

Vaccine Management Checklist for Off-Site Clinics – July 2020

The following self-checklist has been developed for providers/organizations enrolled in the Vermont Vaccine Program (VVP) that are planning to conduct off-site vaccination clinics. Use of this guidance supports best practices for vaccine transport, storage, preparation, administration, and documentation.

INSTRUCTIONS

1. Review the checklist when you begin planning an off-site vaccination clinic.
2. A staff member who will be present at the clinic(s) should be designated as the clinic coordinator. This person will be responsible for completing the checklist.
3. If “No” is checked in a box below, contact the Vermont Immunization Program. Vaccine may not be administered off-site until the off-site clinic enrollment form is completed and submitted.
4. Only refrigerated vaccines are eligible for off-site clinic administration.
5. There is no need to submit this self-checklist to the VVP.

Yes	No	BEFORE THE CLINIC
		Reach out to community collaboratives and/or school officials/administrators to obtain support for a vaccination clinic. Encourage coordination of services in the community or catchment area. <ul style="list-style-type: none"> - If working with a partner, reach out to secure participation and discuss various roles (e.g. registration and consent, administering vaccine, interacting with patients, etc.)
		Contact the Local Health Office for assistance in coordinating clinics with other partners.
		Complete and submit the off-site clinic enrollment form to the Immunization Program. Include proposed clinic dates and an estimate of vaccine needed, if available.
		Consult the Immunization Program to order the appropriate quantity of vaccine. Order two weeks in advance of an off-site clinic to assure delivery to the practice at least 5 days before the clinic. Assure adequate refrigerator space will be available for all vaccines (office and off-site).
		Ensure, a Vaccine Information Statement (VIS) for the vaccine being offered is available for adults, or children when a parent/guardian is present . When a parent/guardian is not present, the VIS and must be provided in advance and consent forms collected.

Yes	No	TRANSPORT, STORAGE AND HANDLING THE VACCINE
		Vaccines are transported to the clinic using a qualified container (hard sided or Styrofoam) designed to transport vaccines within the temperature range recommended by the manufacturers (i.e., between 2–8°Celsius). Package vaccine properly following the Packaging Vaccines for Transport guide and using conditioned frozen water bottles. See CDC’s Vaccine Storage and Handling Toolkit for information on qualified containers and pack-outs: www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf
		A digital data logger (LogTag) thermometer, provided by the Immunization Program, with a buffered probe and a valid Certificate of Calibration Testing should be placed directly with the vaccines and used to monitor temperature during transport.
		The amount of vaccine transported is limited to the amount needed for the clinic. Check expiration dates of vaccines and any medical equipment (syringes, needles, alcohol wipes) being used.
		The top portion of the Hourly Vaccine Temperature Log is completed and available to document the temperature readings from the data logger.
		Upon arrival at the off-site location, check to ensure vaccines are still within the proper temperature range (i.e., between 2–8°C) and are protected from light until ready for use.
		Implement your plan to monitor and appropriately address any temperature excursions per Program guidance.
		Vaccines are kept in a qualified container with a temperature monitoring device placed as close as possible to the vaccines. The container is kept closed as much as possible.
		Temperatures are reviewed and documented on the Hourly Vaccine Temperature Log at least once an hour. If the temperature goes out of range, call the Immunization Program at (800) 640-4374.
		Vaccines are prepared at the time of administration.
		If any vaccine remains at the end of clinic, document the temperature prior to transport back to the practice. If the temperature is out of range, contact the Vermont Immunization Program.
		Any remaining vaccine must be properly accounted for in VIMS and discarded. This includes: <ul style="list-style-type: none"> • pre-drawn syringes • manufacturer-filled syringes where the sterile seal is broken • open multi-dose vials
		Viable, unused vaccine is placed back in the qualified container at the end of the clinic day. Temperature is checked upon return to the practice. If the remaining vaccine has been out of range at any time, bag and tag the vaccine “Do Not Use”, then store it in the refrigerator. Do not assume viability or non-viability. Call the Immunization Program.

Yes	No	REQUIRED DOCUMENTATION
		Vaccine Information Statements (VISs) are provided to every patient, parent, or guardian before vaccination (federal law).
		Each vaccination administered is fully documented with the name of the person vaccinated; vaccination date; vaccine type, lot number, manufacturer; patient receipt of VIS, including edition date, and date VIS was provided; injection site; vaccination route; dosage; and name, title, and office/company address of person who administered the vaccine.
		Administered vaccinations are documented in the Vermont Immunization Registry (IMR). This may be done during the clinic as vaccines are administered, or after the clinic, but within 7 days.
		Any adverse events were reported to the Vaccine Adverse Event Reporting System (VAERS): www.vaers.hhs.gov/index