighing more than 260 lbs (118 kg).



### Needle insertion

Use a needle long enough to reach deep into the muscle.

Insert needle at a 90° angle to the skin with a quick thrust.

(Before administering an injection of vaccine, it is not necessary to aspirate, i.e., to pull back on the syringe plunger after needle insertion.<sup>¶</sup>)

Multiple injections given in the same extremity should be separated by a minimum of 1", if possible.

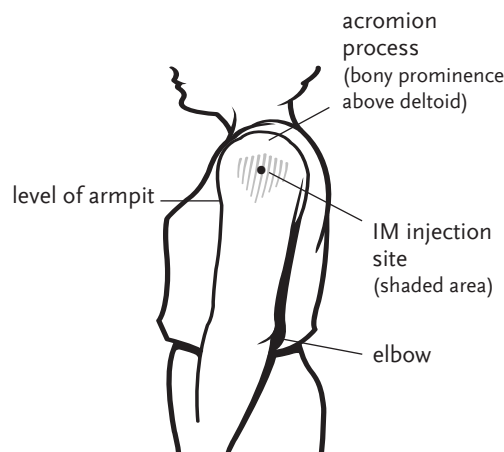
<sup>¶</sup> CDC. "General Best Practices Guidelines for Immunization: Best Practices Guidance of the ACIP" at <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf>

### Intramuscular (IM) injection site for infants and toddlers



Insert needle at a 90° angle into the anterolateral thigh muscle.

### Intramuscular (IM) injection site for children and adults



Give in the central and thickest portion of the deltoid muscle – above the level of the armpit and approximately 2–3 fingerbreadths (~2") below the acromion process. See the diagram. To avoid causing an injury, do not inject too high (near the acromion process) or too low.

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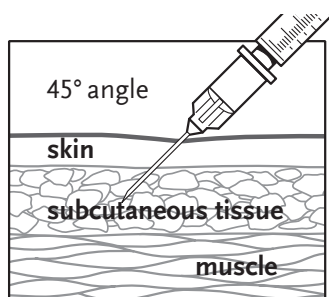
# Administration by the Subcutaneous (Subcut) Route

## Administer these vaccines via Subcut route

- Measles, mumps, and rubella (MMR)
- Varicella (VAR)
- Zoster, live (ZVL)

Administer inactivated polio (IPV) and pneumococcal polysaccharide (PPSV23) vaccines either IM or Subcut.

| PATIENT AGE         | INJECTION SITE   | NEEDLE SIZE        |
|---------------------|--|--------------------|
| Birth to 12 months  | Fatty tissue overlying the anterolateral thigh muscle                              | 5/8" (23–25 gauge) |
| 12 months and older | Fatty tissue overlying the anterolateral thigh muscle or fatty tissue over triceps | 5/8" (23–25 gauge) |



## Needle insertion

Pinch up on subcutaneous tissue to prevent injection into muscle. Insert needle at 45° angle to the skin.

(Before administering an injection of vaccine, it is not necessary to aspirate, i.e., to pull back on the syringe plunger after needle insertion.\*)

Multiple injections given in the same extremity should be separated by a minimum of 1".

\*CDC. "General Best Practices Guidelines for Immunization: Best Practices Guidance of the ACIP" at <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/>

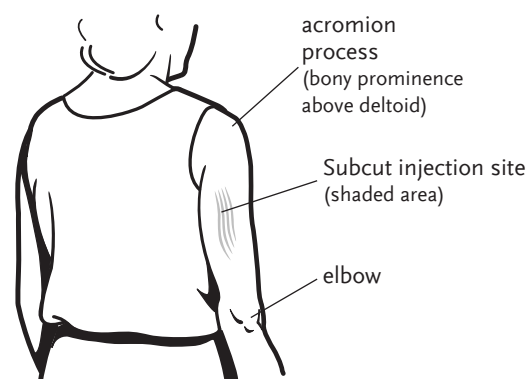
## Subcutaneous (Subcut) injection site for infants



Subcut injection site (shaded area)

Insert needle at a 45° angle into fatty tissue of the anterolateral thigh. Make sure you pinch up on subcutaneous tissue to prevent injection into the muscle.

## Subcutaneous (Subcut) injection site for children (after the 1st birthday) and adults



Insert needle at a 45° angle into the fatty tissue overlying the triceps muscle. Make sure you pinch up on the subcutaneous tissue to prevent injection into the muscle.



# Don't Be Guilty of These Preventable Errors in Vaccine Administration!

*Is your healthcare setting making any of these frequently reported errors in administering vaccines? Although some of these errors are much more serious than others, none of them should occur. Be sure those who administer vaccines are not making any of these **preventable** errors in vaccine administration.*

*Note: Information about **reporting** vaccine administration errors is found at the end of this article.*

## **ERROR: Not using a screening checklist to identify patients' contraindications and precautions to vaccination**

**How to Avoid This Error:** Always use a reliable screening questionnaire to consistently avoid either 1) giving a vaccine to a patient for whom it is contraindicated (a serious, potentially life-threatening situation), or 2) missing opportunities to vaccinate because of false contraindications (which can also be life-threatening, as they can leave a patient exposed to a vaccine-preventable disease).

**Helpful Resources:** Use IAC's screening checklists, such as *Screening Checklist for Contraindications to Vaccines for Children and Teens* and *Screening Checklist for Contraindications to Vaccines for Adults* (both reviewed by CDC) available at [www.immunize.org/handouts/screening-vaccines.asp](http://www.immunize.org/handouts/screening-vaccines.asp). CDC's Vaccine Contraindications and Precautions web page: [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html).

## **ERROR: Administering the wrong vaccine due to similarities in vaccine names (e.g., DTaP for Tdap, zoster for varicella, PPSV23 for PCV13)**

**How to Avoid This Error:** Check the vial label 3 TIMES! Such errors often involve vaccines whose generic or trade names look or sound alike (e.g., Tdap and DTaP, Adacel and Daptacel), or that have similar packaging, so store such vaccines separately and mark them clearly in your storage unit as well as on the patient's vaccine tray. Other times, vaccines are mixed up when vaccinating multiple family members, such as siblings, on the same visit. Prepare vaccines needed for one family member at a time, and always verify names and birthdates for the patient receiving the vaccines.

**What to do after such an error:** The parent/patient should be told the wrong vaccine was given. Provide the correct vaccine, if necessary, with correct spacing, if necessary (for more details about specific situations, check *Ask the Experts* [[www.immunize.org/askexperts](http://www.immunize.org/askexperts)] under the relevant vaccine section, or email CDC [nipinfo@cdc.gov](mailto:nipinfo@cdc.gov) for advice). Assess how this error happened to ensure it will not happen again.

**Helpful Resource:** Institute for Safe Medication Practices' (ISMP) *Recommendations for Practitioners to Prevent Vaccine Errors*: [www.ismp.org/newsletters/acute-care/showarticle.aspx?id=104](http://www.ismp.org/newsletters/acute-care/showarticle.aspx?id=104)

## **ERROR: Using the wrong diluent or administering the diluent only**

**How to Avoid This Error:** Use careful labeling in your vaccine storage unit. Keep vaccines and their diluents together if storage requirements are the same. Check the vial and diluents labels 3 TIMES before reconstituting vaccine. Administering the diluent *only* is most likely to happen with the two vaccines that include antigen in their liquid component, Menveo and Pentacel.

**What to do after such an error:** Diluent errors could affect the potency of the vaccine antigen administered, or the patient might not get the full benefit of the vaccine if the diluent not given contains antigen. If the wrong diluent is used, the vaccine needs to be repeated (except in the case of mixing up the diluent between MMR, MMRV, varicella, and zoster vaccines which are all made by Merck and use the same sterile water diluent).

If an INACTIVATED vaccine is reconstituted with the wrong diluent and is administered, the dose is invalid and should be repeated ASAP. If a LIVE vaccine is reconstituted with the wrong diluent and is administered, the dose is invalid and if it can't be repeated on the same clinic day, it needs to be repeated no earlier than four weeks after the invalid dose. This spacing is due to the effects of generating a partial immune response that could suppress the live replication of subsequent doses, even of the same live virus vaccine.

Menveo's diluent contains the C, Y, and W-135 serogroups, and the lyophilized vaccine component (i.e., freeze-dried powder) contains serogroup A. If the patient receives only the diluent, he or she is not protected against invasive meningococcal disease caused by *Neisseria meningitidis* serogroup A. Serogroup A disease is very rare in the United States but common in some other countries. If the recipient of the C-Y-W diluent-only dose does not plan to travel outside the U.S., then the dose does not need to be repeated. Otherwise, the dose should be repeated with either correctly reconstituted Menveo or with a dose of Menactra. There is no minimum interval between the incorrect dose and the repeat dose.

With Pentacel, the liquid DTaP-IPV component given alone can count as valid doses of DTaP and IPV vaccines. You cannot mix the leftover Hib component (lyophilized powder) with sterile water. ActHib must **ONLY** be reconstituted with either the DTaP-IPV solution supplied with Pentacel, or with a specific ActHib saline diluent. You must contact the manufacturer to obtain diluent for the extra ActHib dose.

With Recombinant Zoster Vaccine (RZV, Shingrix), if only the diluent is administered, this dose is invalid and does not count. Administer a correctly reconstituted dose 4 weeks after the invalid dose.

**Helpful Resource:** *Vaccines with Diluents: How to Use Them* [www.immunize.org/catg.d/p3040.pdf](http://www.immunize.org/catg.d/p3040.pdf)

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**ERROR: Administering a vaccine after the expiration date**

**How to Avoid This Error:** If a vaccine is even one day over its expiration date, it should not be used. Rotate stock in your storage unit (which means make sure your vaccine that expires soonest is the closest to the front and easiest to reach in your storage unit), and establish a regular schedule for checking your storage unit for expired vaccine.

**What to do after such an error:** If a dose of expired vaccine is inadvertently given, it should be repeated. If the expired dose is a live virus vaccine, you must wait at least 4 weeks after the expired dose was given before repeating it. If the error is detected the same day, a repeat dose can be administered that day. The repeat dose of an expired inactivated vaccine can be given on the same day or any other time. If you prefer, you can perform serologic testing to check for immunity for certain vaccinations (e.g., measles, rubella, hepatitis A, and tetanus), although this may be more expensive and may produce negative test results, and if so, revaccination would be indicated.

