COVID-19 VACCINE PROVIDER TOOLKIT

ALABAMA **PUBLIC HEALTH**

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NAVIGATION OF THE ADPH COVID-19 VACCINE PROVIDER SUPPORT PAGE

To access the COVID-19 Provider Support Page go to:

alabamapublichealth.gov/immunization/covid-vaccineadministration.html

OR

alabamapublichealth.gov and click on "Order COVID-19 vaccine if I am a healthcare provider" that is listed under the "How Do I?" section in the center of the webpage.
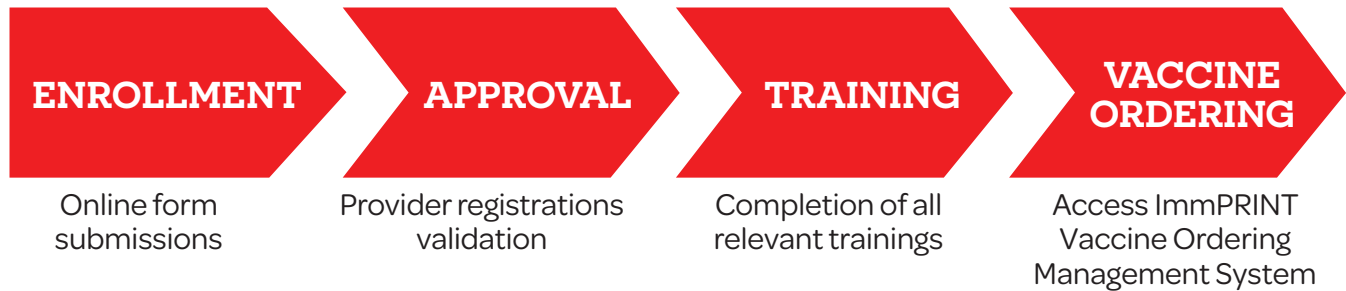
EACH SUB-HEADING LISTED ON THE WEBSITE IS AN ACCESSIBLE LINK THAT HAS VALUABLE EDUCATIONAL AND INSTRUCTIONAL MATERIAL LISTED

ENROLL TO BE A PROVIDER

- Utilize and follow the **ImmPRINT Registration Roadmap** (page 4)

   o Each vaccination site within an organization must **enroll in ImmPRINT** and complete the **COVID-19 Provider Agreement and Profile** to participate in the vaccine program

   o If you are already enrolled in ImmPRINT **you do not need to re-enroll,** but you <u>MUST</u> complete the Provider Agreement and Profile

- Utilize and follow the instructional video titled **"Initial Site Enrollment"** from the ADPH website

- Utilize and follow the instructional video titled **"COVID-19 Special Project Enrollment"** from the ADPH website

ImmPRINT COVID-19 VACCINE PROVIDER ENROLLMENT OVERVIEW

To receive and administer COVID-19 vaccine, vaccination providers must enroll in the Alabama Department of Public Health's ImmPRINT COVID-19 Vaccination Program.

ENROLLMENT → **APPROVAL** → **TRAINING** → **VACCINE ORDERING**

Online form submissions	Provider registrations validation	Completion of all relevant trainings	Access ImmPRINT Vaccine Ordering Management System

Each vaccination site within an organization, must enroll in ImmPRINT to participate in COVID-19 vaccine program. If your site is already enrolled in ImmPRINT, you do not need to re-enroll. Go to Complete the COVID-19 Provider Agreement and Profile.

- **ENROLL IN ImmPRINT**

  To enroll in ImmPRINT, please go online: https://siis.state.al.us/ImmPRINT/login/login.aspx

  1. Complete *Initial Site Enrollment Agreement*

  2. Immunization staff will review, verify, and approve your agreement.

  3. Your site will be contacted by Immunization Division (IMM) Field Compliance Staff to conduct ImmPRINT training for the site administrator, either via WebEx, FaceTime, or by phone and pictures.

  4. Site Administrator activates site users.

- **COMPLETE COVID-19 PROVIDER AGREEMENT AND PROFILE**

  To complete the COVID-19 Provider Agreement and Profile:

  1. Login to ImmPRINT, https://siis.state.al.us/ImmPrint/login/login.aspx, after ImmPRINT enrollment process is complete.

  2. Click on *ImmPRINT Registry widget*

  3. Click *Special Projects*

  4. Select *COVID-19 Enrollment Form*

  5. Complete the *Provider Agreement and Profile,* which includes:

     a) *Provider address and contact information*

     b) *Chief Medical Officer and Chief Executive Officer contact information*

     c) *Primary COVID-19 Vaccine Coordinator & Vaccine Back-Up Coordinator*

     Both are required to complete vaccine storage & handling training consisting of "You Call the Shots"-Module Ten-Storage and Handling-2020 weblink https://www2a.cdc.gov/nip/isd/ycts/mod1/courses/sh/ce.asp

Continuing education and download certificate instructions weblink
https://tceols.cdc.gov/Home/Steps
Upload of certificate of completion into this profile agreement required **BEFORE** contacted by Immunization field compliance staff to complete training

d) *Contact Information for the Sites Back-Up COVID-19 Vaccine Coordinator*

e) *Site Shipment Address*

f) *Days and Times to deliver the vaccine*

g) *Select Provider Type*

h) *Choose the vaccinating location setting*

i) *Estimate number of staff and patient your site may serve*

6. Immunization staff will review responses, verify licenses, OIG list, and authorize your COVID-19 agreement.

7. Your site will be contacted by Immunization Division (IMM) Field Compliance Staff to conduct ImmPRINT, agreement, profile, and vaccine storage and handling training for the site administrator, either via WebEx, FaceTime, or by phone with pictures of storage units and thermometers.

8. Once activated, your site will be notified to order COVID-19 vaccine in ImmPRINT through the *Vaccine Ordering Management System*.

Please note: Due to the phased approach for vaccine distribution, providers may be prioritized for COVID-19 vaccine ordering based on the volume of critical population served. ImmPRINT will send you an email when your vaccination location may order COVID-19 vaccine. Phased Approach to COVID-19 Vaccination:

- Phase 1: Potentially limited doses available

- Phase 2: Large number of doses available

- Phase 3: Sufficient supply of doses available

- **COVID-19 PROVIDER AGREEMENT REQUIREMENTS SUMMARY**

1. Administer COVID-19 vaccine in accordance with all CDC requirements and CDC's Advisory Committee on Immunization Practices(ACIP).

2. Enter all COVID-19 vaccine administered doses required data elements within 24 hours into ImmPRINT. Please include the patient's email for second dose reminder.

3. Preserve administered records for at least 3 years

4. Do not sell or seek reimbursement for COVID-19 vaccine and any adjuvant, syringes, needles, or other constituent products and ancillary supplies provided by federal government.

5. Administer COVID-19 vaccine regardless of the vaccine recipient's ability to payCOVID-19 vaccine administration fees.

6. Provide Emergency Use Authorization (EUA) fact sheet or Vaccine Information Statement (VIS) before administering COVID-19 vaccine.

7. Conduct COVID-19 vaccination services in compliance with CDC's Guidance, including https://vaccinefinder.org daily inventory, for Immunization Services During the COVID-19 Pandemic for safe delivery of vaccines.

8. Comply with CDC requirements for COVID-19 vaccine management.

   a) Store and handle COVID-19 vaccines properly, maintain cold chain conditions, and chain of custody at all times.

   b) Monitor vaccine-storage-unit temperatures at all times. ADPH will provide when available for ultra-cold vaccine.

   c) Comply with AL's Immunization Division guidance for temperature excursions supplied by IMM field staff.

   d) Monitor and comply with COVID-19 vaccine expiration dates.

9. Report the number of doses of COVID-19 vaccine and adjuvants that were unused, spoiled, expired, or wasted in ImmPRINT when available.

10. Comply with all federal instructions and timelines for disposing COVID-19 vaccine and adjuvant when available.

11. Report moderate and severe adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS), https://vaers.hhs.gov/esub/index.jsp.

12. Provide a completed COVID-19 vaccination record card to every COVID-19 vaccine recipient as a reminder for second dose if applicable.

ORDERING VACCINE

- Utilize and follow the instructional video titled **Vaccine Ordering Management System** on the ADPH website

PROVIDER SITE PREPARATION

- Vaccination Guidance During a Pandemic

- Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

  ○ The following checklist is found under the "Planners are encouraged to use" section of this link

- Satellite, Temporary and Off-Site Vaccination Clinic Supply Checklist

- Vaccine Clinic Supply Checklist

- Laboratory Safety: Cryogens and Dry Ice (OSHA)

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. These CDC guidelines and best practices are essential for patient safety and vaccine effectiveness. This checklist should be used in any non-traditional vaccination clinic settings, such as workplaces, community centers, schools, makeshift clinics in remote areas, and medical facilities when vaccination occurs in the public areas or classrooms. Temporary clinics also include mass vaccination events, walk-through, curbside, and drive-through clinics, and vaccination clinics held during pandemic preparedness exercises. **A clinic coordinator/supervisor at the site should <u>complete, sign, and date this checklist EACH TIME a vaccination clinic is held</u>**. To meet accountability and quality assurance standards, all signed checklists should be kept on file by the company that provided clinic staffing.

This document also contains sections, marked in red, that outline best practices for vaccination during the COVID-19 pandemic. For continued up-to-date guidance, please visit www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html.

INSTRUCTIONS

1. A staff member who will be at the vaccination clinic should be designated as the clinic coordinator/supervisor. This person will be responsible for completing the steps below and will be referred to as "you" in these 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:** 🛑**. If you check "NO" in ONE OR MORE answer boxes that contain a** 🛑**, <u>DO NOT move forward with the clinic</u>. 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 you can 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, whether patients' personal information was protected appropriately, or other responses that you have marked as "NO" in rows that do not have the 🛑.
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 package insert.
6. **This checklist <u>applies ONLY to vaccines stored at REFRIGERATED temperatures</u>** (i.e., between 2–8° Celsius or 36–46° Fahrenheit).
7. Sign and date the checklist upon completion of the clinic or completion of your shift (whichever comes first). (*If more than one clinic coordinator/ supervisor is responsible for different aspects of the clinic, <u>you should complete only the section(s) for which you were responsible</u>.*)
8. Attach the staff sign-in sheet (with shift times and date) to the checklist (or checklists if more than one clinic supervisor is overseeing different shifts) and submit the checklist(s) to your organization to be kept on file 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 (MM/DD/YYYY)

Time and date when form was completed:

_____   _____
Time (AM/PM)   Date (MM/DD/YYYY)

Signature of clinic coordinator/supervisor: _____

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

BEFORE THE CLINIC (Please complete each item 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.	
☐	☐ 🛑	☐	**Vaccines were transported using a portable vaccine refrigerator or qualified container and packout 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). <u>Coolers available at general merchandise stores or coolers used to transport food are NOT ACCEPTABLE.</u> *See CDC's* Vaccine Storage and Handling Toolkit *for information on qualified containers and packouts*: 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 were followed. (*Your qualified container and packout should include packing instructions. If not, contact the company for instructions on proper packing procedures*.)
☐	☐	☐	The person transporting the vaccines confirmed that all vaccines were transported in the passenger compartment of the vehicle (NOT in the vehicle trunk).
☐	☐ 🛑	☐	A digital data logger with a buffered probe and a current and valid Certificate of Calibration Testing was placed directly with the vaccines and 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.	
☐	☐ 🛑	☐	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 (i.e., out-of-range temperature) 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.*
☐	☐ 🛑		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 packout 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.
☐	☐ 🛑		Upon arrival at the 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 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 (syringes, needles, alcohol wipes) being used were checked, and they had not expired.

