



VFA
California Vaccines
for Adults

 **VFC**
California Vaccines
For Children

 **CDPH**
Immunization
Branch

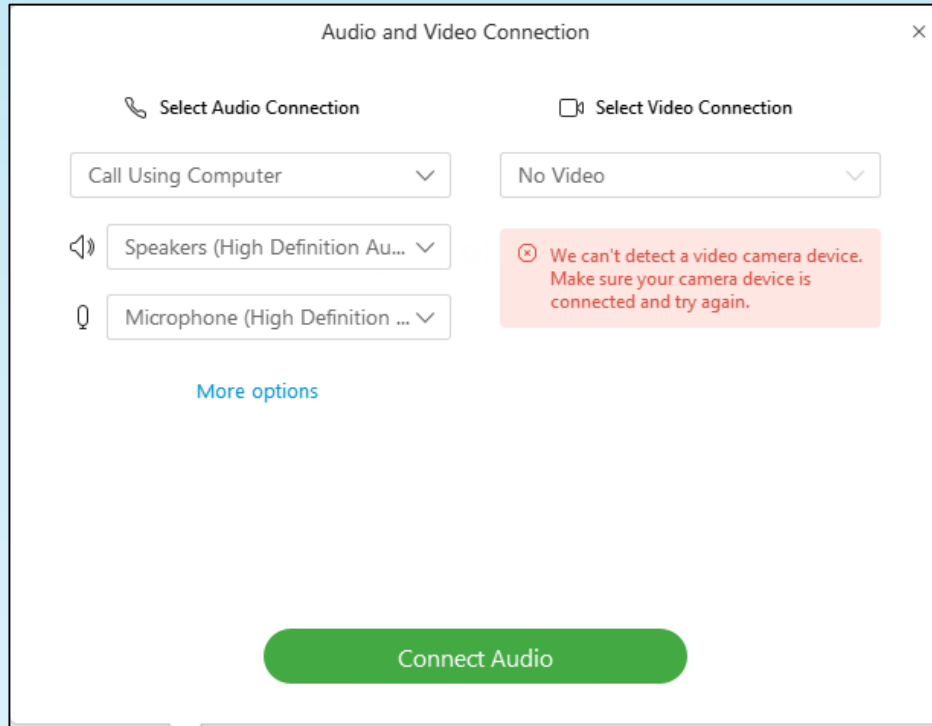
Vaccines Are Essential: Guidance for Immunizations During the Pandemic

California Department of Public Health
Immunization Branch



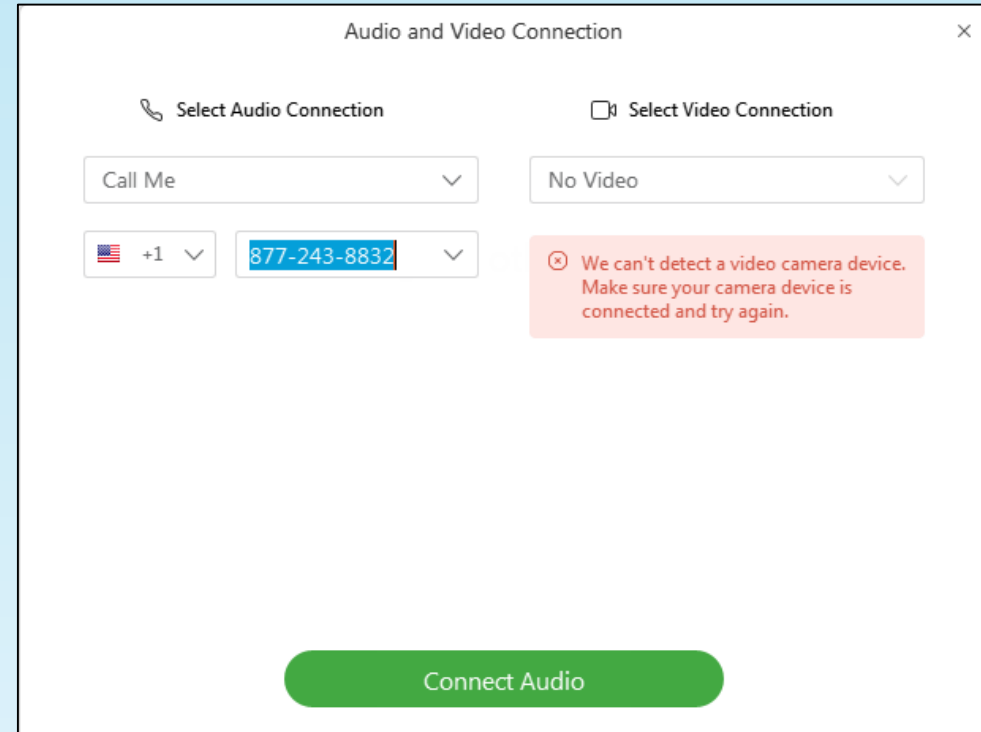
Webinar Tech Tips!

1. Listen to today's webinar through the computer audio



The screenshot shows the 'Audio and Video Connection' window. Under 'Select Audio Connection', 'Call Using Computer' is selected. Under 'Select Video Connection', 'No Video' is selected. The audio output is set to 'Speakers (High Definition Au...)' and the input is 'Microphone (High Definition ...)'. A red error message states: 'We can't detect a video camera device. Make sure your camera device is connected and try again.' A green 'Connect Audio' button is at the bottom.

2. If you cannot connect through the computer audio, have WebEx call you



The screenshot shows the 'Audio and Video Connection' window. Under 'Select Audio Connection', 'Call Me' is selected. Under 'Select Video Connection', 'No Video' is selected. The audio output is set to '+1' and the input is '877-243-8832'. A red error message states: 'We can't detect a video camera device. Make sure your camera device is connected and try again.' A green 'Connect Audio' button is at the bottom.



Getting Your Question(s) and Answer(s) Submitted

Write down your questions in the Chat box as we move through the presentation

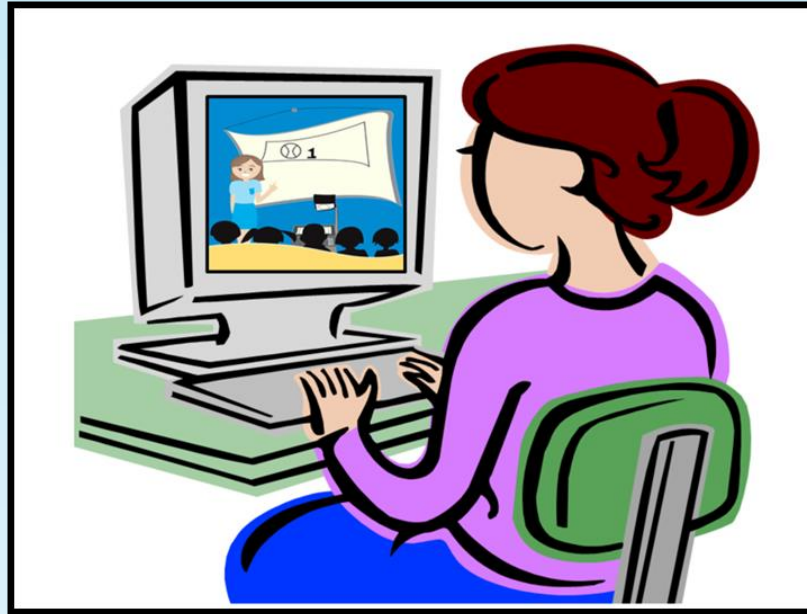


A screenshot of a chat window titled "Chat" with a close button (X) in the top right corner. The window is mostly empty. At the bottom, there is a "Send to:" dropdown menu currently set to "All panelists", a text input field, and a "Send" button. A dashed blue circle highlights the "Chat" title bar, and a dashed blue rectangle highlights the "Send to:" dropdown menu. A large blue arrow points from the teapot logo on the left towards the chat window.



