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

This checklist is a step-by-step guide to help clinic coordinators/supervisors overseeing vaccination clinics held at satellite, temporary, or off-site locations follow Centers for Disease Control and Prevention (CDC) guidelines and best practices for vaccine shipment, transport, storage, handling, preparation, administration, and documentation. These CDC guidelines and best practices are essential for patient safety and vaccine effectiveness. This checklist should be used in any non-traditional vaccination clinic settings, such as workplaces, community centers, schools, makeshift clinics in remote areas, and medical facilities when vaccination occurs in the public areas or classrooms. Temporary clinics also include mass vaccination events, walk-through, curbside, and drive-through clinics, and vaccination clinics held during pandemic preparedness exercises. **A clinic coordinator/supervisor at the site should 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.

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

INSTRUCTIONS

1. A staff member who will be at the vaccination clinic should be designated as the clinic coordinator/supervisor. This person will be responsible for completing the steps below and will be referred to as "you" in these instructions.
2. Review this checklist during the planning stage of the vaccination clinic—well in advance of the date(s) when the clinic will be held. This checklist includes sections to be completed before, during, and after the clinic.
3. **Critical guidelines for patient safety and vaccine effectiveness are identified by the stop sign icon: 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 you can move forward with the clinic.**
4. Contact your organization and/or health department if you have any concerns about whether vaccine was transported, stored, handled, or administered correctly, whether patients' personal information was protected appropriately, or other responses that you have marked as "NO" in rows that do not have the 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

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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 packout designed to transport vaccines** within the temperature range recommended by the manufacturers (i.e., between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines). 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 packouts*: 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 packout should include packing instructions. If not, contact the company for instructions on proper packing procedures.*)
☐	☐	☐	The person transporting the vaccines confirmed that all vaccines were transported in the passenger compartment of the vehicle (NOT in the vehicle trunk).
☐	☐ 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 packout specifically designed and tested to maintain the manufacturer-recommended temperature range). *Follow the guidance for unpacking and storing vaccines specified in CDC's* Vaccine Storage and Handling Toolkit: www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf.
☐	☐ 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 an emergency, and know the location of epinephrine and are trained in its indications and use.
☐	☐		There is a designated area at the site for management of patients with urgent medical problems (e.g., fainting).
☐	☐		Adequate infection control supplies are provided, including biohazard containers and supplies for hand hygiene. If administering injectable vaccines, adhesive bandages, individually packaged sterile alcohol wipes, and a sufficient number of sterile needles and syringes and a sharps container are provided.
☐	☐		Staff members administering vaccines have reviewed vaccine manufacturer instructions for administration before the vaccination clinic.
☐	☐	☐	If using a standing order protocol, the protocol is current and available at the clinic/facility site.
☐	☐		A process for screening for contraindications and precautions is in place.
☐	☐ STOP		A sufficient number of vaccine information statements (VISs or Emergency Use Authorization [EUA]) forms, if required) for each vaccine being offered is available at the clinic/facility site.

If you check "NO" in ONE OR MORE answer boxes that contain a 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.	
☐	☐		A designated clean area for vaccine preparation has been identified and set up prior to the clinic.
☐	☐		A qualified individual has been designated to oversee infection control at the clinic.

PREVENTING TRANSMISSION OF COVID-19 AT THE CLINIC

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

DURING THE CLINIC (Please complete each item while the clinic is occurring and review at the end of your shift.)

VACCINE STORAGE AND HANDLING (AT FACILITY/CLINIC)

YES	NO	N.A.	
☐	☐ STOP		Vaccines are being kept in proper storage equipment that maintains the manufacturer-recommended temperature range (*i.e., a portable vaccine refrigerator or qualified container and packout specifically designed and tested to maintain correct temperatures when opened and closed during the clinic*).
☐	☐ STOP		Vaccine temperature is being monitored during the clinic using a digital data logger with a buffered probe (placed directly with vaccines) and a current and valid Certificate of Calibration Testing. *Follow the monitoring guidance specified in CDC's* Vaccine Storage and Handling Toolkit: www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf.
☐	☐ STOP	☐	If vaccines are being stored in a storage unit at the site, vaccine temperature data are being reviewed and documented a minimum of 2 times during each clinic workday (preferably at the beginning and middle of an 8-hour shift) to ensure they remain at correct temperatures (*i.e., between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines*). *If you are a VFC provider, check with your state immunization program for specific requirements for vaccine temperature monitoring during mass vaccination clinics.*
☐	☐ STOP	☐	If vaccines cannot be stored in a storage unit at the site, they are being kept in the portable vaccine refrigerator or qualified packout with a temperature monitoring device (with a probe in a thermal buffer) placed as close as possible to the vaccines, and temperatures are being read and recorded at least once an hour. The container is being kept closed as much as possible.
☐	☐		Vaccines are being protected from light during the vaccination clinic per the manufacturer's package insert.

