Tools for Influenza Vaccine Safety from the National Adult & Influenza Immunization Summit (NAIIS)

Influenza Working Group

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National Adult and Influenza Immunization Summit (NAIIS)

- **NAIIS mission**: Dedicated to addressing and resolving adult and influenza immunization issues and improving the use of vaccines recommended by the Advisory Committee on Immunization Practices

- **NAIIS organized by**: The CDC, Immunization Action Coalition, and the National Vaccine Program Office

- **NAIIS comprises**: >700 partners, representing more than 130 public and private organizations
The Summit’s Influenza Working Group was relaunched in 2015 with a mission to work to improve influenza vaccination coverage and promote best practices.

We are a diverse multi-sectoral partnership that strives to improve influenza vaccination coverage rates and adult vaccination best practices through systems-level approaches.

The Working Group operationalizes these goals by:

- Promoting healthcare personnel vaccination
- Creating tools that encourage safe vaccine administration
- Developing resources that encourage more providers to vaccinate
1. Background
   ▪ Unique challenges of vaccination clinics held in satellite, temporary, or off-site locations

2. Tools developed to ensure vaccination clinics held in these settings are done safely:
   ▪ The Checklist of Best Practices
   ▪ The Pledge
   ▪ Additional Resources

"Best Practice" Tools for Holding Safe Vaccination Clinics in Satellite, Temporary, or Off-site Locations: Checklist and Pledge
Satellite, temporary, and off-site vaccination clinics play an important role in improving vaccination coverage rates and vaccinating hard-to-reach populations.

17% of U.S. adults receive their influenza vaccination at their workplace

Challenges of Vaccination Clinics in Temporary Settings

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

- May lead to unsafe environments, vaccine temperature excursions, and vaccine administration errors

Incident— New Jersey

- Sept 30, 2015:
  - NJDOH was notified of infection control breach at a workplace-sponsored flu vaccination clinic
  - A contracted nurse used same syringe on 67 patients

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

Coordinated Response

- Coordinated response by NJDOH and CDC required
  - Extensive testing for bloodborne pathogens
  - Hepatitis B immunization
  - Revaccination for influenza
  - Follow up with NJ Board of Nursing
  - Addressing mainstream media reports and concerns
Notes from the Field: Injection Safety and Vaccine Administration Errors at an Employee Influenza Vaccination Clinic — New Jersey, 2015

Weekly
December 18, 2015 / 64(49);1363-4

Laura Taylor, PhD\textsuperscript{1}; Rebecca Greeley, MPH\textsuperscript{1}; Jill Dinitz-Sklar, MPH\textsuperscript{1}; Nicole Mazur, MPH\textsuperscript{1}; Jill Swanson, MPH\textsuperscript{2}; JoEllen Wolicki, BSN\textsuperscript{3}; Joseph Perz, DrPH\textsuperscript{1}; Christina Tan, MD\textsuperscript{1}; Barbara Montana, MD\textsuperscript{1}

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

Last Updated Oct 7, 2015 10:37 PM EDT

A nurse administering flu shots to dozens of employees of a pharmaceutical company in New Jersey reused syringes, the state Department of Health said Wednesday.

Nurse reused syringes during flu vaccine clinic, N.J. health authorities say

By Lindsey Sevvar
October 7, 2015
Other Reported Incidents

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

- Wellesley, MA (2010): School staff given insulin in flu vaccine error. Some staffers had to be hospitalized, but all recovered

- Collier County, FL (2009): 77 students given wrong flu shot

Rationale for Creating the Checklist and Pledge

No “gold standard” at the time of the NJ incident for organizations that run these clinics

National Adult and Influenza Immunization Summit decided to take this issue on and create a “Checklist of Best Practices” for vaccination clinics held in non-traditional settings
Safety Checklists are Validated Risk Reduction Tools in Healthcare and Industry

- Sharps Injury Risk Reduction
- Prevention of “Wrong Site” Surgeries
- Aviation Safety
- Mine Safety and Inspections
- Laboratory Safety
- Environmental Services
- WHY NOT VACCINATION CLINICS?
To standardize the process of holding clinics in these non-traditional settings, the NAIIS Influenza Working Group developed:

