Maine Immunization Program
Curbside Immunization Protocol

Tel: (800) 867-4775
Fax: (207) 287-8127

11 State House Station
Augusta, ME 04330

www.ImmunizeME.org
ImmunizeME.DHHS@maine.gov

The Importance of Immunization Services During COVID-19 Pandemic and offering Curbside Immunization Services

Efforts to reduce transmission of COVID-19, such as stay-at-home and shelter-in-place orders, have led to decreased use of routine preventive medical services, including immunization services. Ensuring that routine vaccination is maintained or reinitiated during the COVID-19 pandemic is essential for protecting individuals and communities from vaccine-preventable diseases and outbreaks. Routine vaccination prevents illnesses that lead to unnecessary medical visits, hospitalizations and further strain the healthcare system. For the upcoming influenza season, influenza vaccination will be paramount to reduce the impact of respiratory illnesses in the population and resulting burdens on the healthcare system during the COVID-19 pandemic. Communicating the importance of vaccination to patients and parents/caregivers as well as the safety protocols and procedures outlined in U.S. CDC guidance can help provide reassurance to those who may otherwise be hesitant to present for vaccination visits.

The Maine Immunization Program is continually working with our providers to navigate the best way in ensuring that Maine children receive the vaccinations they need during this challenging time of the coronavirus pandemic. We have heard of many ways that providers have modified the way they offer office visits and immunization services to patients during the COVID-19 pandemic. One of the ways includes offering “curbside” or “drive-thru” immunizations. This is a safe and comfortable way for parents to continue vaccinating and to seek medical care for their children.

We encourage providers to implement this type of service as an option for patients to receive catch-up immunizations, influenza vaccination, and be offered on an as needed basis.

With help from Lincoln Medical Partners and Memorial Pediatrics, who have successfully implemented curbside vaccination programs at their facilities, we have put together a step-by-step protocol for providers to follow. We have also included a checklist from the U.S. CDC of "Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations". This checklist outlines U.S. CDC guidelines and best practices that are essential for patient safety and vaccine effectiveness.

Tel: (800) 867-4775
Fax: (207) 287-8127
11 State House Station
Augusta, ME 04330
www.ImmunizeME.org
ImmunizeME.DHHS@maine.gov

Curbside Immunization Protocol

If you are a provider offering curbside service, it is important to remember that the same requirements for in-office visits, apply to curbside and drive-thru visits. We ask that you continue to do the following:

- Screen ALL patients 0-18 years old for VFC-eligibility prior to administering vaccination
- Offer Vaccine Information Statements (VIS) for each immunization given

To minimize contact with each other, we suggest that screening be done over the phone prior to the visit. VIS sheets may also be reviewed by parents and patients prior to the visit. Offering a VIS sheet is required by Federal Law; all vaccine providers, public or private, are required by the National Vaccine Childhood Injury Act to offer the appropriate VIS to the patient (or parent or legal representative) prior to every dose of specific vaccines.

The appropriate VIS must be offered prior to the vaccination and must be offered prior to each dose of a multi-dose series. It must be offered regardless of the age of the recipient. We suggest that a link to the VIS sheet is offered to the parent/patient over the telephone or via electronic patient chart prior to the visit. Vaccine Information Statements may be accessed from the U.S. CDC website: https://www.cdc.gov/vaccines/hcp/vis/index.html

Tel: (800) 867-4775 11 State House Station www.ImmunizeME.org
Fax: (207) 287-8127 Augusta, ME 04330 ImmunizeME.DHHS@maine.gov

Protocol for Curbside Visits, Including Immunizations

Supplies Needed for curbside cart:

- PPE: gloves, surgical mask, gowns
- Hand sanitizer
- Alcohol swabs/wipes, gauze, band-aids
- Ethyl chloride spray
- Smelling salts (if patient is 10 years old or older)
- Thermometer
- Timer
- Pediatrics/adolescent blood pressure cuff
- Otoscope/ophthalmoscope/stethoscope
- Chucks to place child on parent's lap
- Clipboard with paper/pen
- Patient encounter/visit form for patient verification
- Other possible items:
    i. Strep swab (Airborne precautions)
    ii. Tongue depressor
    iii. Glucometer
    iv. Phone/camera (in the event of an emergency or needing to document a reaction)
- Sharps container
- Lancets/supplies for hgb/lead
- EpiPen
- Fluoride kit
- Vaccine Information Sheets (VIS)
- Drawn up vaccines (on the day of the visit)

Steps prior to visit:

1. Review office safety procedures with parent/guardian prior to the visit.
2. Determine if a curbside visit is appropriate.
    a. If the child is 2 years old or younger, it is strongly recommended that a complete in office well-child visit is scheduled.
        i. If the parent remains uncomfortable with an in-office visit, despite reviewing safety procedures, a curbside visit may be scheduled.
    b. Check if child has had previous reactions to vaccines or blood drawing, if so, make clinical staff aware and discuss whether a car visit would be appropriate.
3. If appropriate, document in Electronic Medical Record, noting "Curbside" in visit notes.
4. Review with parent that a legal guardian must accompany the child to the appointment or send a signed note which includes the date, the child's name and DOB, and permission for vaccines.
5. If parent has questions, or refuses any of the vaccines, have provider discuss by phone with family ASAP.

6. Instruct parent on where to park when arriving at your facility.
7. Upon arrival, ask parent to call office as soon as they arrive; let them know that it will then take 5-10 minutes to get vaccines ready (vaccines must be discarded if not given once drawn up, so vaccines are unable to be drawn up in advance). Let family know they will need to stay for at least 10 minutes after vaccines are given, at least 15 minutes for anyone age 10 years and older.

Steps on the day of the visit:

1. Chart prep: clinical staff review chart, send vaccine orders to PCP or covering provider for review and signs off on order prior to appointment time.
2. Family arrives at the office and calls the front desk from vehicle.
3. COVID screening questions are asked over the phone for all in vehicle.
4. Vaccines are prepared in the office as per usual protocol.
5. Vaccines and supply cart are brought out to the vehicle.
6. Clinical staff, wearing surgical masks, (either two clinical staff or 1 clinical staff and 1 provider) approach driver's side of vehicle and asks that vehicle be turned off.
7. Masks are given masks to anyone in the vehicle over 2 years old and hand sanitizer is given to the adult holding child.
8. Verify patient ID and that adult is that child's legal guardian or has signed note from legal guardian. Obtain verbal consent from guardian for all vaccines to be given, witnessed by both staff members
9. Patient will be examined either in passenger seat or on parent's lap. Ideally the parent/guardian will restrain the child, but if needed another provider or MA may help.
10. If on parent's lap: put chucks pad down underneath child. If in a truck/SUV, for more space, consider laying child down in the bed or backseat of the vehicle on top of chucks.
11. Check child's temperature.
12. Offer VIS sheets for each vaccination being given that day.
13. Administer vaccination.
14. Instruct family to stay in parking lot for at least 10 min after vaccines are given and to call immediately if any concerns. For patients 10 years and older, they will need to wait at least 15 minutes after vaccines have been given. The family should also be instructed that if the child feels lightheaded, they should put their head between knees. Squeezing calf muscles can also be helpful. Parent/guardian should immediately call the doctor's office if this occurs.

Documentation:

Complete all documentation on the day of the visit.