In case you have technical difficulties during the webinar use the email address below for assistance.

Cecilia.LaVu@cdph.ca.gov



Today's webinar will discuss:

- Patient prioritization for immunizing during the pandemic
- Infection control measures
- Messaging to encourage patients to schedule well-child visits and immunizations
- Operational changes to protect staff and patients
- Alternate strategies to provide immunizations, including curbside clinics



Today's speakers

CDPH Speakers:

Robert Schechter, MD

Claudia Aguiluz

Steven Vantine

Guest Speakers:

Elizabeth Salsburg, MD, FAAP

Robert J. Riewerts, MD, FAAP

Itzel Duran Verdin

Host:

Edgar Ednacot, EdD, MPH



Decreased Routine Vaccination: Risk to Community Immunity



While staying at home during the COVID-19 outbreak has helped to slow the spread of the virus, it also has resulted in delays and decreases in the number of children getting their recommended vaccines.



Recent data from the California Immunization Registry (CAIR*) show troubling decreases in ordering and administering of childhood vaccines during the COVID-19 pandemic, suggesting that many children may be vulnerable to serious disease.



Children (0-18 years) April/May 2020 vs. 2019



Over **40%**
Drop in vaccination

2019 April + May **1.7** Million doses

2020 April + May **1.0** Million doses

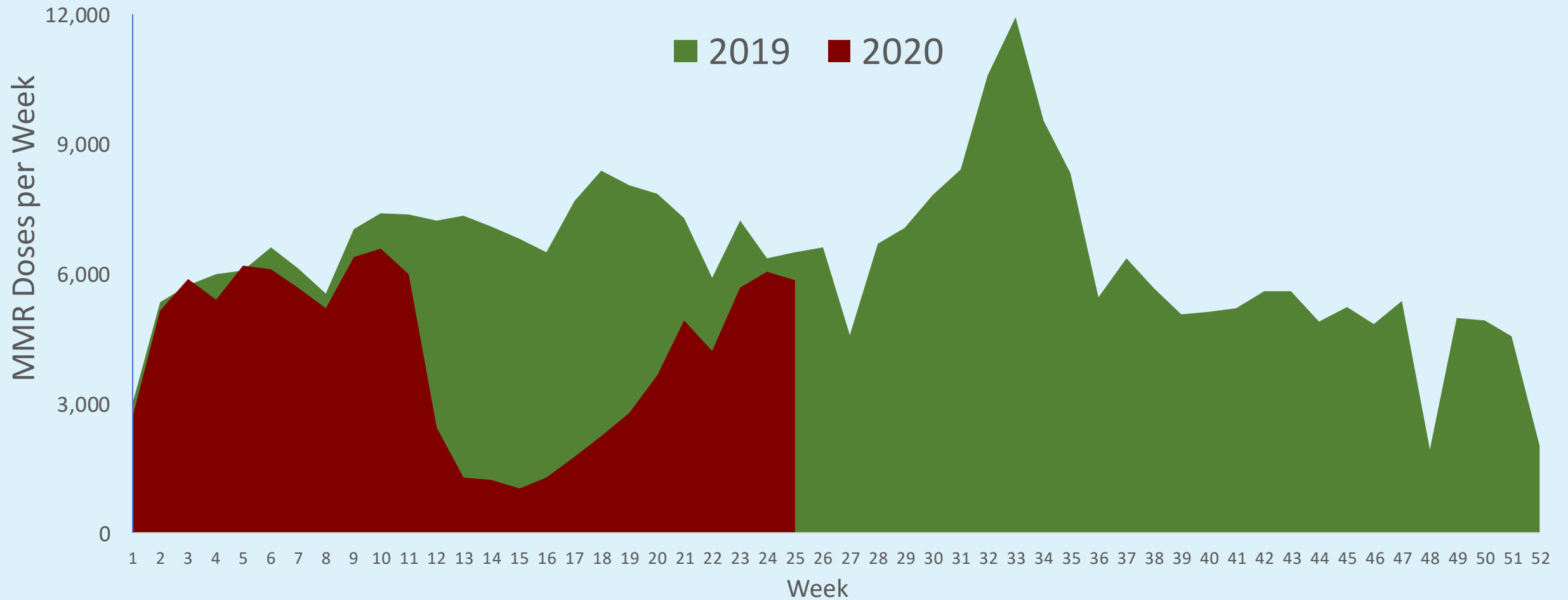


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MMR Doses for Children Age 4-6 Years Recorded in CAIR by Week, 2019 – 2020 to date



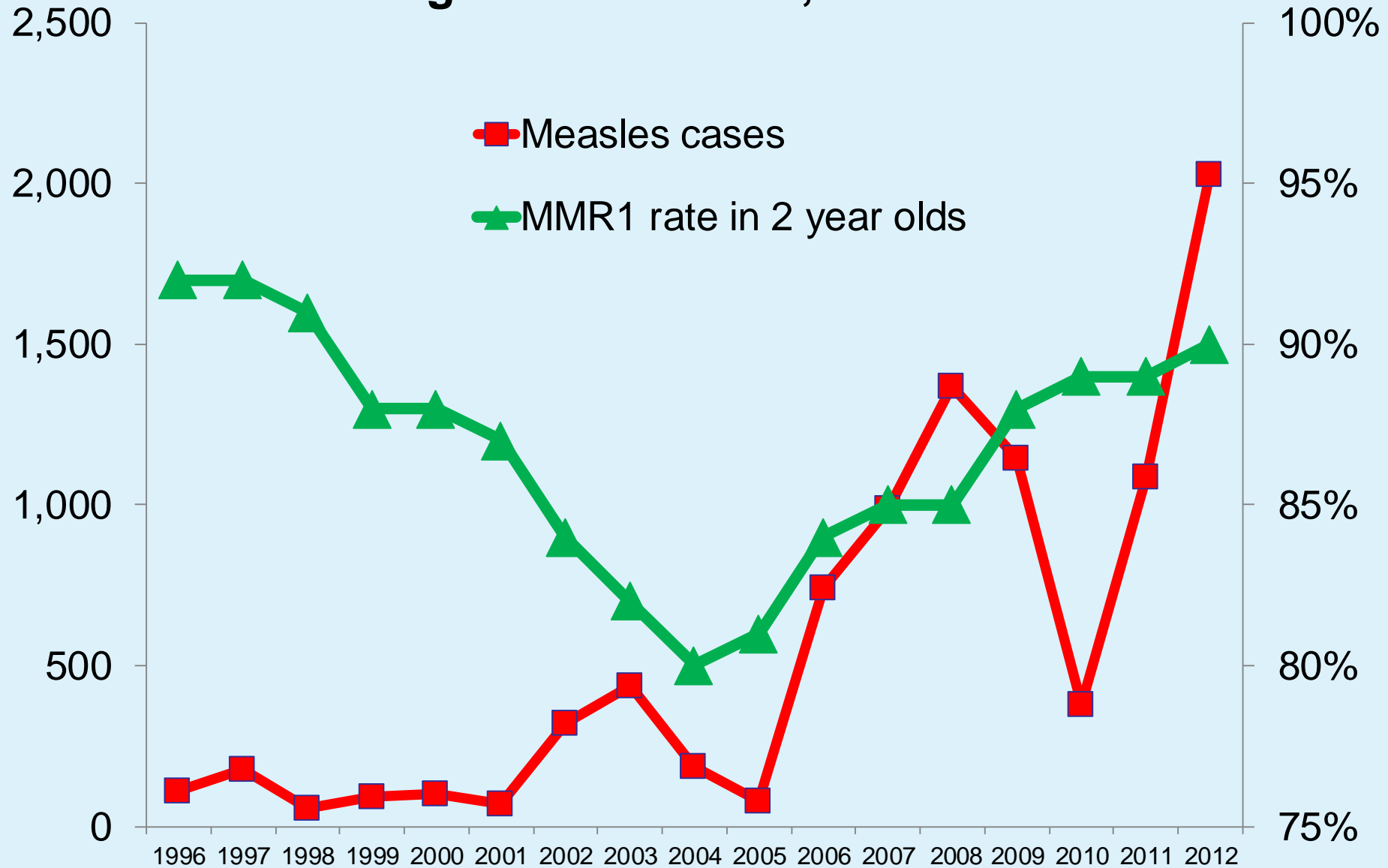
Relaxation of restrictions = increased exposure to many infections