**Helpful Resources:** CDC's *Vaccine Storage and Handling Toolkit* (page 18): [www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf](http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf)

**ERROR: Administering vaccine in the wrong site or by the wrong route**

**How to Avoid This Error:** In your vaccine preparation area, post reference materials that show the site and the route for each vaccine for each age group so that those who administer vaccines can easily verify the administration site and route for all vaccines and for all ages. Highlight or otherwise mark the route information on the package.

**What to do after such an error:** The deltoid muscle is the preferred site for intramuscular (IM) injection for children age 3 years and older and adults, although the anterolateral thigh can be used as a secondary choice. The anterolateral thigh is the site of choice for infants and toddlers under age 3 years; the deltoid is a secondary injection site for IM injections with toddlers if the muscle mass is adequate. For deltoid injections, care must be taken to avoid injection too high on the upper arm where injury to the shoulder could result (referred to as Shoulder Injury Related to Vaccine Administration, or SIRVA). Although the gluteus muscle is not a recommended site for vaccination, in general a dose given there can be considered valid. The exceptions to this general rule are hepatitis B, rabies and HPV vaccines, which should not be considered valid if administered in any site other than the deltoid or anterolateral thigh.

Although vaccines should always be given by the route recommended by the manufacturer, if a vaccine is given by the wrong route (subcutaneously (Subcut) instead of IM, or IM instead of Subcut), it doesn't need to be repeated with the following four exceptions:

hepatitis B, rabies, HPV, and inactivated influenza vaccine that is labeled for IM administration given by any route other than IM should not be counted as valid and should be repeated.

**Helpful Resources:** *Administering Vaccines: Dose, Route, Site, and Needle Size*: [www.immunize.org/catg.d/p3085.pdf](http://www.immunize.org/catg.d/p3085.pdf)

*Administering Vaccines to Adults: Dose, Route, Site, and Needle Size*: [www.immunize.org/catg.d/p3084.pdf](http://www.immunize.org/catg.d/p3084.pdf)

*How to Administer Intramuscular and Subcutaneous Vaccine Injections*: [www.immunize.org/catg.d/p2020.pdf](http://www.immunize.org/catg.d/p2020.pdf)

*How to Administer Intramuscular and Subcutaneous Vaccine Injections to Adults*: [www.immunize.org/catg.d/p2020a.pdf](http://www.immunize.org/catg.d/p2020a.pdf)

*How to Administer Intranasal and Oral Vaccinations*: [www.immunize.org/catg.d/p2021.pdf](http://www.immunize.org/catg.d/p2021.pdf)

ACIP's *General Best Practice Guidelines for Immunization* at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf) (pages 95–6)

*Ask the Experts*: [www.immunize.org/askexperts/administering-vaccines.asp#errors](http://www.immunize.org/askexperts/administering-vaccines.asp#errors).

**ERROR: Giving a vaccine dose earlier than the recommended age or interval**

**How to Avoid This Error:** Know the minimum intervals for all vaccine series. Keep an easy-to-read immunization schedule handy for staff as well as the CDC table of minimum intervals. If you still aren't sure if a dose will be valid, check with your state immunization program *before* giving it. Attempt to locate old vaccination records by contacting previous healthcare providers and reviewing your state registry.

**What to do after such an error:** A dose administered 5 or more days earlier than the recommended *minimum interval* between doses is not valid and should be repeated. The repeat dose should be spaced after the INVALID dose by the recommended minimum interval.

Doses administered 5 or more days before the *minimum age* should be repeated on or after the patient reaches the minimum age. If the vaccine is a live vaccine, waiting at least 28 days from the invalid dose is recommended.

**Helpful Resources:** CDC's Recommended and Minimum Ages and Intervals Between Doses of Routinely Recommended Vaccines chart: [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/age-interval-table.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/age-interval-table.pdf)

IAC's *Summary of Recommendations for Child/Teen Immunization*: [www.immunize.org/catg.d/p2010.pdf](http://www.immunize.org/catg.d/p2010.pdf)

IAC's *Summary of Recommendations for Adult Immunization*: [www.immunize.org/catg.d/p2011.pdf](http://www.immunize.org/catg.d/p2011.pdf)

Contact information for state immunization program managers: [www.immunize.org/coordinators](http://www.immunize.org/coordinators)

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**ERROR: Giving two doses of live injectable or nasally administered vaccines too close together (leading to potential interference between these vaccines)**

**How to Avoid This Error:** Ask patients if they have received any recent vaccinations ("Have you (or has your child) received any vaccinations in the past 4 weeks?" is a question on IAC's screening checklist for contraindications). Check the person's record in your state registry.

**What to do after such an error:** If two live injectable or nasally administered virus vaccines are administered less than 4 weeks apart and not on the same day, the vaccine given second should be considered invalid and be repeated. The repeat dose should be administered at least 4 weeks after the INVALID dose.

Note: Oral vaccines (Ty21a typhoid vaccine, rotavirus and cholera) can be administered simultaneously or at any interval before or after other live vaccines (injectable or intranasal) if indicated. One pair that is an exception is TY21a and cholera. Cholera vaccine should be administered before TY21a vaccine, and 8 hours should separate cholera vaccine and the first dose of TY21a.

**Helpful Resources:** IAC's screening checklists: [www.immunize.org/handouts/screening-vaccines.asp](http://www.immunize.org/handouts/screening-vaccines.asp)

CDC's "Pink Book" chapter on General Recommendations on Immunization: [www.cdc.gov/vaccines/pubs/pinkbook/downloads/genrec.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/genrec.pdf)

**ERROR: Giving the wrong dosage amount for the patient's age (e.g., influenza, hepatitis A, and hepatitis B vaccines)**

**How to Avoid This Error:** Check the vial label 3 TIMES to be certain you are administering the appropriate pediatric or adult product! Store vaccines with pediatric and adult dosages (certain influenza vaccine products, hepatitis A and B) on different shelves and clearly marked "pediatric" or "adult." Verify the patient's age and check against the vaccine's age indications in the package insert, on the VIS, or on a vaccine dosing schedule that includes such information.

**What to do after such an error:**

- If you gave LESS than a full age-appropriate dose of any vaccine, the dose is invalid. If the error is discovered while the patient is still in the office, you can give another pediatric dose (i.e., the other "half" dose). If the error is discovered after the person has left the office, then the patient should be revaccinated with a full age-appropriate dose as soon as feasible. Exceptions are if a patient sneezes after nasal spray vaccine or an infant regurgitates, spits, or vomits during or after receiving oral rotavirus vaccine.
- If you gave MORE than an age-appropriate dose of a vaccine (adult dose of a vaccine to child or 2 doses of the same vaccine (e.g., mistakenly administering MMRV and varicella at the same visit), count the dose as valid and notify the patient/parent

about the error. Using larger than recommended dosages can pose a risk because of excessive local or systemic concentrations of antigens or other vaccine constituents. The patient should receive subsequent doses in the series on schedule (that is, a larger-than-recommended dose does not negate the need for the remaining doses in the series).

- For Shingrix only: if less than a full dose is administered (e.g., needle slip, syringe malfunction) and the error is recognized on the same clinic day, the repeat dose can be administered immediately. If the error is identified after the day the partial dose was given, then wait 4 weeks and administer another full dose.

**Helpful Resources:** CDC's *Vaccine Storage and Handling Toolkit* (pages 21–23): [www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf](http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf)

IAC's *Hepatitis A and B Vaccines: Be sure your patient gets the correct dose!* [www.immunize.org/catg.d/p2081.pdf](http://www.immunize.org/catg.d/p2081.pdf)

IAC's *Influenza Vaccine Products for the [current year] Influenza Season:* [www.immunize.org/catg.d/p4072.pdf](http://www.immunize.org/catg.d/p4072.pdf)

**ERROR: Giving both pneumococcal vaccines PPSV23 (Pneumovax) and PCV13 (Pneumovax 13) on the same day**

**How to Avoid This Error:** Almost all vaccines used in the United States may be given simultaneously (not in the same syringe), but pneumococcal vaccines are an exception. PCV13 and PPSV23 should not be given at the same visit. For adults age 19–64 who are receiving both vaccines due to a high-risk immunosuppressive condition, PCV13 should be given first followed by PPSV23 at least 8 weeks later. If PPSV23 has already been given, wait 8 weeks (for a child) or 1 year (for an adult age 19 years or older) before giving PCV13 to avoid interference between the two vaccines. For adults age 65 and older who are receiving both PCV13 and PPSV23 as part of the routine recommendation, PCV13 should be given first followed by PPSV23 one year later.

- **What to do after such an error:** ACIP has not spelled out what to do when doses of PCV13 and PPSV23 are given non-simultaneously without the recommended minimum interval between them, but CDC subject matter experts have said that in such a case, the dose given second does not need to be repeated. This is an exception to the usual procedure for a minimum interval violation.

**Helpful Resources:** *Pneumococcal Vaccine Timing:* [eziz.org/assets/docs/IMM-1152.pdf](http://eziz.org/assets/docs/IMM-1152.pdf)

*Pneumococcal Vaccination Recommendations for Children and Adults by Age and/or Risk Factor:* [www.immunize.org/catg.d/p2019.pdf](http://www.immunize.org/catg.d/p2019.pdf)

IAC's *Summary of Recommendations for Child/Teen Immunization:* [www.immunize.org/catg.d/p2010.pdf](http://www.immunize.org/catg.d/p2010.pdf)

IAC's *Summary of Recommendations for Adult Immunization:* [www.immunize.org/catg.d/p2011.pdf](http://www.immunize.org/catg.d/p2011.pdf)

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**ERROR: Administering a vaccine outside of its ACIP-recommended age/dose schedule (e.g., DTaP-IPV, MMRV)**

**How to Avoid This Error:** If you are unsure whether it is acceptable to use the vaccine in a certain situation, check the package insert. For example, DTaP-IPV (Kinrix, Quadacel) is only approved and recommended for the 5th dose of the DTaP and the 4th dose of IPV in children age 4–6 years. MMRV (ProQuad) is approved and recommended for children age 12 months through 12 years. Unless ACIP has made an off-label recommendation, you should use a vaccine as licensed to ensure its efficacy and safety.

**What to do after such an error:** Check *Ask the Experts* ([www.immunize.org/askexperts](http://www.immunize.org/askexperts)) under the specific vaccine section, or email CDC for advice. In general, as long as the off-label dosage was correct and the minimum age(s) and interval(s) were met, CDC does not recommend that an off-label dose be repeated, but state immunization registries may not accept it as valid, so check.

