

COVID-19 Vaccine Provider Checklist

Welcome & Initial Actions
<input type="checkbox"/> Review the Agreement Requirements of the CDC COVID-19 Vaccination Program Provider Agreement including all the materials contained in links within the Agreement
<input type="checkbox"/> Review and implement CDC requirements for COVID-19 vaccine management including all storage and handling recommendations outlined in CDC's Vaccine Storage and Handling Toolkit
<input type="checkbox"/> Develop written Standard Operating Procedures (Vaccine Management Policy) for COVID-19 vaccine and ensure staff are trained
<input type="checkbox"/> Complete on-demand COVID-19 provider training for NJIIS (https://njiis.nj.gov/core/web/index.html#/newFacilityEnrollment)
<input type="checkbox"/> Participate in COVID-19 provider trainings and site visits as requested/required. Visits might be scheduled on-site or virtually
<input type="checkbox"/> Identify how you will be submitting vaccine administration data into NJIIS <ul style="list-style-type: none"> ○ Options: NJVSS; HL7 interface with NJIIS; Excel file upload; and direct (manual) data entry ○ The interface enrollment form will need to be submitted for HL7 and Excel interfaces
<input type="checkbox"/> Enroll in VaccineFinder <ul style="list-style-type: none"> ○ Enrollment email will be sent from vaccinfinder@auth.castlighthealth.com to the email address listed in Organization Information section of the COVID-19 Provider Enrollment form 3-4 days after site's initial vaccine order ○ Enrollment link expires 7 days from the day it is sent ○ Once a password is created, you will be prompted to select one of two options for reporting: <ul style="list-style-type: none"> ○ Option 1: "I will be reporting vaccine inventory on behalf of all locations listed above" – if you select this option, you will be the ONLY person with VaccineFinder access and will be solely responsible for reporting all inventory for the site(s) listed ○ Option 2: "Each of the locations listed above will be responsible for reporting their own vaccine inventory" if you select this option, a VaccineFinder enrollment email will be sent to both the primary and backup vaccine coordinators listed in the COVID-19 Provider Enrollment form. The initial user, if not listed as one of the vaccine coordinators, will still have access to VaccineFinder, so all 3 users will be able to report vaccine inventory for the site
Storage Unit Requirements
<p>Storage units are:</p> <ul style="list-style-type: none"> ○ Pharmaceutical grade or purpose built ○ Household grade refrigerator with separate stand-alone freezer <p>Do not use the freezer section of a combination household unit to store vaccines. NEVER use a dormitory-style refrigerator to store vaccines, even temporarily!</p>
Temperature Monitoring – Digital Data Loggers (DDL)
<input type="checkbox"/> Ensure that DDLs that meet CDC specifications are available for all permanent and temporary storage units. DDLs must have current and valid Certificates of Calibration.
<input type="checkbox"/> Place DDLs in each storage unit and ensure data is reviewed/downloaded at least weekly, whenever an alarm sounds, and whenever an out-of-range current or min/max is noted <ul style="list-style-type: none"> <input type="checkbox"/> Ensure alarms are set correctly <input type="checkbox"/> Ensure device is set to record at least every 30 minutes <input type="checkbox"/> Ensure a backup DDL is available <input type="checkbox"/> Verify all temperatures are within the recommended ranges
<input type="checkbox"/> Ensure min/max temperature logs are complete and available
<input type="checkbox"/> Post "Do Not Disconnect" signs on outlets and circuit breakers units are connected to

Every Vaccination Visit
<input type="checkbox"/> Screen for vaccine eligibility
<input type="checkbox"/> Provide any COVID-19 specific documents (EUA Fact Sheet [or VIS when available], V-safe enrollment document, etc.)
<input type="checkbox"/> Chart required vaccination information

Daily
<input type="checkbox"/> Log min/max temperatures on paper temperature log or directly into NJIIS <ul style="list-style-type: none"> ○ Address all temperature excursions immediately upon discovery
<input type="checkbox"/> Ensure vaccines are stored, handled, and administered in accordance with manufacturers' instructions and ACIP/CDC recommendations
<input type="checkbox"/> Report COVID-19 vaccine doses administered into NJIIS <ul style="list-style-type: none"> ○ Be sure all information entered is accurate and complete including all patient demographic information. Please be sure to collect and enter race/ethnicity information ○ Ensure "inventory on hand" is decrementing correctly in NJIIS. If not, submit an NJIIS ticket
<input type="checkbox"/> Update COVID-19 vaccine inventory in VaccineFinder

Weekly
<input type="checkbox"/> Download, review, and save DDL data; address any temperature excursions immediately
<input type="checkbox"/> Review inventory in NJIIS, VaccineFinder, and in storage units to ensure all doses are accounted for (e.g. administered, wasted, spoiled, expired) and number of doses available is consistent
<input type="checkbox"/> Verify all temperatures are within the recommended ranges
<input type="checkbox"/> Check vaccine expiration dates and rotate stock

Biweekly
<input type="checkbox"/> Update NJIIS temperature logs on the 1 st and 15 th of the month <ul style="list-style-type: none"> ○ Temperatures can be saved in draft prior to the 1st and 15th

As Needed
<input type="checkbox"/> Once ordering module is available in NJIIS, if additional vaccine is needed, place order in NJIIS
<input type="checkbox"/> Document receipt of all vaccine shipments in VaccineFinder
<input type="checkbox"/> Claim all vaccine shipments in NJIIS as soon as shipments arrive (before doses are administered)
<input type="checkbox"/> If vaccine is being redistributed to another facility, notify NJIIS BEFORE vaccine is moved and administered <ul style="list-style-type: none"> ○ Email: COVID19.Provider@doh.nj.gov; phone: 609-826-4862 ○ A signed redistribution agreement must be on file for your facility before redistributing
<input type="checkbox"/> Immediately address and report all temperature excursions
<input type="checkbox"/> Review storage units listed on COVID-19 Provider Enrollment form, email COVID19.Provider@doh.nj.gov with changes as needed
<input type="checkbox"/> If an Adverse Event occurs, submit a VAERS report <ul style="list-style-type: none"> ○ Healthcare providers are <u>required</u> to report: <ul style="list-style-type: none"> ▪ Vaccine administration errors (whether associated with an adverse event or not) ▪ Serious adverse events (irrespective of attribution to vaccination) ▪ Multisystem inflammatory syndrome in children (if vaccine is authorized in children) or adults ▪ Cases of COVID-19 that result in hospitalization or death after the recipient has received COVID-19 vaccine ○ Healthcare providers are <u>encouraged</u> to report any clinically significant adverse events that occur after vaccination.