Influenza Working Group (IWG) Update: “Best Practice” Tools for Safe Vaccination Clinics and Future IWG Directions

National Adult and Influenza Immunization Summit
Influenza Working Group Breakout Session
May 10, 2017

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2016-2017 Overview

1. Background
   — Challenges for vaccination clinics in nontraditional sites

2. The Checklist
   — What is it, why was it created, and who should use it?
   — Checklist components
   — “Stop Sign” situations when the clinic must be terminated.

3. The Pledge
   — What is it, why was it created, and who should sign it.

4. Case Study: Passport Health

5. Other resources: FAQ page & “Ten Principles” Poster

6. Checklist Project status and needs

7. IWG Brainstorming for 2017-2018 plans
Background

- Satellite, temporary, and off-site vaccination clinics play an important role in improving vaccination coverage rates and vaccinating hard-to-reach populations.

- 17.6% of adults in the U.S. receive their influenza vaccination at their workplace\(^1\).

- Temporary vaccination clinics can also be held at schools, community centers, churches, or other non-clinic settings.


Challenges of Vaccination Clinics in Temporary Settings

- Vaccination clinics held in these settings have unique challenges:
  - Training and oversight of HCP
  - Vaccine transport, storage and handling
  - Monitoring proper vaccine administration techniques
  - Managing documentation for large groups

- May lead to unsafe environments, vaccine temperature excursions, and vaccine administration errors.
Incident—New Jersey

- Sept 30, 2015: NJDOH was notified of infection control breach at a workplace-sponsored flu vaccination clinic: A subcontracted nurse used same syringe for many patients.

- NJDOH found other problems with the clinic.
  - Inadequate dosing
  - Inappropriate transport, storage and handling

- Coordinated response by NJDOH and CDC required
  - Extensive testing for bloodborne pathogens
  - Hepatitis B immunization
  - Revaccination for influenza
  - Follow up with NJ Board of Nursing
  - Addressing main stream media reports and concerns

Notes from the Field: Injection Safety and Vaccine Administration Errors at an Employee Influenza Vaccination Clinic – New Jersey, 2015

On September 30, 2015, the New Jersey Department of Health (NJDOH) was notified by an out-of-state health services company that an experienced nurse had reused syringes for multiple persons earlier that day. This occurred at an employee influenza vaccination clinic on the premises of a New Jersey business that had contracted with the health services company to provide influenza vaccinations to its employees. The employees were to receive vaccine from manufacturer-prefilled, single-dose syringes. However, the nurse contracted by the health services company brought three multiple-dose vials of vaccine that were intended for another event. The nurse reported using two syringes she found among her supplies to administer vaccine to 67 employees of the New Jersey business. She reported wiping the syringes with alcohol and using a new needle for each of the 67 persons. One of the vaccine recipients witnessed and questioned the syringe reuse, and brought it to the attention of managers at the business who, in turn, reported the practice to the health services company contracted to provide the influenza vaccinations.
Other Reported Incidents

- Collier County, FL (2009): 77 students given wrong flu shot.
  [Link](http://www.nbc-2.com/story/11477899/dozens-of-students-given-wrong-flu-shot)

- Montgomery County, TX (2015): $70,000 worth of revaccinations required after vaccines were stored at the wrong temperature.

- Wellesley, MA (2010): School staff given insulin in flu vaccine error. Some staffers had to be hospitalized, but all recovered.
  [Link](http://www.boston.com/news/education/k_12/articles/2010/01/19/wellesley_school_staff_given_insulin_in_flu_vaccine_error/)

Rationale for Creating the Checklist and Pledge

- No “gold standard” for organizations that run these clinics.
- Need to increase training and oversight of employees, with more attention to proper procedures for transfer and storage of the vaccine and proper vaccine administration.
- To improve, standardize and reduce risk for vaccine clinics in these non-traditional settings, the NAIIS Influenza Working Group developed:
  - Checklist of best practices for vaccination clinics held at satellite, temporary, or off-site locations.
  - Pledge for organizations implementing vaccination clinics held at these locations affirming they will adhere to best practices.
  - Ten point “poster” summarizing principles for safe vaccination
  - FAQ webpage
Safety Checklists are Validated Risk Reduction Tools in Healthcare and Industry

- Sharps Injury Risk Reduction
- Prevention of “Wrong Site” Surgeries
- The Checklist Manifesto (Atul Gawande)
- Aviation Safety
- Mine Safety and Inspections
- Laboratory Safety
- Environmental Services
- WHY NOT VACCINE CLINICS?