CLINIC PREPARATION AND SUPPLIES

YES	NO	N.A.	
☐	☐		A contingency plan is in place in case vaccines need to be replaced. The plan addresses scenarios for vaccine compromised before arrival at the clinic and for vaccine compromised during clinic hours.
☐	☐ 🛑		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 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 are provided, including biohazard containers and supplies for hand hygiene. If administering injectable vaccines, adhesive bandages, individually packaged sterile alcohol wipes, and a sufficient number of sterile needles and syringes and a sharps container are provided.
☐	☐		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 process for screening for contraindications and precautions is in place.
☐	☐ 🛑		A sufficient number of vaccine information statements (VISs or Emergency Use Authorization [EUA] forms, if required) for each vaccine being offered is available at the clinic/facility site.

If you check "NO" in ONE OR MORE answer boxes that contain a 🛑**, <u>DO NOT move forward with the clinic.</u>**

» 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.

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CHECKLIST of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

YES	NO	N.A.	
☐	☐	■	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.

PREVENTING TRANSMISSION OF COVID-19 AT THE CLINIC

YES	NO	N.A.	
☐	☐	■	Sufficient supply of PPE for staff is available, including face masks, gloves, and, if appropriate, eye shields.
☐	☐	■	Sufficient supply of face coverings is available for visitors and patients who may not have one.
☐	☐	■	Sufficient hand sanitizer is available so that staff and patients can repeatedly practice hand hygiene.
☐	☐	■	Cleaning supplies are available so workspaces can be cleaned regularly (note the amount needed may be more than normally required). (See EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2 ⬈ the virus that causes COVID-19.)
☐	☐	■	Additional controls, such as counters and plastic shields, are in place to minimize contact where patients and staff interact (e.g., registration or screening areas).
☐	☐	■	Signs, barriers, and floor markers to instruct patients to remain 6 feet apart from other patients and clinic staff have been set up before the clinic.
☐	☐	■	Sufficient supply of thermometers to check patient temperatures prior to entering the vaccination clinic and COVID symptom checklists.

DURING THE CLINIC (Please complete each item while the clinic is occurring and review 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 packout 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 data logger with a buffered probe (placed directly with vaccines) and a current and valid Certificate of Calibration Testing. *Follow the 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 (preferably at the beginning and middle of an 8-hour shift) to ensure they remain at correct temperatures (*i.e., between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines*). If you are a VFC provider, 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 packout 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 package insert.

VACCINE PREPARATION

YES	NO	N.A.	
☐	☐ STOP	■	Expiration dates of vaccines (and diluents, if applicable) are being checked again during preparation, and only vaccines that have not expired are being administered. *(Note: If you are using multidose vials, be sure to review beyond use dates, along with expiration dates.)*
☐	☐	■	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 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 are being drawn up at one time by each staff member administering vaccines (the maximum number of doses per vial is described in the package insert).**
☐	☐	☐	If using single-dose or multidose vials, syringes are being labeled with the name of the vaccine.
☐	☐ 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 or Emergency Use Authorization [EUA] forms, if required) 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).

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

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COVID-19 VACCINE PROVIDER TOOLKIT

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YES	NO	N.A.	
☐	☐	■	Staff is using proper hygiene techniques to clean hands before vaccine administration, between patients, and anytime hands become soiled. www.cdc.gov/handhygiene/providers/index.html
☐	☐	☐	If gloves are being worn by staff administering vaccines, they are being changed and hands are being cleaned using proper hygiene techniques between patients.
☐	☐	■	Staff is triple-checking labels, contents, and expiration dates or beyond use dates (as noted in the manufacturer's package insert, if applicable) before administering vaccine.
☐	☐ STOP	■	Vaccines are normal in appearance (i.e., not discolored, without precipitate, and easily resuspended when shaken).
☐	☐	■	Each staff member is administering only the vaccines they have 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	■	Vaccines are being administered using aseptic technique.
☐	☐ STOP	■	Staff is administering vaccine 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 the correct route per manufacturer instructions.
☐	☐ STOP	■	Staff is administering the correct dosage (volume) of vaccine.
☐	☐ STOP	■	Staff has checked age indications for the vaccines and is administering vaccines to the correct age groups.
☐	☐ STOP	☐	For vaccines requiring more than 1 dose, staff is administering the current dose at the correct interval. *Follow the recommended guidelines in Table 3-1 of the* General Best Practice Guidelines for Immunization: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html#t-01.
☐	☐ STOP	☐	If vaccine administration errors are observed, corrective action is being taken immediately.
☐	☐	☐	Any persons with a needlestick injury, a vaccine administration error, or an urgent medical problem are being evaluated immediately and referred for additional medical care if needed.
☐	☐	■	Patients are being encouraged to stay at the clinic for 15 minutes after vaccination to be monitored for adverse events. **This is especially critical at drive-through or curbside clinics where drivers are being vaccinated.**

ADMINISTRATION OF INJECTABLE VACCINES *(In this section, N.A. is ONLY an option if the clinic is EXCLUSIVELY using non-injectable vaccines, such as live, attenuated influenza vaccine.)*

YES	NO	N.A.	
☐	☐ STOP	☐	**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.)**
☐	☐ STOP	☐	Single-dose vials or manufacturer-filled syringes are being used for only one patient.
☐	☐ STOP	☐	Vaccines are being administered following safe injection practices.
☐	☐	☐	For walk-through clinics, 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 aged ≥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).

YES	NO	N.A.	
☐	☐ STOP	☐	Multidose vials are being used only for the number of doses approved by the manufacturer.
☐	☐ STOP	☐	Vaccines are never being 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.

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YES	NO	N.A.	
☐	☐ (STOP)	☐	Used needles and syringes are being immediately placed in a sharps container following administration. (Needles are NOT being recapped.)

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 (VISs or Emergency Use Authorization [EUA] form), 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.
☐	☐	☐	Your state's immunization information system (IIS) was used to document vaccinations administered. (*CDC recommends using your state's IIS to document vaccinations.*)
☐	☐	■	Patients are receiving documentation for their personal records and to share with their medical providers.

PREVENTING TRANSMISSION OF COVID-19 AT THE CLINIC

YES	NO	N.A.	
☐	☐	■	All staff and patients have their temperature checked before entering the clinic and are answering the COVID screening questions before entering the clinic.
☐	☐	■	All patients are wearing a face covering. Face masks should not be placed on children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
☐	☐	■	All staff is wearing recommended personal protective equipment (PPE), including face masks, gloves (optional for subcutaneous and intramuscular injections, required for intranasal and oral vaccinations), and eye protection (based on level of community transmission). See www.cdc.gov/vaccines/pandemic-guidance/index.html for current guidance.
☐	☐	■	Social distancing guidance is being followed, including signs, banners, and floor markers to instruct staff and patients where to stand, shields as appropriate when the 6-foot minimum distance cannot be observed, and one-way traffic flow.
■	■		All areas are being wiped down and cleaned more frequently than normal cleaning that takes place during vaccine preparation and administration and between patients.

AFTER THE CLINIC (Please complete each item after the clinic is over.)

POST-CLINIC ACTIONS

YES	NO	N.A.	
☐	☐	☐	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). 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.*
☐	☐ (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 recorded in a sharps injury log and reported 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) where available.
☐	☐	☐	If not submitted to an IIS, 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): vaers.hhs.gov/index.
☐	☐ (STOP)	■	All patient medical information was placed in a secured storage location for privacy protection.
☐	☐	■	The staff sign-in sheet was attached to this document (with shift times, clinic location, 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), <u>DO NOT move forward with the clinic.</u>
- » 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.

COVID-19 information can be found at:

- www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html

» CDC's guidelines and resources for vaccine storage, handling, administration, and safety:
- 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
  – www.cdc.gov/vaccines/hcp/admin/admin-protocols.html
  – www.cdc.gov/vaccines/hcp/admin/resource-library.html
- Injection safety: www.cdc.gov/injectionsafety/providers.html
- Vaccine information statements: www.cdc.gov/vaccines/hcp/vis/
- Videos on preparing and administering vaccines. www.cdc.gov/vaccines/hcp/admin/resource-library.html (includes videos on intramuscular injections and administration of live, attenuated influenza vaccine)

» The Immunization Action Coalition has a skills checklist for staff 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: http://www.immunize.org/handouts/screening-vaccines.asp
- Vaccination after-care:
  – 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 and adolescents: 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

This checklist is a valuable resource for use in temporary mass vaccination clinics and other vaccination exercises, such as those conducted at vaccine points of dispensing (PODs) or vaccination and dispensing clinics (VDCs) as part of public health emergency preparedness (PHEP) program activities.

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.

States have laws on documentation of vaccinations, use of immunization information systems (IISs), and types of health care providers who can administer vaccines.

YOU CALL THE SHOTS

Satellite, Temporary, and Off-Site Vaccination Clinic Supply Checklist

Below are supplies that may be needed to conduct a satellite, temporary, or off-site vaccination clinic. The list may not be comprehensive. Your state or local public health immunization program may also have a checklist.

For large-scale clinics held at large facilities, such as stadiums and arenas, or over multiple days, additional supplies will be needed. Contact your state or local public health preparedness program and work with the clinic medical director for additional guidance and assistance.

Quantity of supplies needed will vary significantly between smaller, one-day clinics held in schools, churches, or pharmacies and large-scale clinics held in arenas or held over multiple days.

VACCINES

Refrigerated vaccines

Select the vaccine(s) that will be offered at the clinic.

- ☐ Diphtheria, tetanus, and pertussis (DTaP)
- ☐ DTaP-HepB-IPV (Pediarix)
- ☐ DTaP-IPV/Hib* (Pentacel)
- ☐ DTaP-IPV (Kinrix, Quadracel)
- ☐ *Haemophilus influenzae* type b* (Hib)
- ☐ Hepatitis A (HepA)
- ☐ Hepatitis B (HepB)
- ☐ HepA-HepB (Twinrix)
- ☐ Human papillomavirus (9vHPV)
- ☐ Influenza, injectable (IIV) (in season)
- ☐ Influenza, live attenuated intranasal (LAIV) (in season)

- ☐ Measles, mumps, rubella* (MMR)
- ☐ Meningococcal ACWY* (MenACWY)
- ☐ Meningococcal B (MenB)
- ☐ Pneumococcal conjugate (PCV13)
- ☐ Pneumococcal polysaccharide (PPSV23)
- ☐ Polio, inactivated (IPV)
- ☐ Rotavirus* (RV)
- ☐ Tetanus-diphtheria, adult (Td)
- ☐ Tetanus, diphtheria, and pertussis (Tdap)
- ☐ Zoster, recombinant (RZV, Shingrix*)

Frozen vaccines

(Frozen vaccines may only be administered at satellite, temporary, and off-site clinics if they can be safely shipped to and monitored at the site. They should never be transported from one location to another.)