- A checklist of best practices for vaccination clinics held at satellite, temporary, or off-site locations
- A pledge for organizations implementing vaccination clinics held in these non-traditional locations affirming they will adhere to best practices.
- Ten point “poster” (resource guide) summarizing the principles in the checklist
- FAQ document

Our goal was to improve safety but not to decrease access to these non-traditional vaccination clinics
The Checklist of Best Practices
Purpose and Function of the *Checklist of Best Practices*

- Comprehensive, step-by-step guide for clinic coordinators/supervisors overseeing vaccination clinics

- Checklist is divided into “before”, “during”, and “after” clinic sections and covers:
  - Vaccine Shipment
  - Vaccine Transport
  - Vaccine Storage and Handling
  - Clinic Preparation and Supplies
  - Vaccine Administration
  - Documentation
Importance of the “Stop Sign” Symbol

- Critical steps for patient safety and vaccine effectiveness are identified with a stop sign icon.

- If any of these stop sign items are checked as “NO,” users are directed to STOP the clinic and follow their organization’s protocols and/or contact the state or local health department before proceeding.
“BEFORE the Clinic” Section of the Checklist

Before the Clinic (Please complete each item before the clinic starts.)

- On arrival at the health centre, the vaccination area is clear and visible.
- All medical equipment provided is properly stored and is ready for use.
- There is a designated area for managing patients’ paperwork and necessary equipment.
- The facility has adequate lighting and ventilation to ensure a comfortable environment.
- Proper waste disposal and infection control measures are in place.

National Adult and Influenza Immunization
“BEFORE the Clinic” Section of the Checklist

**BEFORE THE CLINIC** (Please complete each item before the clinic starts.)

### VACCINE SHIPMENT

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N.A.</th>
<th><strong>Vaccine was shipped directly to the facility/clinic site, where adequate storage is available.</strong> (Direct shipment is preferred for cold chain integrity.)</th>
</tr>
</thead>
</table>

### 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 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](http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf).** |

| YES | NO | N.A. | **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.)** |

| YES | NO | N.A. | **The person transporting the vaccines confirmed that all vaccines were transported in the passenger compartment of the vehicle (NOT in the vehicle trunk).** |

| YES | NO | N.A. | **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.** |

| YES | NO | N.A. | **The amount of vaccine transported was limited to the amount needed for the workday.** |
### DURING THE CLINIC (Please complete each item while the clinic is occurring and review at the end of your shift.)

<table>
<thead>
<tr>
<th>VACCINE STORAGE AND HANDLING (AT FACILITY/CLINIC)</th>
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<td>YES</td>
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**Vaccines are being kept in proper storage equipment that maintains the manufacturer-recommended temperature range (i.e., a portable vaccine refrigerator or qualified container and pack-out specifically designed and tested to maintain correct temperatures when opened and closed during the clinic).**

**Vaccine temperature is being monitored during the clinic using a digital temperature data logger with a buffered probe (placed directly with vaccines) and a current and valid Certificate of Calibration Testing. Follow the temperature monitoring guidance specified in CDC’s Vaccine Storage and Handling Toolkit: [www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf](http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf).**

**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 between 2-8°C Celsius or 36-46° Fahrenheit for ALL refrigerated vaccines. If you are a VFC provider, check your program for specific requirements for vaccine temperature monitoring during mass vaccination clinics.**

**If vaccines cannot be stored in a storage unit at the site, they are being kept in the portable vaccine refrigerator with a temperature monitoring device (with a probe in a thermal buffer) placed as closely as possible to the vaccine 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.”**
## “DURING the Clinic” Section of the Checklist

<table>
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<tr>
<th>VACCINE PREPARATION</th>
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</table>

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.

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.