VACCINE PREPARATION

YES	NO	N.A.	
☐	☐ STOP		Expiration dates of vaccines (and diluents, if applicable) are being checked again during preparation, and only vaccines that have not expired are being administered. *(Note: If you are using multidose vials, be sure to review beyond use dates, along with expiration dates.)*
☐	☐		Vaccines are being prepared in a clean, designated medication area, away from any potentially contaminated items.
☐	☐ STOP	☐	If using reconstituted vaccines, they are being prepared according to the manufacturer's guidelines.
☐	☐	☐	Vaccines are being prepared at the time of administration.
☐	☐	☐	If vaccines are predrawn from a multidose vial, **only the contents of 1 multidose vial are being drawn up at one time by each staff member administering vaccines (the maximum number of doses per vial is described in the package insert).**
☐	☐	☐	If using single-dose or multidose vials, syringes are being labeled with the name of the vaccine.
☐	☐ STOP		Once drawn up, vaccines are being kept in the recommended temperature range. (*Questions about specific time limits for being out of the recommended temperature range should be referred to the manufacturer.*)

VACCINE ADMINISTRATION

YES	NO	N.A.	
☐	☐ STOP		Vaccine information statements (VISs or Emergency Use Authorization [EUA] forms, if required) are being provided to every patient, parent, or guardian before vaccination (as required by federal law).
☐	☐ STOP		All patients are being screened for contraindications and precautions for the specific vaccine(s) in use before receiving that vaccine(s).

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

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

YES	NO	N.A.	
☐	☐ STOP	☐	**A new needle and new syringe are being used for each injection. (Needles and syringes should never be used to administer vaccine to more than one person.)**
☐	☐ STOP	☐	Single-dose vials or manufacturer-filled syringes are being used for only one patient.
☐	☐ STOP	☐	Vaccines are being administered following safe injection practices.
☐	☐	☐	For walk-through clinics, seats are provided so staff and patients are at the same level for optimal positioning of anatomic site and injection angle to ensure correct vaccine administration.
☐	☐ STOP	☐	Staff is identifying injection site correctly. (For intramuscular route: deltoid muscle of arm [preferred] or vastus lateralis muscle of anterolateral thigh for adults, adolescents, and children aged ≥3 years; vastus lateralis muscle of anterolateral thigh [preferred] or deltoid muscle of arm for children aged 1–2 years; vastus lateralis muscle of anterolateral thigh for infants aged ≤12 months. For subcutaneous route: thigh for infants aged <12 months; upper outer triceps of arm for children aged ≥1 year and adults [can be used for infants if necessary].)
☐	☐	☐	Staff is inserting needles quickly at the appropriate angle: 90° for intramuscular injections (e.g., injectable influenza vaccines) or 45° for subcutaneous injections (e.g., measles, mumps, rubella vaccine).
YES	**NO**	**N.A.**	
☐	☐ STOP	☐	Multidose vials are being used only for the number of doses approved by the manufacturer.
☐	☐ STOP	☐	Vaccines are never being transferred from one syringe to another.

If you check "NO" in ONE OR MORE answer boxes that contain a STOP, DO NOT move forward with the clinic.

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

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

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

VACCINE DOCUMENTATION

YES	NO	N.A.	
☐	☐		Each vaccination is being fully documented with name of person vaccinated; vaccination date; vaccine type, lot number, manufacturer; patient receipt of vaccine information statement (VISs or Emergency Use Authorization [EUA] form), including edition date and date VIS was provided; injection site; vaccination route; dosage; and name, title, and office/company address of person who administered the vaccine.
☐	☐	☐	Your state's immunization information system (IIS) was used to document vaccinations administered. (*CDC recommends using your state's IIS to document vaccinations.*)
☐	☐		Patients are receiving documentation for their personal records and to share with their medical providers.