- ☐ Measles, mumps, rubella, varicella* (MMRV, ProQuad)
- ☐ Varicella*

*Diluent for ActHIB, Hiberix, Menveo, Pentacel, Rotarix, and Shingrix comes packaged in the same container as the lyophilized component. Diluent for MMR, MMRV, and varicella comes from the manufacturer packaged with the vaccine in separate containers.
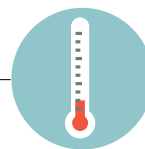
CLINICAL SUPPLIES

Administration supplies

- ☐ Adhesive bandages
- ☐ Appropriate needles (length, guage) for the route of administration (Subcut, IM) and the expected patient population

- ☐ Sterile alcohol prep pads
- ☐ Syringes (1 or 3 cc)

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Clinic supplies

- ☐ Alcohol-based hand sanitizer (at least 60% alcohol)
- ☐ Digital data logger for each storage unit/container
- ☐ Disposable table covers
- ☐ Gauze pads
- ☐ Medical gloves

- ☐ Partition screens
- ☐ Paper towels
- ☐ Sanitizing products for vaccination and preparation surfaces
- ☐ Sharps containers

- ☐ Table and chairs for patient and vaccination provider at each vaccination station
- ☐ Vaccine storage units (onsite) or portable refrigerators or packouts (for transport) that can maintain the appropriate vaccine cold chain
- ☐ Wastebaskets

Clinic documentation

- ☐ Billing forms, if needed
- ☐ Immunization record cards
- ☐ Immunization schedule for targeted audience(s)
- ☐ Internet access or hotspot
- ☐ Forms to record vaccine administration (this may be done by computer)

- ☐ Laptops, computers, tablets, or smartphones, as well as printers and 2D barcode readers (if using), including multiple plug outlet strips and extension cords
- ☐ Screening checklist for contraindications to vaccines for children, teens, and adults

- ☐ Vaccination standing orders and protocols, as necessary
- ☐ Vaccine information statements (VISs) for each vaccine being offered and in multiple languages as appropriate (in some instances, an emergency use authorization [EUA] form may be required)
- ☐ Vaccine storage temperature log(s)

Office supplies

- ☐ Clipboards
- ☐ Notepads
- ☐ Pens
- ☐ Printer paper
- ☐ Printers, if applicable

- ☐ Rope, cones, and/or tape as needed to direct traffic flow
- ☐ Signage for clinic hours, future clinics, clinic flow, and easels or other equipment for displaying

- ☐ Trash bags
- ☐ Walkie-talkies or similar devices, depending on size of the clinic

MEDICAL EMERGENCY SUPPLIES

If possible, it is preferable that emergency medical services (EMS) staff be available during the clinic. Clinical staff providing vaccine should be trained in CPR and able to respond to medical emergencies.

At a minimum, there should be:

- ☐ Antihistamines (diphenhydramine [Benadryl], hydroxyzine [Atarax, Vistaril], and syringes if needed)
- ☐ Cell phone or land line to call 911

- ☐ Epinephrine in prefilled autoinjector or prefilled syringe (various doses), prepackaged syringes, vials, or ampules (Epi-pens)
- ☐ First aid kit

Additional supplies may include:
- ☐ Blood pressure measuring device

- ☐ Light source to examine mouth and throat
- ☐ Oxygen
- ☐ Stethoscope
- ☐ Timing device for measuring pulse
- ☐ Tongue depressors
- ☐ Tourniquet

Additional supplies needed during the COVID-19 pandemic
During the COVID-19 pandemic, additional supplies are needed to protect both staff and patients, including:

- Additional hand sanitizer with at least 60% alcohol for hand hygiene
- Additional cleaning equipment for more frequent cleanings, using EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2
- Additional signage, tape, ropes, and cones to encourage physical distancing and provide one-way flow through the clinic
- Face coverings for patients who arrive without one

- Hand soap, as appropriate
- Personal protective equipment (PPE) for staff. Gloves should be worn by anyone administering intranasal or oral vaccine. Depending on level of community transmission, eye protection may also be recommended.
- Thermometers for checking patient temperature before entering the clinic, if required
- Tissues

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OSHA QuickFacts®

Laboratory Safety
Cryogens and Dry Ice

Cryogens are substances used to produce very low temperatures [below -153°C (-243°F)], such as liquid nitrogen (LN_2) which has a boiling point of -196°C (-321°F), that are commonly used in laboratories. Although not a cryogen, solid carbon dioxide or dry ice which converts directly to carbon dioxide gas at -78°C (-109°F) is also often used in laboratories. Cryogens, as well as dry ice, can be hazardous to workers if not handled properly.

General Precautions When Working with Dry Ice or LN_2

- Avoid eye or skin contact with these substances.
- Never handle dry ice or LN_2 with bare hands.
- Use cryogenic gloves, which are designed specifically for working in freezers below -80°C and for handling containers or vials stored in these freezers.
- Cryogenic gloves need to be loose-fitting so that they can be readily removed if LN_2 splashes into them or a piece of dry ice falls into them.
- Always use appropriate eye protection.
- Do not use or store dry ice or LN_2 in confined areas, walk-in refrigerators, environmental chambers or rooms without ventilation. A leak in such an area could cause an oxygen-deficient atmosphere.
- Never place a cryogen on tile or laminated counters because the adhesive will be destroyed.
- Never store a cryogen in a sealed, airtight container at a temperature above the boiling point of the cryogen; the pressure resulting from the production of gaseous carbon dioxide or nitrogen may lead to an explosion.
- For more information about specific cryogens, read the Material Safety Data Sheet for the substance in question.

Never handle dry ice or LN_2 with bare hands.

For assistance, contact us. We can help. It's confidential.

OSHA® Occupational Safety and Health Administration
www.osha.gov   1-800-321-6742

OSHA QuickFacts®

Laboratory Safety
Cryogens and Dry Ice

First Aid

■ In case of exposure to cryogens or dry ice, remove any clothing that is not frozen to the skin. Do NOT rub frozen body parts because tissue damage may result. Obtain medical assistance as soon as possible.

■ Place the affected part of the body in a warm water bath (not above 40°C). Never use dry heat.

Do not use or store dry ice or LN$_2$ in confined areas, walk-in refrigerators, environmental chambers or rooms without ventilation.

For assistance, contact us. We can help. It's confidential.

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OSHA 3408 Rev. 10/2011
DSG

VACCINE ADMINISTRATION PREPARATION/STORAGE AND HANDLING

- COVID-19 Vaccine Training Module: General Overview of Immunization Best Practices for Healthcare Providers

- You Call the Shots Module Eighteen: Vaccine Administration

- You Call the Shots Module Ten: Vaccine Storage and Handling

- CDC Vaccine Storage & Handling Toolkit Updated with COVID-19 Storage and Handling

- Vaccine Administration and Storage and Handling at a Glance Resource Guide

- Vaccine Administration: - Needle Gauge and Length

- You Call the Shots Vaccine Administration – Intramuscular (IM) Injection Adults 19 Years of Age and Older

- Vaccine Administration – Epidemiology and Prevention of Vaccine Preventable Diseases

- Product Information Guide for COVID-19 Vaccines and Associated Products

IMMUNIZATION AND VACCINES (GENERAL)

General Best Practice Guidelines for Immunization: Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP)
Guidance about vaccination and vaccines for health care providers.
www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html

Epidemiology and Prevention of Vaccine-Preventable Diseases (the Pink Book), 13th Edition: Course Textbook (2015)
Comprehensive information on routinely used vaccines and the diseases they prevent.
www.cdc.gov/vaccines/pubs/pinkbook/index.html

Vaccine Administration e-Learn
Free, interactive educational program on proper vaccine administration.

"You Call the Shots" Online Training Modules
A series of training modules for health care providers on vaccine recommendations with self-tests to assess learning. CE credit available.
www.cdc.gov/vaccines/ed/youcalltheshots.htm

Vaccine Safety
Safety information about specific vaccines and answers to commonly asked questions.
www.cdc.gov/vaccinesafety/hcproviders/index.html

Vaccine Information Statements (VIS)
Statements required by law to inform patients about the benefits and risks of a vaccine they are receiving.
www.cdc.gov/vaccines/hcp/vis/

VACCINE STORAGE AND HANDLING

> **Epidemiology and Prevention of Vaccine-Preventable Diseases (the Pink Book): Storage and Handling Chapter**
www.cdc.gov/vaccines/pubs/pinkbook/vac-storage.html

> **Vaccine Storage and Handling Guidelines and Recommendations**
Resources on vaccine storage and handling recommendations and guidelines.
www.cdc.gov/vaccines/recs/storage/default.htm

> **Vaccine Storage and Handling Toolkit**
Comprehensive guidance for health care providers on vaccine storage and handling recommendations and best practices.
www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf

> **"Keys to Storing and Handling Your Vaccine Supply" Training Video**
This training outlines vaccine storage and handling best practices, and provides helpful tips for preventing errors and preserving vaccine supply and integrity.
www2.cdc.gov/vaccines/ed/shvideo/

VACCINE ADMINISTRATION

> **Skills Checklist for Immunization**
A self-assessment tool from the Immunization Action Coalition for health care staff who administer vaccines.
www.immunize.org/catg.d/p7010.pdf

> **Epidemiology and Prevention of Vaccine-Preventable Diseases (the Pink Book): Vaccine Administration Chapter**
www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html

> **Vaccine Administration Guidelines and Recommendations**
CDC resources include information on vaccine dosage, route, and site; vaccines with diluents; sample vaccine records; recommendations for emergency situations; managing vaccine reactions; and vaccine indications.
www.cdc.gov/vaccines/hcp/admin/admin-protocols.html

> **Injection Safety**
Information for health care providers about safe injection practices.
www.cdc.gov/injectionsafety/providers.html

> **Using Standing Orders for Administering Vaccines: What You Should Know**
The Immunization Action Coalition provides standing orders for ACIP-recommended vaccines and an overview about the use of standing orders for vaccination.
www.immunize.org/standing-orders/

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

YOU CALL THE SHOTS

Vaccine Administration: Needle Gauge and Length

Vaccines must reach the desired tissue to provide an optimal immune response and reduce the likelihood of injection-site reactions. Needle selection should be based on the:

- Route
- Age
- Gender and weight for adults (19 years and older)
- Injection site

The following table outlines recommended needle gauges and lengths. In addition, clinical judgment should be used when selecting needles to administer injectable vaccines.