Challenges to maintain community (herd) immunity

- Regain usual levels of immunization
- Catch-up children whose immunizations have been delayed
- Each future wave of COVID-19 and associated restrictions might add to the number of children with delayed immunizations



Measles Cases and Immunization Rates, England and Wales, 1996-2012



Current Immunization Guidelines During the Pandemic



Updated CDC Guidelines

<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

Interim Guidance for Immunization Services During the COVID-19 Pandemic

Purpose of Guidance

Importance of Immunization Services During the COVID-19 Pandemic

Vaccine Recommendations During the COVID-19 Pandemic

Considerations for Routine Vaccination

Additional Considerations for Influenza Vaccination

Vaccination of Persons with Suspected or Confirmed COVID-19

Vaccine Administration During the COVID-19 Pandemic

General Practices for the Safe Delivery of Vaccination Services

Additional Considerations for Alternative Vaccination Sites

Strategies for Catch-up Vaccination

Additional Resources

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Interim Guidance to Prevent Mother-to-Child Transmission of Hepatitis B Virus

Guidance from AAP, CDC...

Identify children (newborns through adolescents) who have missed well visits or vaccinations

Contact them to schedule in-person appointments.

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/guidance-on-providing-pediatric-well-care-during-covid-19/>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>



Credit: Heather Hazzan, SELF Magazine

ACIP Catch-up Immunization Schedule

Table 2

Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who are More than 1 month Behind, United States, 2020

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 and the notes that follow.**

Children age 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	4 weeks	8 weeks <i>and</i> at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days	4 weeks	4 weeks Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months
<i>Haemophilus influenzae</i> type b	6 weeks	No further doses needed if first dose was administered at age 15 months or older. 4 weeks if first dose was administered before the 1 st birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months.	No further doses needed if previous dose was administered at age 15 months or older. 4 weeks if current age is younger than 12 months <i>and</i> first dose was administered at younger than age 7 months <i>and</i> at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix) or unknown. 8 weeks <i>and</i> age 12 through 59 months (as final dose) if current age is younger than 12 months <i>and</i> first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months <i>and</i> first dose was administered before the 1 st birthday <i>and</i> second dose administered at younger than 15 months; OR if both doses were PRP-OMP (PedvaxHIB, Comvax) <i>and</i> were administered before the 1 st birthday.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 st birthday.	
Pneumococcal conjugate	6 weeks	No further doses needed for healthy children if first dose was administered at age 24 months or older. 4 weeks if first dose was administered before the 1 st birthday. 8 weeks (as final dose for healthy children) if first dose was administered at the 1 st birthday or after.	No further doses needed for healthy children if previous dose administered at age 24 months or older. 4 weeks if current age is younger than 12 months and previous dose was administered at <7 months old. 8 weeks (as final dose for healthy children) if previous dose was administered between 7–11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was given before age 12 months.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus	6 weeks	4 weeks	4 weeks if current age is < 4 years. 6 months (as final dose) if current age is 4 years or older.	6 months (minimum age 4 years for final dose).	
Measles, mumps, rubella	12 months	4 weeks			
Varicella	12 months	3 months			
Hepatitis A	12 months	6 months			

Back-to-School Requirements

- As of 6/30/20, requirements for school and childcare entry for the 2020-2021 school year have *not* changed.
- Please recall children due for immunizations required at
 - [childcare/pre-K](#)
 - [kindergarten](#) entry
 - Advancement to [7th grade](#).
 - Transfer students at any grade from K-12.
- Please check shotsforschool.org for any updates.



News

COVID-19 Update:

Even with current school closures, immunization requirements for admission to school or child care in California for the 2019-2020 and 2020-2021 school year remain in place. Any updates will be posted here. (4/14/20)



Pregnant women

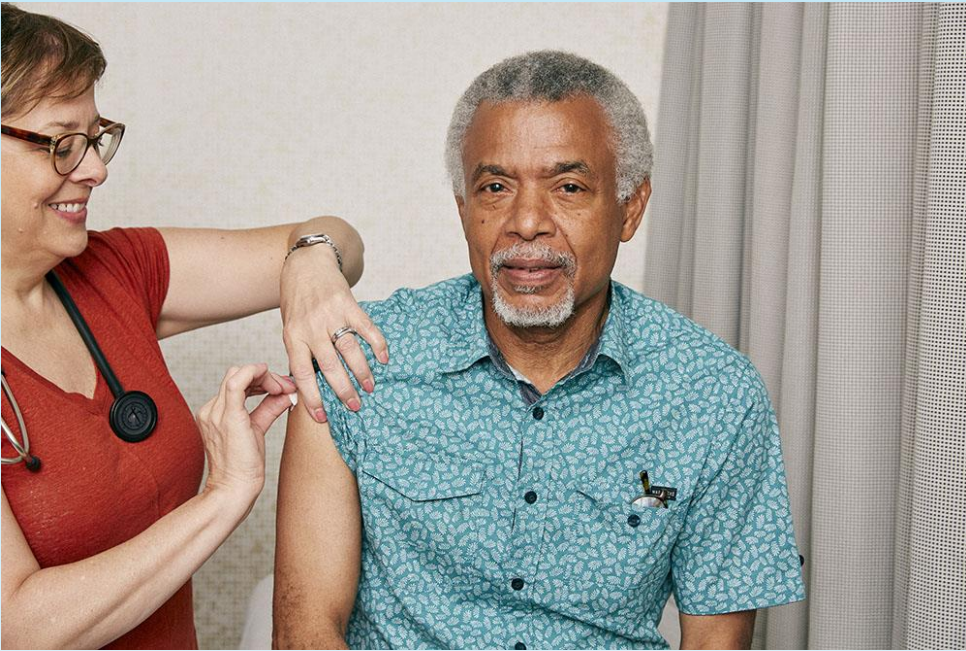
- Should be scheduled for follow-up and receive delayed or due doses of Tdap and influenza vaccine during the next in-person appointment.



