



ADULT SAFETY NET (ASN) PROGRAM COMPLIANCE SITE VISIT FOLLOW-UP PLAN

This document is used to track required follow-up actions at the completion of an ASN compliance site visit. When all follow-up actions are complete, this plan must be signed, dated, and sent to the Immunization Unit.

Please note: Forms with "PXXXX" designations can be found at www.immunize.org. All other forms can be found at www.immunizetexas.com.

PIN: _____

Facility Name: _____

Site Visit Date: _____

Standards for Adult Immunization Practice	
Content Area:	ASSESS immunization status of patients
Question:	<p><i>Do you/staff engage in continuing education to stay up-to-date on the recommended vaccines for adults?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required.
Follow-up (2 weeks):	<ul style="list-style-type: none"> <input type="checkbox"/> Provide and discuss educational resources and strategies to implement. <input type="checkbox"/> Link to DSHS Vaccine Education Online. <input type="checkbox"/> Link to the Centers for Disease Control and Prevention (CDC) Vaccine Modules of <i>You Call the Shots</i>. <input type="checkbox"/> Other: Specify _____
Question:	<p><i>How do you/staff who manage or support vaccine administration receive on-going education regarding immunization?</i></p> <ul style="list-style-type: none"> ○ Follow-up is required if not all options were selected.
Follow-up (2 weeks):	<ul style="list-style-type: none"> <input type="checkbox"/> Review the options selected in SurveyGizmo and if there are additional opportunities that were not selected, provide to staff.
Question:	<p><i>Do you/staff assess a patient's vaccine needs at every visit?</i></p> <ul style="list-style-type: none"> ○ Sometimes: Follow-up is required. ○ Never: Follow-up is required.

Follow-up (2 weeks):	<input type="checkbox"/>	Provide and discuss educational resources and strategies to implement.
	<input type="checkbox"/>	6-104 ACIP Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2022
	<input type="checkbox"/>	P2011 Summary of Recommendations for Adult Immunization (Age 19 years and older)
	<input type="checkbox"/>	P2018 Meningococcal Vaccine Recommendations by Age and Risk Factor for Serogroups A, C, W, or Y Protection
	<input type="checkbox"/>	P2019 Pneumococcal Vaccination Recommendations for Children and Adults by Age and/or Risk Factor
	<input type="checkbox"/>	P2055 DTaP, Tdap, and Td Catch-up Vaccination Recommendations by Prior Vaccine History and Age
	<input type="checkbox"/>	P2081 Hepatitis A and Hepatitis B Vaccines: Be Sure Your Patients Get the Correct Dose
	<input type="checkbox"/>	P2109 Hepatitis B and Healthcare Personnel
	<input type="checkbox"/>	P3072 Guide to Contraindications and Precautions to Commonly Used Vaccines in Adults
Question:	<p><i>Under what conditions do you/staff assess patients' vaccine needs?</i></p> <ul style="list-style-type: none"> ○ If not all choices were selected in SurveyGizmo, conduct follow-up. 	

Follow-up (2 weeks):	<input type="checkbox"/> Provide and discuss educational resources and strategies to implement.
	<input type="checkbox"/> P2017 Healthcare Personnel Vaccination Recommendations
	<input type="checkbox"/> P2081 Hepatitis A and Hepatitis B Vaccines: Be Sure Your Patients Get the Correct Dose
	<input type="checkbox"/> P3070 Before you vaccinate adults, consider their "H-A-L-O"!
	<input type="checkbox"/> P4040 Vaccinations for Pregnant Women
	<input type="checkbox"/> P4041 Vaccinations for Adults with HIV Infection
	<input type="checkbox"/> P4042 Vaccinations for Adults with Chronic Liver Disease or Infection
	<input type="checkbox"/> P4043 Vaccinations for Adults with Diabetes
	<input type="checkbox"/> P4044 Vaccinations for Adults with Heart Disease
	<input type="checkbox"/> P4045 Vaccinations for Adults with Lung Disease
	<input type="checkbox"/> P4046 Vaccinations for Men Who Have Sex with Men
<input type="checkbox"/> P4047 Vaccinations for Adults Without a Spleen	
Question:	<i>Has your clinic implemented a protocol for employees to routinely review the immunization status/needs of patients before their appointment?</i> <input type="radio"/> If NO, follow-up is required.
Follow-up (2 weeks):	<input type="checkbox"/> Provide and discuss educational resources and strategies to implement. <input type="checkbox"/> P2050 Strategies to Improve Adult Vaccination Coverage
Question:	<i>Has your clinic implemented standing orders to vaccinate patients in the absence of a signing clinician?</i> No follow-up is required for this question.
Question:	<i>What do you use to assess a patient's vaccine needs?</i> No follow-up is required for this question.
Question:	<i>Do you provide vaccine reminders to your patients (i.e. postcard, phone call, letter)?</i> <input type="radio"/> If NO, follow-up is required.
Question:	<i>Do you recall your patients for vaccine needs?</i> <input type="radio"/> If NO, follow-up is required.
Question:	<i>How do patients receive a vaccine reminder and recall?</i>