**Helpful Resources:** Package inserts: [www.immunize.org/fda](http://www.immunize.org/fda)

State immunization manager contact information:  
[www.immunize.org/coordinators](http://www.immunize.org/coordinators)

**ERROR: Administering a vaccine using the wrong needle length**

**How to Avoid This Error:** Post a reference guide in your vaccine preparation area so those who administer vaccines can easily verify the correct needle size for the type of injection and age/weight of the patient.

**What to do after such an error:** The needle length (not the gauge) is critical to delivering vaccine to the appropriate tissue depth. An IM injection given with too short a needle for the person's weight is functionally a Subcut injection. However, ACIP does not recommend repeating IM injections given by the Subcut route except for hepatitis B, HPV, rabies, and influenza vaccines.

**Helpful Resources:** *Administering Vaccines: Dose, Route, Site, and Needle Size*: [www.immunize.org/catg.d/p3085.pdf](http://www.immunize.org/catg.d/p3085.pdf)

*Administering Vaccines to Adults: Dose, Route, Site, and Needle Size*: [www.immunize.org/catg.d/p3084.pdf](http://www.immunize.org/catg.d/p3084.pdf)

**REPORT VACCINE ADMINISTRATION ERRORS: If you've made a vaccination error, here are two places you can report it:**

1. The Institute for Safe Medication Practices (ISMP) has a website where errors can be reported. The Vaccine Error Reporting Program (VERP) was created to allow healthcare professionals and patients to report vaccine errors confidentially. By collecting and quantifying information about these errors, ISMP will be better able to advocate for changes in vaccine names, labeling, or other appropriate modifications that could reduce the likelihood of vaccine errors in the future. Report at <http://verp.ismp.org>.

**Helpful Resource:** In March 2015, VERP published an excellent guide on avoiding vaccine errors:  
[www.ismp.org/newsletters/acutecare/showarticle.aspx?id=104](http://www.ismp.org/newsletters/acutecare/showarticle.aspx?id=104)

2. CDC recommends that healthcare professionals report vaccine errors to the Vaccine Adverse Events Reporting System (VAERS). If an adverse event occurs following a vaccine administration, a report should definitely be sent to VAERS. Adverse events should be reported to VAERS regardless of whether a healthcare professional thinks it is related to the vaccine or not, as long as the event follows administering a dose of vaccine. Report at [vaers.hhs.gov/index](http://vaers.hhs.gov/index).

**Educational Resources for Vaccine Administration**

**ACIP's General Best Practice Guidelines for Immunization** – Published in April 2017, *General Best Practice Guidelines for Immunization* updates and replaces ACIP's 2011 *General Recommendations on Immunization*. This multi-page document covers a broad range of immunization topics, including detailed information about recommended vaccine administration practices.

► [www.cdc.gov/vaccines/ed/general-recs/index.html](http://www.cdc.gov/vaccines/ed/general-recs/index.html)

**CDC's e-Learn: Vaccine Administration** – This training addresses knowledge gaps in proper vaccine administration. It highlights common mistakes and is designed to train providers to avoid administration errors by applying the “Rights of Medication Administration” to each encounter when vaccines are administered.

► [www2.cdc.gov/vaccines/ed/vaxadmin/va/ce.asp](http://www2.cdc.gov/vaccines/ed/vaxadmin/va/ce.asp)

**To Err Is Human; Not To Err Is Better! Vaccination Errors and How to Prevent Them** – This slide presentation was developed by the Immunization Action Coalition in response to the questions emailed to the organization by healthcare professionals around the nation.

► [www.immunize.org/catg.d/s8020.pdf](http://www.immunize.org/catg.d/s8020.pdf)

► [www.immunize.org/resources/res\\_powerpoint.asp](http://www.immunize.org/resources/res_powerpoint.asp)

**Immunization Techniques DVD** – Revised in 2010 by the California Department of Public Health, *Immunization Techniques: Best Practices with Infants, Children, and Adults* focuses on the skills and techniques needed for vaccine administration, including injectable, oral, and nasal vaccines.

► Available for purchase at [www.immunize.org/dvd](http://www.immunize.org/dvd).

► Viewable on YouTube at [www.youtube.com/watch?v=WsZ6NEijlfl&feature=youtu.be](http://www.youtube.com/watch?v=WsZ6NEijlfl&feature=youtu.be)

**Questions?**

Email CDC's immunization experts: [nipinfo@cdc.gov](mailto:nipinfo@cdc.gov).

Call the vaccine manufacturer.

Call your state immunization program manager. Contact information at [www.immunize.org/coordinators](http://www.immunize.org/coordinators).

Do you have questions about avoiding vaccine handling and storage errors? Download: *Don't Be Guilty of These Preventable Errors in Vaccine Storage and Handling!* [www.immunize.org/catg.d/p3036.pdf](http://www.immunize.org/catg.d/p3036.pdf)



# Medical Management of Vaccine Reactions in Adults in a Community Setting

*The table below describes steps to take if an adverse reaction occurs following vaccination.*

Administering any medication, including vaccines, has the potential to cause an adverse reaction. To minimize the likelihood of an adverse event, screen patients for vaccine contraindications and precautions prior to vaccination (see “Screening Checklist for Contraindications to Vaccines for Adults” at [www.immunize.org/catg.d/p4065.pdf](http://www.immunize.org/catg.d/p4065.pdf)). When adverse reactions do occur,

they can vary from minor (e.g., soreness, itching) to the rare and serious (e.g., anaphylaxis). Be prepared.

Vaccine providers should know how to recognize allergic reactions, including anaphylaxis. Have a plan in place and supplies available to provide appropriate medical care should such an event occur.

| REACTION   | SIGNS AND SYMPTOMS   | MANAGEMENT   |
|--|--|--|
| Localized  | Soreness, redness, itching, or swelling at the injection site  | Apply a cold compress to the injection site. Consider giving an analgesic (pain reliever) or antipruritic (anti-itch) medication.  |
|  | Slight bleeding  | Apply pressure and an adhesive compress over the injection site.   |
|  | Continuous bleeding  | Place thick layer of gauze pads over site and maintain direct and firm pressure; raise the bleeding injection site (e.g., arm) above the level of the patient’s heart.               |
| Psychological fright, presyncope, and syncope (fainting) | Fright before injection is given   | Have patient sit or lie down for the vaccination.  |
|  | Patient feels “faint” (e.g., light-headed, dizzy, weak, nauseated, or has visual disturbance)  | Have patient lie flat. Loosen any tight clothing and maintain open airway. Apply cool, damp cloth to patient’s face and neck. Keep them under close observation until full recovery. |
|  | Fall, without loss of consciousness  | Examine the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated.  |
|  | Loss of consciousness  | Check to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated. Call 911 if patient does not recover immediately.      |
| Anaphylaxis  | <b>Skin and mucosal symptoms</b> such as generalized hives, itching, or flushing; swelling of lips, face, throat, or eyes. <b>Respiratory symptoms</b> such as nasal congestion, change in voice, sensation of throat closing, stridor, shortness of breath, wheeze, or cough. <b>Gastrointestinal symptoms</b> such as nausea, vomiting, diarrhea, cramping abdominal pain. <b>Cardiovascular symptoms</b> such as collapse, dizziness, tachycardia, hypotension. | See the emergency medical protocol on the next page for detailed steps to follow in treating anaphylaxis.  |

CONTINUED ON NEXT PAGE ►



### Suggested Medications for Managing Anaphylaxis in a Community Immunization Clinic Setting

#### FIRST-LINE medication

- ☐ **Epinephrine** 1.0 mg/mL aqueous solution (1:1000 dilution) in prefilled autoinjector or prefilled syringe (0.3 mg), prepackaged syringes, vials, or ampules. At least three epinephrine doses should be available onsite.

#### OPTIONAL medications: H<sub>1</sub> antihistamines

These relieve itching and hives only; they DO NOT relieve upper or lower airway obstruction, hypotension, or shock.

- ☐ **Diphenhydramine** (e.g., Benadryl) oral, 12.5 mg/5 mL liquid, 25 or 50 mg tablets

#### Additional emergency supplies you may need

- ☐ Syringes (1 and 3 cc) and needles (22 and 25 g, 1", 1½", and 2") if needed for epinephrine
- ☐ Alcohol wipes
- ☐ Tourniquet  
Applied on the extremity above the injection site to slow systemic absorption of antigen and anaphylactic mediators
- ☐ Stethoscope
- ☐ Blood pressure measuring device with adult-sized and extra-large cuffs
- ☐ Tongue depressors
- ☐ Light with extra batteries (for examination of the mouth and throat)
- ☐ A timing device, such as wristwatch, for checking pulse
- ☐ Cell phone or access to onsite phone

#### For remote areas without EMS support

- ☐ Adult airways (various sizes)
- ☐ Adult-sized pocket mask with one-way valve
- ☐ Oxygen (if available)

### Emergency medical protocol for management of anaphylactic reactions in adults in a community setting

- 1 If itching and swelling are confined to the injection site where the vaccination was given, observe patient closely for the development of generalized symptoms.
- 2 If symptoms are generalized, activate the emergency medical system (EMS; e.g., call 911) and notify the patient's physician. This should be done by a second person, while the primary healthcare professional assesses the airway, breathing, circulation, and level of consciousness of the patient. Vital signs should be monitored continuously.
- 3 **DRUG DOSING INFORMATION: The first-line and most important therapy in anaphylaxis is epinephrine. There are NO absolute contraindications to epinephrine in the setting of anaphylaxis.**
  - a **First-line treatment: EPINEPHRINE is the first-line treatment for anaphylaxis, and there is no known equivalent substitute.** Use epinephrine in a 1.0 mg/mL aqueous solution (1:1000 dilution). Administer a 0.3 mg dose IM using a premeasured or prefilled syringe or an autoinjector in the mid-outer thigh. If using another epinephrine formulation, the recommended dose is 0.01 mg/kg, ranging for adults from 0.3 mg to maximum dose of 0.5 mg. Administer IM, preferably in the mid-outer thigh. Epinephrine dose may be repeated 2 additional times every 5–15 minutes (or sooner as needed) while waiting for EMS to arrive.
  - b **Optional treatment: H<sub>1</sub> ANTIHISTAMINES** relieve itching and urticaria (hives). These medications DO NOT relieve upper or lower airway obstruction, hypotension, or shock. Consider giving diphenhydramine (e.g., Benadryl) for relief of itching and hives. Administer orally 1–2 mg/kg every 4–6 hours, up to a maximum single dose of 100 mg.\*
- 4 Monitor the patient closely until EMS arrives. Perform cardiopulmonary resuscitation (CPR), if necessary, and maintain airway. Keep patient in recumbent position (flat on back) unless he or she is having breathing difficulty. If breathing is difficult, patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate legs. Monitor blood pressure and pulse every 5 minutes.
- 5 Record the patient's reaction (e.g., hives, anaphylaxis) to the vaccine, all vital signs, medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medication, and other relevant clinical information.
- 6 Notify the patient's primary care physician.
- 7 Report the incident to the Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov).

