Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-site Locations

OVERVIEW OF THIS DOCUMENT

This checklist is a step-by-step guide to help clinic coordinators/supervisors overseeing vaccination clinics held at satellite, temporary, or off-site locations follow Centers for Disease Control and Prevention (CDC) guidelines and best practices for vaccine shipment, transport, storage, handling, preparation, administration, and documentation. This checklist outlines CDC guidelines and best practices that are essential for patient safety and vaccine effectiveness. **A clinic coordinator/supervisor at the site should complete, sign, and date this checklist EACH TIME a vaccination clinic is held.** To meet accountability and quality assurance standards, all signed checklists should be kept on file by the company that provided clinic staffing.

INSTRUCTIONS

1. A staff member who will be at the vaccination clinic should be designated as the clinic coordinator/supervisor. (This individual is responsible for completing the steps below and is referred to as "you" in the 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: STOP. If you check "NO" in ONE OR MORE answer boxes that contain a STOP, DO NOT move forward with the clinic. Follow your organization's protocols and/or contact your state or local health department for guidance *before* proceeding with the clinic. Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.**
4. Contact your organization and/or health department if you have any concerns about whether vaccine was transported, stored, handled, or administered correctly, or any concerns about whether patients' personal information was protected appropriately (i.e., if you have concerns about other responses that you have marked as "NO" on rows that did not have the STOP).
5. This checklist should be used in conjunction with CDC's Vaccine Storage and Handling Toolkit: www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf. For information about specific vaccines, consult the vaccine manufacturer's guidelines and/or package insert.
6. **This checklist applies ONLY to vaccines stored at REFRIGERATED temperatures.**
7. Sign and date the checklist on completion of the clinic or upon 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 was overseeing different shifts), and submit the checklist(s) to your organization to retain 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 (MMDDYYYY))

Time and date form was completed: _____ (Time (AM/PM)) _____ (Date (MMDDYYYY))

Signature of clinic coordinator/supervisor: _____

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BEFORE THE CLINIC (Please review and answer each row 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.**	
☐	☐ STOP	☐	**Vaccines were transported using a portable vaccine refrigerator or qualified container and pack-out** designed to transport vaccines within the temperature range recommended by the manufacturers (i.e., between 2-8° Celsius or 36-46° Fahrenheit for ALL refrigerated vaccines). *See page 55 of CDC's Vaccine and Storage and Handling Toolkit for definitions of qualified containers and pack-outs:* www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf.
☐	☐ STOP	☐	The person transporting the vaccines confirmed that manufacturer instructions for packing configuration and proper conditioning of coolants were followed. (*Your qualified container and pack-out should have come with packing instructions. If not, contact the company to obtain instructions on proper packing procedures.)*
☐	☐	☐	The person transporting the vaccines confirmed that all vaccines were transported in the passenger compartment of vehicle (NOT in vehicle trunk).
☐	☐ STOP	☐	A digital data logger with a buffered probe (placed directly with vaccines) with a current and valid Certificate of Calibration Testing was 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.**	
☐	☐ STOP	☐	If vaccines were shipped, the shipment arrived within the appropriate time frame (according to manufacturer or distributor guidelines) and in good condition.
☐	☐ STOP	☐	If vaccines were shipped, the cold chain monitor (CCM) was checked (if available) upon arrival at the facility/clinic, and there was no indication of a temperature excursion 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.*
☐	☐ STOP		Upon arrival at the facility/clinic (either by shipment or transport), vaccines were immediately unpacked and placed in proper storage equipment (i.e., a portable vaccine refrigerator or qualified container and pack-out specifically designed and tested to maintain the manufacturer-recommended temperature range). *Follow the guidance for unpacking and storing vaccines specified in CDC's Vaccine Storage and Handling Toolkit:* www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf.
☐	☐ STOP		Upon arrival at 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 facility/clinic, vaccines remained protected from light (per manufacturer's package insert) until ready for use at the vaccination clinic.
☐	☐ STOP		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 has been established in case vaccines need to be replaced.
☐	☐ STOP		An emergency medical kit (including epinephrine and equipment for maintaining an airway) are at the site for the duration of the clinic.
☐	☐ STOP		All vaccination providers at the site are certified in cardiopulmonary resuscitation (CPR), are familiar with the signs and symptoms of anaphylaxis, know their role in the event of an emergency, and know the location of epinephrine and are trained in its use and indications.