The Checklist
Purpose and Function of the Checklist of Best Practices

- Comprehensive, step-by-step guide for clinic coordinators/supervisors overseeing vaccination clinics
  - The designated clinic coordinator/supervisor should sign and date checklist each time a clinic is held, which should be kept on file.
  
- Checklist is divided into before, during, and after clinic sections and covers:
  - Vaccine Shipment
  - Vaccine Transport
  - Vaccine Storage and Handling
  - Clinic Preparation and Supplies
  - Vaccine Administration
  - Documentation

Importance of the “Stop Sign” Symbol

- Critical steps for patient safety and vaccine effectiveness are identified with a stop sign icon
  
- If any of these stop sign items are checked as “NO,” users are directed to STOP the clinic and follow their organization’s protocols and/or contact the state or local health department before proceeding
Title Page of Checklist

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.
### “BEFORE the Clinic” Section of the Checklist

**VACCINE SHIPMENT**  
- **YES**  
  - Vaccine was shipped directly to the facility/clinic site, where adequate storage is available. (Direct shipment is preferred for cold chain integrity.)
- **NO**
- **N.A.**

**VACCINE TRANSPORT** (If it was not possible to ship vaccines directly to the facility/clinic site)
- **YES**  
  - 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). 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 pack-out: [http://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 and pack-outs were followed. (Your qualified container and pack-out should include packing instructions. If not, contact the company for instructions on proper packing procedures.)
- **NO**
- **N.A.**
### “BEFORE the Clinic” Section of the Checklist

#### VACCINE STORAGE AND HANDLING (upon arrival at facility/clinic)

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- 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 during transit. CCMs are stored in a separate compartment of the shipping container. (Note: CCMs are for one-time use and should be thrown away after being checked.)
- Upon arrival at the facility/clinic, 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 ranges). Follow the guidance for unpacking and storing vaccines specified in CDC’s Vaccine Storage and Handling Toolkit: [http://www.cdc.gov/vaccines/clinicians/resources/toolkits/cvssp-handling-toolkit.pdf](http://www.cdc.gov/vaccines/clinicians/resources/toolkits/cvssp-handling-toolkit.pdf).
- Upon arrival at the facility/clinic, vaccines were still within the manufacturer-recommended temperature ranges (i.e., between 2-8°C 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 and alcohol wipes being used were checked, and they had not expired.

#### CLINIC PREPARATION AND SUPPLIES

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- A contingency plan is in place case vaccines need to be replaced.
- 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 the event of 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, including hand hygiene supplies, adhesive bandage strips, individually packaged sterile alcohol wipes, a sufficient number of sterile needles and syringes, and biohazard sharps disposal container(s) are provided.
- Needles in a variety of lengths are available to optimize injection based on the prescribed route/technique and patient size.
- Reasonable accommodations (e.g., privacy screens) are available for patient privacy during vaccination.
- Staff members administering vaccines have reviewed vaccine manufacturer instructions for administration before the vaccination clinic.
- 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.
- A sufficient number of Vaccine Information Statements (VIS) are available at the clinic/facility site.
- A designated clean area for vaccine preparation has been identified.
- A qualified individual has been designated to oversee infection control.
### "DURING the Clinic" Section of the Checklist

#### VACCINE STORAGE AND HANDLING (at facility/clinic)

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- 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).
- 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: [http://www.cdc.gov/vaccines/hcp/professional-stores-toolkit/storage-handling-toolkit.pdf](http://www.cdc.gov/vaccines/hcp/professional-stores-toolkit/storage-handling-toolkit.pdf)
- 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.e., between 2-8°C or 35-46°F Fahrenheit for all refrigerated vaccines). If you are a VIP provider, check with your state immunization program for specific requirements for vaccine temperature monitoring during mass vaccination clinics.
- 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) placed as close as possible to the vaccines, and temperatures are being read and recorded at least once an hour. The container is being kept closed as much as possible.
- Vaccines are being protected from light during the vaccination clinic per the manufacturer's guidelines.