#### REFERENCES

\* American Academy of Pediatrics. *Red Book: 2018–2021*, 31st ed (p. 66).

Campbell RL, Kelso JM. Anaphylaxis: Emergency treatment. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. November 2018.

Kroger AT, Duchin J, Vazquez M. General Best Practice Guidelines for Immunization. Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP) at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html).

These standing orders for the medical management of vaccine reactions in adult patients shall remain in effect for patients of the

\_\_\_\_\_ until rescinded or until \_\_\_\_\_  
NAME OF CLINIC DATE

\_\_\_\_\_ DATE OF SIGNING  
MEDICAL DIRECTOR'S SIGNATURE



# Medical Management of Vaccine Reactions in Children and Teens in a Community Setting

*The table below describes steps to take if an adverse reaction occurs following vaccination.*

Administering any medication, including vaccines, has the potential to cause an adverse reaction. To minimize the likelihood of an adverse event, screen patients for vaccine contraindications and precautions prior to vaccination (see “Screening Checklist for Contraindications to Vaccines for Children and Teens” at [www.immunize.org/catg.d/p4060.pdf](http://www.immunize.org/catg.d/p4060.pdf)). When adverse reactions do

occur, they can vary from minor (e.g., soreness, itching) to the rare and serious (e.g., anaphylaxis). Be prepared.

Vaccine providers should know how to recognize allergic reactions, including anaphylaxis. Have a plan in place and supplies available to provide appropriate medical care should such an event occur.

| REACTION                                    | SIGNS AND SYMPTOMS   | MANAGEMENT   |
|---|--|--|
| Localized                                   | Soreness, redness, itching, or swelling at the injection site  | Apply a cold compress to the injection site. Consider giving an analgesic (pain reliever) or antipruritic (anti-itch) medication.  |
|   | Slight bleeding  | Apply pressure and an adhesive compress over the injection site.   |
|   | Continuous bleeding  | Place thick layer of gauze pads over site and maintain direct and firm pressure; raise the bleeding injection site (e.g., arm) above the level of the patient's heart.               |
| Psychological fright and syncope (fainting) | Fright before injection is given   | Have patient sit or lie down for the vaccination.  |
|   | Paleness, sweating, coldness of the hands and feet, nausea, light-headedness, dizziness, weakness, or visual disturbances  | Have patient lie flat. Loosen any tight clothing and maintain open airway. Apply cool, damp cloth to patient's face and neck. Keep them under close observation until full recovery. |
|   | Fall, without loss of consciousness  | Examine the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated.  |
|   | Loss of consciousness  | Check to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated. Call 911 if patient does not recover immediately.      |
| Anaphylaxis                                 | <b>Skin and mucosal symptoms</b> such as generalized hives, itching, or flushing; swelling of lips, face, throat, or eyes. <b>Respiratory symptoms</b> such as nasal congestion, change in voice, sensation of throat closing, stridor, shortness of breath, wheeze, or cough. <b>Gastrointestinal symptoms</b> such as nausea, vomiting, diarrhea, cramping abdominal pain. <b>Cardiovascular symptoms</b> such as collapse, dizziness, tachycardia, hypotension. | See the emergency medical protocol on the next page for detailed steps to follow in treating anaphylaxis.  |

CONTINUED ON NEXT PAGE ►



## Suggested Medications for Managing Anaphylaxis in a Community Immunization Clinic Setting

### FIRST-LINE medication

- ☐ **Epinephrine** 1.0 mg/mL aqueous solution (1:1000 dilution) in prefilled autoinjector or prefilled syringe (various doses), prepackaged syringes, vials, or ampules. At least three epinephrine doses should be available on site, dosages as appropriate for patient population.

### OPTIONAL medications: H<sub>1</sub> antihistamines

These relieve itching and hives only; they DO NOT relieve upper or lower airway obstruction, hypotension, or shock.

- ☐ **Diphenhydramine** (e.g., Benadryl) oral, 12.5 mg/5 mL liquid; 25 or 50 mg tablets
- ☐ **Hydroxyzine** (e.g., Atarax, Vistaril) oral, 10 mg/5 mL liquid, 10 mg or 25 mg tablets

### Additional emergency supplies you may need

- ☐ Syringes (1 and 3 cc) and needles (22 and 25 g, 1", 1½", and 2") if needed for epinephrine
- ☐ Alcohol wipes
- ☐ Tourniquet  
Applied on the extremity above the injection site to slow systemic absorption of antigen and anaphylactic mediators
- ☐ Stethoscope
- ☐ Blood pressure measuring device with multiple-sized cuffs depending on patient population
- ☐ Tongue depressors
- ☐ Light with extra batteries (for examination of the mouth and throat)
- ☐ A timing device, such as wristwatch, for checking pulse
- ☐ Cell phone or access to onsite phone

### For remote areas without EMS support

- ☐ Pediatric- and adult-sized airways (various sizes)
- ☐ Various-sized pocket masks with one-way valve
- ☐ Oxygen (if available)

## REFERENCES

\*American Academy of Pediatrics. *Red Book: 2018–2021 Report of the Committee on Infectious Diseases*. 31st edition, p. 64–67.

Campbell RL, Kelso JM. Anaphylaxis: Emergency treatment. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. November 2018.

Kroger AT, Duchin J, Vazquez M. General Best Practice Guidelines for Immunization. Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP) at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html)

## Emergency medical protocol for management of anaphylactic reactions in children and teens in a community setting

- 1 If itching and swelling are confined to the injection site where the vaccination was given, observe patient closely for the development of generalized symptoms.
- 2 If symptoms are generalized, activate the emergency medical system (EMS; e.g., call 911) and notify the patient's physician. This should be done by a second person, while the primary healthcare professional assesses the airway, breathing, circulation, and level of consciousness of the patient. Vital signs should be monitored continuously.
- 3 **DRUG DOSING INFORMATION: The first-line and most important therapy in anaphylaxis is epinephrine. There are NO absolute contraindications to epinephrine in the setting of anaphylaxis.**
  - a **First-line treatment: EPINEPHRINE is the first-line treatment for anaphylaxis, and there is no known equivalent substitute.** Use epinephrine in a 1.0 mg/mL aqueous solution (1:1000 dilution). See page 3 to determine correct dose to be used based on child's weight. If using an autoinjector or pre-filled syringe, administer a dose of 0.1 mg, 0.15 mg, or 0.3 mg IM (as appropriate for the patient's weight) into the anterolateral thigh. If using another epinephrine format, the recommended dose is 0.01 mg/kg per dose, up to a maximum single dose of 0.5 mg. Administer IM, preferably in the anterolateral thigh. Epinephrine dose may be repeated every 5–15 minutes (or sooner as needed) while waiting for EMS to arrive.
  - b **Optional treatment: H<sub>1</sub> ANTIHISTAMINES** relieve itching and urticaria (hives). These medications DO NOT relieve upper or lower airway obstruction, hypotension, or shock. Consider giving **diphenhydramine** (e.g., Benadryl) or **hydroxyzine** (e.g., Atarax, Vistaril) for relief of itching or hives.
    - Administer **diphenhydramine** orally, standard dose of 1–2 mg/kg every 4–6 hours. Maximum single dose is 40 mg for children age <12 years; for children age ≥12 years, 100 mg. See dosing chart on page 3.\*
    - Administer **hydroxyzine** orally; the standard dose is 0.5–1 mg/kg/dose, up to 50–100 mg maximum per day in children and adolescents. See dosing chart on page 3.
- 4 Monitor the patient closely until EMS arrives. Perform cardiopulmonary resuscitation (CPR), if necessary, and maintain airway. Keep patient in recumbent position (flat on back) unless he or she is having breathing difficulty. If breathing is difficult, patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate legs. Monitor blood pressure and pulse every 5 minutes.
- 5 Record the patient's reaction (e.g., hives, anaphylaxis) to the vaccine, all vital signs, medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medication, and other relevant clinical information.
- 6 Notify the patient's primary care physician.
- 7 Report the incident to the Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov).

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For your convenience, approximate dosages based on weight and age are provided in the following charts. Please confirm that you are administering the correct dose for your patient.

| First-Line Treatment: Epinephrine   |                      |                  |                      | Epinephrine Dose      |  |   |
|---|----------------------|------------------|----------------------|-----------------------|--|---|
| Recommended dose is 0.01 mg/kg body weight up to 0.5 mg maximum dose. May be repeated every 5–15 minutes (or sooner) up to 3 times while waiting for EMS to arrive. |                      | Age group        | Range of weight (lb) | Range of weight (kg)* | 1.0 mg/mL aqueous solution (1:1000 dilution); intramuscular. Minimum dose: 0.05 mL | Epinephrine autoinjector or prefilled syringe (0.1 mg, 0.15 mg, 0.3 mg) |
|   | Infants and children | 1–6 months       | 9–19 lb              | 4–8.5 kg              | 0.05 mL (or mg)  | off label   |
|   |                      | 7–36 months      | 20–32 lb†            | 9–14.5 kg†            | 0.1 mL (or mg)   | 0.1 mg†   |
|   |                      | 37–59 months     | 33–39 lb             | 15–17.5 kg            | 0.15 mL (or mg)  | 0.15 mg/dose  |
|   |                      | 5–7 years        | 40–56 lb             | 18–25.5 kg            | 0.2–0.25 mL (or mg)  | 0.15 mg/dose  |
|   |                      | 8–10 years       | 57–76 lb             | 26–34.5 kg            | 0.25–0.3 mL (or mg)  | 0.15 mg or 0.3 mg/dose  |
|   | Teens                | 11–12 years      | 77–99 lb             | 35–45 kg              | 0.35–0.4 mL (or mg)  | 0.3 mg/dose   |
|   |                      | 13 years & older | 100+ lb              | 46+ kg                | 0.5 mL (or mg) – max. dose   | 0.3 mg/dose   |

**NOTE:** If body weight is known, then dosing by weight is preferred. If weight is not known or not readily available, dosing by age is appropriate.