Once drawn up, vaccines are being kept in the recommended temperature range. *(Questions about recommended temperature range should be referred to the manufacturer.)*
### “DURING the Clinic” Section of the Checklist

<table>
<thead>
<tr>
<th>VACCINE ADMINISTRATION</th>
<th>YES</th>
<th>NO</th>
<th>N.A.</th>
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</thead>
<tbody>
<tr>
<td>Vaccine information statements (VISs) are being provided to every patient, parent, or guardian before vaccination (as required by federal law).</td>
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<tr>
<td>All patients are being screened for contraindications and precautions for the specific vaccine(s) in use before receiving that vaccine(s).</td>
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<tr>
<td>Staff is using proper hygiene techniques to clean hands before vaccine administration, between patients, and anytime hands become soiled. (<a href="http://www.cdc.gov/handhygiene/providers/index.html">www.cdc.gov/handhygiene/providers/index.html</a>)</td>
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<tr>
<td>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.</td>
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<tr>
<td>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.</td>
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<td>Vaccines are normal in appearance (i.e., not discolored, without precipitate, and easily resuspended when shaken).</td>
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<tr>
<td>Each staff member is administering only the vaccines they have prepared.</td>
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<td>If more than one vaccine type is being administered, separate preparation stations are set up for each vaccine type to prevent medication errors.</td>
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<tr>
<td>Vaccines are being administered using aseptic technique.</td>
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<tr>
<td>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).</td>
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<td>Staff is administering vaccines using the correct route per manufacturer instructions.</td>
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<td>Staff is administering the correct dosage (volume) of vaccine.</td>
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<tr>
<td>Staff has checked age indications for the vaccines and is administering vaccines to the correct age groups.</td>
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<tr>
<td>For vaccines requiring more than 1 dose, staff is administering the current dose at the correct interval, if applicable. (<a href="http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html#FI-01">www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html#FI-01</a>).</td>
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<td>If vaccine administration errors are observed, corrective action is being taken immediately.</td>
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<tr>
<td>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.</td>
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<tr>
<td>Patients are being encouraged to stay at the clinic for 15 minutes after vaccination to be monitored for adverse events.</td>
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## “DURING the Clinic” Section of the Checklist

**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.)*

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<th>YES</th>
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|     |    |     | **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.)**  
|     |    |     | **Single-dose vials or manufacturer-filled syringes are being used for only one patient.**  
|     |    |     | **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.**  
|     |    |     | **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 vaccine) and 45° for subcutaneous injections (e.g., measles, mumps, rubella vaccine).**  
|     |    |     | **Multidose vials are being used only for the number of doses approved by the manufacturer.**  

*Note: The image contains additional text and diagrams related to the checklist, which are not transcribed here.*
### VACCINE DOCUMENTATION

<table>
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**AFTER THE CLINIC (Please complete each item after the clinic is over.)**

### POST-CLINIC ACTIONS

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- **Temperature of remaining vaccine was checked and recorded at the end of clinic.** If not still at manufacturer-recommended temperature (i.e., between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines), follow your organization’s protocols and/or contact your state or local health department for guidance.

- **Any remaining vaccine in provider 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.

- **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 combination vaccine refrigerator.** (This includes vaccine transported for a multi-day clinic to a remote location where a vaccine refrigerator is not available for the length of stay, and vaccine transported for a multi-day clinic to a remote location where an extended temperature excursion is anticipated.)

- **Any needlestick injuries were recorded in a sharps injury log and reported to all appropriate entities (e.g., organization, state, local health department, etc.).**

- **Any vaccine administration errors were recorded in the medical record and reported to all appropriate entities (e.g., organization).**

- **All biohazardous material was disposed of properly.**
### POST-CLINIC DOCUMENTATION

<table>
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<th>YES</th>
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- Vaccinations were recorded in the jurisdiction’s immunization information system (IIS) or vaccine registry, where available.

- If not submitted to an IIS or vaccine registry, vaccination information was sent to primary health care providers as directed by an established procedure based on state or jurisdiction regulations.

- Any adverse events were reported to the Vaccine Adverse Event Reporting System (VAERS): [vaers.hhs.gov/index](http://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).
Checklist Resources

ADDITIONAL INFORMATION AND RESOURCES

- CDC guidelines on vaccine storage, handling, administration, and safety:
  - Vaccine storage and handling: www.cdc.gov/vaccines/hcp/low-dose-into-mid-dose/index.html
  - Vaccine administration: www.cdc.gov/vaccines/hcp/professionals/administration/index.html
  - Live virus vaccines: www.cdc.gov/vaccines/hcp/professionals/live-virus-vaccines/index.html
  - Influenza vaccine: www.cdc.gov/vaccines/hcp/professionals/influenza/index.html
  - Vaccine information statements: www.cdc.gov/vaccines/vad
  - Vaccine storage and handling (VIRCA report): www.cdc.gov/vaccines/hcp/professionals/vaccine-handling/virca/ (includes videos on administration, storage, and administration of live, attenuated influenza vaccine)