#### VACCINE PREPARATION

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- Expiration dates of vaccines (and diluents, if applicable) are being checked again during preparation, and only vaccines that have not expired are being administered.
- Vaccines are being prepared in a clean, designated medication area, away from any potentially contaminated items.
- If using reconstituted vaccines, they are being prepared according to the manufacturer's guidelines.
- Vaccines are being prepared at the time of administration.
- 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.
- 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.)
### “DURING the Clinic” Section of the Checklist

#### VACCINE ADMINISTRATION

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- Vaccine Information Statements (VIS) are being provided to every patient, parent, or guardian before vaccination (as required by federal law).
- Staff is wearing gloves when they administer vaccines, and these gloves are being changed between each patient.
- Staff is using proper hygiene techniques to clean hands before vaccine administration, between patients, and after contact with infectious secretions.
- If patients are being seen by staff administering vaccines, they are being changed and hands are being cleaned between each patient.
- Staff is wearing eye protection, gowns, and respiratory devices or by face shield (as noted in the manufacturer’s label/mask if applicable)
- Patients are seated in appropriate (i.e., not disoriented, without props, and easily recovered when needed)
- If injectable vaccine is being administered, a new needle and new syringes are used for each injection.
- Staff is wearing gloves when administering only the vaccines they have prepared.
- More than one vaccine type is being administered, separate preparatory stations are set up for each vaccine type to prevent medication errors.
- Separate vials or manufacturer’s labeled syringes are being used for only one patient.
- Vials are being administered using aseptic techniques and following safe injection practices.
- Vials are provided so staff and patients are at the same level or with optimal positioning of anatomy, site, and injection angle, to ensure correct vaccine administration.
- Staff is properly introducing the vaccine (e.g., syringes in the same area, patient’s name and date of birth are verified prior to vaccination).
- Staff is administering vaccines to the correct patient (e.g., if a parent/guardian and child are being vaccinated, is the patient’s name and date of birth are verified prior to vaccination).
- Vials are properly oriented during administration.
- Staff is administering the correct dosage (volume) of vaccine.
- Staff has checked age indications for the vaccine and is administering vaccines to the correct age group.
- If vaccines requiring more than 1 dose, staff is administering the correct dose at the correct interval, if applicable. Follow the recommended guidelines in Table 1 of the General Recommendations on Immunization: http://www.cdc.gov/vaccines/recs/schedules/rd112010.pdf.
- If vaccine administration errors are observed, corrective action is being taken immediately.
- Vaccines are never being transferred from one vial to another.
- Sealed needles and syringes are being immediately placed in a sharps container following administration. (Needles NOT being recapped.)
- Any person with a needlestick injury, a vaccine administration error, or an urgent medical problem are being provided immediate care and referred for additional medical care if needed.
- Patients are being encouraged to stay at the clinic for 15 minutes after vaccination to be vaccinated for adverse events.

### “DURING the Clinic” Section of the Checklist

#### VACCINE DOCUMENTATION

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- 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, title, and phone number of person who administered the vaccine.

- Patients are receiving documentation for their personal records and to share with their medical provider.
### “AFTER the Clinic” Section

#### POST-Clinic Actions

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- 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-prepared syringes, opened multidose vials, or activated manufacturer-filled syringes (MFSDs) was properly discarded. An MFSD 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.

- Unused, unused vaccine was placed back in proper storage equipment that maintained recommended temperature range at the end of the clinic day, and was not stored in a style combined refrigerator/freezer unit under any circumstances. (This includes a clinic to a remote location where adequate storage at the site is not available)

- Any needlestick injuries were recorded in a sharps injury log and reported to the health department and your organization.

- Any vaccine administration errors were reported to all appropriate entities.

- All biohazardous material was disposed of properly.

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#### POST-Clinic Documentation

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- 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 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://vaes.hhs.gov/index](https://vaes.hhs.gov/index)

- 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, clinic location, and date.
Additional Information and Resources

ADDITIONAL INFORMATION AND RESOURCES

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

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

Vaccine storage and handling: https://www.cdc.gov/vaccines/vpd/poliomyelitis/vaccine-handling-toolkit.pdf


The Immunization Action Coalition has a skill checklist for staff administering vaccines:

http://www.immunize.org/skindex.pdf

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


Vaccination after-care:


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


Manufacturers’ product information and package inserts with specific, detailed storage and handling protocols for individual vaccines: http://www.immunize.org/patient/screening-influenza.pdf

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.

The Pledge
The Pledge

- Organizations pledge to adhere to CDC guidelines and best practices when implementing vaccination clinics.
  - Including adhering to the checklist

- Reviewed and signed annually by an organization executive.