Route	Age	Needle gauge and length	Injection site
Subcutaneous injection	**All ages**	23–25-gauge 5/8 inch (16 mm)	Thigh for infants younger than 12 months of age[1]; upper outer triceps area for persons 12 months of age and older
Intramuscular injection	**Neonate, 28 days and younger**	22–25-gauge 5/8 inch (16 mm[2])	Vastus lateralis muscle of anterolateral thigh
	Infants, 1–12 months	22–25-gauge 1 inch (25 mm)	Vastus lateralis muscle of anterolateral thigh
	Toddlers, 1–2 years	22–25-gauge 1–1.25 inches (25–32 mm)	Vastus lateralis muscle of anterolateral thigh[3]
		22–25-gauge 5/8[2]–1 inch (16–25 mm)	Deltoid muscle of arm
	Children, 3–10 years	22–25-gauge 5/8[2]–1 inch (16–25 mm)	Deltoid muscle of arm[3]
		22–25-gauge 1–1.25 inches (25–32 mm)	Vastus lateralis muscle of anterolateral thigh
	Children, 11–18 years	22–25-gauge 5/8[2]–1 inch (16–25 mm)	Deltoid muscle of arm[3,5]
	Adults, 19 years and older ■ 130 lbs (60 kg) or less ■ 130–152 lbs (60–70 kg) ■ Men, 152–260 lbs (70–118 kg) ■ Women, 152–200 lbs (70–90 kg) ■ Men, 260 lbs (118 kg) or more ■ Women, 200 lbs (90 kg) or more	22–25-gauge 1 inch (25 mm[4]) 1 inch (25 mm) 1–1.5 inches (25–38 mm) 1–1.5 inches (25–38 mm) 1.5 inches (38 mm) 1.5 inches (38 mm)	Deltoid muscle of arm[3,5]

[1] May be administered into the upper outer triceps area if necessary
[2] If the skin is stretched tightly and subcutaneous tissues are not bunched
[3] Preferred site
[4] Some experts recommend a 5/8-inch needle for men and women weighing less than 60 kg, if used, skin must be stretched tightly and subcutaneous tissues must not be bunched.
[5] The vastus lateralis muscle in the anterolateral thigh can also be used. Most adolescents and adults will require a 1- to 1.5-inch (25–38 mm) needle to ensure intramuscular administration.

Reference: Advisory Committee on Immunization Practices General Best Practice Guidelines for Immunization. www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html

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YOU CALL THE SHOTS

Vaccine Administration: Intramuscular (IM) Injection
Adults 19 years of age and older

Administer these vaccines by IM injection:

- *Haemophilus influenzae* type b (Hib)
- Hepatitis A (HepA)
- Hepatitis B (HepB)
- Hepatitis A and hepatitis B (HepA-HepB)
- Human papillomavirus (HPV vaccine)
- Influenza vaccine, inactivated (IIV)
- Influenza vaccine, recombinant (RIV4)
- Meningococcal conjugate (MenACWY)
- Meningococcal serogroup B (MenB)
- Pneumococcal conjugate (PCV13)
- Pneumococcal polysaccharide (PPSV23)*
- Tetanus and diphtheria toxoid (Td)
- Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap)
- Zoster, recombinant (RZV)

*May also be administered by subcutaneous injection

To ensure vaccines are safe and effective, it's important to prepare and administer them correctly:

- Follow aseptic technique.
- Use a new needle and syringe for each injection.
- Perform hand hygiene before vaccine preparation, between patients, when changing gloves (if worn), and any time hands become soiled.‡

‡Gloves are not required unless the person administering the vaccine is likely to come in contact with potentially infectious body fluids or has open lesions on the hands. If worn, perform hand hygiene and change gloves between patients.

1. Use the correct syringe and needle.

- Administer vaccine using either a 1-mL or 3-mL syringe.
- Use a 22- to 25-gauge needle.
- Use the correct needle length based on the patient's gender and weight. For adults, use a 1- to 1.5-inch needle.

1 in (25 mm)
Men and women, less than 60 kg* (130 lbs)

Men and women, 60–70 kg (130–152 lbs)

1.5 in (38 mm) OR 1 in (25 mm)
Men, 70–118 kg (152–260 lbs)
Women, 70–90 kg (152–200 lbs)

1.5 in (38 mm)
Men, greater than 118 kg (>260 lbs)
Women, greater than 90 kg (>200 lbs)
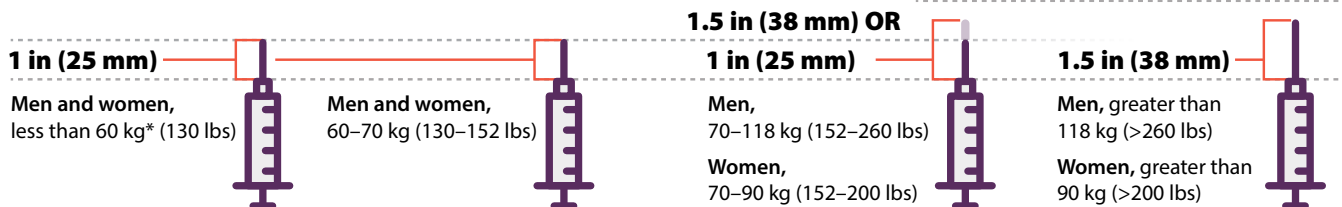
*Some experts recommend a 5/8-inch needle for men and women who weigh less than 60 kg (130 lbs). If used, the skin must be stretched fully and the subcutaneous tissues must not be bunched.

2. Identify the injection site.

- Recommended site: Deltoid muscle in the upper arm
- Use anatomical landmarks to determine the injection site. The deltoid muscle is a large, rounded, triangular shape. Find the acromion process, which is the bony point at the end of the shoulder. The injection site will be approximately 2 inches below the bone and above the axillary fold/armpit.
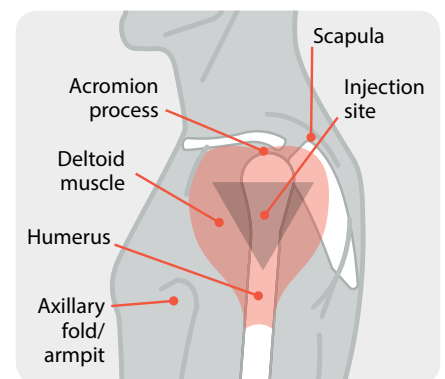
3. Administer the vaccine correctly.

- Inject the vaccine into the middle and thickest part of the muscle. Insert the needle at a 90-degree angle and inject all of the vaccine in the muscle tissue.
- If administering more than one vaccine in the same arm, separate the injection sites by 1 inch if possible.

Scapula
Acromion process
Injection site
Deltoid muscle
Humerus
Axillary fold/armpit

For additional information, go to CDC's vaccine administration resource library at
www.cdc.gov/vaccines/hcp/admin/resource-library.html.

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POST CLINIC PROVIDER RESPONSIBILITY

- Utilize and follow the instructional video titled **Entering Vaccine Doses into ImmPRINT** from the ADPH website

- Utilize and follow the instructional video titled **Provider Setup and Inventory** from the ADPH website

- VaccineFinder Onboarding Process

- VaccineFinder Data Reporting Process

VaccineFinder COVID-19 Vaccine Supply Reporting and Finder System
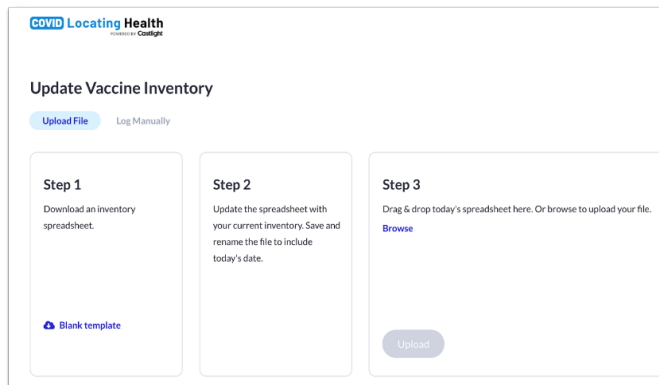
What is VaccineFinder?

The VaccineFinder[1] platform helps the public find providers who offer select vaccines in communities across the United States. VaccineFinder's data are sourced via the provider platform, Locating Health.

VaccineFinder's role in the COVID-19 response

VaccineFinder and Locating Health provider platforms will serve two roles in the COVID-19 Vaccination Program.

1. **Inventory reporting** (required for all providers): COVID-19 vaccination providers will report on-hand COVID-19 vaccine inventory each day.

2. **Increase access to COVID-19 vaccines** (optional for providers): Once there is enough supply, COVID-19 vaccination providers may choose to make their location visible on VaccineFinder, making it easier for the public to find provider locations that have COVID-19 vaccine available. CDC will be directing the public to use VaccineFinder to find locations offering COVID-19 vaccine.

The new COVID Locating Health Provider Platform will allow for easy reporting

What providers need to know

The COVID-19 Vaccination Program Provider Agreement requires providers to report vaccine supply information as directed by CDC. Organizations or provider locations receiving COVID-19 vaccine should report supply information daily to VaccineFinder using the online COVID Locating Health Provider Portal. Vaccination providers can report manually via the secure COVID Locating Health Provider Portal; or via an automated secure data transfer directly to the COVID Locating Health Platform.

When COVID-19 vaccine supply is limited, data reported will only be used for vaccine inventory information—not as a resource to help the public find vaccine. When vaccine is more widely available, providers will be notified that the VaccineFinder public-facing website will be turned on to show COVID-19 vaccination locations. This will allow the public to know where they can go to receive a COVID-19 vaccination. Providers will be able to choose whether their location is displayed on the website. For participating providers, the VaccineFinder website will show the provider's location and contact information and will indicate that the provider has vaccine available. Specific inventory information will not be available to the public.

VaccineFinder onboarding and reporting

The process below outlines onboarding and reporting for VaccineFinder via the COVID Locating Heath Provider Portal. The reporting structure chosen by each organization must be maintained for the duration of the COVID-19 Vaccination Program.

1. COVID-19 vaccination providers must be registered in CDC's Vaccine Tracking System (VTrckS). Providers registered in VTrckS will receive an email from the COVID Locating Health Provider Portal with instructions for completing the enrollment process. This email will be sent to the provider organization's email address submitted in the provider enrollment form.

2. Organizations will determine whether they will report daily on-hand inventory on behalf of all their provider locations (e.g., a clinic headquarters office reporting on behalf of satellite clinics), or whether individual provider locations are responsible for reporting this information. Once a determination is made, it must be maintained for the duration of the COVID-19 Vaccination Program.

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[1] VaccineFinder (www.vaccinefinder.org) is maintained by HealthMap (https://healthmap.org) in partnership with CDC and Castlight Health.

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National Center for Immunization and Respiratory Diseases

- o Provider locations designated as inventory reporting entities by their organizations will receive instructions for completing the COVID Locating Health Provider Portal enrollment process.
3. Organizations enrolled in the COVID Locating Health Provider Portal can view their approved provider location details and update inventory within the portal. Provider locations identified as inventory reporting entities will enroll to access their COVID Locating Health Provider Portal account and report daily COVID-19 vaccine inventory.
4. Additional details on steps for onboarding will be available on November 16, 2020.

Existing VaccineFinder accounts: What if I already report data for routine vaccines via my existing Locating Health account? Can I just use that account?

All COVID-19 vaccination providers will need to create a new account in the COVID Locating Health Provider Portal specifically for COVID-19 vaccine information.