1. Vaccine documentation should include:
    a. Name of vaccine administered
    b. Address of clinic where vaccine was administered
    c. Name of manufacturer AND lot number of vaccine administered
    d. Date when the dose was administered
    e. Name and title of the individual administering the vaccine
    f. Date when VIS was offered and VIS publication date

2. Document Parent/guardian who accompanied the child.
    a. Consent was by note from guardian
    b. Send note for scanning

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

OVERVIEW OF THIS DOCUMENT

This checklist is a step-by-step guide to help clinic coordinators/supervisors overseeing vaccination clinics held at satellite, temporary, or off-site locations follow Centers for Disease Control and Prevention (CDC) guidelines and best practices for vaccine shipment, transport, storage, handling, preparation, administration, and documentation. It should be used in any non-traditional vaccination clinic setting, including but not limited to: workplaces, community centers, schools, makeshift clinics in remote areas, and even medical facilities when vaccination occurs in the public areas or classrooms. Temporary clinics also include mass vaccination events, and vaccination clinics held during pandemic preparedness exercises. This checklist outlines CDC guidelines and best practices that are essential for patient safety and vaccine effectiveness. **A clinic coordinator/supervisor at the site should complete, sign, and date this checklist EACH TIME a vaccination clinic is held**. To meet accountability and quality assurance standards, all signed checklists should be kept on file by the company that provided clinic staffing.

INSTRUCTIONS

1. A staff member who will be at the vaccination clinic should be designated as the clinic coordinator/supervisor. (This individual 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: STOP. If you check "NO" in ONE OR MORE answer boxes that contain a STOP, DO NOT move forward with the clinic. Follow your organization's protocols and/or contact your state or local health department for guidance BEFORE proceeding with the clinic. Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.**
4. Contact your organization and/or health department if you have any concerns about whether vaccine was transported, stored, handled, or administered correctly, concerns about whether patients' personal information was protected appropriately, or concerns about other responses that you have marked as "NO" on rows that do not have the STOP.
5. This checklist should be used in conjunction with CDC's Vaccine Storage and Handling Toolkit: www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf. For information about specific vaccines, consult the vaccine manufacturer's package insert.
6. **This checklist applies ONLY to vaccines stored at REFRIGERATED temperatures** (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, you should complete only the section(s) for which you were responsible.*)
8. Attach the staff sign-in sheet (with shift times and date) to the checklist (or checklists if more than one clinic supervisor 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

This document was created by the Influenza Work Group of the National Adult and Influenza Immunization Summit.
Version 6 (Updated February 8, 2019)

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.	
☐	☐ STOP	☐	**Vaccines were transported using a portable vaccine refrigerator or qualified container and pack-out** designed to transport vaccines within the temperature range recommended by the manufacturers (i.e., between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines). Coolers available at general merchandise stores or coolers used to transport food are NOT ACCEPTABLE. *See CDC's Vaccine Storage and Handling Toolkit for information on qualified containers and pack-outs*: www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf.
☐	☐ STOP	☐	The person transporting the vaccines confirmed that manufacturer instructions for packing configuration and proper conditioning of coolants were followed. (*Your qualified container and pack-out should 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).
☐	☐ STOP	☐	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.	
	STOP		If vaccines were shipped, the shipment arrived within the appropriate time frame (according to manufacturer or distributor guidelines) and in good condition.
☐	☐ STOP	☐	If 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.*
☐	☐ STOP		Upon arrival at the facility/clinic (either by shipment or transport), vaccines were immediately unpacked and placed in proper storage equipment (i.e., a portable vaccine refrigerator or qualified container and pack-out specifically designed and tested to maintain the manufacturer-recommended temperature range). *Follow the guidance for unpacking and storing vaccines specified in CDC's Vaccine Storage and Handling Toolkit:* www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf.
☐	☐ STOP		Upon arrival at 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.
☐	☐ STOP		Upon arrival at the facility/clinic, expiration dates of vaccines and any medical equipment (syringes, needles, alcohol wipes) being used were checked, and they had not expired.

CLINIC PREPARATION AND SUPPLIES

YES	NO	N.A.	
☐	☐		A contingency plan 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.
☐	☐ STOP		An emergency medical kit (including epinephrine and equipment for maintaining an airway) is at the site for the duration of the clinic.
☐	☐ STOP		All vaccination providers at the site are certified in cardiopulmonary resuscitation (CPR), are familiar with the signs and symptoms of anaphylaxis, know their role in the event of an emergency, and know the location of epinephrine and are trained in its 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, syringes, and a sharps container are provided.
☐	☐	☐	Needles in a variety of lengths are available to optimize injection based on the prescribed route/technique and patient size.
☐	☐	☐	Reasonable accommodations (e.g., privacy screens) are available for patient privacy during vaccination.

