

Before submitting the interest survey, 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.

Pre-Enrollment

Storage & Administration Requirements

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Obtain stand-alone refrigerator/freezer unit(s). Purpose-built units preferred.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Identify storage capacity for # of 10-dose Multi-Dose Vial (MDV) boxes to store in addition to regular inventory and flu vaccines.
<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	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	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 20-180 dose increments. Products may need to be used in 4 weeks (30 days) or less.* <i>*Subject to change</i>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Identify Primary and Back-up Coordinators responsible for overseeing vaccine storage, submission of vaccine order requests in VOMS, USIIS Inventory and monitoring of dose administration submissions.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Develop Vaccine Plan / Emergency Response Plans in case of power outage/unit malfunction and tasks assigned to staff.
<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. Primary and backup contacts will need access to USIIS to request orders and report wastage in VOMS.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Develop plans for patient vaccination data submissions to USIIS within 7 days of administration. Submissions include USIIS manual entry, interface with health record or bulk upload file.

Additional Forms and Enrollments

<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 and review the COVID-19 EUA (Emergency Use) or VIS Statement (Pending)

Enrollment

Required Enrollment Items

<input type="checkbox"/> Facility Acknowledges	Complete the federal Organization Agreement* (section a) for each organization.
<input type="checkbox"/> Facility Acknowledges	Complete the federal Provider Profile* (section b) for each site storing and/or administering vaccine. Vaccine must be shipped to the site intending to use.
<input type="checkbox"/> Facility Acknowledges	Interior and exterior photos of each storage unit reflecting probe placement, storage capacity and stand-alone requirements.
<input type="checkbox"/> Facility Acknowledges	Current certificate of calibration for all data loggers used to monitor vaccines.
<input type="checkbox"/> Facility Acknowledges	Provide temperature logs for previous 7-30 days reflecting monitoring of in-range temperatures within each storage unit.

Note: Temperature logs must reflect all requirements listed under Storage & Administration Requirements.

Training Requirements

<input type="checkbox"/> Facility Acknowledges	CDC You Call the Shots Module 10: Vaccine Storage and Handling
<input type="checkbox"/> Facility Acknowledges	CDC COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers
<input type="checkbox"/> Facility Acknowledges	USIIS VOMS Training: Flu Pre-book Request Add Doses
<input type="checkbox"/> Facility Acknowledges	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"/> Facility Acknowledges	USIIS enrollment for both the facility, and primary and backup contacts.
<input type="checkbox"/> Facility Acknowledges	Vaccine Finder enrollment and reporting.
<input type="checkbox"/> Facility Acknowledges	Review all ordering information provided in enrollment confirmation email.

Withdrawal

Withdrawal Initiation

Withdrawal will be initiated by the COVID-19 Program due to any of the following reasons:

<input type="checkbox"/> Facility Acknowledges	Compliance Issues found at anytime during enrollment or during site visit.
<input type="checkbox"/> Facility Acknowledges	Unable to meet Federal / State requirements.
<input type="checkbox"/> Facility Acknowledges	No participation within the program for 12 or more months This includes: No inventory submitted, doses administered, or orders/transfers received.
<input type="checkbox"/> Facility Acknowledges	Withdrawal can be requested by the facility at any time.

Withdrawal Requirements

At the time of withdrawal, the following will need to be submitted within 2 weeks of withdrawal notification:

<input type="checkbox"/> Facility Acknowledges	Provider Withdrawal Form Send pages 2-3 to the email provided. Pages 1-2 include instructions to complete the withdrawal forms. Page 5 is the Transfer Form if needed.
<input type="checkbox"/> Facility Acknowledges	Current Temperature Log(s) Current month's temperature log(s) for all storage units where COVID-19 vaccines are stored. If no inventory remains, indicate no inventory/doses on hand on page 3. Temperature log(s) not required for submission.
<input type="checkbox"/> Facility Acknowledges	Vaccine Transfer Form (if needed).
<input type="checkbox"/> Facility Acknowledges	Vaccine Finder Continue reporting to Vaccine Finder until withdrawal completion email is received. Once inventory is relocated to another provider, the final zero inventory must be submitted to Vaccine Finder and account may be marked not visible to the public.