- There will initially be two Locating Health Provider Portals (plans are in place to integrate these provider portals into one platform in the coming months):
  - o **Locating Health Provider Portal** for reporting seasonal and routine vaccine availability
  - o **COVID Locating Health Provider Portal** for required daily reporting of on-hand COVID-19 vaccine inventory quantities
- **If you are reporting manually**:
  - o Organizations will continue to access the existing Locating Health Provider Portal to update availability of influenza and other routine vaccines and medications.
  - o Organizations will log into the new COVID Locating Health Provider Portal to submit daily COVID-19 vaccine inventory reports for each participating provider location (online form or batch upload).
- **If you are using automated reporting**:
  - o Organizations will continue to send data files to VaccineFinder to update availability of influenza vaccines and routine adult and child vaccines and medications at their provider locations.
  - o For COVID-19 reporting, organizations will add COVID-19 vaccination providers and COVID-19 vaccine quantities to their existing data file and send to VaccineFinder via the usual process.

Batch reporting: Can jurisdictions report on behalf of their providers?

If your jurisdiction's public health agency is collecting daily inventory reports from providers through existing platforms (e.g., immunization information system, or IIS, pandemic modules), your jurisdiction may choose to submit daily on-hand COVID-19 vaccine inventory via batch reporting to VaccineFinder through the COVID Locating Health Provider Portal. Please note the following important considerations for inventory reporting at the jurisdiction level:

1. Jurisdictions interested in this reporting method should send an email to iisinfo@cdc.gov (subject: VaccineFinder-IIS) before onboarding on November 16, 2020.
2. This reporting option will only be available at the start of the COVID-19 vaccination program. Jurisdictions that choose this reporting method must continue using it for the duration of the COVID-19 vaccination program.
3. Jurisdictions that choose to use batch reporting must submit daily on-hand inventory for all COVID-19 vaccination providers in their jurisdiction for whom they are placing orders in VTrckS.
4. Jurisdictions will need to identify a primary and secondary point of contact (name and valid email address) to create an account in the COVID Locating Health Provider Portal. These individuals will be responsible for submitting daily inventory reports to VaccineFinder via the provider portal.

How the public uses VaccineFinder

VaccineFinder's goal is to make it easy for people to find a nearby location where they can be vaccinated. For 11 years, the VaccineFinder website has helped people find clinics that offer seasonal influenza and routine adult and child vaccinations. Once COVID-19 vaccines are widely available, VaccineFinder will help people find locations where they can receive COVID-19 vaccine.

At the website, a person may enter their ZIP code and search for a provider that has a specific vaccine in their area. VaccineFinder displays mapped results of locations and vaccine availability.

> ***To register your location in VaccineFinder:***
>
> *For COVID-19 vaccination, you must coordinate with your organization or jurisdiction's immunization program.*
>
> *For routine vaccinations, register at https://locating.health/register.*

COVID Locating Health

Data Import Documentation

Data Import Instructions for Providers Reporting to **Vaccine**Finder

Boston Children's Hospital
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CDC
CENTERS FOR DISEASE
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Castlight

Revision 2.0.2 - December 3, 2020

1

COVID Locating Health

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COVID Locating **Health**

Overview

Background and Scope

The **Locating** **Health** platform is the administrative tool that COVID-19 vaccination providers may use to import required COVID-19 vaccine data and provider information into **Vaccine**Finder.

This document is specific to updates made to the **Locating** **Health** platform, in partnership with the Centers for Disease Control and Prevention (CDC), Boston Children's Hospital, and Castlight Health to meet the needs of the current COVID-19 Vaccination Program. This document is only relevant for COVID-19 vaccination providers that have completed provider enrollment and have registered in CDC's Vaccine Tracking System (VTrckS) with the Special Project Provider flag for COVID-19 in the ExIS file. Entities reporting on-hand vaccine inventory quantities to **Vaccine**Finder are jurisdictional awardees, provider organizations, pharmacies, and individual providers.

Separate documentation will be available for retail pharmacies currently reporting vaccine supply through secure file transfer protocol (SFTP) to **Vaccine**Finder through the **Locating** **Health** platform.

How **Locating** **Health** Works for COVID-19 Vaccines

The COVID-19 Vaccination Program Provider Agreement requires providers to report supply information as directed by CDC. Organizations or provider locations receiving COVID-19 vaccines should report on-hand vaccine inventory quantities daily to **Vaccine**Finder using the new **COVID Locating** **Health** Provider Portal (https://covid.locating.health).

1. The **COVID Locating** **Health** Provider Portal allows providers registered in CDC's VTrckS to report COVID-19 on-hand vaccine inventory on a daily basis to **Vaccine**Finder. Entities can choose to report inventory for all provider locations in their organization, or they may choose to enable reporting for each individual location. **The reporting structure identified by each organization must be maintained for the duration of the COVID-19 Vaccination Program.**

2. All registered entities on the new **COVID Locating** **Health** Provider Portal should log in daily and submit on-hand COVID-19 vaccine inventory information for their provider locations.

3. **COVID Locating** **Health** will report daily on-hand COVID-19 vaccine inventory quantities for each provider location directly to **Vaccine**Finder.

4. When vaccine is more widely available, providers will be notified that the **Vaccine**Finder public-facing website (www.vaccinefinder.org) will be turned on to show COVID-19 vaccination locations. This will inform the public where they may go to receive a COVID-19 vaccination. **Providers will be able to choose whether their location is displayed on the website.** For participating providers, the **Vaccine**Finder website will show the

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provider's location, contact information, and the latest available data on COVID-19 vaccine availability to the public. Inventory quantities will not be available to the public.

5. COVID-19 vaccination providers will need to create a new account in the **COVID Locating Health** Provider Portal specifically for COVID-19 vaccine information. There will initially be two **Locating Health** Provider Portals:
   - **Locating Health** Provider Portal for reporting seasonal and routine vaccine availability
   - **COVID Locating Health** Provider Portal for required daily reporting of on-hand COVID-19 vaccine inventory quantities

System Methodology

To provide COVID-19 vaccine inventory data to the **Locating Health** platform, the participating entity will register to access and log into the new **COVID Locating Health** Provider Portal**.**

Once the entity is securely logged in, they may upload on-hand inventory in a .csv file or enter this information manually through a user interface. Entities will be able to view and download previously entered on-hand vaccine inventory quantities from the last update and sample file formats directly from the web portal. The **COVID Locating Health** Provider Portal provides both methods for use at any time and partnering entities may decide which option is most feasible for their providers.

Entities will be required to submit on-hand inventory information for each vaccine through the **COVID-19 Locating Health** Provider Portal on a daily basis. Inventory levels will be reported to CDC through **Vaccine**Finder at 5:00 am Eastern time daily. Only the most recently entered on-hand inventory at that time will be reported.

File Upload Format (*.csv)

Formatted files with current inventory information will be available on the **COVID Locating Health** Provider Portal to download for reference and edit for re-upload.

Each row within the .csv *(RFC-4180 comma-separated values)* file represents one single vaccination record for a provider. To allow for a combined .csv of multiple providers and/or vaccines, each row asks for the provider details in full. This allows the system to match and locate the provider to add the vaccinations without having to worry about multiple rows of data simultaneously.

Manual Input

A user interface will also be available on the **COVID Locating Health** Provider Portal for entities to log on-hand inventory manually. There will be a drop-down menu for each location for which that entity is approved to report supply. There will be a row for each vaccine available under each provider location.

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User Flows

Provider Organizations

1. Provider organizations with multiple locations in a single jurisdiction will be given the choice to report supply data at the organization level or enable reporting for each individual provider location (e.g., a clinic headquarters office reporting on behalf of satellite clinics vs. a satellite clinic reporting for their individual location).

2. Provider organizations registered in CDC's VTrckS will receive an email with a unique registration link from the new **COVID Locating** **Health** Provider Portal at the organization contact email address submitted in the CDC COVID-19 Vaccination Program provider enrollment form.

3. The organization contact will then follow the link to register for a secure **COVID Locating** **Health** Provider Portal account. During the onboarding process, the organization will be asked how they would like to report supply for their organization.

    a. If an organization enables individual provider locations to report inventory, new registration emails will be sent to each location contact listed in the provider enrollment form so that they can create an account. Each location will only have access to edit on-hand inventory information for their individual provider location. For details, see the individual provider user flow below. The organization onboarding will end at this point.

    b. Organizations that choose to report inventory for their provider locations must meet the following criteria:
        i. Organizations must report COVID-19 vaccine inventory data for <u>**all**</u> COVID-19 vaccination providers associated with their organization.
        ii. Organizations must report COVID-19 vaccine inventory daily for the duration for the COVID-19 vaccination program.
        iii. Organizations must be capable of providing all required fields listed in the data directory below.

4. Organizations reporting for all their provider entities will log into the **COVID Locating Health** Provider Portal and can access a template file prefilled with their CDC approved, pre-enrolled provider locations.

5. Organizations will be required to log inventory data for all provider locations in their jurisdiction using the file upload mechanism in the secure **COVID Locating** **Health** Provider Portal. These data will be reported back to **Vaccine**Finder and CDC directly. The ability to manually update on-hand inventory data for providers will also be available to organizations through the portal.

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6. The **COVID Locating** Health Provider Portal may be accessed at any time to view or download current inventory data.

Individual Provider Locations

1. Provider locations that organizations registered in CDC's VTrckS to report COVID-19 vaccine inventory data individually will receive an email with a unique registration link from the **COVID Locating** Health Provider Portal. The email will be sent to the provider location contact email address provided in the CDC COVID-19 Vaccination Program provider enrollment form.

2. The provider contact will then follow the link to register for a secure **COVID Locating** Health Provider Portal account.

3. Individual provider locations will log into the **COVID Locating** Health Provider Portal and can access a user interface to see current COVID-19 vaccine inventory data and update on-hand inventory each day.

4. Provider locations will be required to log inventory data daily though the **COVID Locating** Health Provider Portal. These data will be reported back to **Vaccine**Finder directly.

5. The **COVID Locating** Health Provider Portal may be accessed at any time to view or download current supply data.

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Jurisdictions

1. Jurisdictions interested in reporting COVID-19 inventory data for provider locations in their jurisdiction must meet the following conditions:

    a. Jurisdictions must report COVID-19 vaccine inventory data for *all* approved COVID-19 vaccination providers in their jurisdiction.

    b. Jurisdictions must report COVID-19 vaccine inventory daily for these providers for the duration for the COVID-19 vaccination program.

    c. Jurisdictions must be capable of providing all required fields listed in the data directory below.

2. The window of time for awardees to opt-in for jurisdiction-level inventory reporting to **Vaccine**Finder closed on November 16th, 2020. For jurisdictions that did not opt-in before this deadline, **Vaccine**Finder will onboard their providers to report directly to VaccineFinder. Please note that your reporting method must be maintained for the duration of the COVID-19 vaccination program. .

3. Once CDC confirms that a jurisdiction will report vaccine inventory for its vaccination providers, the jurisdiction contact will receive an email with a unique registration link from the **COVID Locating Health** Provider Portal**.**

4. The jurisdiction contact will then follow the link to register for a secure **COVID Locating Health** Provider Portal account.

5. Once registered and logged into the **COVID Locating Health** Provider Portal, the jurisdiction will be able to access a template file prefilled with the CDC-approved, pre-enrolled provider locations in their jurisdiction. Jurisdictions may also generate a file directly from their Immunization Information System (IIS) for upload into **Vaccine**Finder. See Requirements for Externally Generated Files for Upload.