- Completed pledges should be sent to NAIIS Clinic Pledge Coordinator:
  - vaxclinicpledge@izsummitpartners.org

Benefits of Signing the Pledge

Organizations Pledging Support to Adhere to CDC Guidelines and Best Practices When Implementing Vaccination Clinics at Satellite, Temporary, or Off-site Locations

Each organization listed below has formally pledged to follow Centers for Disease Control and Prevention (CDC) guidelines and best practices for vaccine shipment, transport, storage, handling, preparation, administration, and documentation when implementing vaccination clinics at satellite, temporary, or off-site locations. These guidelines and best practices are essential for patient safety and vaccine effectiveness.

Supporting Organizations
- Name — www.domain.com
The Full Pledge

Pledge for Organizations Implementing Vaccination Clinics Held at Satellite, Temporary, or Off-site Locations

As an organization, we pledge to:

1. Provide adequate, accessible, and convenient locations for vaccination clinics.
2. Ensure that all vaccine providers are trained and certified to administer vaccines.
3. Ensure that all vaccine providers are up-to-date on their own immunization status.
4. Ensure that all vaccine providers are recorded in the national immunization registry.
5. Ensure that all vaccine providers are able to access the electronic immunization registry.
6. Ensure that all vaccine providers are able to access the electronic health record.
7. Ensure that all vaccine providers are able to access the electronic medical record.
8. Ensure that all vaccine providers are able to access the electronic pharmacy record.
9. Ensure that all vaccine providers are able to access the electronic laboratory record.
10. Ensure that all vaccine providers are able to access the electronic radiology record.

Pledge Components

Pledge for Organizations Implementing Vaccination Clinics Held at Satellite, Temporary, or Off-site Locations

Our organization pledges to adhere to the guidelines and best practices of the Centers for Disease Control and Prevention (CDC) when implementing vaccination clinics that are held at satellite, temporary, or off-site locations. (The Checklist of Best Practices is available online.) The pledge will be reviewed and signed annually by an employee in an executive-level position within our organization.

Completed pledges should be sent to the National Adult and Influenza Immunization Summit (NAIS) Clinic Pledge Coordinator. Pledging organizations are recognized on the NAIS Organizations Pledging Support page.

As an organization, we pledge to:

1. Provide adequate, accessible, and convenient locations for vaccination clinics.
2. Ensure that all vaccine providers are trained and certified to administer vaccines.
3. Ensure that all vaccine providers are up-to-date on their own immunization status.
4. Ensure that all vaccine providers are recorded in the national immunization registry.
5. Ensure that all vaccine providers are able to access the electronic immunization registry.
6. Ensure that all vaccine providers are able to access the electronic health record.
7. Ensure that all vaccine providers are able to access the electronic medical record.
8. Ensure that all vaccine providers are able to access the electronic pharmacy record.
9. Ensure that all vaccine providers are able to access the electronic laboratory record.
10. Ensure that all vaccine providers are able to access the electronic radiology record.
Pledge Components (cont)

As an organization, we pledge to:

A. Follow best practices at each vaccination clinic, as outlined in the Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-site Locations.

B. Adhere to all manufacturer storage and handling guidelines during vaccine shipment or transport and administration, including using a portable/refrigerator or qualified container and pack-out if transporting vaccine and performing recommended temperature monitoring.

C. Adhere to CDC vaccine administration and immunization schedule guidelines.

D. Establish a plan to replace mishandled, expired, or damaged vaccine and have a documented plan to complete the clinic.

E. Accommodate language or literacy barriers and special needs of patients/guardians to help make them feel comfortable and informed about the vaccination process.

F. Provide all patients with Vaccine Information Statements (VIS) prior to immunization, as required by federal law.

G. Designate a clean area for vaccine preparation and designate a qualified individual to oversee infection control.

H. Ensure the presence of an emergency medical kit with epinephrine at the site and a designated trained health care provider, certified in CPR, who can administer treatment for allergic reactions and address urgent medical problems.

I. Ensure all vaccinators are legally allowed to administer vaccines, per local jurisdiction laws and/or policies.

J. Communicate immunization and emergency medical protocols to all staff administering vaccines.

K. Encourage all employees to be up to date on their vaccinations, including annual influenza vaccine.
Pledge Components (Cont)

L. Ensure staff who prepare and administer vaccines have been trained and have demonstrated competency in the following areas:

1. Adhering to CDC guidelines for vaccine shipment or transport, storage and handling, preparation, administration, and documentation.
2. Adhering to standard precautions, which include proper hand hygiene and safe injection practices when preparing and administering vaccines, and knowing the location of and how to administer epinephrine and clinical situations in which its use would be indicated.
3. Reporting any needlestick injury and maintaining a sharps injury log.
4. Reporting adverse immunization events to the Vaccine Adverse Event Reporting System (VAERS).
5. Returning all patient medical information to an appropriate storage location.
6. Disposing of all biohazardous materials properly.
7. Documenting all vaccinations per HIPAA and local jurisdiction laws and, whenever possible, entering vaccination records into a state immunization information system (vaccination registry).