- The Immunization Action Coalition has a skills checklist for staff administering vaccines: www.immunize.org/cap/capit.pdf

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

- The Immunization Action Coalition also provides information on the storage and management of vaccines:

- Manufacturers provide individual product information and package inserts with specific, detailed storage and handling procedures for individual vaccines.

- This checklist is available for use in temporary mass vaccination clinics and other vaccination settings, such as have conducted at mass public 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 record documentation, immunization information systems (IIS) usage, and the types of health care providers who can administer vaccines.
Putting the Checklist to Use

- If your vaccination clinics are done in-house by your Occupational Health staff, they can use the checklist for events held in non-traditional sites.

- If you hire out your vaccination clinics to an agency, prior to signing a contract with them, you can ask that they follow the checklist and sign the pledge.
The Pledge
The Pledge

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

- Reviewed and signed annually by an organization executive

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

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

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

Organizations That Have Taken The Pledge

2018–2019 influenza season
- CDC Occupational Health Clinic
- OccuMed Health & Wellness, LLC
- Passport Health

2017–2018 influenza season
- Corporate Wellness, Inc.
- Passport Health
- Promerica Health
The Pledge

Pledge for Organizations Implementing Vaccination Clinics
Held at Satellite, Temporary, or Off-site Locations
2018–2019 Influenza Season

Our organization pledges to adhere to the guidelines and best practices of the Centers for Disease Control and Prevention (CDC) when implementing vaccination clinics that are held at satellites, temporary, or off-site locations. This pledge will be evidenced and signed appropriately by the executive-level authority within our organization.

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

As an organization, we pledge to:

A. Follow best practices of each vaccination clinic held in a satellite, temporary, or off-site location, by implementing the Checklist of Best Practices for Vaccination Clinics held at Satellites, Temporary, or Off-site Locations.

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

C. Adhere to the CDC vaccine administration and immunization schedules guidelines.

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

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

F. Provide all patients with vaccine information statements (VIS) prior to vaccination, as required by federal law.

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

H. Ensure the presence of an emergency medical kit with epinephrine at the clinic and designate trained medical care providers, certified in CPR, who can administer treatment for anaphylaxis and address urgent medical problems.

I. Require all vaccinators to receive annual influenza vaccine.

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

K. Encourage all staff members to be up to date on their vaccinations, including annual influenza vaccine.

L. Ensure staff who prepare and administer vaccines have been trained and have demonstrated competency in the following areas:
   1. Adhering to CDC guidelines for vaccine administration or transport, storage, handling, preparation, administration, and documentation.
   2. Administering without incident, which include proper hand hygiene and safe needle injection practices when preparing and administering vaccines, and knowing the location of and how to administer epinephrine if and when it is needed.
   3. Reporting any needlestick injury and maintaining a sharp injury log.
   4. Reporting adverse immunization events to the vaccine adverse event reporting system (VAERS).
   5. Confining all patient medical information in an appropriate storage location.
   6. Disposing of all sharps containers properly.
   7. Documenting all vaccinations per local jurisdiction laws and, whenever possible, entering vaccination records into a state immunization information system (vaccination registry).

Print Name and Title of Organization Executive:

Signature of Organization Executive:

Name of Organization:

Email address of an organizational contact:

This form can be submitted via mail, fax, or email to NAIS@ida.org. A copy of the completed pledge will be provided to the organization.
Additional Tools
Frequently Asked Questions
about the National Adult and Influenza Immunization Summit
“Checklist of Best Practices for Vaccination Clinics Held at Satellite,
Temporary, or Off-site Locations” and Pledge for Implementing
the Checklist

The questions in this document relate to the checklist and pledge found here:

CHECKLIST: www.izsummitpartners.org/off-site-vaccination-clinic-checklist
PLEDGE: www.izsummitpartners.org/pledge-for-organizations-conducting-off-site-vaccination-clinics

