

Checklist for Off-site/Mobile Vaccination Clinics during the COVID-19 Pandemic

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 COVID symptoms and exposure, and contraindications for vaccine. Consider linking [Vaccine information Statements \(VISs\) \(https://www.cdc.gov/vaccines/hcp/vis/index.html\)](https://www.cdc.gov/vaccines/hcp/vis/index.html) to registration form.
- 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 symptoms or exposure, and masks for those who don't have them at the door. Consider markers on floor for six 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, with at least 6 feet of space between people. Consider having a person to monitor those waiting.

Drive thru clinics:

- Plan course, account for weather variations (rain, cold, etc.), and recommend waiting in parking lot for 15 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. Transport packing guidance can be found in [Packing Vaccines for Transport during Emergencies \(PDF\) \(www.cdc.gov/vaccines/hcp/admin/storage/downloads/emergency-transport.pdf\)](http://www.cdc.gov/vaccines/hcp/admin/storage/downloads/emergency-transport.pdf).
- 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.
- Place temperature monitoring device (TMD) with a buffered probe and current valid Certificate of Calibration directly with vaccines.
- Store vaccine in a qualified container that has kept the vaccine within the recommended range (2-8°C/36-46°F).

CHECKLIST FOR MOBILE VACCINATION SITES

- Protect vaccines from light until ready to use.
- Check expiration dates for vaccines, 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. See last page of checklist for temperature documentation form.
 - **Take action on any out of range temperatures.**
- Develop a contingency plan in case vaccine needs to be replaced – stored too warm or too cold.

Preparing vaccine

- Anaphylaxis protocol and emergency medical kit readily available (expiration dates checked).
- 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. 1.5 inch).
- Standing order protocols are current and available at the site.
- Sufficient number of screening forms (that include eligibility if needed) and 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 using single dose vials (SDVs) or MDVs, syringes are labeled with the name of the vaccine.

Administering vaccine

- VIS(s) provided to every patient, parent, or guardian before vaccination.
- All patients screened for contraindications 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.
- Used needles and syringes placed immediately in a sharps container (and never recapped).
- Patients encouraged to wait 15 minutes to observe for reaction.

Documenting vaccine

- Each vaccine fully documented: date, type, lot number, manufacturer, and date of VIS, date VIS given, injection site, route, and dosage, and name, title, and address of vaccine administrator.
- Document VFC eligibility for all patients under 19 years old.
- Patients receive documentation of vaccine(s) received for their personal record and provider.

After the clinic (actions and documentation)

- Temperatures reviewed and min/max recorded at end of the clinic.
- Any remaining vaccine in pre-drawn syringes or activated prefilled syringes are properly disposed.
- Partially used MDVs may be transported to and from the clinic by the same provider, as long as the vaccine has remained within the recommended range, is normal in appearance, and maximum doses per vial have not already been withdrawn.
- Viable, unused vaccine will be placed in proper storage equipment that maintains its temperature.
- Vaccines administered and entered into MIIC(circle): Manual entry or Excel spreadsheet
- Safety: Needle stick injuries logged and reported, vaccine errors reported, and biohazard disposed.
- Report any adverse events 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:

- [Standards for Adult Immunization Practice \(https://www.izsummitpartners.org/adult-immunization-standards/\)](https://www.izsummitpartners.org/adult-immunization-standards/)
- [General Best Practices Guidelines for Immunization \(https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html\)](https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html)
- Immunization Action Coalition: [Clinic Tools \(https://immunize.org/clinic/\)](https://immunize.org/clinic/)
- The Community Guide: [Vaccination \(https://www.thecommunityguide.org/topic/vaccination\)](https://www.thecommunityguide.org/topic/vaccination)
- [Vaccination Guidance During a Pandemic \(https://www.cdc.gov/vaccines/pandemic-guidance/index.html\)](https://www.cdc.gov/vaccines/pandemic-guidance/index.html)
- Centers for Disease Control and Prevention: [Vaccine Storage and Handling Toolkit \(https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html\)](https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html)

Off-site/mobile clinic temperature monitoring and documentation form

- When placing thermometer in cooler, clear the min/max. (Have the thermometer in min/max mode, not alarms, and press clear.)
- Record temps every hour on form below
- Once the cooler is returned to the clinic, **before** opening the cooler back up to return products/items, record the temp and the min/max on the thermometer.
- If any temps are out of range, take action to correct the temperature (e.g. closing the lid, obtaining new conditioned water bottles, etc.). Ensure product is safe to use before continuing vaccinating and then clear the min/max history. Call _____ if any questions about proper response.

Flu vaccine to be stored between temps of 36.0°F (min) to 46.0°F (max). Aim for 40°F.

Time vaccine packed and thermometer min/max cleared: _____

Time (hourly)	Temperature in °F	Temp within proper range (yes/no)	Staff Initials

Time returned to clinic and vaccine returned to fridge: _____

Min/max temp at end of shift: _____

Any action taken on out of range temps: _____

Signature of person completing form: _____

Minnesota Department of Health
 Immunization Program
 651-201-5414
www.mdhflu.com

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To obtain this information in a different format, call: 651-201-5414.