<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html>



Adults too: Don't wait, vaccinate!



Credit: Heather Hazzan, SELF Magazine

- Ensure that adults receive vaccines according to the [Standards for Adult Immunization Practice](#).
- Older adults and those with underlying medical conditions are at increased risks for severe influenza, pneumococcal disease, shingles (and COVID-19!)



<https://www.cdc.gov/vaccines/schedules/hcp/schedule-changes.html>

Influenza Immunization Critical This Fall!

- Reduce illness and transmission in your community
- Reduce clinic visits and hospitalization
- Prevent illnesses that mimic COVID-19



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<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

Ensure that all staff follow infection prevention and control procedures:

- Follow [Standard Precautions](#), which includes guidance for hand hygiene and cleaning the environment between patients.
- Wear a medical facemask at all times.
- Use [eye protection](#) based on [level of community transmission](#):
 - Moderate to substantial: Wear eye protection given the increased likelihood of encountering asymptomatic COVID-19 patients.
 - Minimal to none: optional, unless otherwise indicated as a part of [Standard Precautions](#).



Gloves?

- Intramuscular or subcutaneous vaccines:
 - If gloves are worn during vaccine administration, they should be changed between patients in addition to performing hand hygiene.
- Intranasal or oral vaccines:
 - ...Wear gloves when administering because of the increased likelihood of coming into contact with a patient's mucous membranes and body fluids. Gloves should be changed between patients in addition to performing hand hygiene.
 - Administration is not considered an aerosol-generating procedure and thus, use of an N95 or higher-level respirator is not recommended.



Ensure physical distancing by strategies, such as:

- Separating sick from well patients by
 - Time (e.g., well visits in AM, sick visits in PM)
 - Space (e.g., separate zones or facilities for well vs sick visits.
- Reduce crowding by asking patients to remain outside (e.g., stay in their vehicles) until they are called into the facility.
- Maintain physical distancing during all aspects of the visit, using strategies such as barriers, signs, ropes, markings, etc.
- Utilize electronic communications as much as possible to minimize time in the office as well as reuse of materials



Promoting Safe Visits During the Pandemic



Reassure them that their safety is your top priority

Share the new precautionary measures you have taken:

"We're taking many precautions to help keep our patients safe, including scheduling well visit in the morning and only seeing sick children in the afternoon."

Empathize and acknowledge concerns:

"We understand you may feel a little uneasy about coming into the doctor's office these days. Give us a call and we can go over all the things we do to keep you safe and talk about any concerns you might have."



Consider alternative ways to provide care

“We can schedule a tele-health appointment, where we talk about any concerns, followed by a brief immunization visit to help keep your child safe and minimize your time at the clinic.”

“Our clinic is offering ‘drive-thru’ immunizations, so you don’t even have to come inside the clinic!”



Reinforce the fact that vaccine-preventable diseases will continue to be a threat to the child

“As a parent, I would not wait to immunize my baby; as your doctor, I am strongly recommending we help protect your child from diseases that could cause harm during or after the pandemic.”



Inform them that getting caught up is important for school.

“As California ‘reopens,’ more families will bring their children back in for shots, especially if they need them for daycare or school. It's likely that our schedule will fill up quickly. Let's schedule a visit now to make sure your son/daughter is ready for school.”

**READY FOR
7TH GRADE?**



Don't wait—Vaccinate!



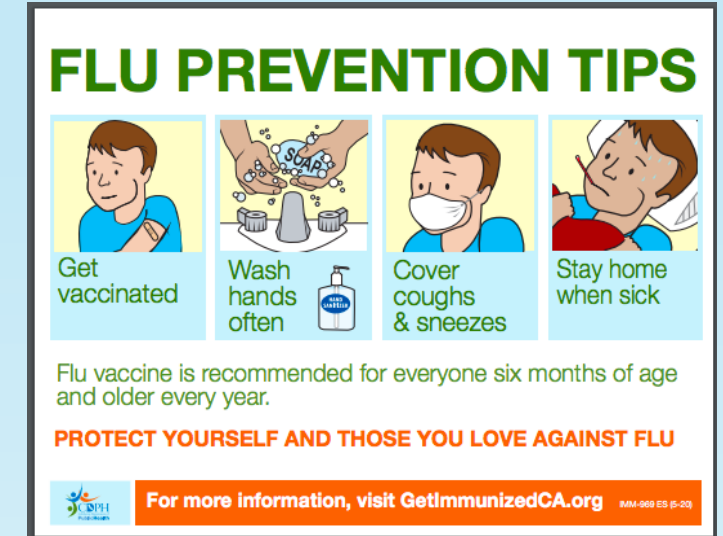
Resources on EZIZ



<https://eziz.org/assets/docs/IMM-780.pdf>



<https://eziz.org/assets/docs/IMM-825.pdf>



<https://eziz.org/assets/docs/IMM-969.pdf>

Available for download at: <https://eziz.org/resources/flu-promo-materials/>
Some of these materials are available for FREE from [your local health department](#).



Other CDPH Resources



COVID-19 Updates:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>



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COVID-19

Protect yourself and loved ones

Help prevent the spread of respiratory diseases like COVID-19

+ WASH YOUR HANDS

Wash your hands with soap and warm water regularly.

+ COVER A COUGH OR SNEEZE

Cover your cough or sneeze with your sleeve, or tissue. Dispose of tissue and wash your hands afterward.

+ DON'T TOUCH

Avoid touching eyes, nose or mouth, especially with unwashed hands.

+ KEEP YOUR DISTANCE

Avoid close contact with people who are sick.

+ STAY HOME

If you experience respiratory symptoms like a cough or fever, stay home.

+ GET HELP

If you experience symptoms of COVID-19 (cough, fever, shortness of breath), call your health care provider or local health department before seeking care.

MORE INFORMATION

Follow the California Department of Public Health:
@capublichealth and www.cdph.ca.gov/covid19

National AAP #CallYourPediatrician Campaign

The doctor is in!

Pediatricians are taking steps to make sure it's as safe as possible for office visits:

Separate "Sick" and "Well" times and areas



Phone check-in and in-car waiting rooms



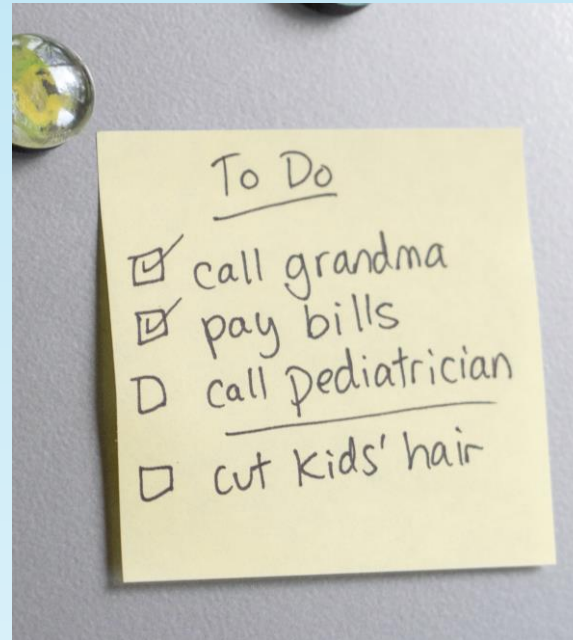
Video visits when possible



If you have any concerns about your child's health, please give your pediatrician a call.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

healthychildren.org
Powered by pediatricians. Trusted by parents.
Approved by the American Academy of Pediatrics