PREVENTING TRANSMISSION OF COVID-19 AT THE CLINIC

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

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

POST-CLINIC ACTIONS

YES	NO	N.A.	
☐	☐	☐	Temperature of remaining vaccine was checked and recorded at the end of clinic. If not still at manufacturer-recommended temperature (i.e., *between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines*), follow your organization's protocols and/or contact your state or local health department for guidance.
☐	☐	☐	Any remaining vaccine in provider predrawn syringes, opened multidose vials, or activated manufacturer-filled syringes (MFSs) was properly discarded. *An MFS is activated when the sterile seal is broken (i.e., cap removed from needle or needle added to the syringe). If absolutely necessary, a partially used multidose vial may be transported to or from an off-site/satellite facility operated by the same provider, as long as the cold chain is properly maintained, the vaccine is normal in appearance, and the maximum number of doses per vial indicated by the manufacturer has not already been withdrawn, or the beyond use date indicated by the manufacturer has not been met. However, a partially used vial cannot be transferred from one provider to another or across state lines or returned to the supplier for credit.*
☐	☐ STOP	☐	**Viable, unused vaccine was placed back in proper storage equipment that maintains the manufacturer-recommended temperature range at the end of the clinic day and was not stored in a dormitory-style or bar-style combined refrigerator/freezer unit under any circumstances.** (This includes vaccine transported for a multi-day clinic to a remote location where adequate storage at the site is not available.)
☐	☐	☐	Any needlestick injuries were recorded in a sharps injury log and reported to all appropriate entities (e.g., local health department and your organization).
☐	☐	☐	Any vaccine administration errors were reported to all appropriate entities.
☐	☐		All biohazardous material was disposed of properly.

POST-CLINIC DOCUMENTATION

YES	NO	N.A.	
☐	☐	☐	Vaccinations were recorded in the jurisdiction's immunization information system (IIS) where available.
☐	☐	☐	If not submitted to an IIS, vaccination information was sent to primary health care providers as directed by an established procedure based on state or jurisdiction regulations.
☐	☐	☐	Any adverse events were reported to the Vaccine Adverse Event Reporting System (VAERS): vaers.hhs.gov/index.
☐	☐ STOP		All patient medical information was placed in a secured storage location for privacy protection.
☐	☐		The staff sign-in sheet was attached to this document (with shift times, clinic location, and date).

N.A. means Not Applicable.

This checklist was adapted from materials created by the California Department of Public Health, the Centers for Disease Control and Prevention, and the Immunization Action Coalition.

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

COVID-19 information can be found at:

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

» CDC's guidelines and resources for vaccine storage, handling, administration, and safety:

- Vaccine storage and handling: www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf
- Vaccine administration:
  - www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html
  - www.cdc.gov/vaccines/hcp/admin/admin-protocols.html
  - www.cdc.gov/vaccines/hcp/admin/resource-library.html
- Injection safety: www.cdc.gov/injectionsafety/providers.html
- Vaccine information statements: www.cdc.gov/vaccines/hcp/vis/
- Videos on preparing and administering vaccines. www.cdc.gov/vaccines/hcp/admin/resource-library.html (includes videos on intramuscular injections and administration of live, attenuated influenza vaccine)

» The Immunization Action Coalition has a skills checklist for staff administering vaccines: www.immunize.org/catg.d/p7010.pdf.

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

- Screening tools: http://www.immunize.org/handouts/screening-vaccines.asp
- Vaccination after-care:
  - Children: www.immunize.org/catg.d/p4015.pdf
  - Adults: www.aimtoolkit.org/docs/vax.pdf

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

- Children and adolescents: www.immunize.org/catg.d/p3082a.pdf
- Adults: www.immunize.org/catg.d/p3082.pdf

» Manufacturers' product information and package inserts with specific, detailed storage and handling protocols for individual vaccines: www.immunize.org/packageinserts/pi_influenza.asp

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

Medical waste disposal is regulated by state environmental agencies. Contact your state immunization program or state environmental agency to ensure that your disposal procedures comply with state and federal regulations.

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