\* Rounded weight at the 50th percentile for each age range

† 0.1 mg autoinjector is licensed for use in 7.5 to 14 kg infants and children

| Optional Treatment: Diphenhydramine  |                      |                      |                       | Diphenhydramine dose calculations based on 1 mg/kg† |  |
|--|----------------------|----------------------|-----------------------|---|--|
| ► commonly known as Benadryl<br><br>Recommended dose is 1–2 mg/kg body weight every 4–6 hrs† | Age group            | Range of weight (lb) | Range of weight (kg)* | Liquid: 12.5 mg/5 mL<br>Tablets: 25 mg or 50 mg     |  |
|  | Infants and children | 7–36 months          | 20–32 lb              | 9–14.5 kg   | 10–15 mg/dose †                                  |
|  |                      | 37–59 months         | 33–39 lb              | 15–17.5 kg  | 15–20 mg/dose †                                  |
|  |                      | 5–7 years            | 40–56 lb              | 18–25.5 kg  | 20–25 mg/dose †                                  |
|  |                      | 8–12 years           | 57–99 lb              | 26–45 kg  | 25–50 mg/dose †                                  |
|  | Teens                | 13 years & older     | 100+ lb               | 46+ kg  | 50 mg/dose (up to 50 mg or 100 mg single dose) † |

**NOTE:** If body weight is known, then dosing by weight is preferred. If weight is not known or not readily available, dosing by age is appropriate.

\* Rounded weight at the 50th percentile for each age range

† AAP. *Red Book: 2018–2021*, 31st ed. (p. 66). Diphenhydramine maximum single dose for children younger than age 12 years is 40 mg, for children age 12 years and older, 100 mg.

| Optional Treatment: Hydroxyzine   |                      |                      |                       | Hydroxyzine dose calculations based on 0.5 mg/kg |   |
|---|----------------------|----------------------|-----------------------|--|---|
| ► commonly known as Atarax, Vistaril<br><br>Recommended oral dose is 0.5–1 mg/kg body weight every 4–6 hrs† | Age group            | Range of weight (lb) | Range of weight (kg)* | Liquid: 10 mg/5 mL<br>Tablets: 10 mg or 25 mg    |   |
|   | Infants and children | 7–36 months          | 20–32 lb              | 9–14.5 kg  | 5–7.5 mg/dose                           |
|   |                      | 37–59 months         | 33–39 lb              | 15–17.5 kg                                       | 7.5–10 mg/dose                          |
|   |                      | 5–7 years            | 40–56 lb              | 18–25.5 kg                                       | 10–12.5 mg/dose                         |
|   |                      | 8–10 years           | 57–76 lb              | 26–34.5 kg                                       | 12.5–15 mg/dose                         |
|   | Teens                | 11–12 years          | 77–99 lb              | 35–45 kg   | 15–25 mg/dose                           |
|   |                      | 13 years & older     | 100+ lb               | 46+ kg   | 25 mg/dose (50–100 mg, maximum per day) |

**NOTE:** If body weight is known, then dosing by weight is preferred. If weight is not known or not readily available, dosing by age is appropriate.

\* Rounded weight at the 50th percentile for each age range

This policy and procedure shall remain in effect for all patients of the

name of practice \_\_\_\_\_

NAME OF PRACTICE OR CLINIC

effective \_\_\_\_\_ until rescinded or until \_\_\_\_\_.

DATE

DATE

Medical Director

PRINT NAME

SIGNATURE

DATE



# NOTES



# MASS VAGGINATION - BE READY!





**P.O.D.**  
Emergency Mass Vaccination



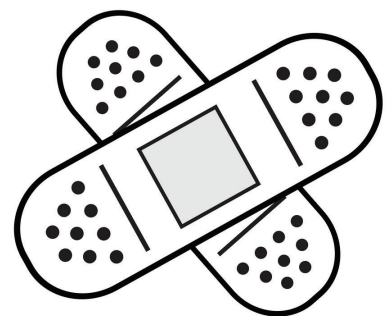
## **Section D – Clinic Set-up Planning**

1. Roles and Responsibility
2. Clinic diagrams and flow chart
3. Emergency Preparedness Acronyms





# NOTES



[WhyImmunize.org](http://WhyImmunize.org)



# Roles & Responsibilities

Clinic Coordinator, Greeter, Clerical Staff, Medical Staff

## Clinic Coordinator

### Responsibilities:

- Plans workflow and workspace
- Ensures proper vaccine handling, storage, administration and temperature monitoring equipment.
- Obtains standing orders from a physician authorizing the administration of vaccines by qualified health care professionals, eligible under state law
- Determines who can provide vaccinations in your setting
- Obtains needed paperwork, materials, supplies
- Promotes awareness of upcoming clinic in the community
- Arranges for staff training and requests access to ASIIS

### Coordinator will:

- Orient the staff on the overall purpose, function and flow of the immunization clinic
- Instruct staff and assess competency of their respective roles and responsibilities

ROLE  
01

Clinic Coordinator

ROLE  
02

Greeter

ROLE  
03

Clerical Staff

ROLE  
04

Medical Staff

## Greeter

### Greeter Responsibilities

- Greets clients at entrance
- Provides health screening checklist to clients
- Reviews completed health screening checklist
- Informs clients based on health screening checklist if he/she can participate in event
- Explains clinic workflow and guidelines (i.e., social distancing, wearing facial mask)
- Provides required paperwork (consent forms, HIPAA)

ROLE  
01

Clinic Coordinator

ROLE  
02

Greeter

ROLE  
03

Clerical Staff

ROLE  
04

Medical Staff



# Roles & Responsibilities

Clinic Coordinator, Greeter, Clerical Staff, Medical Staff

## Clerical Staff

### Clerical Staff Responsibilities

- Reminds clients to follow health clinic guidelines (i.e., COVID-19)
- Ensures consent forms are completed in their entirety and correctly
- Verifies health insurance information
- Requests immunization records
- \*Prints immunization records from ASIIS
- \*Adds new client into ASIIS database if not found in the online system

*\*if access to ASIIS is available*

ROLE  
01

Clinic Coordinator

ROLE  
02

Greeter

ROLE  
03

Clerical Staff

ROLE  
04

Medical Staff

## Medical Staff

### Medical Staff Responsibilities

- Reinforces health clinic guidelines
- Reviews completed consent forms
- Provides immunization contraindication health screening checklist to client
- Educates clients on benefits and risks of vaccinations
- Officer Vaccine Information Statement to each client for each vaccine, per federal law
- Answers questions or concerns regarding vaccine
- Orders appropriate vaccine(s)
- Prepares and administers vaccinations
- Dates and stamps immunization records
- Provides First Aid when needed

ROLE  
01

Clinic Coordinator

ROLE  
02

Greeter

ROLE  
03

Clerical Staff

ROLE  
04

Medical Staff



# POD VACCINE COORDINATOR

## J O B   A C T I O N   S H E E T

**SUPERVISOR:** Screen & Dispense Lead

**DUTIES:** Vaccine Coordinator monitors and documents vaccine temperature following storage guidelines. Ensures vaccine and medical supplies are available during POD operations.

### A R R I V A L

- ☐ Check in
- ☐ Receive Briefing from the Closed POD Manager
- ☐ Receive Just-In-Time-Training from the Screen & Dispense Lead
- ☐ Receive vaccination for yourself
- ☐ You will be assigned tasks to setup the Vaccination Station(s) by the Screen & Dispense Lead

### S E T U P   T A S K S

- ☐ Complete the setup of the Vaccination Station(s) with tables and chairs
- ☐ Obtain supplies needed for each table (e.g. signs, pens, markers, box to hold completed forms, Sharps Containers, vaccine, and Vaccine Information Statements)
- ☐ Notify the Screen & Dispense Lead when tasks are complete
- ☐ Remain in your area until you hear an announcement the Closed POD is ready to begin operations