Dear parents:
We'll take 'em off your hands for 20 minutes.
Love,
Your pediatrician
#CallYourPediatrician



[AAP Campaign Webpage](#)

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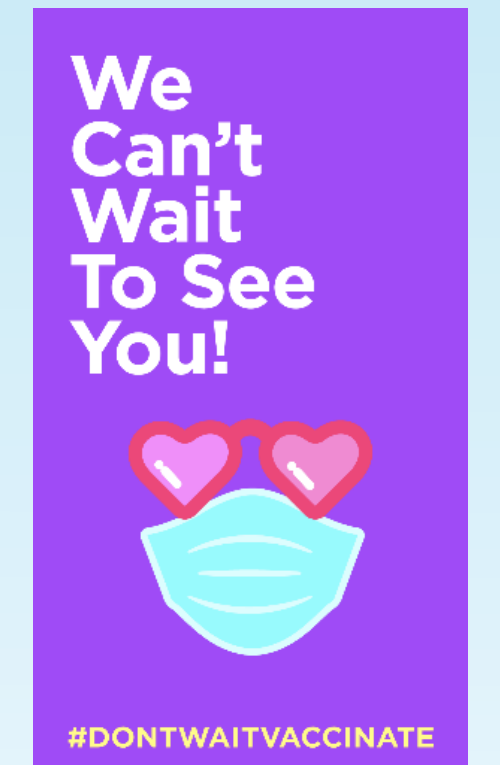
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California Vaccines
For Children



#DontWaitVaccinate Campaign Toolkit

- ✓ Infographic
- ✓ Talking points
- ✓ Social media messages/images
- ✓ Scripts for clinic robocalls
- ✓ Provider template letter to families
- ✓ Tips for amplifying social media reach and more!

[#Dontwaitvaccinate Campaign Webpage](#) (coming soon)



Modifying Immunization Services During the Pandemic



Kiwi Pediatrics

Elizabeth Salsburg, MD, FAAP



Southern California Permanente Medical Group

Robert J. Riewerts, MD,
FAAP

Itzel Duran Verdin



Routine Immunizations during Covid-19 Kaiser Permanente

Presenters:

Robert Riewerts, MD
Regional Chief of Pediatrics

Itzel Duran
VFC Project Manager

July 7, 2020

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Kaiser Permanente Recommendations for Routine Immunizations During Covid-19

General Recommendations:

- Make modifications as needed to patient flow systems and infection control precautions in order to comply with the CDPH Resuming California's Deferred and Preventive Health Care guidance.
- Practice universal source control including requiring the use of face coverings for all patients and essential visitors (face covering should not be used in children under the age of 2, those who are unable to remove it without assistance, and persons having trouble breathing).

Infants, Children and Adolescents

- *Address patient and/or family concerns about COVID-19 infection risk. Proactively communicate information and provide reassurance about steps your practice is taking to keep patients and clinic staff safe.*
- Remind parents that vaccine-preventable diseases remain a threat to their child and to their community. It is important to protect their child against serious diseases which have not gone away during the COVID-19 pandemic.

Routine Immunizations During Covid-19 Continued

Infants, Children and Adolescents

- *Consider non-traditional or innovative approaches to providing immunizations. Examples of strategies include drive up vaccine clinics, texting families when an appointment is ready to minimize waiting room time, and using hybrid telehealth/in-person models for immunization visits to reduce the length of face-to-face time required, such that telehealth appointments are followed by a brief immunization visit.*
- Prioritize newborn care and vaccination of infants and children up to 24 months of age, if your practice is not yet able to provide well-child visits and immunizations for all patients.
- Use catch-up immunizations schedules where indicated and follow the CDC recommendations that children with mild illnesses receive vaccines on schedule.

How is Kaiser Permanente addressing safety concerns during Covid-19

- On-going emails are sent out to patients/parents containing updated information on Covid-19 information which includes how to get care, local facilities updates, self care appointments, etc.
- Appointment and immunization outreach calls, now include Covid-19 screening and safety precaution information.
 - During the call the patient/parent is informed the many ways our facilities are addressing Covid-19 transmission concerns prior to their clinic visit.
- Within our KP.org site, Kaiser Permanente has developed and shared a KP wide message that outlines changes in our maternity care design to minimize the spread of Covid-19.
 - The content shared with our KP patients/parents includes verbiage intended to encourage pregnant mothers to bring in their child for care and receive immunizations.

— Should I bring my baby in for their well-child visits during the COVID-19 crisis?

Yes, in most cases, you should bring your baby in for scheduled well-child visits. The American Academy of Pediatrics recommends that you continue well-child visits and immunizations for your baby. These infant preventive visits generally take place in the following order after delivery: 2 to 3 days, 2 weeks, 2 months, 4 months, 6 months, 12 months, and 18 months.

