

Office of Immunization | doh.wa.gov/avp | waadultvaccines@doh.wa.gov



Off-Site Vaccination Clinic Guidelines

Satellite, temporary, and off-site vaccination clinics play an important role in improving vaccination coverage rates and vaccinating hard-to-reach populations. Vaccination clinics held in these settings have unique challenges and providers must follow specific guidelines for managing publicly supplied vaccine in these non-traditional settings. Below is a checklist of requirements, best practices, and reference materials for your off-site vaccination clinic. Review all materials prior to conducting an off-site vaccination clinic.

Off-Site Clinic Checklist

| Preparation |
|--|
| Submit your request to the Washington State Adult Vaccine Program for approval before using publicly supplied adult vaccines for an off-site vaccination clinic. See Appendix A |
| Ensure you have a working digital data logger with a current certification of calibration for use at the clinic. This digital data logger must be in addition to the digital data logger that is recording temperatures in your permanent storage unit. |
| Ensure you have all necessary materials to pack and transport the vaccines for the off-site clinic. |
| Transport |
| Vaccines must be 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 . |
| Use a digital data logger that meets state and CDC guidelines for public vaccine. |
| The person transporting the vaccines confirms 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.) |
| Ensure the total time for vaccine transport and clinic workday does not exceed 8 hours. |
| Storage and Handling |
| Ensure the cold chain is maintained at all times during transport and throughout the clinic. |
| Providers may pre-draw up to 10 doses of vaccine at a time during an off-site clinic. |
| All remaining pre-drawn doses must be discarded and logged as waste at the end of the clinic. |
| Monitor digital data logger(s) and record temperatures on paper temperature logs hourly. |
| After the clinic, download and review digital data logger temperature data. |
| If temperatures went out of appropriate ranges, call the manufacturer to assess viability of the vaccine and notify the Adult Vaccine Program at WAAdultVaccines@doh.wa.gov . |
| Complete a Vaccine Loss Form for any wasted vaccine doses and submit the loss form to <u>WAAdultVaccines@doh.wa.gov</u> . |

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov. DOH xxx-xxx December 2021.







| • • | | sport for Off-Site C e-supplied vaccines only) | linic | |
|---|-------|---|----------------------|----------------------------|
| Date of Request: | | ŀ | PIN: | |
| Facility Name: | | | | |
| Contact Person: | | F | Phone Number: | |
| Email: | | | | |
| Location of Off-Site Clinic: | | | | |
| | | | | |
| Date of Clinic: | | | | |
| Requested Vaccine Name | | NDC | | # of Doses |
| nequested vaccine rame | | INDE | | # 01 D03C3 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Type of storage container used: | ort: | Lable refrigerator/freezer | Qualified co | I ontainer and packout* |
| Packing material used: Container/packout make/model | | <u> </u> | | |
| Make, model & calibration expiration date of digital data logger used: | | | | |
| *A type of container and supplies specifically desig through laboratory testing under controlled condit period of time. (Does not include McKesson or Mer | tions | to ensure they achieve and | | |
| Submit form to Washington State Adult Vacci You will receive notice by email of approval. E throughout the clinic. | | • | | |
| In case of a temperature excursion, call the m | anu | | | |
| AstraZeneca (Medimmune) (800) 236-9933 | | | GlaxoSmithKline (8 | |
| | | Inc. (800) 444-2080 P) 358-8966 | Pfizer Inc. (800) 50 | J5-442b |
| Janon i asteur (000) 022 2703 Sequins (| 000 | 7556 6566 | | |
| DOH USE ONLY | | | proved |] Denied |

Reviewed by:

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Date:

^{*}Please print additional pages as needed for any upcoming clinics within a three months period.