6. Jurisdictions will be required to log inventory data for all provider locations in their jurisdiction using the file upload mechanism in the secure **COVID Locating Health** Provider Portal**.** Data collected through the **COVID Locating Health** Provider Portal will be reported back to **Vaccine**Finder and CDC directly. Alternatively, the ability to manually update on-hand inventory information for providers will also be available to jurisdictions through the portal.

7. The **COVID Locating Health** Provider Portal may be accessed at any time to view or download current inventory supply.

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Data Dictionary

Administrative Fields

*Administrative fields for **Locating** Health will be used to match location data across CDC, **Locating** Health, and **VaccineFinder** systems. All administrative data reported by entities to **Locating** Health should match those data provided to CDC in the COVID-19 Vaccination Program provider enrollment form and VTrckS registration. **Any changes to these fields after enrollment must be made through CDC directly.***

Field Name	Description	Format	Required (Yes/No) ~~on 11/17~~
Organization Name	Name of the organization as entered in the pre-enrollment application		No – Pre-populated in template file
Provider Location Name	Location name for each provider location as entered in the pre-enrollment application		No – Pre-populated in template file
Provider ID	This is a unique identifier created by VaccineFinder COVID Locating Health Provider Portal	This is a 36 character non-deterministic unique identifier.	Yes – if VTrckS PIN is not present. Pre-populated in template file
VTrckS PIN	This is the unique identifier for each provider location assigned by VTrckS (VTrckS Provider PIN)	3-digit alphanumeric prefix + up to 6-digit PIN. Examples: Provider: "ALA123456" or "ALA 456"	Yes - if Provider ID is not present– Pre-populated in template file
Street Address	Street number and name	Street addresses cannot contain any special characters except "," and "#"	No – Pre-populated in template file

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Field Name	Description	Format	Required (Yes/No) ~~on 11/17~~
Street Address 2	Apartment, suite, or building number	Street addresses cannot contain any special characters except "," and "#"	No – Pre-populated in template file
City		City	No – Pre-populated in template file
State		Two letter state/territory abbreviation	No – Pre-populated in template file
Postal Code	ZIP code	We can take the 5-digit, as well as the 9-digit ZIP code. The following formats are accepted: • "02111" "02919-3232"	No – Pre-populated in template file

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COVID-19 Vaccine Inventory Fields

COVD-19 vaccine inventory fields are required fields for reporting on November 17 or as soon as the vaccine is distributed to a provider location. On-hand vaccine inventory quantities must be reported daily. **Any changes to these fields, including adding additional National Drug Codes (NDCs) to provider locations, may be made directly through the** *COVID Locating* **Health Provider Portal.**

Field Name	Description	Format	Required (Yes/No)
NDC	Unique identifier for each approved vaccine.	The National Drug Code (NDC) for the COVID-19 vaccine. The 11 NDC unit of use is the preferred format. This is the NDC that will appear in the provider portal. This can be with or without hyphens: ● 88888-1000-02 ● 88888100002 Additional NDC formats are supported in an externally generated file. See requirements below for more information.	Yes – will be addable through the Provider Portal
Medication Name	Commercial name of the vaccine including identifying dose/strength information	This field is optional if NDC is provided. ● Vaccine Name - Dosage Form - Strength	No
Quantity	Inventory reported in the number of doses per vaccine on hand at the location Quantity will not be reported publicly. Additional fields for public supply data listed below.	Acceptable formats: ● 0 and positive integers ● UNKNOWN – to record unknown number of doses ● REMOVE – to remove an NDC from the provider location	Yes

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VaccineFinder Inventory Display Fields (Expected Launch: January 2021)
*VaccineFinder display fields will become relevant when COVID-19 vaccines become widely available. Providers will be notified that the VaccineFinder public-facing website will be turned on to show COVID-19 vaccination locations. Additionally, providers will be able to choose whether their site is displayed to the general public through the VaccineFinder tool. Inventory information will not be available to the public. **Any changes to these fields may be made directly through the COVID Locating Health Provider Portal.***

Field Name	Description	Format	Available in Phase 2	Required for Public Display
GPI	The 14-digit Generic Product Identifier Code	The 14-digit GPI code for the medication. This can be with or without the hyphens: • 58-20-00-60-10-01-05 • 58200060100105	No	Optional if NDC is provided
Medication Type	If using the GPI field, the Med Type is also required.	The value will be a single letter, either "B" – Brand "G" – Generic "V" – Vaccine	No	Optional if NDC is provided, required if only GPI is provided
Availability Start Date	These fields represent when a particular vaccine/medication will start to be available and cease to be available, and is meant to be utilized for seasonal vaccinations, or other limited offerings.	Dates the two-letter abbreviation for month first, two-digit day second and four digit year. Acceptable formats below: • MM/DD/YYYY • MM-DD-YYYY	No	Optional
Availability End Date	These fields represent when a particular vaccine/medication will start to be available and cease to be available, and is meant to be utilized for seasonal vaccinations, or other limited offerings.	Dates the two-letter abbreviation for month first, two-digit day second, and four-digit year. Acceptable formats below: • MM/DD/YYYY • MM-DD-YYYY	No	Optional

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Field Name	Description	Format	Available in Phase 2	Required for Public Display
Cost	This is the cost of the medication/vaccine in US dollars and cents.	Numeric values for dollars and cents. If the cost is not available or cannot be listed, then "-1" should be the chosen value. Acceptable formats: • 20.00 • -1	No	Optional
Item in Stock	This field indicates whether this NDC is in stock for public accessible at this location. Do not include inventory that is allocated for non-public distribution as "in stock."	True/False	No	Yes
Supply Level	See Appendix A	See Appendix A	No	No
Active	Should this provider actively be displayed on the VaccineFinder website? This field is always defaulted to False for all provider locations.	True/False	No	Yes

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VaccineFinder Provider Accessibility Fields (Expected Launch: January 2021)
Provider accessibility fields help the public find provider locations that meet their needs. These fields will be collected at the provider and organization level and will be entered outside of the daily inventory upload and download process. These fields are not relevant for the initial phases of the COVID-19 Vaccination Program, but it is recommended they be included for provider locations that should be displayed on the public-facing website to show COVID-19 vaccination locations when vaccine is more widely available.

Field Name	Description	Format	Available in Phase 2	Required for Public Display
Phone Number		Preferred format is (555) 555-5555; however, the following formats are acceptable: • (555) 555-5555 • 5555555555 • 555-555-5555	No	Yes
County	County		No	Optional
Open Hours for Sunday	Daily hours of operation	Format: hh:mm:AM - hh:mm:PM • "11:00AM - 6:00PM" • "5:00AM - 11:00AM, 1PM-11PM" • "12:00AM - 12:00AM" (Open 24 hours for this day)	No	Yes
Open Hours for Monday	Daily hours of operation	Format: hh:mm:AM - hh:mm:PM	No	Yes

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Open Hours for Tuesday	Daily hours of operation	Format: hh:mm:AM - hh:mm:PM	No	Yes
Open Hours for Wednesday	Daily hours of operation	Format: hh:mm:AM - hh:mm:PM	No	Yes
Open Hours for Thursday	Daily hours of operation	Format: hh:mm:AM - hh:mm:PM	No	Yes
Open Hours for Friday	Daily hours of operation	Format: hh:mm:AM - hh:mm:PM	No	Yes
Open Hours for Saturday	Daily hours of operation	Format: hh:mm:AM - hh:mm:PM	No	Yes
Web Address	Provider location URL	URL	No	Yes
Pre-screen/ Registration Web address	URL for Provider's COVID-19 Vaccine pre-screening form	URL	No	Optional
Insurance	Does this location accept insurance?	True/False	No	Optional
Walk-ins	Does this location accept walk-ins?	True/False	No	Optional
Open Date	The date the provider becomes available for seasonal clinics or pop-ups.	Dates the two-letter abbreviation for month first, two-digit day second, and four-digit year. Acceptable formats below: • MM/DD/YYYY • MM-DD-YYYY	No	Optional

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Close Date	The date the provider is closed for seasonal clinics or pop-ups.	Dates the two-letter abbreviation for month first, two-digit day second, and four-digit year. Acceptable formats below: • MM/DD/YYYY • MM-DD-YYYY	No	Optional
Notes	Notes to display administrative data for the provider location on the VaccineFinder website.	Free text field	No	Optional

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Requirements for Externally Generated Files for Upload

*Jurisdictions reporting inventory through their IIS for all provider locations in their jurisdiction or pharmacies reporting for all locations in their pharmacy chain may generate a file directly from an external tracking system for upload into **Vaccine**Finder. The file format must match what is outlined below. It is important to note that **all column headers are required** but the fields may be left blank for any optional field.*

Column Header	Description	Required/Optional	Format / Acceptable Values
Organization Name	Organization name as it appears on the provider agreement	Optional	Free text – 255 character limit
Provider Location Name	Location name as it appears on the provider agreement	Optional	Free text – 255 character limit
Provider Id	Provider GUID	Optional if VTrckS is present	Vaccine Finder generated alphanumeric unique identifier for each location
VTrckS PIN	VTrckS PIN	Optional if Provider ID is present	3-digit alphanumeric prefix + up to 6-digit PIN. Examples: Provider: "ALA123456" or "ALA 456"
Street Address	Street address as it appears in the provider agreement.	Optional	Address as it appears in the provider agreement. Address must be in one of the following formats in order to ensure that the system can match to a proper mailing address and therefore map it properly: ● "123 Main St" ● "123 Main St #456" ● "123 Main St, Suite 7" ● "123 Main St, Building A" This is Bad Formatting, and will not be accepted: ● 123-127 Main St

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Column Header	Description	Required/Optional	Format / Acceptable Values
Street Address 2	Street Address second line as it appears in the provider agreement.	Optional	Free text
City	City	Optional	City (example: "Boston")
State	State	Optional	Two Character State (example: "MA")
Postal Code	Postal Code	Optional	5 digit, as well as the 9 digit zip code, the following formats are accepted: ● "02111" ● "02919-3232"
GPI	The 14 digit Generic Product Identifier Code	Optional	14 digit GPI code for the medication. This can be with or without the hyphens: ● 58-20-00-60-10-01-05 ● 58200060100105
Medication Type	The type of medication (one digit letter)	Optional	The value will be a single letter, either "B", "G", or "V". The values stand for the following: ● "B" - Brand name ● "G" - Generic ● "V" - Vaccine
NDC	The National Drug Code	Required	10 or 11 digit NDC for the vaccine. Can be either NDC of use or NDC of sale. PLEASE NOTE: Only the 11 NDC or use will be shown through the provider portal. Other formats will be accepted through file upload only. This can be entered with or without hyphens or leading 0: ● 88888-1000-02 ● 88888100002 ● 88888-1000-2 ● 8888810002

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Column Header	Description	Required/Optional	Format / Acceptable Values
Medication Name	The name of the medication	Optional	Format and suggested value examples: ● Drug Name - Dosage Form - Strength ● Pfizer – COVID Vaccine – 0 mcg/0.3mL dose ● Pfizer COVID Vaccine 0 mcg/0.3mL dose
Quantity	Number of doses on-hand for that vaccine. PLEASE NOTE that if the vaccine is identified by the NDC unit of sale – you are still expected to enter the number of doses on hand for that NDC.	Required	Acceptable values: ● 0 or positive integer ● UNKNOWN ● REMOVE

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Appendix

Appendix A: Supply Level Reporting

Supply Level Format

While "Quantity on Hand" is a required field for COVID-19 vaccine inventory reporting, the "Supply Level" field is optional.

