Checklist for Vaccination at Satellite, Temporary, or Off-site Locations

3/15/2022

Clinic coordinator/supervisor name and credentials: __________________________________________

Clinic name/location: _____________________________________________

Date: _____________________

Clinic preparation – plan ahead

☐ Schedule date, time, and location of clinic. Plan for advertising of clinic.

☐ Pre-registration for patients with appointment times, when possible, include pre-screening questions for both symptoms and exposure (COVID-19, influenza, etc.), and contraindications for vaccine. Consider linking the COVID-19 Emergency Use Authorization (EUA) Fact Sheet for Recipients and Caregivers and/or the licensed vaccine’s Vaccine Information Statement (VIS) to the registration form.

  - CDC: Vaccine Information Statements (VISs) (www.cdc.gov/vaccines/hcp/vis/index.html)

☐ Ensure enough staff are available to promote patient flow with proper distancing, one way flow through space, ample waiting area, monitoring for appointments, and/or registering patients.

☐ Ensure proper PPE for all staff working at event. At minimum, wear surgical masks.

☐ Set up physical space with hand hygiene station, screening for COVID-19 symptoms or exposure, and masks for those who do not have them at the door. Consider markers on floor for 6-foot spacing.

☐ Vaccination stations should be spaced 6-12 feet apart with physical barriers if possible.

☐ Provide room to wait for 15 minutes after vaccination to observe for any reaction (30 minutes for people with a history of immediate allergic reaction to a vaccine or injectable therapy, contraindication to a different type of COVID-19 vaccine, people with a history of anaphylaxis due to any cause), with at least 6 feet of space between people. Have a person assigned to monitor those waiting.
Drive thru clinics

☐ Plan course, account for weather variations (rain, cold, etc.), and recommend waiting in parking lot for 15 to 30 minutes, especially if driver is being vaccinated.

☐ Staff education on proper technique: Expose injection site, properly position arm to allow proper identification of landmarks, take care to avoid giving vaccine too high and causing shoulder damage.

Storage & handling of vaccine

☐ Follow specific vaccine packing recommendations. Use portable refrigeration units whenever possible, or a qualified container that has been proven to keep the vaccine within the recommended range (2 to 8 degrees Celsius/36 to 46 degrees Fahrenheit).

☐ Storing vaccine in a home refrigerator is not acceptable.

☐ Transport vaccine in the passenger compartment of the vehicle (not the trunk) and limit vaccine quantities to amount needed for clinic.

☐ Use a temperature monitoring device (preferably a data logger with an external display) and place the buffered probe directly with vaccines. Confirm the device has a current, valid Certificate of Calibration.

☐ Protect vaccines from light until ready to use.

☐ Check expiration dates or beyond-use date (BUD) for vaccines and expiration dates for diluents, needles, syringes, and alcohol wipes.

☐ Temperature documentation: Document temperature on arrival to off-site clinic, every hour during clinic, and upon arrival back at main storage facility. Also, document the minimum (min) and maximum (max) temperature for the transport and clinic time when returning to the main storage.

  - **Take action on any out-of-range temperatures:** Do not use vaccine. Learn more about what to do in the COVID-19 Vaccine Temperature Monitoring and Documentation Form (www.health.state.mn.us/diseases/coronavirus/vaccine/offform.pdf).

☐ Develop a contingency plan in case vaccine needs to be replaced – stored too warm or too cold.

Preparing for vaccine administration

☐ Anaphylaxis protocol and emergency medical kit readily available (expiration dates checked), CDC recommends having at least three doses of epinephrine at the site.

☐ Vaccine administrators are CPR-certified and trained in epinephrine use.

☐ Adequate infection control measures present (hand hygiene, sharps containers).

☐ Needles in a variety of lengths available based on route, technique, and patient size (e.g., 1.0 and 1.5 inch).

☐ Standing order protocols are current and available at the site.
Enough screening forms (that include eligibility if needed), and applicable EUA fact sheets and/or VISs available.

Vaccines and diluents are prepared in a clean, designated area at the time of administration.

If using multi-dose vials (MDVs), only 1 MDV is drawn up at a time by person administering vaccines. If pre-drawing syringes, follow recommendations for best practices and labeling.

- **Note**: COVID-19 vaccine MDV’s have no preservatives, discard after the vial is punctured according to product’s storage and handling guidelines.

### Administering vaccine

- EUA fact sheet or VIS provided to every patient, parent, or guardian before vaccination. Allow for time to answer questions.

- All patients screened for contraindications and precautions and VFC eligibility (if applicable) before receiving vaccine.

- Hand hygiene performed before and after vaccine administration (and if hands become soiled).

- Vaccine never transferred from one syringe to another. **Note**: Never pool vaccine from more than one MDV to make a full dose.

- Used needles and syringes placed immediately in a sharps container (and never recapped).

- Patients instructed to wait 15 minutes to observe for reaction (or 30 minutes as appropriate).

### Documenting vaccine

- Each vaccine fully documented: Date, type, lot number, manufacturer, injection site, route, and dosage, and name, title, and address of vaccine administrator.

- For non-COVID-19 vaccine, document VFC eligibility for all patients under 19 years of age.

- Patients receive documentation of vaccine(s) received for their personal record. For COVID-19 vaccine, vaccine cards included in ancillary kit with vaccine supplies.


### After the clinic (actions and documentation)

- Temperatures reviewed and min/max recorded at end of the clinic.

- Properly dispose of any nonviable vaccine. Report wasted doses to MIIC.

- Partially used MDVs may be transported to and from the clinic by the same provider if the vaccine has remained within the recommended range, is normal in appearance, and maximum doses per vial have not already been withdrawn. Properly dispose of MDVs that are past their BUD.
☐ Vaccines administered entered into MIIC (via manual entry or Excel spreadsheet).
  ▪ **Note:** COVID-19 vaccine must be entered into MIIC within 24 hours.

☐ Safety: Needle stick injuries logged and reported; vaccine errors reported, and biohazard disposed.

☐ Report any adverse events or vaccine administration errors into VAERS at [VAERS: Vaccine Adverse Event Reporting System (https://vaers.hhs.gov/)](https://vaers.hhs.gov/).

☐ All patient medical information placed in a secure storage location for privacy protection.

☐ Staff sign-in sheet kept noting clinic location, date, and shift times.

Signature of coordinator: ____________________________________________

Date: ________________  Time: ________________
Resources

- COVID-19 Vaccine Providers (www.health.state.mn.us/diseases/coronavirus/vaccine/provider.html)
- Preparing COVID-19 Vaccines for Administration (www.health.state.mn.us/diseases/coronavirus/vaccine/adminprep.pdf)
- 2021-22 Minnesota Fall Flu Guide at Influenza Vaccine Information For Health Professionals (www.health.state.mn.us/diseases/flu/hcp/vaccine/)
- CDC: Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations (www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html)
- CDC: COVID-19 Vaccination Clinical & Professional Resources (www.cdc.gov/vaccines/covid-19/index.html)
- CDC: Training and Education Resources (www.cdc.gov/vaccines/covid-19/training-education/resources.html)
- CDC: General Best Practices Guidelines for Immunization (www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html)