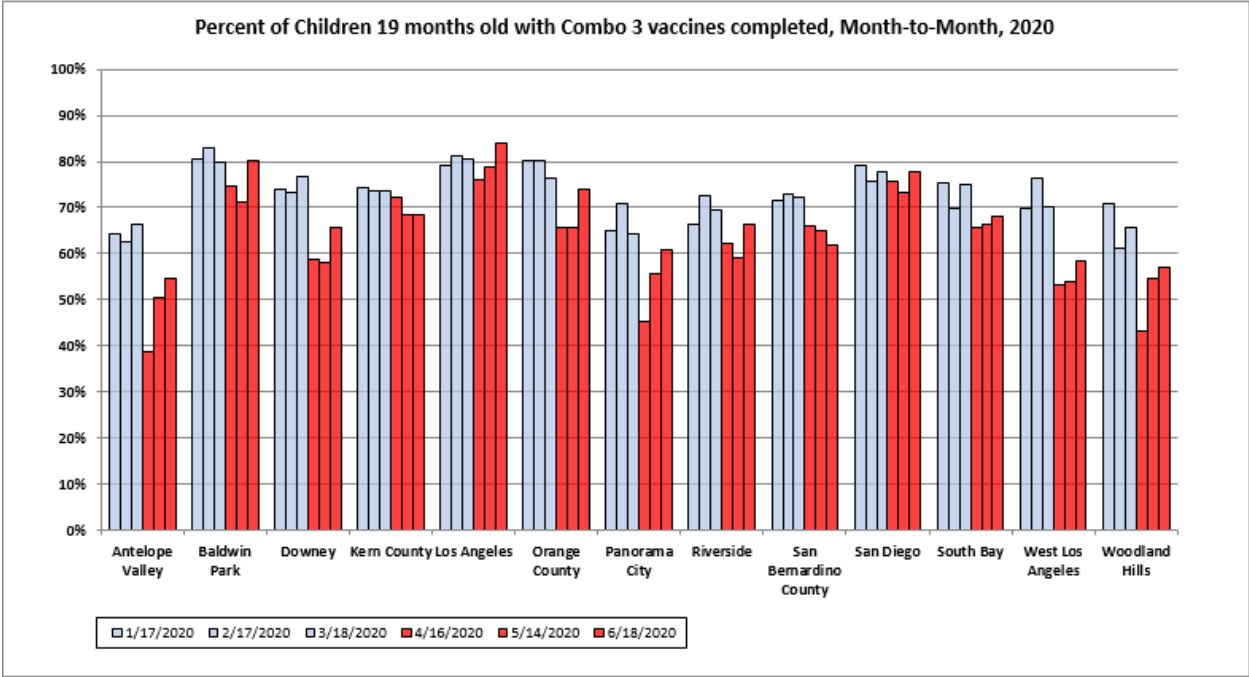
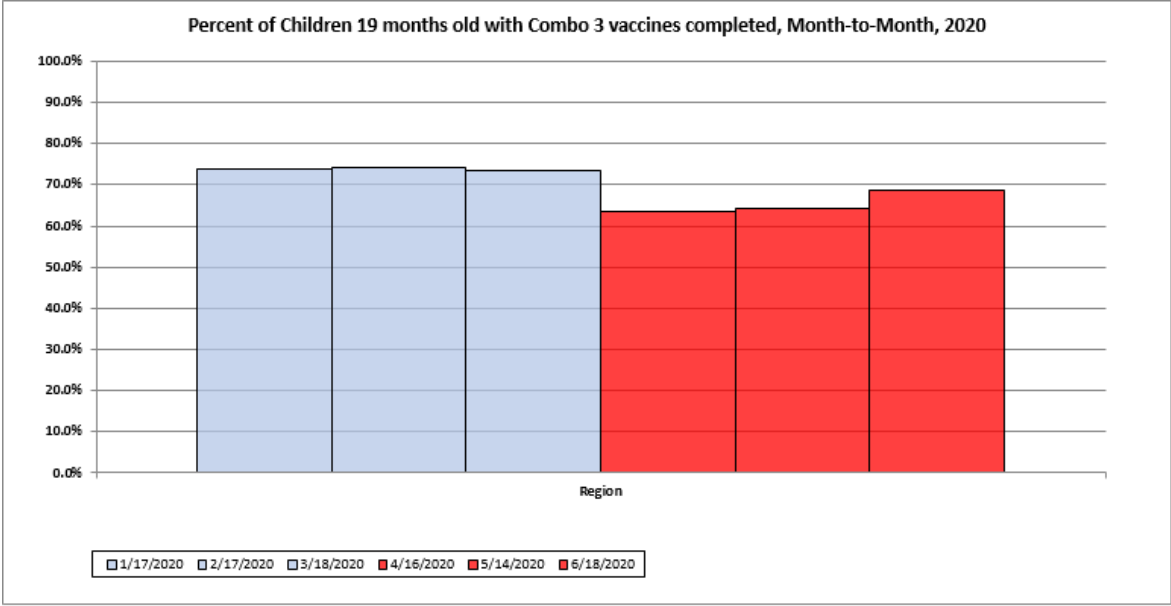
To help keep you and your child safe, we have dedicated areas for pediatric care to limit your exposure to the virus. Before your appointment, you'll be screened over the phone for COVID-19 symptoms. If you and your child aren't showing any symptoms, you'll most likely be scheduled for an in-person visit. However, if any symptoms develop between the time you set up the appointment and the visit, you must reschedule.

Also, due to the COVID-19 outbreak, only one parent or caregiver may come with the child to the visit.

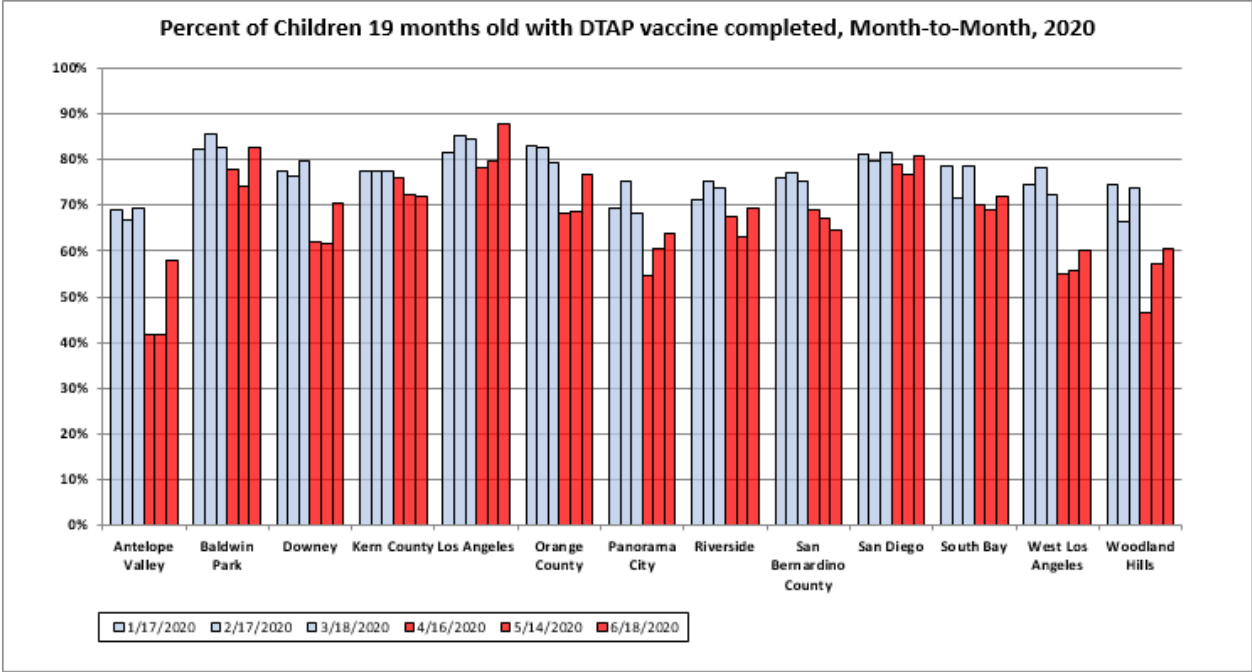
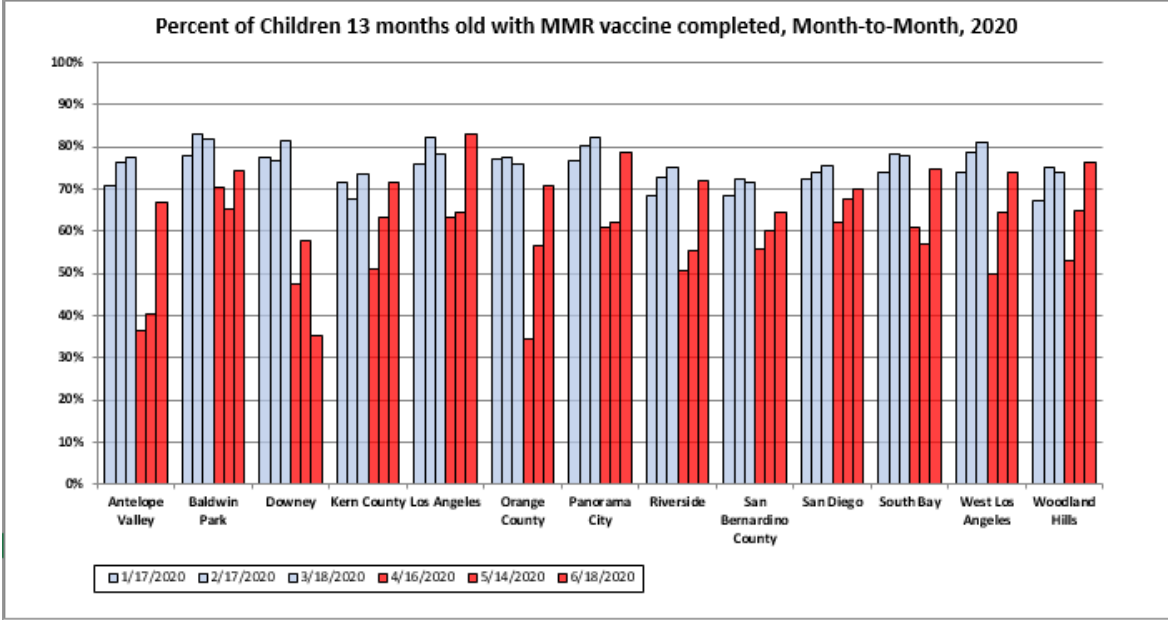