If you check "NO" in ONE OR MORE answer boxes that contain a STOP, 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.

☐	☐		There is a designated area at the site for management of patients with urgent medical problems (e.g., fainting).
☐	☐		Adequate infection control supplies, including hand hygiene supplies, adhesive bandage strips, individually packaged sterile alcohol wipes, sufficient number of sterile needles and syringes, and biohazard sharps container are provided.
☐	☐		A variety of needle lengths are available to optimize injection based on the prescribed route/technique and patient size.
☐	☐		Reasonable accommodations (e.g., privacy screens) will be made for patient privacy during vaccination.
☐	☐		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 sufficient number of screening forms are available at the clinic/facility site.
☐	☐ STOP		A sufficient number of Vaccine Information Statements (VISs) are available at the clinic/facility site.
☐	☐		A designated clean area for vaccine preparation has been identified and set up prior to the clinic.
☐	☐		A qualified individual has been designated to oversee infection control at the clinic.

DURING THE CLINIC (Please answer each row while the clinic is occurring and review your answers again at the end of your shift.)

VACCINE STORAGE AND HANDLING (at facility/clinic)

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

VACCINE PREPARATION

YES	NO	N.A.	
☐	☐ STOP		Expiration dates of vaccines (and diluents, if applicable) are being checked again during preparation, and the vaccines are not expired.
☐	☐		Vaccines are being prepared in a clean, designated medication area, away from any potentially contaminated items.
☐	☐ STOP	☐	If using reconstituted vaccines, they are being prepared according to manufacturer's guidelines.
☐	☐	☐	Vaccines are being prepared at the time of administration.

If you check "NO" in ONE OR MORE answer boxes that contain a STOP, 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.

☐	☐	☐	If vaccines are predrawn from a multidose vial, **only the contents of 1 multidose vial (a maximum of 10 doses per vial), are being drawn up at one time by each staff member administering vaccines.**
☐	☐	☐	If using single-dose or multidose vials, syringes are being labeled with the name of the vaccine and dose.
☐	☐ STOP		Once drawn up, vaccines are being kept in the recommended temperature range. (*Questions about specific time limits for being out of the recommended temperature range should be referred to the manufacturer.*)

VACCINE ADMINISTRATION

YES	NO	N.A.	
☐	☐ STOP		Vaccine Information Statements (VISs) are being provided to every patient, parent, or guardian before vaccination (as required by federal law).
☐	☐ STOP		All patients are being screened for contraindications and precautions for the specific vaccine(s) in use before receiving that vaccine(s).
☐	☐		Hand hygiene is being done before vaccine administration, between patients, and any time hands became soiled.
☐	☐	☐	If gloves are worn by staff administering vaccines, they are being changed and hand hygiene is being performed between each patient.
☐	☐		Staff is triple checking labels, contents, and expiration dates or beyond use dates (as noted in the manufacturer's package insert, if applicable) before drawing up and administering vaccine.
☐	☐ STOP		Vaccines are normal in appearance (i.e., not discolored, without precipitate, and easily resuspended when shaken).
☐	☐ STOP	☐	**If injectable vaccine is being administered, 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.**
☐	☐		Each staff member is administering only the vaccines they prepared.
☐	☐	☐	If more than one vaccine type is being administered, separate preparation stations are set up for each vaccine type to prevent medication errors.
☐	☐ STOP	☐	Single-dose vials or manufacturer-filled syringes are being used for only one patient.
☐	☐ STOP		Vaccines are being administered using aseptic technique and following safe injection practices.
☐	☐		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.
☐	☐ STOP		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 older ≥1 year and adults [can be used for infants if necessary].)
☐	☐		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).
☐	☐ STOP		Staff is administering vaccines 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).
☐	☐ STOP		Staff is administering vaccines using correct route per manufacturer instructions.
☐	☐ STOP		Staff is administering correct dosage (volume) of vaccine.
☐	☐ STOP	☐	For vaccines requiring more than 1 dose, staff is administering vaccine at correct interval, if applicable. *Follow the recommended guidelines in Table 1 of the General Recommendations on Immunization:* www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm.
☐	☐ STOP	☐	If vaccine administration errors are observed, corrective action is taken immediately.
☐	☐ STOP	☐	Multidose vials are being used only for the number of doses approved by the manufacturer.
☐	☐ STOP		Vaccines are never transferred from one syringe to another.