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| REFRIGERATOR OFF-SITE CLINIC TEMPERATURE MONITORING LOG | | | | | | | | | | | | | | | | | |
|---|--|--|---------|-----------|------------|-----------|-------------|----------|--------|-----------|------------|---|---|-------------|------------------|--------------|--|
| | PROVIDER PIN: DATE OF CLINIC: F°/C° | | | | | | | | | | | Ø H | on State Department of | | | | |
| | Write your init Record the mi Record vaccin corresponds v At the end of t Record min/m | itials below in "Staff Initials," and note the time in "Exact Time of Temp". | | | | | | | | | | nditions as q determine wl gov with the | THE SHADED ZONE: quickly as possible. Place the affected vaccine in a bag a whether the vaccines are viable. he results from manufacturer. | | | | |
| Se | Clinic Hour | Transport | Hour 1 | Hour 2 | Hour 3 | Hour 4 | Hour 5 | Hour 6 | Hour 7 | Hour 8 | Hour 9 | Hour 10 | Hour 11 | Hour 12 | End of Clinic | Transport | |
| 0 | Exact Time | | | | | | | | | | | | | | | | |
| Z | Staff Initials | | | | | | | | | | | | | | | | |
| DANGER!!! 48°F (8.9°C) 47°F (8.4°C) WARNING TOO WARM Call the manufacturer for vaccine viability WARNING TOO WARM | | | | | | | | | | IG TOO W | ARM | | | | | | |
| | 46°F (7.8°C) | \ Max: | | | | | | | | | | | | | Max: | Max: | |
| ø | 45°F (7.3°C) | \ | | | | | | | | | | | | | \ | \ | |
| ן בָּן | 44°F (6.8°C) | | | | | | | | | | | | | | | | |
| ra | 43°F (6.2°C) | | | | | | | | | | | | | | | | |
| be | 42°F (5.5°C) | | | | | | | | | | | | | | | \ | |
| em | 41°F (5.0°C) | \ | | | | | | | | | | | | | | \ | |
| Ë | 40°F (4.5°C) | | | | | | | | | | | | | | | \ | |
| 15 | 39°F (3.9°C) | \ | | | | | | | | | | | | | \ | \ | |
| era | 38°F (3.4°C) | \ | | | | | | | | | | | | | \ | \ | |
| rig | 37°F (2.7°C) | \ | | | | | | | | | | | | | \ | \ | |
| Refrigerator Temperature | 36°F (2.3°C) | Min: | | | | | | | | | | | | | Min: \ | Min: | |
| œ | 35°F (1.7°C) | | | | | | | DA | NCED | 111 | | | | | | | |
| | DANGER!!! 33°F (0.6°C) ≤32°F (0.0°C) S32°F (0.0°C) | | | | | | | | | | | | OLD | | | | |
| | Please list any steps | DATE | °F /°C | Action Ta | ken: Fridg | e control | adjusted, i | notified | | Was | sted Vacci | ne Log - C | omplete r | eturn in tl | ne IIS & paper i | ncident form | |
| | you've taken to address temperature | 1/1 | 33.1 °F | DOH, etc. | | | | | | Vaccine 1 | Type Lot | Number | T | | | Initials | |
| es | or storage unit issues | | | | | | | | \neg | | | | | | | | |
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| Changes | | | | | | | | | | | | | | | | | |
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| FREEZER OFF-SITE CLINIC TEMPERATURE MONITORING LOG | | | | | | | | | | | | | | | | |
|--|---|--|--|--|--|-----------|---|----------|--------|----------------------|-----------|---|--|-------------|----------------------|---------------|
| PROVIDER PIN: DATE OF CLINIC: F°/C° | | | | | | | | | | | | on State Department of | | | | |
| | OFF-SITE LOCATION: | | | | | | CLINIC HOURS: | | | | | | | | WH | ealth |
| | Write your initials Record the min/n Record vaccine to with the storage of the Record min/max | s below in "Staff In max temperatures emperatures ever unit temperature. clinic record the n | of the vaccing hour during hin/max temporate transport to the vaccine transport transp | e after trans g the clinic b peratures rea sport from the | sport to off-sity putting an ached. The day clinic. | e clinic. | of Temp". IF A TEMPERATURE RECORDING IS IN TH | | | | | ditions as qui determine w gov with the | Particular of the second of th | | | |
| တ္သ | Clinic Hour | Transport | Hour 1 | Hour 2 | Hour 3 | Hour 4 | Hour 5 | Hour 6 | Hour 7 | Hour 8 | Hour 9 | Hour 10 | Hour 11 | Hour 12 | End of Clinic | Transport |
| Notes | Exact Time | | | | | | | | | | | | | | | |
| ž | Staff Initials | | | | | | | | | | | | | | | |
| | 8°F (-13.4°C) | 144 514 | | - WA | • | | | D/ | NGER | R!!! | | | <u></u> | | | |
| | 7°F (-13.9°C) | WARN | ING TO | O WAI | RM) | - 11 46 | | | | | | .: ا : ما مـ : . | (W | ARNIN | IG TOO W | ARM |
| | 6°F (-14.4°C) | | | | _ (| Laii th | e mar | iutaci | urer t | or vac | cine v | <u>riabilli</u> | y — | | | |
| | 5°F (-15.0°C) | ∖Max: | | | | | | | | | | | | | \Max: | ∖ Max: |
| | 4°F (-15.6°C) | | | | | | | | | | | | | | ! \ | \ |
| υ | 3°F (-16.1°C) | | | | | | | | | | | | | | . \ | |
| Ħ | 2°F (-16.7°C) | | | | | | | | | | | | | | \ | |
| ra at | 1°F (-17.2°C) | | | | | | | | | | | | | | \ | \ |
| be | 0°F (-17.8°C) | | | | | | | | | | | | | | 1 \ | \ |
| Ē | -1°F (-18.3°C) | \ | | | | | | | | | | | | | 1 \ | \ |
| Freezer Temperature | -2°F (-18.9°C) | \ | | | | | | | | | | | | | 1 \ | \ |
| er | -3°F (-19.4°C) | \ | | | | | | | | | | | | | 1 \ | \ |
| ez | -4°F (-20.0°C) | | | | | | | | | | | | | | 1 \ | \ |
| e. | -5°F (-20.6°C) | \ | | | | | | | | | | | | | 1 \ | \ |
| ш. | -6°F (-21.1°C) | \ | | | | | | | | | | | | | 1 \ | \ |
| | -7°F to -57°F | Min: \ | | | | | | | | | | | | | Min: | Min: |
| | ≤-58°F (-50°C) | | | | $\overline{}$ | | | D/ | NGER | IIII | | | | | | |
| | | WARN | <u>ING T</u> | <u>00 C</u> | OLD , | all +h | e man | | | | cino v | iahili: | WA | RNING | TOO CO | DLD |
| | | | | | | zan un | e mar | lulaci | urer i | or vac | cine v | Iabilit | у ` | | | |
| | | DATE | °F /°C | Action Ta | ken: Fridg | e control | adjusted, | notified | | Was | ted Vacci | ne Log - C | omplete r | eturn in tl | he IIS & paper | incident form |
| | you've taken to address temperature or storage | 1/1 | 33.1 °F | DOH, etc | | | | | | Vaccine ⁻ | Type Lot | Number | # Doses | Wasted | Reason | Initials |
| es | unit issues | | | | | | | | | | | | | | | |
| ng | | | | | | | | | | | | | | | | |
| Changes | | | | | | | | | | | | | | | | |
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