Printed Name and Title of Organization Executive: __________________________
Signature of Organization Executive: __________________________
Date: ________________ [This form is valid for one year from date signed.]
Who We Are

- Founded in 1994
- 260 travel medicine clinics in North America
  - Administer >600k vaccines annually
- National nurse network
  - Plus an additional 1,000+ surge nurses hired annually
- Leading provider of onsite workplace wellness services
  - Vaccinations provided in offices, hotel conference rooms, prisons, dairy farms, distribution centers, and on-board ships
  - Disaster response services

Business Case and Challenges

- Passport Health’s mission is to protect people from disease, and safety is our top priority.
- Active industry participant on the NAIIS Influenza Working Group
- The Passport Health team saw the Checklist as a tool to aid nurses working off-site events
  - Nurses can get flustered when events are in non-standard locations or things do not unfold as expected.
  - Checklist similar to hand-washing signs in hospitals, the goal is to remind nurses of the critical components to ensuring a safe and effective vaccine event.
How We Approached the Checklist

• As the Checklist developed, length became a concern.
• Worked with the WG to discuss the challenge and understand reasoning behind each of the 75 line items.
• Developed an understanding that 100% compliance was the goal – not the expectation, at least early on.
• Limited implementation in 2016
• Initial Checklist compliance rate – 57%
  • Areas of non-compliance included:
    • Contingency plan in place should vaccines need to be replaced
    • Staff are triple-checking labels and expiration dates
    • A qualified individual has been designated to oversee infection control at the clinic
    • There is a designated area at the site for management of patients with urgent medical problems

Year 1 Implementation - Staffing

Existing Systems Included
• Robust training for surge clinicians, including required modules on:
  • Vaccine education
  • Vaccine preparation and administration
  • Vaccine storage before, during, and after the event
  • Hazardous waste disposal
  • Safety procedures and emergency protocols
  • Records management
  • And many more
• Nurse hotline available 24/7 during flu season to address nurse questions

Checklist System Updates for Nurse Training Included
• Management of direct shipment of supplies to client
• Additional requirements when vaccine is transported by the nurse to the client
Year 1 Implementation – Vaccine Transport

- Significant investment in the development of self-contained coolers. Coolers ship in marked Wellness Kits designed to meet Checklist guidelines.
- Coolers manufactured by Thermosafe were tested to maintain cold chain for up to five days in 120 degree heat.
- Effort to educate business clients to encourage direct shipment of supplies.

Year 2 Implementation

- Utilize Checklist at select clinic locations
  - clinics > 2 hours in duration with > 50 participants
- 80% compliance goal
- Primary challenges remaining:
  - Cold Chain Monitors
  - Digital Temperature Data Loggers
  - Documentation of vaccine temperature during event
  - Onsite storage in a portable vaccine refrigerator with qualified pack-out and temperature monitoring device (with problem and thermal buffer)
  - If more than one vaccine type is being administered, separate preparation stations are set up for each vaccine type to prevent medication errors
  - Recording vaccine in the immunization information system or record sent to PCP
Additional Tools

- “Frequently Asked Questions” page
- 1-page resource that summarizes the checklist

Frequently Asked Questions

Frequently Asked Questions about the National Adult and Influenza Immunization Summit: Checklist of Best Practices for Vaccination Clinics: Held at Satellite, Temporary, or Off-site Locations and Pledge for Implementing the Checklist

Last updated: March 23, 2017

The contents of this document are for the checkout and usage only:

https://www.cdc.gov/vaccines/health-care-provider-checklist.html

https://www.cdc.gov/vaccines/health-care-provider/vaccine-checklist.html

Questions about the purpose of the checklist and pledge:

1. What is the purpose of the checklist? It is long and complicated.

Recently, reports have been published of major errors occurring at vaccination clinics held at satellite, temporary, or off-site locations. The CDC guidelines and best practices for vaccine safety, transport, storage, handling, and documentation. This checklist outlines CDC guidelines and best practices that are essential for patient safety and vaccine effectiveness.