Pediatric Immunization Trends Pre/Post “Safer at Home” Orders

Kaiser Permanente Childhood Immunization Covid-19 Trends



Kaiser Permanente Childhood Immunization Covid-19 Trends



Innovative Approaches: Drive Through/Up Immunizations Clinics

Drive Through/Up Immunization Clinics



Riverside Ped Drive-Up

- Vicki Mestas LVN
- Nanette Robinson LVN
- Ann Vargas LVN

Innovative approach to deliver immunizations: Drive Through/Up Clinics

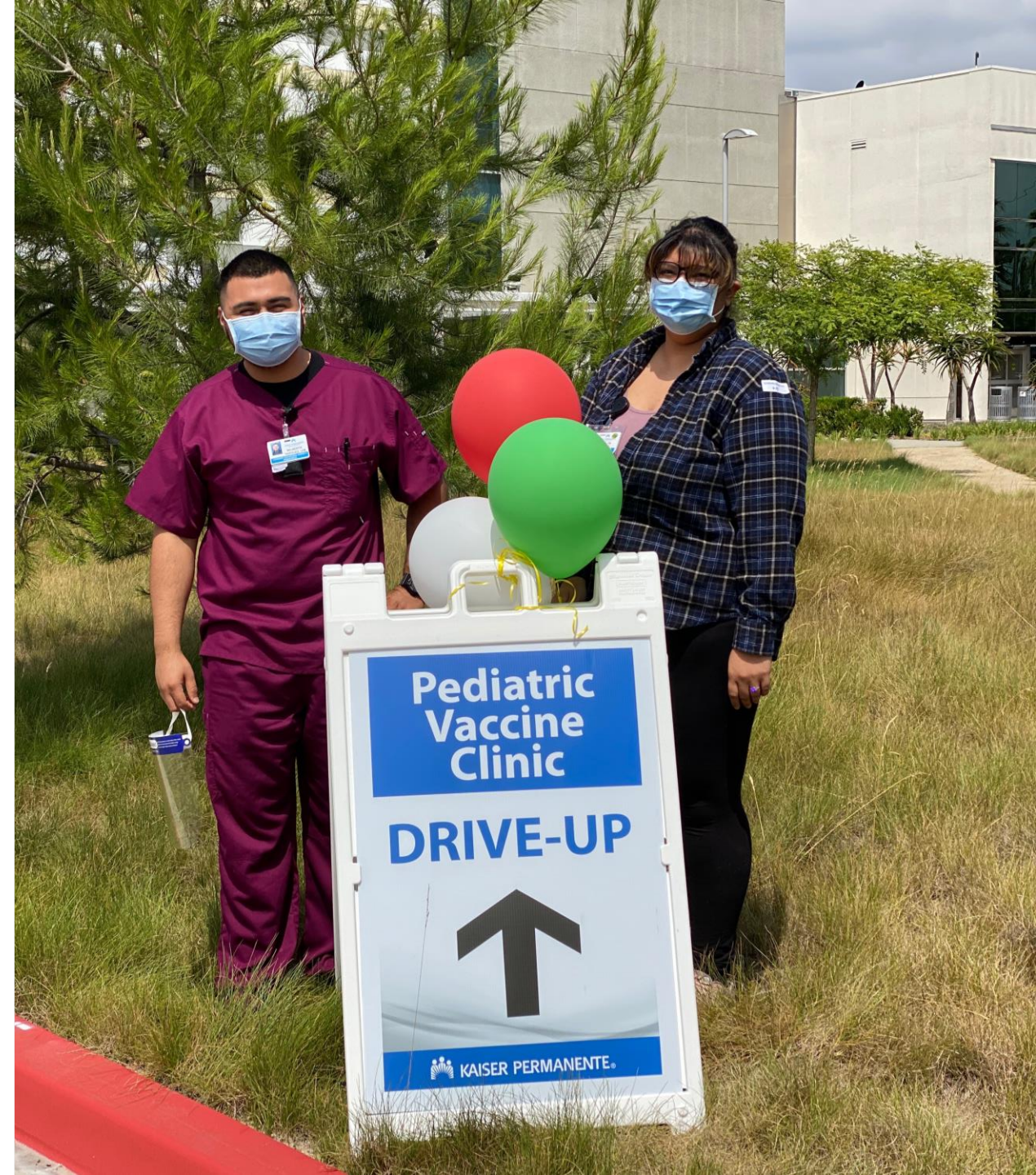
Drive Through/Up immunization clinics have been set up throughout SCAL Kaiser Permanente facilities.

Currently, there is a total of 19 drive through clinics in the following service areas:

- Antelope Valley, Baldwin Park, Downey, Los Angeles, Riverside, San Bernardino County, South Bay and Woodland Hills.

Drive Through Clinic Goals

- Address patient/parent Covid-19 safety concerns
- Provide critical routine vaccination to patients 2+
- Create meaningful work for our KP staff



Drive Through/Up Immunization Outreach

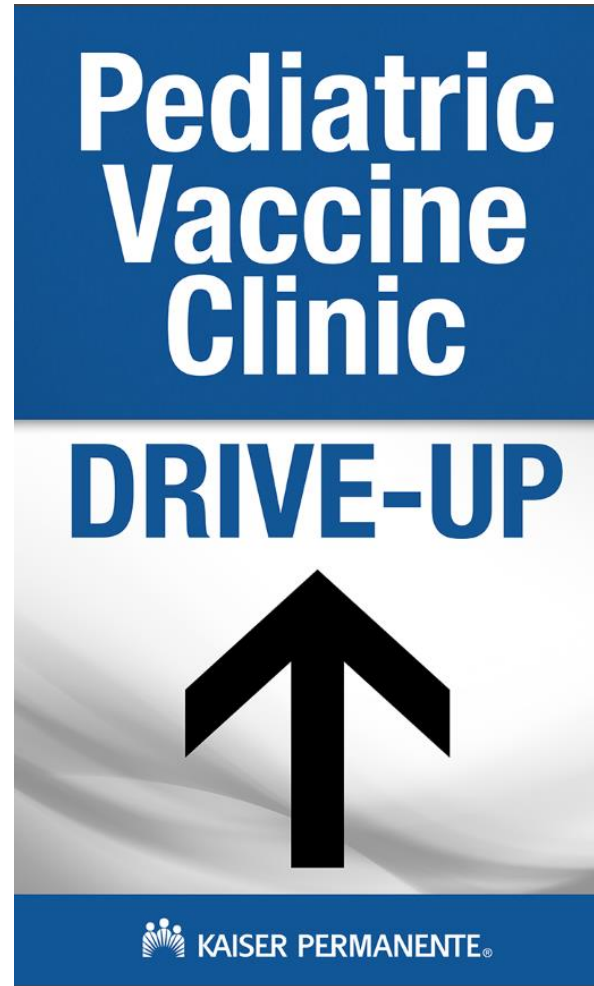
Outreach Prior to Appointment

- Obtain list of eligible patients based on the service area criteria
- Call the parent/guardian to book an appointment
 - Screen parent/guardian & child for Covid-19 symptoms
 - Provide safety instructions for day of appointment
 - Provide location details
 - Use this opportunity to schedule a telephone or video appointment if needed
- Complete a courtesy appointment reminder the day before appointment
 - Once again complete Covid-19 screening criteria