### O P E R A T I O N S

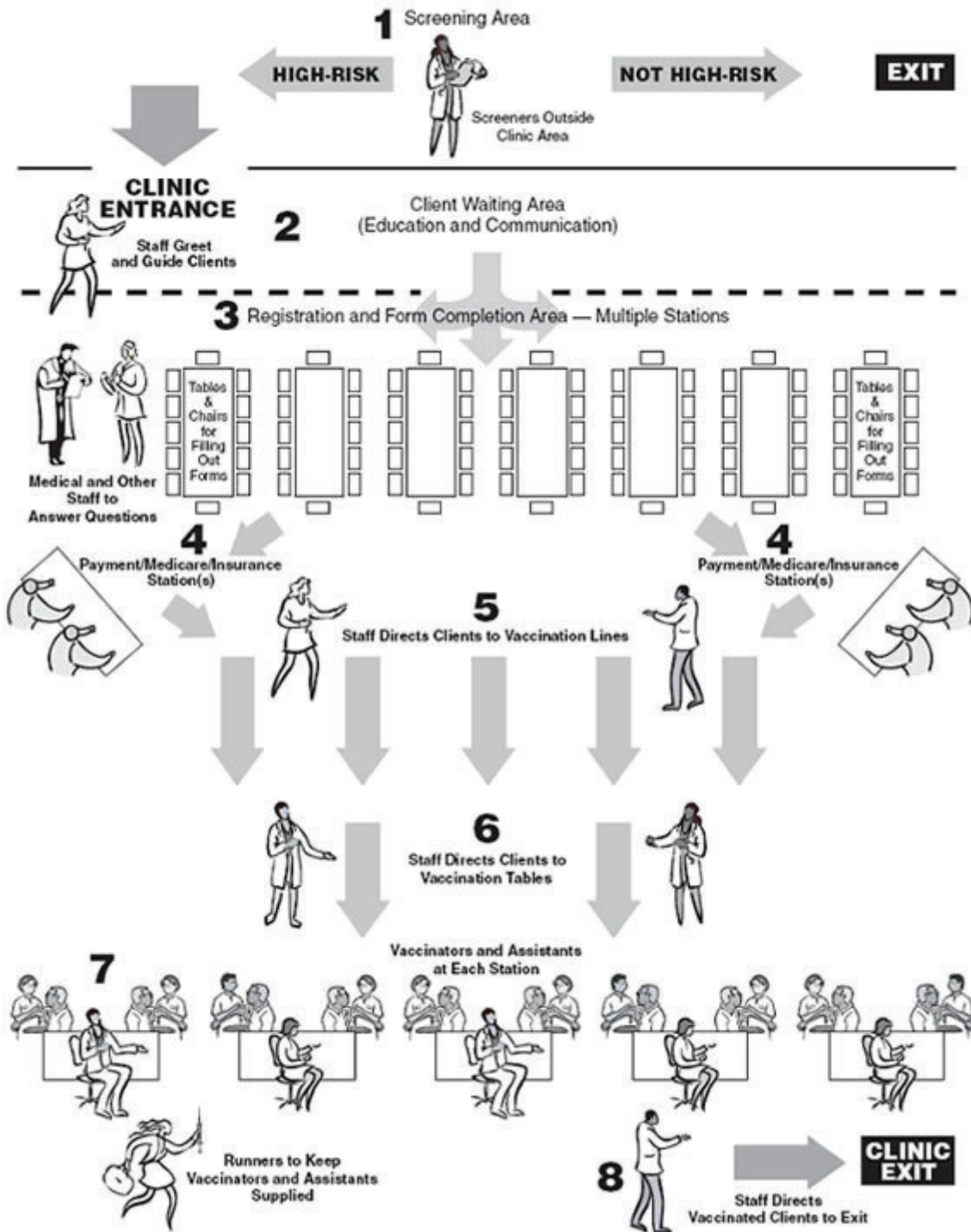
- ☐ Count vaccine and ensure quantity delivered matches quantity on the delivery slip.
- ☐ Document temperature on delivery of vaccine.
- ☐ Monitor vaccine temperature and inventory every 60 minutes/1 hour.
- ☐ Ensure inventory remains above minimum and temperature remains between 36 –46 degrees Fahrenheit.
- ☐ Notify Screen and Dispense Lead when vaccine inventory drops to minimum doses and for any temperature excursions.
- ☐ Inventory medical supplies; syringes, alcohol, band aids and cotton balls to ensure adequate supply.
- ☐ Notify Screen and Dispense Lead when supplies are at the minimum.
- ☐ Take breaks every 60 minutes or as directed.
- ☐ Anticipate, identify, and solve problems as soon as possible.

### D E M O B I L I Z A T I O N

- ☐ Wait for instructions from the Screen & Dispense Lead to begin the demobilization process
- ☐ Make sure you are leaving your work area clean with all vaccine returned to the cooler and final temperature documented.
- ☐ Attend Debriefing by the Closed POD Manager.
- ☐ Return all gear including badges, vests, and radios, and replace and charge any batteries.

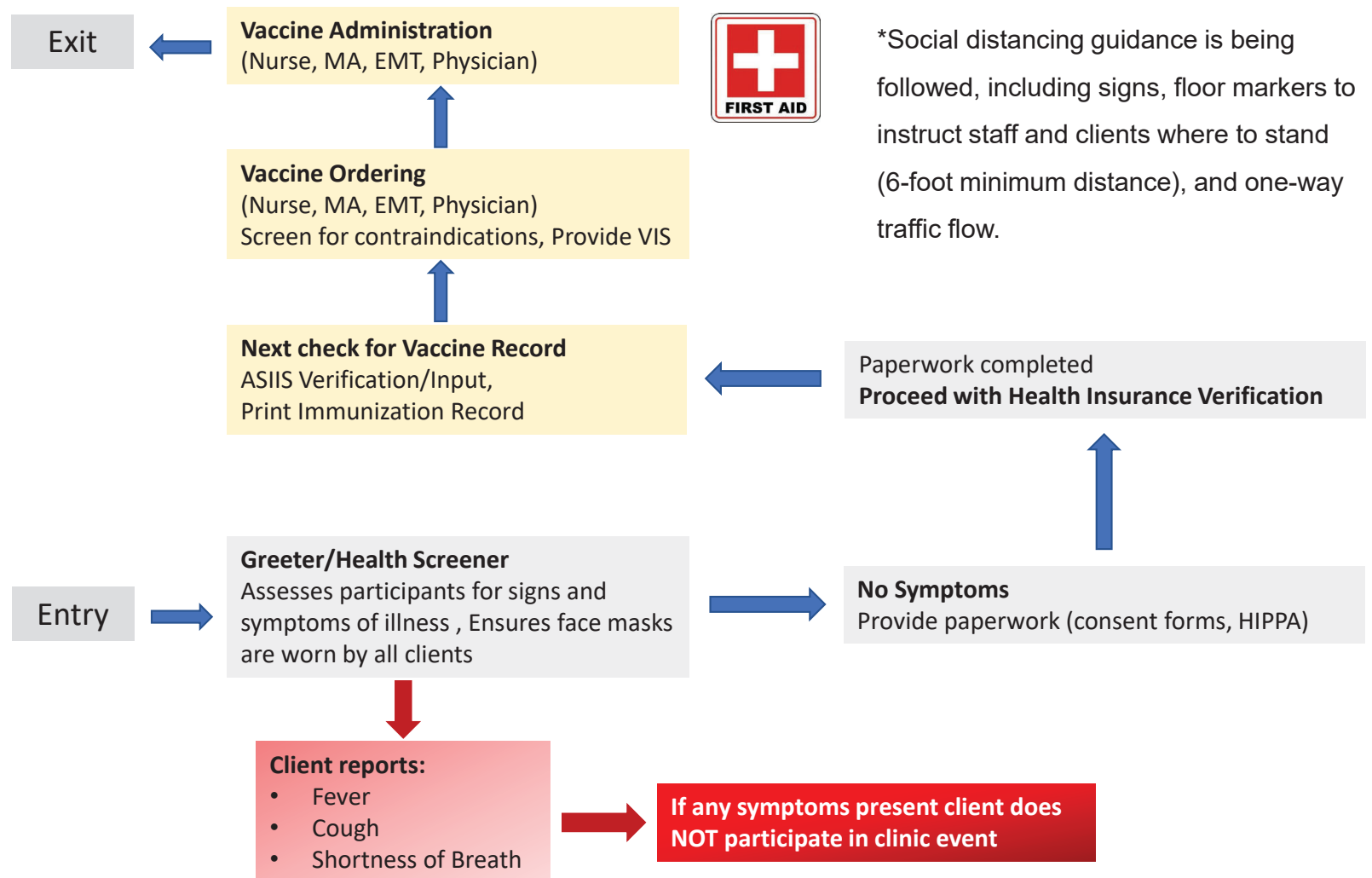


# High-Volume Influenza Vaccination Clinic





## Sample Clinic Flowchart





Exit



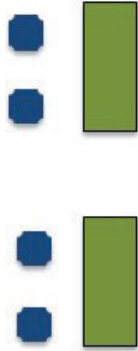
Observation



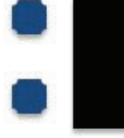
Privacy

Supply

Vaccination



Screening

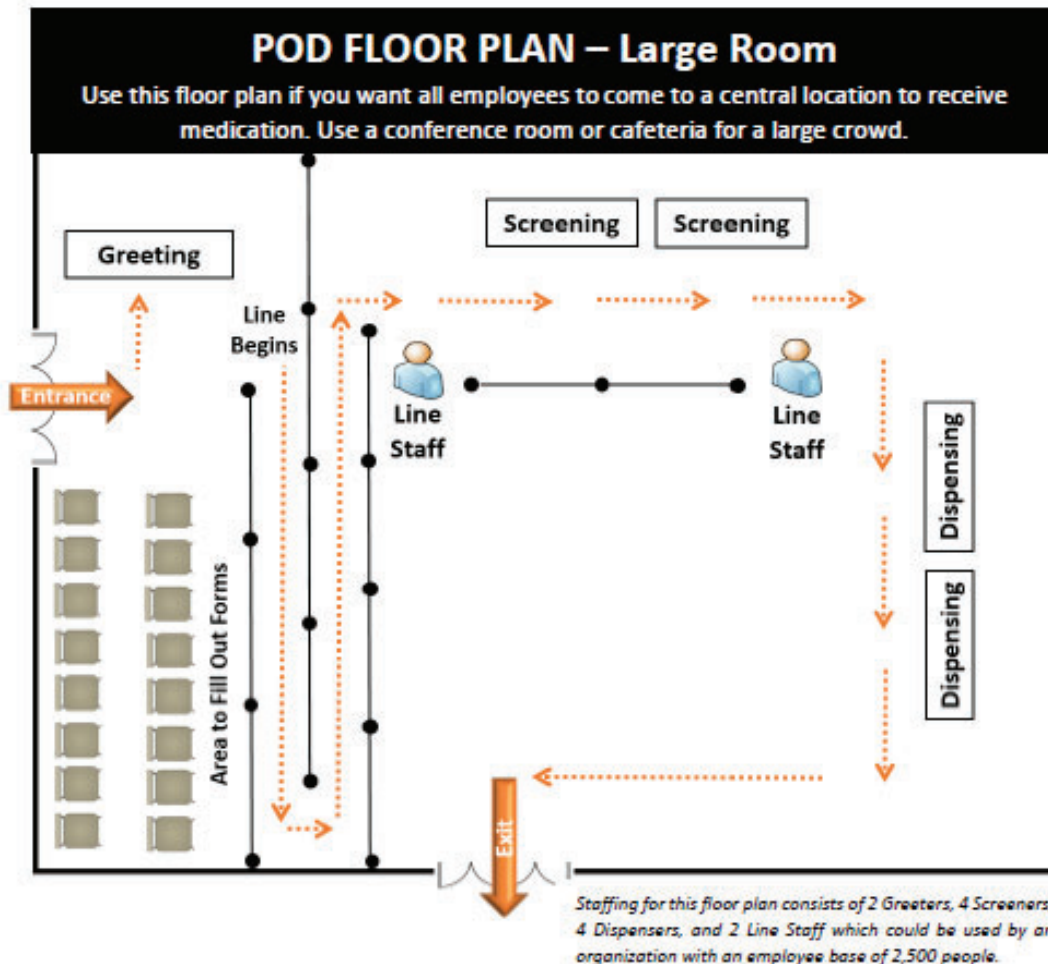


Greeting/Triage



## POD Floor Plan Examples

A single large room may be used for POD operation. Utilize a space that is familiar to employees such as a cafeteria or large conference room. A POD floor plan may also be comprised of utilizing several rooms with a long hallway to operate the POD (e.g. one room is used as a greeting area; the next room can be used for screening; and so on for dispensing). The example diagrams provided below are only suggestions.