<p>Follow-up (2 weeks):</p>	<p><input type="checkbox"/> Provide and discuss educational resources and strategies to implement.</p> <p><input type="checkbox"/> ImmTrac2 reminder/recall letters</p> <p><input type="checkbox"/> DSHS reminder postcards (C-61)</p> <p><input type="checkbox"/> Phone call</p> <p><input type="checkbox"/> Text</p> <p><input type="checkbox"/> Other _____</p> <table border="1" data-bbox="431 495 1409 573"> <tr> <td><input type="checkbox"/> P2050</td> <td>Strategies to Improve Adult Vaccination Coverage</td> </tr> </table>	<input type="checkbox"/> P2050	Strategies to Improve Adult Vaccination Coverage												
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<p>Content Area:</p>	<p>Strongly RECOMMEND vaccines that patients need</p>														
<p>Question:</p>	<p><i>Do you/staff recommend vaccine(s) to patients?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. 														
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<p>Question:</p>	<p><i>Do you/staff address patient questions and concerns regarding vaccines (i.e. side effects, safety, effectiveness) with clear verbal or written communication?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. 														
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Question:	<p><i>Do you/staff explain the benefits of getting vaccinated and the potential risk of getting the disease?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. 	
Follow-up (2 weeks):	<input type="checkbox"/> Provide and discuss educational resources and strategies to implement.	
	<input type="checkbox"/> P2015	Pneumococcal Vaccines - CDC Answers Your Questions
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	<input type="checkbox"/> P2040	Meningococcal B Vaccine: CDC Answers Your Questions
	<input type="checkbox"/> P2190	Should You Be Vaccinated Against Hepatitis A? A Screening Questionnaire for Adults
	<input type="checkbox"/> P2191	Should You Be Vaccinated Against Hepatitis B? A Screening Questionnaire for Adults
	<input type="checkbox"/> P4075	Hepatitis A, B, and C: Learn the Differences
	<input type="checkbox"/> P4251	Human Papillomavirus HPV Vaccines: A Guide for Adults Ages 18-26 Years
Question:	<p><i>Do you/staff highlight positive experiences to reinforce the benefits and strengthen confidence in vaccinations?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. 	
Follow-up (2 weeks):	<input type="checkbox"/> Provide and discuss educational resources and strategies to implement.	
	<input type="checkbox"/> P2050	Strategies to Improve Adult Vaccination Coverage
	<input type="checkbox"/> P3070	Before you vaccinate adults, consider their "H-A-L-O"!
Content Area:	ADMINISTER needed vaccines or REFER patients to a vaccinating provider	
Question:	<p><i>Do you vaccinate in your facility?</i></p> <p>No follow-up required for this question – skip to * question on page 8.</p>	
Question:	<p><i>Do you make vaccination services convenient for your patients (i.e. extended hours, weekends)?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. 	

Follow-up (2 weeks):	<input type="checkbox"/> Provide and discuss educational resources and strategies to implement.	
	<input type="checkbox"/> 6-104	ACIP Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2022
	<input type="checkbox"/> P2050	Strategies to Improve Adult Vaccination Coverage
	<input type="checkbox"/> P4065	Screening Checklist for Contraindications to Vaccines for Adults
Question:	<i>For patients needing multiple vaccines, do you administer all doses on the same visit?</i> <ul style="list-style-type: none"> ○ If NO, follow-up is required. 	
Follow-up (2 weeks):	<input type="checkbox"/> Provide and discuss educational resources and strategies to implement.	
Question:	<i>Which vaccines does your facility stock (include private vaccine and vaccine provided by DSHS)?</i> <ul style="list-style-type: none"> ○ If not all vaccines were selected, follow-up is required. 	
Follow-up (2 weeks):	<input type="checkbox"/> Provide and discuss educational resources and strategies to implement.	
	<input type="checkbox"/> Clinics participating in the ASN Program that are not specialty clinics are required to offer all available ACIP recommended vaccines to their eligible populations.	
	<input type="checkbox"/> P2020	How to Administer Intramuscular and Subcutaneous Vaccine Injections to Adults
	<input type="checkbox"/> P2050	Strategies to Improve Adult Vaccination Coverage
<input type="checkbox"/> P3084	Administering vaccines to adults: dose, route, site, and needle size	
Question:	<i>If you do not carry all recommended vaccines, do you refer the patient to another facility?</i> <ul style="list-style-type: none"> ○ If NO, follow-up is required. 	
Follow-up (2 weeks):	<input type="checkbox"/> Provide and discuss educational resources and strategies to implement. Include in the discussion the different referral options (pharmacies).	
Question*:	<i>Do you refer patients to providers who may offer vaccination services?</i> <ul style="list-style-type: none"> ○ If NO, follow-up is required. 	