The supply level constitutes how many days' supply of the vaccine a provider is carrying. This field is subjective in nature, but is helpful to inform the public of vaccine availability when vaccines are displayed on the public-facing **Vaccine**Finder website, since some locations have higher traffic than others, and demand can also be regional or event based. The value will be a single digit number as follows:

- -1: No Report
- 0: No Supply
- 1: <24 Hour Supply
- 2: 24 Hour Supply
- 3: 24–48 Hour Supply
- 4: >48 Hour Supply

VACCINE SAFETY

- VAERS information
- V-Safe

VAERS

Vaccine Adverse Event Reporting System (VAERS)

The Vaccine Adverse Event Reporting System (VAERS), is a national program managed by the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA) to monitor the safety of all vaccines licensed in the United States. VAERS collects and reviews reports of adverse events that occur after vaccination. An "adverse event" is any health problem or "side effect" that happens after a vaccination. VAERS cannot determine if a vaccine caused an adverse event, but can determine if further investigation is needed.

VAERS provides valuable information

VAERS is an early-warning system that detects problems possibly related to vaccines. The system relies on reports from healthcare providers*, vaccine manufacturers, and the general public. Reporting gives CDC and FDA important information to identify health concerns and ensure vaccines are safe in order to protect the public's health.

VAERS staff evaluate reports of adverse events

VAERS defines a "serious adverse event" as life-threatening illness, hospitalization, prolongation of an existing hospitalization, permanent disability or death. Once adverse events are identified using VAERS, they may be monitored in other immunization safety systems to confirm if a particular adverse event is related to a vaccination and identify any specific risk factors.

Anyone can report to VAERS

Anyone can submit a report to VAERS, including patients, family members, healthcare providers, vaccine manufacturers and the general public. CDC and FDA encourage anyone who experiences an adverse event after receiving a vaccine to report to VAERS.
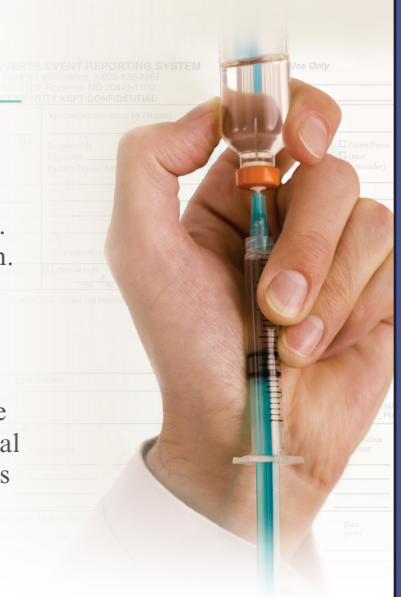
How to report to VAERS

You can report to VAERS online at https://vaers.hhs.gov/index.

For further assistance reporting to VAERS, visit https://vaers.hhs.gov/index or contact VAERS directly at info@VAERS.org or 1-800-822-7967.

VAERS data are available to the public

VAERS data can be downloaded at https://vaers.hhs.gov/data/index or searched at http://wonder.cdc.gov/vaers.html. Privacy is protected and personal identifying information (such as name, date of birth and address) is removed from the public data.

For more information about VAERS:

E-mail: info@vaers.org

Phone: 1-800-822-7967

Web site: www.vaers.hhs.gov

*Healthcare providers are encouraged to report all clinically significant adverse events after vaccination to VAERS even if it is uncertain whether the vaccine caused the event. They are also required to report to VAERS adverse events found in the Reportable Events Table (RET) at https://vaers.hhs.gov/resources/VAERS_Table_of_Reportable_Events_Following_Vaccination.pdf

FACT SHEET

CS267401

Get vaccinated.
Get your smartphone.
Get started with v-safe.

What is v-safe?

V-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through **v-safe**, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you. And **v-safe** will remind you to get your second COVID-19 vaccine dose if you need one.

Your participation in CDC's **v-safe** makes a difference—it helps keep COVID-19 vaccines safe.

How can I participate?

Once you get a COVID-19 vaccine, you can enroll in **v-safe** using your smartphone. Participation is voluntary and you can opt out at any time. You will receive text messages from **v-safe** around 2pm local time. To opt out, simply text "STOP" when **v-safe** sends you a text message. You can also start **v-safe** again by texting "START."

How long do v-safe check-ins last?

During the first week after you get your vaccine, **v-safe** will send you a text message each day to ask how you are doing. Then you will get check-in messages once a week for up to 5 weeks. The questions **v-safe** asks should take less than 5 minutes to answer. If you need a second dose of vaccine, **v-safe** will provide a new 6-week check-in process so you can share your second-dose vaccine experience as well. You'll also receive check-ins 3, 6, and 12 months after your final dose of vaccine.

Is my health information safe?

Yes. Your personal information in **v-safe** is protected so that it stays confidential and private.*

*To the extent **v-safe** uses existing information systems managed by CDC, FDA, and other federal agencies, the systems employ strict security measures appropriate for the data's level of sensitivity. These measures comply, where applicable, with the following federal laws, including the Privacy Act of 1974; standards enacted that are consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA); the Federal Information Security Management Act, and the Freedom of Information Act.

12/01/20

v-safe^{SM}
after vaccination
health checker

Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second vaccine dose.

Sign up with your smartphone's browser at
vsafe.cdc.gov

OR

**Aim your smartphone's camera at this code**

How to register and use v-safe

You will need your smartphone and information about the COVID-19 vaccine you received. This information can be found on your vaccination record card; if you cannot find your card, please contact your healthcare provider.

Register

1. Go to the *v-safe* website using one of the two options below:

Use your smartphone's browser to go to **vsafe.cdc.gov**	**OR**	Aim your smartphone's camera at this code
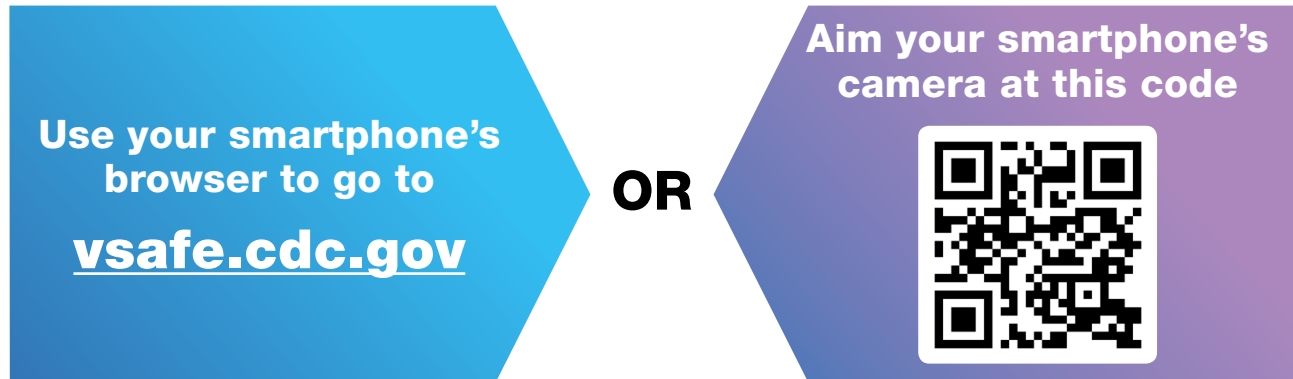
2. Read the instructions. Click **Get Started**.
3. Enter your name, mobile number, and other requested information. Click **Register**.
4. You will receive a text message with a verification code on your smartphone. Enter the code in *v-safe* and click **Verify**.
5. At the top of the screen, click **Enter your COVID-19 vaccine information**.
6. Select which COVID-19 vaccine you received (found on your vaccination record card; if you cannot find your card, please contact your healthcare provider). Then enter the date you were vaccinated. Click **Next**.
7. Review your vaccine information. If correct, click **Submit**. If not, click **Go Back**.
8. **Congrats! You're all set!** If you complete your registration before 2pm local time, *v-safe* will start your initial health check-in around 2pm that day. If you register after 2pm, *v-safe* will start your initial health check-in immediately after you register—just follow the instructions.

   You will receive a reminder text message from *v-safe* when it's time for the next check-in—around 2pm local time. Just click the link in the text message to start the check-in.

Complete a v-safe health check-in

1. When you receive a *v-safe* check-in text message on your smartphone, click the link when ready.
2. Follow the instructions to complete the check-in.

Troubleshooting

How can I come back and finish a check-in later if I'm interrupted?

- Click the link in the text message reminder to restart and complete your check-in.

How do I update my vaccine information after my second COVID-19 vaccine dose?

- *V-safe* will automatically ask you to update your second dose information. Just follow the instructions.

Need help with *v-safe*?
Call 800-CDC-INFO (800-232-4636)
TTY 888-232-6348
Open 24 hours, 7 days a week
Visit www.cdc.gov/vsafe

GENERAL RESOURCES

- Immunization Sites

- COVID-19 Vaccination Training Programs and Reference Materials for Healthcare Professionals

- Different COVID-19 Vaccines (CDC)

- Understanding COVID-19 mRNA Vaccines (CDC)

- Ensuring COVID-19 Vaccines Work (CDC)

- Facts About COVID-19 Vaccines (CDC)

- How CDC is Making COVID-19 Vaccine Recommendations (CDC)

- Skills Checklist for Vaccine Administration

Healthcare professionals who are knowledgeable about evidence-based immunization strategies and best practices are critical to implementing a successful vaccination program. They are key to ensuring that vaccination is as safe and effective as possible. Some healthcare professionals administering COVID-19 vaccine may have extensive experience with immunization practices, since they routinely administer recommended vaccines in their clinical practice. For others, administering COVID-19 vaccine may be their first clinical experience with vaccination. Below is a list of immunization training and educational materials, including basic and COVID-19-vaccine-specific information.

» Vaccine Storage and Handling

Vaccine storage and handling practices are only as effective as the staff who implement them. Staff who are well-trained in general storage and handling principles and follow standard operating procedures for vaccine management are critical to ensuring vaccine supply potency and patient safety.

Training Program / Reference Material	Description
You Call the Shots: Vaccine Storage and Handling	An interactive, web-based immunization training course on storage and handling best practices and principles.
"Keys to Storing and Handling Your Vaccine Supply" video	This video is designed to decrease vaccine storage and handling errors by demonstrating recommended best practices and addressing frequently asked questions.
Vaccine Storage and Handling Toolkit	Comprehensive guide that reflects best practices for vaccine storage and handling from Advisory Committee on Immunization Practices (ACIP) recommendations, product information from vaccine manufacturers, and scientific studies.
Vaccine Storage and Handling Toolkit, COVID-19 Vaccine Addendum	The *Vaccine Storage and Handling Toolkit,* COVID-19 Vaccine Addendum, provides information, recommendations, and resources on storage and handling best practices to help safeguard the COVID-19 vaccine supply and ensure patients receive safe and effective vaccines.
Epidemiology and Prevention of Vaccine-Preventable Diseases	Comprehensive information on routinely used vaccines and the diseases they prevent. Chapter 5 is dedicated to vaccine storage and handling (updated 2020).