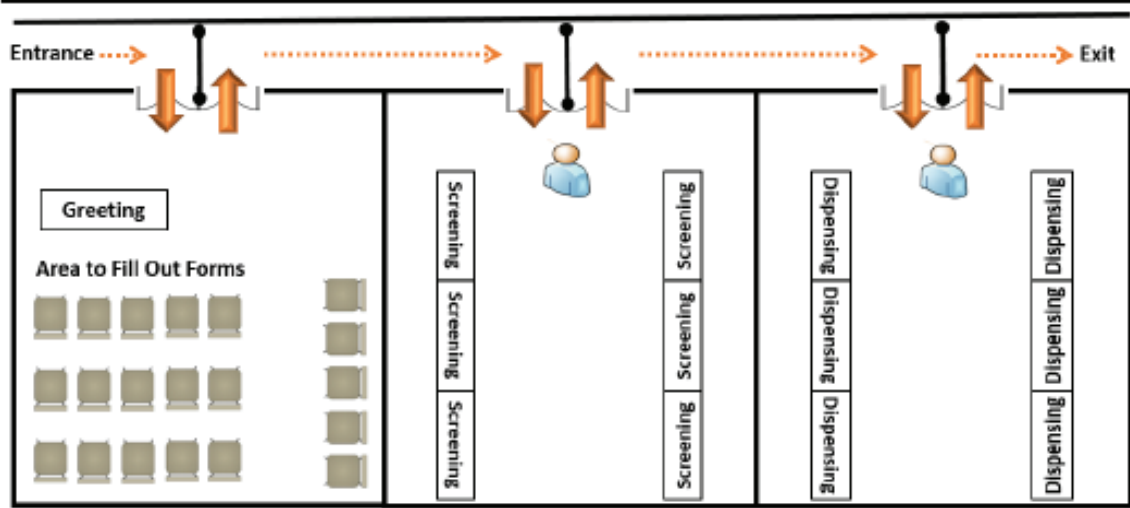
This image is an example of a POD floor plan using a conference room. Employees will begin at the POD entrance and approach the Greeting table to receive a Head of Household (HOH) Form and Information Packet. Multiple chairs are provided so employees can fill out the HOH Form. Upon completion of the HOH Form, employees shall enter the serpentine line until they meet up with Line Staff. The Line Staff will direct the employee to an open Screener. Once the screening portion is complete, another Line Staff position will direct the employee to an open Dispenser. Once the employee receives the medication, he/she will exit the room.

**Note:** Serpentine lines can be made with traffic cones and caution tape or if available, stanchions, and rope.



# POD FLOOR PLAN – Multiple Rooms

Use this floor plan if your organization doesn't have a large room available to use.



Staffing for this floor plan consists of 3 Greeters, 12 Screeners, 12 Dispensers, and 2 Line Staff which could be used by an organization with an employee base of 7,500 people.

This image is an example of a POD floor plan utilizing three rooms and a long hallway. Employees first enter the Greeting room and approach the Greeting table to receive a Head of Household (HOH) Form and Information Packet. Multiple chairs are provided so employees can fill out the HOH Form. Upon completion of the HOH Form, employees shall exit the Greeting room and walk toward the Screening room where Line Staff directs the employee to an open Screener. Once screening is complete, the employee will exit the Screening room and walk toward the Dispensing room. Line Staff will direct the employee to an open Dispenser. When the employee receives the medication, he/she will exit the room and hallway.

Notes:

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## Emergency Preparedness Acronyms

|                     |   |
|---------------------|---|
| <b>ACC:</b>         | Acute/Alternate Care Centers  |
| <b>ADHS:</b>        | Arizona Department of Health Services   |
| <b>ADOC:</b>        | Arizona Department of Corrections   |
| <b>ADOT:</b>        | Arizona Department of Transportation  |
| <b>AHCCCS:</b>      | Arizona Health Care Cost Containment System   |
| <b>AIPO:</b>        | Arizona Immunization Program Office   |
| <b>AO:</b>          | Area of Operations  |
| <b>ARC:</b>         | American Red Cross  |
| <b>ARF:</b>         | Action Request Form   |
| <b>ASPR:</b>        | Assistant Secretary for Preparedness and Response   |
| <b>AZDA:</b>        | Arizona Department of Agriculture   |
| <b>AZDPS:</b>       | Arizona Department of Public Safety   |
| <b>AZDOHS:</b>      | Arizona Department of Homeland Security   |
| <b>AZPHA:</b>       | Arizona Public Health Association   |
| <b>BDS:</b>         | Biohazard Detection System  |
| <b>BT:</b>          | Bio-terrorism   |
| <b>C&amp;C:</b>     | Command & Control   |
| <b>CAP:</b>         | Civil Air Patrol  |
| <b>CBRNE</b>        | Chemical, biological, radiological, nuclear, and explosive  |
| <b>CDC:</b>         | Centers for Disease Control and Prevention  |
| <b>CDL:</b>         | Commercial Driver's License   |
| <b>CHEMPACK:</b>    | A DSLR initiative that places nerve-agent antidote in locations in every state                                  |
| <b>CI:</b>          | Critical Infrastructure   |
| <b>CISD:</b>        | Critical Incident Stress Debriefing   |
| <b>CRI:</b>         | Cities Readiness Initiative   |
| <b>CUI:</b>         | Controlled Unclassified Information   |
| <b>DEA:</b>         | Drug Enforcement Agency   |
| <b>DEMA:</b>        | Department of Emergency and Military Affairs  |
| <b>DEOC:</b>        | Director's Emergency Operation Center (CDC)   |
| <b>DAFN:</b>        | Disability Access and Functional Needs  |
| <b>DHD:</b>         | District Health Department  |
| <b>DHS:</b>         | Department of Homeland Security   |
| <b>DSLR:</b>        | Division of State and Local Readiness (CDC)   |
| <b>DSR</b>          | Department Situation Room   |
| <b>EMC:</b>         | Emergency Management Coordinator  |
| <b>EMS:</b>         | Emergency Medical Services  |
| <b>EOC:</b>         | Emergency Operations Center   |
| <b>EOP:</b>         | Emergency Operations Plan   |
| <b>ESF:</b>         | Emergency Support Function  |
| <b>EUA:</b>         | Emergency Use Authorization   |
| <b>FBI:</b>         | Federal Bureau of Investigation   |
| <b>FDA:</b>         | Food and Drug Administration (U.S.)   |
| <b>FEMA:</b>        | Federal Emergency Management Agency   |
| <b>FMS:</b>         | Federal Medical Stations  |
| <b>GIS:</b>         | Geographic Information System   |
| <b>HAN:</b>         | Health Alert Network  |
| <b>HHS:</b>         | Department of Health and Human Services   |
| <b>HPP-PHEP CA:</b> | Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements (CA) |



## Emergency Preparedness Acronyms

|                   |   |
|-------------------|---|
| <b>HSEEP:</b>     | Homeland Security Exercise and Evaluation Program               |
| <b>ICS:</b>       | Incident Command System (a.k.a. Incident Management System IMS) |
| <b>IND:</b>       | Investigational New Drug  |
| <b>IV:</b>        | Intravenous   |
| <b>JAS:</b>       | Job Action Sheet  |
| <b>JIC:</b>       | Joint Information Center  |
| <b>JITT:</b>      | Just In Time Training   |
| <b>JOC:</b>       | Joint Operations Center   |
| <b>JTTF:</b>      | Joint Terrorism Task Force                                      |
| <b>LE:</b>        | Law Enforcement   |
| <b>LNO:</b>       | Liaison Officer   |
| <b>LPHA:</b>      | Local Health Department   |
| <b>LPHA:</b>      | Local Public Health Association                                 |
| <b>MCM:</b>       | Medical Countermeasures   |
| <b>MHE:</b>       | Material Handling Equipment                                     |
| <b>MMRS:</b>      | Metropolitan Medical Response System                            |
| <b>MOA:</b>       | Memorandum of Agreement   |
| <b>MOU:</b>       | Memorandum of Understanding                                     |
| <b>MS:</b>        | Morphine Sulfate  |
| <b>MWMS:</b>      | Medical Waste Management System                                 |
| <b>NIMS:</b>      | National Incident Management System                             |
| <b>OJT:</b>       | On-the-Job Training   |
| <b>PIC:</b>       | Public Information and Communication                            |
| <b>POC:</b>       | Point of Contact  |
| <b>POD:</b>       | Point of Dispensing   |
| <b>PPE:</b>       | Personal Protective Equipment                                   |
| <b>PPK:</b>       | Push Package  |
| <b>PSA:</b>       | Public Service Announcement                                     |
| <b>RC:</b>        | Response Coordinator (DSR)                                      |
| <b>RDS/LDS:</b>   | Regional/Local Distribution Site                                |
| <b>REC:</b>       | Regional Emergency Coordinator (DHHS)                           |
| <b>RP:</b>        | Refueling Point   |
| <b>RRCC:</b>      | Regional Response Coordination Center                           |
| <b>RSS:</b>       | Receipt, Stage, Store   |
| <b>SEOC:</b>      | State Emergency Operations Center                               |
| <b>SITREP:</b>    | Situation Report  |
| <b>SME:</b>       | Subject Matter Expert   |
| <b>SNS:</b>       | Strategic National Stockpile                                    |
| <b>SSAG:</b>      | SNS Services Advance Group                                      |
| <b>TAPI:</b>      | The Arizona Partnership for Immunization                        |
| <b>TBD:</b>       | To be Determined  |
| <b>TC:</b>        | Treatment Center  |
| <b>THREATCON:</b> | Threat Condition  |
| <b>USMS:</b>      | United States Marshals Service                                  |
| <b>USPS:</b>      | United States Postal Service                                    |
| <b>VA:</b>        | Veterans Affairs  |
| <b>WMD:</b>       | Weapons of Mass Destruction                                     |