2. What is the pledge? Is it for any organization that conducts vaccine clinics?

This pledge is for any organization that conducts vaccine clinics. It is a commitment to follow best practices and to ensure that all vaccines are stored at the recommended temperatures. Organizations that sign the pledge will be recognized on the Summit website for their commitment to provide safe and effective services.

This document is intended for the checkout and usage only. It is not intended for distribution or use by the public.
Frequently Asked Questions

Examples of Questions on the FAQ:

- All of our staff have many years of experience and we do hundreds of vaccination clinics a year. Do we still need to use the checklist?

- We have many new staff all over the country. The checklist seems too cumbersome to use in our situation. Do we need to use it?

- Are we allowed to use coolers purchased at big box stores/retail stores for transporting vaccine?
1- Page Summary Resource

- Summary document of the main points on the checklist
- Can be used by all staff (not just clinic coordinators/supervisors)
- Can be posted on the wall of the clinic as a quick reference guide

Where to Find These Documents: From NAIIS Home Page
Where to Find These Documents: From “Resources” Tab

Access signature resources from the Summit: IVATS and Vaccine Pocket Guides. Find recommendations, materials, and staff tools on influenza and influenza vaccination, as well as a listing of helpful resources for providers of adult immunization.

- Adult Vaccination Resources
- Editorial Calendar
- Influenza Vaccination Resources
- Influenza Vaccine Recommendations
- Targeting People at High Risk
- Influenza Vaccine Products
- IVATS — Influenza Vaccine Availability Tracking System
- Patient Information
- Vaccinating Healthcare Personnel
- Tools for Off-Site Clinics
- National Adult Immunization Coordinators' Partnership
- The Summit Buzz
- Vaccine Pocket Guides

Landing Page for These Tools

Tools to Assist Satellite, Temporary, and Off-Site Vaccination Clinics

Satellite, temporary, and off-site vaccination clinics play an important role in improving vaccination coverage rates and vaccinating hard-to-reach populations. However, vaccination clinics held in these settings also have unique challenges. In an effort to standardize the process of holding clinics in these non-traditional settings, we have developed a checklist of best practices and created a pledge for organizations that adhere to the checklist (see below).

Since this is the first year that the checklist has launched, we recognize that it might not be possible for organizations to complete every aspect of the checklist or to sign the pledge. However, it would be great practice for your organization to implement the components that you can on a pilot basis and work towards increasing the rows that you can complete so that, in future years, you are able to implement every item on the checklist.

For individuals who have used the checklist (either on a pilot basis or as part of your standard operating procedures), we ask that you complete a short survey so that we can improve the checklist. The survey should take less than 5 minutes to complete.

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. This checklist outlines CDC guidelines and best practices that are essential for patient safety and vaccine effectiveness.
Where to Find These Documents

- Landing page for all 4 documents: https://www.izsummitpartners.org/naiis-workgroups/influenza-workgroup/off-site-clinic-resources/
  
  - Checklist:
    - https://www.izsummitpartners.org/content/uploads/2017/02/NAIIS-Vaccination-Clinic-Checklist_v2.pdf
  
  - Pledge:
  
  - FAQs:
  
  - 1-Page Resource

Checklist Project--Challenges and Needs: Increase Knowledge and Use of These Tools

- As IWG members, you are crucial champions for this project. Please continue and increase your activities to:
  
  - Implement the Checklist and Pledge
  - Distribute the documents and websites widely
  - Educate your peers on the Checklist rationale and importance
  - Provide feedback: Survey for individuals who have used the checklist: https://www.surveymonkey.com/r/checklist2016
  - Feed the FAQs: Send questions to checklist@izsummitpartners.org
Thank You!

- **Contact Information:**
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    - behrman@mail.med.upenn.edu
  - Kelly McKenna, EverThrive Illinois
    - kmckenna@everthriveil.org

Additional Resources

- **CDC Vaccine Administration Recommendations and Guidelines**
  - [http://www.cdc.gov/vaccines/hcp/admin/recs-guidelines.html](http://www.cdc.gov/vaccines/hcp/admin/recs-guidelines.html)

- **CDC Vaccine Storage and Handling Toolkit**
  - [http://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 Information Statements**
  - [https://www.cdc.gov/vaccines/hcp/vis/](https://www.cdc.gov/vaccines/hcp/vis/)
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