» Vaccine Administration

Healthcare professionals who will administer vaccines should receive comprehensive, competency-based training in vaccine administration policies and procedures before administering vaccines. Staff's vaccine administration knowledge and skills should be validated using a skills checklist and maintained using quality improvement processes.

You Call the Shots: Vaccine Administration	An interactive, web-based vaccine administration course that provides training using videos, job aids, and other resources.
Vaccine administration videos	Short, skill-based demonstration videos of vaccine administration activities, including injection techniques based on age and medication preparation.
Skills Checklist for Vaccine Administration	This checklist from the Immunization Action Coalition is a self-assessment tool for healthcare professionals who administer vaccines.
Epidemiology and Prevention of Vaccine-Preventable Diseases	Comprehensive information on routinely used vaccines and the diseases they prevent. Chapter 6 is dedicated to vaccine administration (updated 2020).

» Communicating with Patients about Vaccines

Healthcare professionals play a key role in improving vaccine acceptance as they are in contact with patients throughout the office visit. By fostering a culture of immunization in the practice, both providers and patients can vaccinate with confidence.

How Nurses and Medical Assistants Can Foster a Culture of Immunization in the Practice video	Research shows that healthcare professionals are patients' most trusted source of information when it comes to vaccines. By highlighting key points before, during, and after a patient's visit, this presentation will support vaccine conversations and reinforce best practices for improving vaccination coverage.
"#HowIRecommend" vaccination video series	These videos explain the importance of vaccination, how to effectively address questions from patients about vaccine safety and effectiveness, and how clinicians routinely recommend same-day vaccination for their patients.
Provider Resources for COVID-19 Vaccine Conversations with Patients	Information for healthcare providers on how to talk to patients about COVID-19 vaccines, including giving strong recommendations, setting expectations about vaccine availability, and preparing to answer likely patient questions.
Epidemiology and Prevention of Vaccine-Preventable Diseases	Comprehensive information on routinely used vaccines and the diseases they prevent. Chapter 3, discusses essential strategies healthcare professionals can use when talking to patients about vaccines (updated 2020).

» COVID-19 Vaccine Training and Clinical Materials

This suite of COVID-19 vaccine training programs and clinical materials for healthcare professionals include general and product-specific information. A variety of topics and formats are available. All are based on manufacturer's guidance and vaccine recommendations made by the Advisory Committee on Immunization Practices (ACIP). **These trainings and materials will be made available as each vaccine product is authorized by FDA.**

COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers	A web-based training course outlining best practices and principles for healthcare providers when preparing to administer COVID-19 vaccine. It is a high-level overview of the following topics with links to detailed information: vaccine development and safety, safety monitoring programs, Emergency Use Authorizations (EUAs), vaccine storage/handling, preparation, administration, PPE, scheduling, documentation, and reporting adverse events. Information on each vaccine product will be added as each is authorized by FDA.
Ongoing webinars, including posted recordings (CE available)	These webinars will address ACIP recommendations and vaccine products as they become available.
Clinical materials	COVID-19 vaccine screening form for contraindications and precautions Expiration date tracker Reporting a temperature excursion IIS off-line vaccine administration documentation tool Guide to ancillary supplies kit (for staff helping providers order vaccine) COVID-19 vaccine frequently asked clinical questions web page

Pfizer vaccine materials	Online training module
	Vaccine preparation and administration summary
	Storage and handling summary
	Temperature log and beyond use date tracking tool when using the thermal shipping container for storage, including online fillable PDF version
	Temperature log for ultra-cold freezer units, including online fillable PDF version
	Beyond use date tracker labels for refrigerator storage
	Standing orders template
Moderna vaccine materials	Online training module
	Vaccine preparation and administration summary
	Storage and handling summary
	Temperature log for freezer units
	Beyond use date tracker labels for refrigerator storage
	Standing orders template
Clinical materials for additional vaccine products, plus specific materials determined by product	Online training module for each vaccine product
	Vaccine administration summary
	Vaccine storage and handling summary

Skills Checklist for Vaccine Administration

During the COVID-19 pandemic, the CDC recommends additional infection control measures for vaccination (see www.cdc.gov/vaccines/pandemic-guidance/index.html).

The Skills Checklist is a self-assessment tool for healthcare staff who administer immunizations. To complete it, review the competency areas below and the clinical skills, techniques and procedures outlined for each area. Score yourself in the Self-Assessment column. If you check **Needs to Improve,** you indicate further study, practice, or change is needed. When you check **Meets or Exceeds,** you indicate you believe you are performing at the expected level of competence, or higher.

Supervisors: Use the Skills Checklist to clarify responsibilities and expectations for staff who administer vaccines. When you use it to assist with performance reviews, give staff the opportunity to score themselves in advance. Next, observe their performance as they

administer vaccines to several patients, and score in the Supervisor Review columns. If improvement is needed, meet with them to develop a Plan of Action (see bottom of page 3) to help them achieve the level of competence you expect; circle desired actions or write in others.

The DVD "Immunization Techniques: Best Practices with Infants, Children, and Adults" helps ensure that staff administer vaccines correctly. It may be ordered online at www.immunize.org/dvd. Another helpful resource is CDC's Vaccine Administration eLearn course, available at www.cdc.gov/vaccines/hcp/admin/resource-library.html.

COMPETENCY	CLINICAL SKILLS, TECHNIQUES, AND PROCEDURES	Self-Assessment		Supervisor Review		
		NEEDS TO IMPROVE	MEETS OR EXCEEDS	NEEDS TO IMPROVE	MEETS OR EXCEEDS	PLAN OF ACTION
A Patient/Parent Education	1. Welcomes patient/family and establishes rapport.					
	2. Explains what vaccines will be given and which type(s) of injection(s) will be done.					
	3. Answers questions and accommodates language or literacy barriers and special needs of patient/parents to help make them feel comfortable and informed about the procedure.					
	4. Verifies patient/parents received Vaccine Information Statements (VISs) for indicated vaccines and has had time to read them and ask questions.					
	5. Screens for contraindications (if within employee's scope of work).					
	6. Reviews comfort measures and aftercare instructions with patient/parents, and invites questions.					
B Medical and Office Protocols	1. Identifies the location of the medical protocols (e.g., immunization protocol, emergency protocol, reference material).					
	2. Identifies the location of epinephrine, its administration technique, and clinical situations where its use would be indicated.					
	3. Maintains up-to-date CPR certification.					
	4. Understands the need to report any needlestick injury and to maintain a sharps injury log.					
	5. Demonstrates knowledge of proper vaccine handling, e.g., maintains vaccine at recommended temperature and protects MMR from light.					

COMPETENCY	CLINICAL SKILLS, TECHNIQUES, AND PROCEDURES	Self-Assessment		Supervisor Review		
		NEEDS TO IMPROVE	MEETS OR EXCEEDS	NEEDS TO IMPROVE	MEETS OR EXCEEDS	PLAN OF ACTION
C **Vaccine Preparation**	1. Performs proper hand hygiene prior to preparing vaccine.					
	2. When removing vaccine from the refrigerator or freezer, looks at the storage unit's temperature to make sure it is in proper range.					
	3. Checks vial expiration date. Double-checks vial label and contents prior to drawing up.					
	4. Prepares and draws up vaccines in a designated clean medication area that is not adjacent to areas where potentially contaminated items are placed.					
	5. Selects the correct needle size for IM and Subcut based on patient age and/or weight, site, and recommended injection technique.					
	6. Maintains aseptic technique throughout, including cleaning the rubber septum (stopper) of the vial with alcohol prior to piercing it.					
	7. Shakes vaccine vial and/or reconstitutes and mixes using the diluent supplied. Inverts vial and draws up correct dose of vaccine. Rechecks vial label.					
	8. Prepares a new sterile syringe and sterile needle for each injection. Checks the expiration date on the equipment (syringes and needles) if present.					
	9. Labels each filled syringe or uses labeled tray to keep them identified.					
D **Administering Immunizations**	1. Rechecks the provider's order or instructions against the vial and the prepared syringes.					
	2. Utilizes proper hand hygiene with every patient and, if it is office policy, puts on disposable gloves. (If using gloves, changes gloves for every patient.)					
	3. Demonstrates knowledge of the appropriate route for each vaccine.					
	4. Positions patient and/or restrains the child with parent's help.					
	5. Correctly identifies the injection site (e.g., deltoid, vastus lateralis, fatty tissue over triceps).					
	6. Locates anatomic landmarks specific for IM or Subcut injections.					
	7. Preps the site with an alcohol wipe, using a circular motion from the center to a 2" to 3" circle. Allows alcohol to dry.					

COMPETENCY	CLINICAL SKILLS, TECHNIQUES, AND PROCEDURES	Self-Assessment		Supervisor Review		
		NEEDS TO IMPROVE	MEETS OR EXCEEDS	NEEDS TO IMPROVE	MEETS OR EXCEEDS	PLAN OF ACTION
D **Administering Immunizations** (continued)	8. Controls the limb with the non-dominant hand; holds the needle an inch from the skin and inserts it quickly at the appropriate angle (90° for IM or 45° for Subcut).					
	9. Injects vaccine using steady pressure; withdraws needle at angle of insertion.					
	10. Applies gentle pressure to injection site for several seconds (using, e.g., gauze pad, bandaid).					
	11. Uses strategies to reduce anxiety and pain associated with injections.					
	12. Properly disposes of needle and syringe in "sharps" container.					
	13. Properly disposes of vaccine vials.					
E **Records Procedures**	1. Fully documents each vaccination in patient chart: date, lot number, manufacturer, site, VIS date, name/initials.					
	2. If applicable, demonstrates ability to use state/local immunization registry or computer to call up patient record, assess what is due today, and update computerized immunization history.					
	3. Asks for and updates patient's vaccination record and reminds them to bring it to each visit.					

Plan of Action

Circle desired next steps and write in the agreed deadline for completion, as well as date for the follow-up performance review.

a. Watch video on immunization techniques and review CDC's Vaccine Administration eLearn, available at www.cdc.gov/vaccines/hcp/admin/resource-library.html.

b. Review office protocols.

c. Review manuals, textbooks, wall charts, or other guides.

d. Review package inserts.

e. Review vaccine storage and handling guidelines or video.

f. Observe other staff with patients.

g. Practice injections.

h. Read Vaccine Information Statements.

i. Be mentored by someone who has demonstrated appropriate immunization skills.

j. Role play (with other staff) interactions with parents and patients, including age appropriate comfort measures.

k. Attend a skills training or other appropriate courses/training.

l. Attend healthcare customer satisfaction or cultural competency training.

m. Renew CPR certification.

Other _____

File the Skills Checklist in the employee's personnel folder.

_____
PLAN OF ACTION DEADLINE

_____
DATE OF NEXT PERFORMANCE REVIEW

_____ _____
EMPLOYEE SIGNATURE   DATE

_____ _____
SUPERVISOR SIGNATURE   DATE