## Mass Immunization Training - Important Links

|                         |  |
|-------------------------|--|
| <b>TAPI Training:</b>   | Slides, recording, materials and handouts from the sessions are posted on the <a href="#">TAPI website</a> .                   |
| <b>Clinic Module:</b>   | Maricopa County module open to anyone planning community clinics <a href="#">Link</a>  |
| <b>Covid Sign up:</b>   | ADHS COVID vaccine provider onboarding system <a href="#">Link</a>   |
| <b>Data Loggers:</b>    | Ordering temperature data loggers for vaccine storage - ADHS Vaccine Center <a href="#">email</a> 602-364-3642                 |
| <b>CDC Guidance:</b>    | Mass Immunizations during a pandemic <a href="#">Link</a>  |
| <b>2020/2021 Flu:</b>   | Vaccine presentations <a href="#">FDA</a> , Flu vs covid symptoms <a href="#">CDC</a> , FAQs Flu <a href="#">CDC</a>           |
| <b>ADHS Program:</b>    | Vaccine ordering questions <a href="#">email</a> 602-364-3642   VFC and Reporting questions <a href="#">email</a> 602-364-3899 |
| <b>IZ Billing Help:</b> | TAPI's public health billing program AHCCCS and private plans <a href="#">email</a> 480.580.3584                               |

## Immunization Program Contacts | Fire & County Health

| County   | Immunization Manager  | Additional Contacts   |
|--|---|---|
| <b>Maricopa County Fire Department Immunization Partners</b>   | <b>Mesa Fire Department</b><br>Michelle Denton<br><a href="mailto:Michelle.Denton@mesaaz.gov">Michelle.Denton@mesaaz.gov</a>                  | <b>Phoenix Fire Department</b><br>Roy Rogers<br><a href="mailto:Roy.rogers@phoenix.gov">Roy.rogers@phoenix.gov</a>        |
| <b>Apache County Public Health Services District</b><br>323 S. Mountain Ave. Suite 102<br>Springerville, AZ 85938-5104<br>Main: 928-333-2415   | <b>Carla Walker</b> , IZ Program Coordinator<br><a href="mailto:cwalker@co.apache.az.us">cwalker@co.apache.az.us</a>                          | <b>Marian Bigelow, RN (PHN)</b><br><a href="mailto:mbigelow@co.apache.az.us">mbigelow@co.apache.az.us</a>                 |
| <b>Cochise Health and Social Services</b><br>1415 Melody Lane, Bldg. A<br>Bisbee, AZ 85603<br>Main: 502-432-9400                               | <b>Sara Davidson, RN</b><br>Immunization Coordinator<br><a href="mailto:sdavidson@cochise.az.gov">sdavidson@cochise.az.gov</a>                | <b>Shannon Ebert, RN</b><br>Back-up IZ Coordinator<br><a href="mailto:sebert@cochise.az.gov">sebert@cochise.az.gov</a>    |
| <b>Coconino County Public Health Services District</b><br>2625 N. King St.<br>Flagstaff, AZ 86004-1884<br>Main: 928-679-7272                   | <b>Mary Ellen Ormsby, RN</b><br>Interim IZ Coordinator<br><a href="mailto:mormsby@coconino.az.gov">mormsby@coconino.az.gov</a>                | <b>Jennifer Reyes, RN</b><br>Back-up IZ Coordinator<br><a href="mailto:jreyes@coconino.az.gov">jreyes@coconino.az.gov</a> |
| <b>Gila County Division of Health Department &amp; Emergency Services</b><br>5515 S. Apache Ave.<br>Globe, AZ 85501-4428<br>Main: 928-425-3189 | <b>Ginnie Scales, RN,</b><br>Health Services Program<br>Manager <a href="mailto:gscales@gilacountyaz.gov">gscales@gilacountyaz.gov</a>        |   |
| <b>Graham County Health Department</b><br>826 W. Main St.<br>Safford, AZ 85546-2896<br>Main: 928-428-1962                                      | <b>Melissa Lunt, RN,</b><br>Director of Nursing, IZ Coordinator<br><a href="mailto:mlunt@graham.az.gov">mlunt@graham.az.gov</a>               |   |
| <b>Greenlee County Health Department</b><br>P.O. Box 936<br>Clifton, AZ 85533-0936<br>Main: 928-865-2601                                       | <b>Annette Newman, RN,</b><br>Director of Nursing, IZ Coordinator<br><a href="mailto:anewman@co.greenlee.az.us">anewman@co.greenlee.az.us</a> | <b>Janice Lovett, LPN</b><br><a href="mailto:jlovett@co.greenlee.az.us">jlovett@co.greenlee.az.us</a>                     |



| County   | Immunization Manager   | Additional Contact   |
|--|--|--|
| <b>LaPaz County Health Department</b><br>1112 S. Joshua Ave. Ste. 206<br>Parker, AZ 85344-5756<br>Main: 928-669-1100   | <b>Diana Grazier, RN,</b><br>Director of Nursing, IZ Coordinator<br><a href="mailto:dgrazier@co.la-paz.az.us">dgrazier@co.la-paz.az.us</a>                                     |  |
| <b>Maricopa County Department of Public Health</b><br>4041 North Central Avenue, Suite 600<br>Phoenix, AZ 85012<br>Main: 602-506-8815  | <b>Lori Rehder, RN, BSN,</b><br>Immunization Program Supervisor<br><a href="mailto:Lori.rehder@maricopa.gov">Lori.rehder@maricopa.gov</a>                                      | <b>Machrina Leach, RN, BSN,</b><br>Nurse Program Manager<br><a href="mailto:machrina.leach@maricopa.gov">machrina.leach@maricopa.gov</a>                                   |
| <b>Mohave County Department of Public Health</b><br>700 West Beale St.<br>Kingman, Arizona 86402<br>Main: 928-753-0714   | <b>Jocelyn Fernandez, RN</b><br>Interim IZ Program Coordinator<br><a href="mailto:Jocelyn.fernandez@mohavecounty.us">Jocelyn.fernandez@mohavecounty.us</a>                     | <b>Lynne Valentine, RN,</b><br>Director of Nursing<br><a href="mailto:Lynne.valentine@mohavecounty.us">Lynne.valentine@mohavecounty.us</a>                                 |
| <b>Navajo County Public Health Services District</b><br>600 N. 9 <sup>th</sup> Place<br>Show Low, AZ 85901<br>Main: 928-532-6050 press 3   | <b>Janelle Linn, RN,</b><br>Public Health Nursing Supervisor<br><a href="mailto:Janelle.Linn@navajocountyaz.gov">Janelle.Linn@navajocountyaz.gov</a>                           | <b>Jonnel Szentgyorgyi,</b><br>Office Manager<br><a href="mailto:Jonnel.szentgyorgyi@navajocountyaz.gov">Jonnel.szentgyorgyi@navajocountyaz.gov</a>                        |
| <b>Pima County Health Department</b><br>3950 S. Country Club Road, Ste 200<br>Tucson, AZ 85714<br>Main: 520-724-7988   | <b>Crystal Rambaud, MPH, BSN, RN</b><br>VPD Program Manager, IZ Coordinator<br><a href="mailto:Crystal.rambaud@pima.gov">Crystal.rambaud@pima.gov</a>                          | <b>Kristin Robinson-Lund, RN</b><br><a href="mailto:Kristin.robinson-lund@pima.gov">Kristin.robinson-lund@pima.gov</a>   |
| <b>Pinal County Public Health Services District</b><br>P.O. Box 2945<br>Florence, AZ 85232-2945<br>Main: 520-866-7358  | <b>Yezenia Vieczcas, RN</b><br>Immunization Coordinator<br><a href="mailto:yezenia.vieczcas@pinalcountyaz.gov">yezenia.vieczcas@pinalcountyaz.gov</a>                          | <b>Marcela Salinas, MPH</b><br>Assistant Director,<br>Public Health Operations<br><a href="mailto:marcela.salinas@pinalcountyaz.gov">marcela.salinas@pinalcountyaz.gov</a> |
| <b>Santa Cruz County Public Health Department<br/>c/o Mariposa Community Health Center</b><br>1852 N. Mastic Way<br>Nogales, AZ 85621-1063<br>Main: 520-281-1550 (IZ – ext 1267) | <b>Brenda Coppola, RN</b><br>Director of Nursing- Maternal Child<br>Health, Immunization Coordinator<br><a href="mailto:bcoppola@mariposachc.net">bcoppola@mariposachc.net</a> | <b>Melanie Barnett, LPN</b><br>Back-up IZ Coordinator<br><a href="mailto:mbarnett@mariposachc.net">mbarnett@mariposachc.net</a>  |
| <b>Yavapai County Community Health Services</b><br>1090 Commerce Dr.<br>Prescott AZ 86305<br>Main: 928-583-1000  | <b>Sally McCoy, RN, PHN,</b><br>Back-up IZ Coordinator<br><a href="mailto:Sally.mccoy@yavapai.us">Sally.mccoy@yavapai.us</a>   | <b>Stephen Everett, MPH</b><br>Public Health Section Manager<br><a href="mailto:Stephen.everett@yavapai.us">Stephen.everett@yavapai.us</a>                                 |
| <b>Yuma County Public Health Services District</b><br>2200 W. 28 <sup>th</sup> St.<br>Yuma, AZ 85364-6935<br>Main: 928-317-4559  | <b>Miriam Galindo,</b><br>IZ Office Supervisor<br><a href="mailto:Miriam.galindo@yumacountyaz.gov">Miriam.galindo@yumacountyaz.gov</a>   | <b>Kathy Ward, RN,</b><br>Nursing Supervisor<br><a href="mailto:kathy.ward@yumacountyaz.gov">kathy.ward@yumacountyaz.gov</a>   |



# NOTES



# MASS VAGGINATION - BE READY!







# RESOURCES

## [The Arizona Partnership for Immunization \(TAPI\)](#)

Phone - 602.288.7568

Website - [WhyImmunize.org](#) | Twitter - WhyImmunize



[ADHS - Website AZDHS.gov](#)

Emergency Preparedness - 602.364.3289 | Immunization Branch - 602.364.3630



[Maricopa County - Website MaricopaCounty.gov](#)

Emergency Preparedness - 602.273.1411 | Immunization Branch - 602.506.6767



[CDC - Website CDC.gov](#)

CDC-Info | 800.232.4636 | [Cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html](#)



[Mesa Fire Department](#)

[mesaaz.gov/residents/fire-medical/immunizations](#) | General # 480.644.2101



[Phoenix Fire Department](#)

[phoenix.gov/fire](#) | General # 602.495.5555