If you check "NO" in ONE OR MORE answer boxes that contain a STOP, 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.

☐	☐ STOP		Used needles and syringes are being immediately placed in a sharps container following administration. (Needles are NOT being recapped.)
☐	☐	☐	Any persons with a needlestick injury, a vaccine administration error, or an urgent medical problem are evaluated immediately and are referred for additional medical care if needed.
☐	☐		Patients are being encouraged to stay at the clinic 15 minutes after vaccination to be monitored for adverse events.

VACCINE DOCUMENTATION

YES	NO	N.A.	
☐	☐		Each vaccination is being fully documented with name of person vaccinated; vaccination date; vaccine type, lot number, manufacturer; patient receipt of Vaccine Information Statement (VIS), including edition date and date VIS was provided; injection site; vaccination route; dosage; and name, address, and title of person who administered the vaccine.
☐	☐		Patients are receiving documentation for their personal records and to share with their medical providers.

AFTER THE CLINIC (Please review and answer each row after the clinic was conducted.)

POST-CLINIC ACTIONS

YES	NO	N.A.	
☐	☐ STOP		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.
☐	☐	☐	Any remaining vaccine in provider predrawn syringes, opened multidose vials, or activated manufacturer-filled syringes (MFSs) was properly discarded. *An MFS is activated when the sterile seal is broken (i.e., cap removed from needle or needle added to the syringe*).
☐	☐ STOP	☐	**Viable, unused vaccine was placed back in proper storage equipment that maintains the manufacturer-recommended temperature range at the end of the clinic day, and was not stored in a dormitory-style or bar-style combined refrigerator/freezer unit under any circumstances.** (This includes vaccine transported for a multi-day clinic to a remote location where adequate storage at the site is not available.)
☐	☐	☐	Any needlestick injuries were reported in a sharps injury log and to all appropriate entities (e.g., local health department and your organization).
☐	☐	☐	Any vaccine administration errors were reported to all appropriate entities.
☐	☐		All biohazardous material was disposed of properly.

POST-CLINIC DOCUMENTATION

YES	NO	N.A.	
☐	☐	☐	Vaccinations were recorded in the jurisdiction's immunization information system (IIS) or vaccine registry, where available.
☐	☐	☐	If not submitted to an IIS or vaccine registry, vaccination information was sent to primary health care providers and as directed by an established procedure based on state or jurisdiction regulations.
☐	☐	☐	Any adverse events were reported to the Vaccine Adverse Event Reporting System (VAERS). https://vaers.hhs.gov/index
☐	☐ STOP		All patient medical information was placed in secured storage locations for privacy protection.
☐	☐		The staff sign-in sheet was attached to this document (with shift times, location of clinic, 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 STOP, DO NOT move forward with the clinic. Follow your organization's protocols and/or contact your state or local health department for guidance *before* proceeding with the clinic. Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.

ADDITIONAL INFORMATION AND RESOURCES

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

CDC's guidelines for vaccine storage, handling, administration, and safety were updated in 2016:

- Vaccine storage and handling: www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf
- Vaccine administration: www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html
- Injection safety: www.cdc.gov/injectionsafety/providers.html
- Vaccine Information Statements: www.cdc.gov/vaccines/hcp/vis/

The Immunization Action Coalition has a skills checklist for administering vaccines: www.immunize.org/catg.d/p7010.pdf.

The Immunization Action Coalition and the Alliance for Immunization in Michigan have patient education materials available:

- Screening tools: www.immunize.org/handouts/screening-vaccines.asp
- After receiving vaccines:
  - Children: www.immunize.org/catg.d/p4015.pdf
  - Adults: www.aimtoolkit.org/docs/vax.pdf

The Immunization Action Coalition has information on the medical management of vaccine reactions:

- Children: www.immunize.org/catg.d/p3082a.pdf
- Adults: www.immunize.org/catg.d/p3082.pdf

Manufacturers' product information and package inserts with specific, detailed storage and handling protocols for individual vaccines: www.immunize.org/packageinserts/pi_influenza.asp.

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.

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