

Off-Site Clinic Request Form

FACILITY ID/USIIS ID

All off-site clinics providing publicly-funded vaccines requested and obtained prior approval from the Utah Immunization Program at least two weeks prior to the event. Additional information is required, with the submission of the request form, and at the end of the off-site clinic. Submit completed request form to vacteam@utah.gov.

| | | | |
|--------------------------|--|--|--|
| Date Submitted: | | | |
| Facility Name: | | | |
| Facility Address: | | | |
| Contact Name: | | Contact Phone: (with Area Code) | |
| Contact Email: | | | |

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|---|--|
| Describe how will vaccines be stored during the Off-Site Clinic. | |
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| Certified Pack-Out and Temperature logs | Storage unit and pack-out information, along with current temperature logs, must be included with the submission of the Off-site Location Request Form for approval. |
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| Off-Site Clinic Date(s) | Location/Facility Address of Off-Site Clinic(s) | Distance/time from Main Facility | *Duration of Off-Site Clinic |
|-------------------------|---|----------------------------------|------------------------------|
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**Duration of the off-site clinic must not exceed 8 hours. This includes transport time. For example: Off-site location is 1 hour away (2 hrs total transport) the duration of the off-site clinic must not exceed 6 hours.*

TEMPERATURE MONITORING DEVICE LIST AND MAINTENANCE

**Valid certificate(s) of calibration for each DDL is required for approval.*

| | | | |
|--|--|---------------|--|
| Data Logger Manufacturer: | | Phone: | |
| Calibration Company (if different): | | Phone: | |

| Data Logger Name | Calibration Date | Calibration Expiration Date | Alarm Setting Low | Alarm Setting High |
|------------------|------------------|-----------------------------|-------------------|--------------------|
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| Vaccine Type | Manufacturer | Estimated Total Publicly-Funded Doses | Estimated Total Private Supplied Doses |
|---------------------------------|--------------|---------------------------------------|--|
| DTaP | | | |
| DTaP-Hep B-IPV (Pediarix) | | | |
| DTaP-HIB-IPV (Pentacel) | | | |
| DTaP-IPV-HIB-HEP B (Vaxelix) | | | |
| DTaP-IPV (Kinrix/Quadracel) | | | |
| IPV | | | |
| Hep A | | | |
| Hep B | | | |
| HIB | | | |
| HPV | | | |
| Meningococcal (A,C,Y,W-135) | | | |
| Meningococcal ACYW-B (Penbraya) | | | |
| Meningococcal B | | | |
| MMR | | | |
| MMR-V (ProQuad) | | | |
| PCV | | | |
| Rotavirus | | | |
| Tdap | | | |
| Varicella | | | |
| Influenza | | | |
| COVID | | | |
| Other (e.g.Td, PPV23, RSV) | | | |

Instructions

1. Estimated doses of vaccine types that will be available at your off-site clinic.
2. Retain a copy for your records and submit with your Off-site Location Request Form to vacteam@utah.gov.
3. Doses administered at your off-site clinic must be accounted for and reported to USIIS.
4. Wasted vaccines must be accounted for, reported for in VOMS, and discarded as medical waste.

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FACILITY REQUIREMENTS

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|-----|---|
| 1. | Portable refrigerator/freezer and/or conditioned qualified pack-out designed to transport vaccines. • Soft-sided coolers and/or vaccine shipping containers are NOT allowed. |
| 2. | Digital data logger with a current and valid certificate of calibration. • Digital data logger(s) are required for each portable refrigerator/freezer and/or qualified certified pack-out. |
| 3. | Digital data logger must meet CDC requirements: • Detachable probe that best reflects vaccine temperatures (e.g., a probe buffered with glycol, glass beads, sand, or Teflon®). • Alarm for out-of-range temperatures • Low-battery indicator |
| 4. | Inventory of Federal/State supplied vaccine for the Off-Site Clinic reported on the Inventory Sheet. • Vaccine Type • NDC • Lot Number • Expiration • Quantity |
| 5. | All vaccine forms, including but not limited to are available: • VFC eligibility screening tools • Current VIS (paper or electronic form) |
| 6. | The ability to document and record temperatures every hour for the duration of the Off-Site Clinic. • Date, time and staff initials are required every hour for the duration of the Off-Site Clinic. • Documentation will be required to be submitted to the Utah Immunization Program after the Off-Site Clinic. |
| 7. | In the event of a temperature excursion, an emergency response plan is in place and can be enacted immediately. • Additional documentation will be required. |
| 8. | An emergency medical kit must be at the site for the duration of the clinic. • Including epinephrine and equipment for maintaining an airway. |
| 9. | All vaccination providers at the site are certified in CPR and must be: • Familiar with signs and symptoms of anaphylaxis, • Know their role in the event of an emergency and, • Know the location of epinephrine and be trained in its indications and use. |
| 10. | Adequate infection control supplies are on site, including but not limited to: • Adhesive bandages • Hand hygiene • Sharp containers • Syringes • Biohazard containers • Sterile alcohol wipes • Sterile needles |
| 11. | Facilities that hold off-site vaccination clinics without prior approval, may be terminated from the enrolled program and/or subject to fines and reimbursement. |
| 12. | Any modifications to the above request form will require a new request form to be submitted. |

By signing this form, I certify on behalf of myself and all immunization providers and staff, I have reviewed the above documentation and agree to requirements listed above. I understand that I am accountable for compliance of these requirements and I have ensured measures will be taken to avoid vaccine loss during the off-site clinic.

| | | |
|----------------------------|------------------|-------------|
| Primary Coordinator | Signature | Date |
| Medical Director | Signature | Date |

FOR USE BY UTAH IMMUNIZATION PROGRAM USE ONLY

| OFF-SITE REQUEST RECEIVED IN OFFICE | | | | OFF-SITE REQUEST REVIEWED AND APPROVED | | | |
|-------------------------------------|------------|--------------|--|--|--|--------------|--|
| Date Received: | | Received by: | | Date Approved: | | Approved by: | |
| Email | Rep | | | | | | |