

Before submitting enrollment, review this checklist to make certain all aspects are met for each facility receiving, storing and administering vaccine. Enrollment of each site intended to use is required.

Storage & Administration Requirements

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Obtain certified, calibrated digital data loggers with buffered probe for each unit storing COVID-19 vaccine.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Obtain stand-alone refrigeration/freezer unit(s). Purpose-built units preferred
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Identify storage capacity for # of 10-dose Multi-Dose Vials (MDV) boxes to store in addition to regular inventory and flu vaccines.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Visually inspect and record min/max temperatures at the beginning of each work day. Temperature log must reflect Facility Name, Unit Name, Staff Initials, Time Inspected, min and max temperature since last inspection.
<i>Note: Temp logs can be obtained on the website.</i>				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Develop Vaccine Plan reflecting Emergency Response Plans in case of power outage/unit malfunction and tasks assigned to staff.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Identify access points for obtaining "dry ice" if ultra low unit not available.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Develop staff training procedures for handling of "dry ice".
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Identify sufficient storage space for all ancillary supplies. This includes needles, syringes, wipes, and some PPE.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Develop plan for vaccine administration to eligible populations. Vaccine shipments will be sent in 100-1,000 dose increments. Products may need to be used in 10 days or less.* (subject to change)
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Identify Primary and Back-up Coordinators responsible for overseeing submission of vaccine requests in VOMS, Vaccine Inventory and monitoring of dose administration submissions.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Create process to quarantine vaccine potentially exposed to out-of-range temperatures and reporting expired/wasted/spoiled COVID-19 vaccine.
<i>Note: Vaccine may require return to CDC/State Distribution Site.</i>				

USIIS Access Requirement

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Enroll each facility location in USIIS and obtain USIIS ID.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Ensure individual staff have USIIS login and the ability to report administered doses at the patient level.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Develop plans for patient vaccination data submissions to USIIS within 24 hours of administration. Submissions include USIIS manual entry, interface with health record or bulk upload file.

Training Requirements

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	CDC You Call the Shots: Module 10 Vaccine Storage and Handling
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	USIIS VOMS Training: Pre-book Request Add Doses
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	USIIS VOMS Training: Return & Waste

Note: Submission of all Certificates of Completion will be required for all Primary and Back-up Coordinators.

Additional Forms and Enrollments

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Vaccine Finder enrollment. Note: Registration will occur after enrollment.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Obtain Vaccine Adverse Events Reporting System (VAERS) Reporting Form or provide staff with website reporting information.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Obtain V-Safe Information Form and distribute to patients prior to vaccination.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Review the Emergency Response Checklist .
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Obtain and review the COVID-19 EUA (Emergency Use) or VIS Statement (Pending)

Enrollment Request Submission

Please gather and submit all required documents listed below to COVIDVaxInquiry@utah.gov.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Complete the federal Provider Agreement for each organization.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Complete the federal Provider Profile for each site storing and/or administering vaccine. Vaccine must be shipped to the site intending to use.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Current certificate of calibration for each primary and back-up data logger.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Photos of each storage unit reflecting probe placement, storage capacity and stand-alone requirements.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Provide temperature logs for previous 30 days reflecting monitoring of in-range temperatures within each storage unit.

Note: Forms and documents will only be received once pre-approved by the state for enrollment into the program.