Questions about the purpose of the checklist and pledge

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

Recently, reports have been published of major errors occurring at vaccination clinics held at satellite, temporary, or off-site locations related to the safe transport, storage, and administration of vaccines. These reports are likely the tip of the iceberg. To prevent future errors at clinics in these settings, we developed this checklist as a step-by-step guide to help clinic coordinators/supervisors overseeing vaccination clinics held at satellite, temporary, or off-site locations follow Centers for Disease Control and Prevention (CDC) guidelines and best practices for vaccine shipment, transport, storage, handling, preparation, administration, and documentation. This checklist outlines CDC guidelines and best practices that are essential for patient safety and vaccine effectiveness.
Ten Principles for Holding Safe Vaccination Clinics at Satellite, Temporary, or Off-Site Locations

During All Stages (Pre-Clinic, During the Clinic, and Post-Clinic)

1. Keep vaccines at the correct temperature at all times using proper procedures for vaccine transport, handling, and storage. Document temperature monitoring at appropriate intervals during all stages. For further guidance: www.cdc.gov/vaccines/hcp/admin/storage/ovs.pdf

Pre-Clinic

2. Have vaccine shipped directly to the site. If direct alignment is not possible, transport vaccine using correct storage and handling guidelines.

3. Train staff to perform CPR and treat medical emergencies, including anaphylaxis. Ensure supplies are on site, including an emergency medical kit and infection control supplies, as well as enough Vaccine Information Statements (VISs).

During the Clinic

4. Always check for medical contraindications and allergies before vaccinating anyone. Provide VISs for all patients or guardians.

5. Follow manufacturers’ instructions and Advisory Committee on Immunization Practices guidelines for correct age and intervals (for vaccines that require more than one dose).

6. Follow manufacturers’ instructions for injection dose, site, and route.

7. Only use vaccines that are not damaged, not expired, at the correct temperature, and prepared using aseptic techniques.

8. Follow safe handling of needles and syringes, including using a new needle and syringe for every injection. Dispose of all sharps in a sharps container.

9. Document every vaccination and give patients a copy.

Post-Clinic

10. Keep patient information secure and private. Record vaccinations in the Immunization Information System (IIS), if available.

For further guidance, refer to the full checklist: www.i2summitpartners.org/off-site-vaccination-clinic-checklist

National Adult and Influenza Immunization Summit

This document is NOT intended to replace use of the checklist.
Does your organization hold vaccination clinics at satellite, temporary, or off-site locations?

Use the NEWLY UPDATED “Checklist of Best Practices” to make sure that CDC guidelines and best practices for vaccine shipment, transport, storage, handling, preparation, administration, and documentation are followed.
Where to Find These Documents

- Landing page for all 4 documents: [https://www.izsummitpartners.org/naiis-workgroups/influenza-workgroup/off-site-clinic-resources/](https://www.izsummitpartners.org/naiis-workgroups/influenza-workgroup/off-site-clinic-resources/)
  - Checklist: [https://www.izsummitpartners.org/content/uploads/2019/02/off-site-vaccination-clinic-checklist.pdf](https://www.izsummitpartners.org/content/uploads/2019/02/off-site-vaccination-clinic-checklist.pdf)
  - Pledge: [https://www.izsummitpartners.org/content/uploads/2019/02/pledge-for-organizations-providing-vaccination-clinics.pdf](https://www.izsummitpartners.org/content/uploads/2019/02/pledge-for-organizations-providing-vaccination-clinics.pdf)
Checklist Project-- Challenges and Needs: Increase Knowledge and Use of These Tools

- Please help us spread the word!
  - Implement the Checklist and Pledge
  - Distribute the documents and websites widely
  - Educate your peers on the Checklist rationale and importance
  - Feed the FAQs: Send questions to: checklist@izsummitpartners.org
Contact Information for NAIIS Influenza Working Group Leads:

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— Amy Behrman, American College of Occupational and Environmental Medicine (ACOEM)
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— Kelly McKenna, The American Academy of Hospice and Palliative Care kmckenna@aaohpm.org

Thank you to our many working group members!

Thank you to the many subject matter experts that contributed to these resources!