» 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.

YES	NO	N.A.	
☐	☐	■	Staff members administering vaccines have reviewed vaccine manufacturer instructions for administration before the vaccination clinic.
☐	☐	☐	If using a standing order protocol, the protocol is current and available at the clinic/facility site.
☐	☐	■	A sufficient number of screening forms are available at the clinic/facility site.
☐	☐ STOP	■	A sufficient number of vaccine information statements (VISs) for each vaccine being offered are available at the clinic/facility site.
☐	☐	■	A designated clean area for vaccine preparation has been identified and set up prior to the clinic.
☐	☐	■	A qualified individual has been designated to oversee infection control at the clinic.

DURING THE CLINIC (Please 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 pack-out specifically designed and tested to maintain correct temperatures when opened and closed during the clinic*).
☐	☐ STOP	■	Vaccine temperature is being monitored during the clinic using a digital temperature data logger with a buffered probe (placed directly with vaccines) and a current and valid Certificate of Calibration Testing. *Follow the temperature monitoring guidance specified in CDC's Vaccine Storage and Handling Toolkit*: www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf.
☐	☐ STOP	☐	If vaccines are being stored in a storage unit at the site, vaccine temperature data are being reviewed and documented a minimum of 2 times during each clinic workday (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 pack-out with a temperature monitoring device (with a probe in a thermal buffer) placed as closely 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. *(Of 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) 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).
☐	☐	■	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 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.

YES	NO	N.A.	
☐	☐	☐	If gloves are being worn by staff administering vaccines, they are being changed and hands are being cleaned using proper hygiene techniques between each patient.
☐	☐		Staff is triple-checking labels, contents, and expiration dates or beyond use dates (as noted in the manufacturer's package insert, if applicable) before 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, if applicable. *Follow the recommended guidelines in Table 3-1 of the "General Best Practice Guidelines on 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.

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.
☐	☐	☐	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).
☐	☐ STOP	☐	Multidose vials are being used only for the number of doses approved by the manufacturer.

» 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.

YES	NO	N.A.	
☐	☐ STOP	☐	Vaccines are never being transferred from one syringe to another.
☐	☐ 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 (VIS), including edition date and date VIS was provided; injection site; vaccination route; dosage; and name, title, and office/company address of person who administered the vaccine.
☐	☐	☐	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.

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

POST-CLINIC ACTIONS

YES	NO	N.A.	
☐	☐ STOP		Temperature of remaining vaccine was checked and recorded at the end of clinic. If not still at manufacturer-recommended temperature (i.e., *between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines*), follow your organization's protocols and/or contact your state or local health department for guidance.
☐	☐	☐	Any remaining vaccine in provider predrawn syringes, opened multidose vials, or activated manufacturer-filled syringes (MFSs) was properly discarded. *An MFS is activated when the sterile seal is broken (i.e., cap removed from needle or needle added to the syringe). 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) or vaccine registry, where available.
☐	☐	☐	If not submitted to an IIS or vaccine registry, vaccination information was sent to primary health care providers as directed by an established procedure based on state or jurisdiction regulations.
☐	☐	☐	Any adverse events were reported to the Vaccine Adverse Event Reporting System (VAERS): vaers.hhs.gov/index.
☐	☐ STOP		All patient medical information was placed in secured storage locations for privacy protection.
☐	☐		The staff sign-in sheet was attached to this document (with shift times, 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, **DO NOT move forward with the clinic**.

– Follow your organization's protocols and/or contact your state or local health department for guidance *before* proceeding with the clinic.

– Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.

ADDITIONAL INFORMATION AND RESOURCES

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

» CDC's guidelines 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 preparation and administering LAIV: 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 vaccine documentation, immunization information systems (IIS) usage, and the types of health care providers who can administer vaccines.