

Vaccination at Satellite, Temporary, or Off-site Locations

Satellite, temporary, or off-site locations, in collaboration with community or mobile vaccinators and pharmacies, may provide equitable access for vaccination. There are some specific requirements for off-site events, including:

- Clinical staff responsible for storage, handling, and administering vaccine should be the primary organizers of any off-site events.
- The amount of vaccine transported (not shipped) to the site should be based on the anticipated number of vaccine recipients. Vaccine must be transported with equipment to monitor the recommended temperature range for the vaccine (e.g., data loggers).
- Upon arrival at the vaccination site, vaccines must be stored correctly to maintain appropriate temperature throughout the day.
- Temperature data must be reviewed and documented according to [CDC: 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).
- At the end of the day, temperature data must be assessed prior to returning vaccine to fixed storage units to prevent administration of vaccines that may have been compromised. Any remaining vaccine that has stayed in the required temperature range can be returned to the vaccine storage unit.
- Act on any vaccines exposed to out-of-range temperatures (temperature excursions) at any time.

Checklist for vaccination at satellite, temporary, or off-site locations

Clinic coordinator/supervisor name and credentials:

Clinic name/location:

Date:

Clinic preparation – plan ahead

- Schedule date, time, and location of clinic. Plan for advertising of clinic.
- Pre-registration for patients with appointment times, when possible, include pre-screening questions and contraindications for vaccine. Consider linking vaccine's Vaccine Information Statement (VIS) to the registration form. [CDC: Vaccine Information Statements \(VISs\) \(www.cdc.gov/vaccines/hcp/vis/index.html\)](http://www.cdc.gov/vaccines/hcp/vis/index.html).
- Ensure enough staff are available to promote patient flow, waiting area, monitoring for appointments, and/or registering patients.
- Set up physical space with hand hygiene station.
- As needed, provide room to wait for 15-30 minutes after vaccination to observe for any reaction. Have a person assigned to monitor those waiting.

Drive thru clinics

- Plan course, account for weather variations (rain, cold, etc.), and, as needed, recommend waiting in parking lot for 15-30 minutes, especially if driver is being vaccinated.
- Staff education on proper technique: Expose injection site, properly position arm to allow proper identification of landmarks, take care to avoid giving vaccine too high and causing shoulder damage.

Storage and handling of vaccine

- Follow specific vaccine packing recommendations. Use portable refrigeration units whenever possible, or a qualified container that has been proven to keep the vaccine within the recommended range (2 to 8 degrees Celsius/36 to 46 degrees Fahrenheit).
- Storing vaccine in a home refrigerator is not acceptable.
- Transport vaccine in the passenger compartment of the vehicle (not the trunk) and limit vaccine quantities to amount needed for clinic.
- Use a temperature monitoring device (preferably a data logger with an external display) and place the buffered probe directly with vaccines. Confirm the device has a current, valid Certificate of Calibration.
- Protect vaccines from light until ready to use.
- Check expiration dates or beyond-use date (BUD) for vaccines and expiration dates for diluents, needles, syringes, and alcohol wipes.
- Temperature documentation: Document temperature on arrival to off-site clinic, every hour during clinic, and upon arrival back at main storage facility. Also, document the minimum (min) and maximum (max) temperature for the transport and clinic time when returning to the main storage.
- Act on any out-of-range temperatures: Do not use vaccine.
- Develop a contingency plan in case vaccine needs to be replaced – stored too warm or too cold.

Preparing for vaccine administration

- Anaphylaxis protocol and emergency medical kit readily available (expiration dates checked), CDC recommends having at least three doses of epinephrine at the site.
- Vaccine administrators are CPR-certified and trained in epinephrine use.
- Adequate infection control measures present (hand hygiene, sharps containers).
- Needles in a variety of lengths available based on route, technique, and patient size (e.g., 1.0 and 1.5 inch).
- Standing order protocols are current and available at the site.
- Enough screening forms (that include eligibility if needed), and VISs available.
- Vaccines and diluents are prepared in a clean, designated area at the time of administration.
- If using multi-dose vials (MDVs), only one MDV is drawn up at a time by person administering vaccines. If pre-drawing syringes, follow recommendations for best practices and labeling.

Administering vaccine

- VIS provided to every patient, parent, or guardian before vaccination. Allow for time to answer questions.
- All patients screened for contraindications and precautions and VFC eligibility (if applicable) before receiving vaccine.
- Hand hygiene performed before and after vaccine administration (and if hands become soiled).
- Vaccine never transferred from one syringe to another. Note: Never pool vaccine from more than one MDV to make a full dose.

VACCINATION AT SATELLITE, TEMPORARY, OR OFF-SITE LOCATIONS

- Used needles and syringes placed immediately in a sharps container (and never recapped).
- As needed, patients instructed to wait 15 minutes to observe for reaction (or 30 minutes as appropriate).

Documenting vaccine

- Each vaccine fully documented: Date, type, lot number, manufacturer, injection site, route, and dosage, and name, title, and address of vaccine administrator.
- Document VFC eligibility for all patients under 19 years of age.
- Patients receive documentation of vaccine(s) received for their personal record.

After the clinic (actions and documentation)

- Temperatures reviewed and min/max recorded at end of the clinic.
- Properly dispose of any nonviable vaccine.
- Partially used MDVs may be transported to and from the clinic by the same provider if the vaccine has remained within the recommended range, is normal in appearance, and maximum doses per vial have not already been withdrawn. Properly dispose of MDVs that are past their BUD.
- Vaccines administered entered into MIIC.
- Safety: Needle stick injuries logged and reported; vaccine errors reported, and biohazard disposed.
- Report any adverse events or vaccine administration errors into VAERS at [VAERS: Vaccine Adverse Event Reporting System \(https://vaers.hhs.gov/\)](https://vaers.hhs.gov/).
- All patient medical information placed in a secure storage location for privacy protection.
- Staff sign-in sheet kept noting clinic location, date, and shift times.

Signature of coordinator:

Date:

Time:

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To obtain this information in a different format, call: 651-201-5414.