Drive Through/Up Clinic Locations

- Clinics are setup to be conveniently close to our pediatric clinics, restrooms and building entrances.
- Signage is used to guide traffic to correct location and allotted parking spaces.
- Tents, tables and chairs are set up as working stations for the nurses, service representatives and other KP employees.



Day of Drive Through Appointment

Patient Arrival

- Approach patient car and greet individuals
- Perform temperature screening and Covid-19 screening
- Ask for patient's KP membership card and/or verify patient identity
- Check in patient for appointment
 - Follow VFC workflow for non-members that present to drive up clinic.
 - No scheduled appointment: accommodate patients that fit the service area's drive through criteria and refer the rest of the patients to vaccine/nurse clinic.
- Give instructions for visit
 - Refer younger patients and parents to tent for vaccinations.
 - Vaccinate older patients in vehicle and have nurse approach parked vehicle.

During Visit

- Verify patient identity
- Review and address care gaps
- Height and Weight – for those who meet criteria
- Review Immunization Tab and validate vaccinations due
 - Provide Vaccine Information Statements to parent/guardian
- Print immunization record and/or direct patient to KP.org for updated immunization schedules

End of Visit

- Ensure documentation is complete
- Provide parent/guardian with Immunization Record and After Visit Summary

Learnings/Best Practices

- Portable refrigerators and or stationed refrigerators maintain temperatures longer than coolers.
- Have available staff assigned as “runners” to go and get frozen vaccines for those areas that do not have a freezer.
- If other children are present in the car, ask if they need to be checked for vaccines due.
- Involve all departments required to have appropriate power connections, COVID-19 PPE for patients and nurses and other necessary supplies.
- Have a workflow developed for patients/parents who present themselves with Covid-19 symptoms.

Drive Through Clinic Successes:

Patient Counts

- Fontana medical center drive through clinic has seen 700+ patients since opening on the week of April 20th
- Baldwin Park medical center drive through clinic has seen 400+ patients since opening on the week of May 18th
- Riverside medical center area drive throughs have seen 1400+ patients since opening on the week of May 5th

Recognitions

- National Labor Management Partnership recognition.

The background consists of several overlapping triangles. A large teal triangle points downwards from the top center. Below it, a smaller, darker teal triangle also points downwards. At the bottom, two dark blue triangles point upwards towards the center, meeting the darker teal triangle. The text "Thank you!" is centered within the darker teal triangle.

Thank you!

Vaccines for Children

Protecting America's children every day

The Vaccines for Children (VFC) program helps ensure that all children have a better chance of getting their recommended vaccines. VFC has helped prevent disease and save lives.



CDC estimates that vaccination of children born between 1994 and 2018 will:

prevent **419 million** illnesses
(26.8 million hospitalizations)



more than the current population of the entire U.S.A.

help avoid **936,000** deaths



greater than the population of Seattle, WA

save nearly **\$1.9 trillion** in total societal costs
(that includes \$406 billion in direct costs)



more than \$5,000 for each American

Updated 2018 analysis using methods from "Benefits from Immunization during the Vaccines for Children Program Era—United States, 1994-2013"

Modified Clinic Operations and VFC



Modified Clinic Operations and VFC

- There are necessary changes to clinic flow, operations, and even locations in order to keep immunization services during this pandemic
- For sites participating in the California VFC Program, holding drive up immunization efforts are an acceptable alternative for continued provision of immunization services
- Make sure key VFC Program operation areas are incorporated within restructured clinic flow and new set-ups.



Modified Clinic Operation: Key Areas

- VFC Eligibility
 - Eligibility Screening- Important, and more families may be eligible to receive VFC supplied vaccines
- VFC Program Information
 - Documentation-Make sure this is incorporated into curbside immunization services
- Vaccine Information Statements
 - Can be shared electronically-via Advance appointment communication or at the visit
- Need more doses before your next order is due?
 - Contact the VFC Program



Figure 1: A two-dimensional Data Matrix barcode
NOTE: Scanning the barcode instead of manually recording the information is optional.



Storage and handling of vaccine supply

- Curbside clinic considerations:
 - Temporary storage unit must meet VFC requirements
 - If stored at curbside clinic, use VFC's Hourly Temperature Log
 - Label or separate inventory
 - Prefilling is discouraged
 - Track inventory and doses administered at the conclusion of each event

[illegible]

<https://eziz.org/assets/docs/IMM-1255.pdf>



Storage and handling of vaccine supply

- Follow VFC Program guidance regarding vaccine storage and handling
- Keep clinic hours up to date on your MYVFCVaccine.org account
- Cross-train staff, especially in limited staffing situations
- Ensure ALL practice's digital data loggers have a valid and current Certificate of Calibration.
- If practice closure continues for the next several weeks, please contact your local VFC Rep for recommendations on what to do with your vaccine.



Resources

<https://www.izsummitpartners.org/content/uploads/2019/02/off-site-vaccination-clinic-checklist.pdf>



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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

- 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.)
- 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.
- 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 , 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.**
- 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 .
- 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.
- This checklist applies ONLY to vaccines stored at REFRIGERATED temperatures** (i.e., between 2–8° Celsius or 36–46° Fahrenheit).
- 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.)
- 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: _____



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

VACCINE SHIPMENT

YES NO N.A.

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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.

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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.

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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.)

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The person transporting the vaccines confirmed that all vaccines were transported in the passenger compartment of the vehicle (NOT in the vehicle trunk).

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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.

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The amount of vaccine transported was limited to the amount needed for the workday.

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VACCINE STORAGE AND HANDLING (UPON ARRIVAL AT FACILITY/CLINIC)

YES NO N.A.

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If vaccines were shipped, the shipment arrived within the appropriate time frame (according to manufacturer or distributor guidelines) and in good condition.

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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.

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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.

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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).

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Upon arrival at the facility/clinic, vaccines remained protected from light (per manufacturer's package insert) until ready for use at the vaccination clinic.

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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.

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CLINIC PREPARATION AND SUPPLIES

YES NO N.A.

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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.

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An emergency medical kit (including epinephrine and equipment for maintaining an airway) is at the site for the duration of the clinic.

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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.

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There is a designated area at the site for management of patients with urgent medical problems (e.g., fainting).

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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.

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Needles in a variety of lengths are available to optimize injection based on the prescribed route/technique and patient size.

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Reasonable accommodations (e.g., privacy screens) are available for patient privacy during vaccination.

» If you check "NO" in ONE

Questions and Answers



Thank You for Protecting Californians!