Follow-up (2 weeks):	<input type="checkbox"/> Provide and discuss educational resources and strategies to implement. Include in the discussion the different referral options (pharmacies).
Question:	<i>What type of clinics do you refer patients to for vaccination services?</i> No follow-up is required for this question.
Question:	<i>Do you follow-up with patients to confirm they received the vaccines from referred immunization providers?</i> <ul style="list-style-type: none"> ○ If NO, follow-up is required.
Follow-up (2 weeks):	<input type="checkbox"/> Provide and discuss educational resources and strategies to implement. <input type="checkbox"/> Discuss the importance of documenting the vaccine in the patient’s medical record. <input type="checkbox"/> P2023 Vaccine Administration Record for Adults
Content Area:	DOCUMENT vaccines received by your patients
Question:	<i>Do you/staff check if your patient is currently listed in ImmTrac2?</i> <ul style="list-style-type: none"> ○ If NO, follow-up is required.
Follow-up (2 weeks):	<input type="checkbox"/> Discuss the importance of checking ImmTrac2. If more ImmTrac2 education and training is needed, provide the staff with Public Health Region (PHR)/Local Health Department (LHD) ImmTrac2 Coordinator contact information.
Question:	<i>If you/staff do not find the patient currently listed in ImmTrac2, do you/staff collect ImmTrac2 consent?</i> <ul style="list-style-type: none"> ○ If NO, follow-up is required.
Follow-up (2 weeks):	<input type="checkbox"/> Discuss the importance of collecting ImmTrac2 consents. <input type="checkbox"/> Ensure staff understands what to do with the consent form. <input type="checkbox"/> If more ImmTrac2 education and training is needed, provide the staff with PHR/LHD ImmTrac2 Coordinator contact information.
Question:	<i>Do you/staff review the state immunization registry (ImmTrac2) to locate vaccines administered elsewhere?</i> <ul style="list-style-type: none"> ○ If NO, follow-up is required.

Follow-up (2 weeks):	<input type="checkbox"/> Discuss the importance of checking ImmTrac2 to locate vaccine doses that may have been administered elsewhere to prevent over-vaccinating. <input type="checkbox"/> If more ImmTrac2 education and training is needed, provide the staff with PHR/LHD ImmTrac2 Coordinator contact information.
Question:	<i>Do you provide your patients with documentation of their vaccine record?</i> <ul style="list-style-type: none"> ○ If NO, follow-up is required.
Follow-up (2 weeks):	<input type="checkbox"/> Provide and discuss the importance and the educational resources and strategies to implement. <input type="checkbox"/> Discuss the benefits and importance of documenting immunizations in ImmTrac2. <input type="checkbox"/> If more ImmTrac2 education and training is needed, provide the staff with PHR/LHD ImmTrac2 Coordinator contact information. <input type="checkbox"/> P2023 Vaccine Administration Record for Adults
Compliance Site Visit Questionnaire	
Content Area:	Changes to Key Staff
Question:	<p>Ask about changes to key staff to answer the questions below.</p> <p>A. <i>At the time of the visit, is the Medical Director the same individual that signed the Provider Agreement, and are the Primary and Secondary Vaccine Coordinators the same as those in Syntropi?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. <p>B. <i>Were ALL changes communicated according to the program's policy?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. <p>C. <i>Based on review of the training documentation, have the current Primary and Secondary Vaccine Coordinators completed all required training?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required.

Follow-up (2 weeks):	<input type="checkbox"/> A. & B. Record all changes to key staff in the adult tool and follow the TVFC/ASN Operations Manual, Section 2, D. Enrollment/Re-enrollment, 2. Changes to Enrolled Facility’s Information to update the agreement documentation. <input type="checkbox"/> C. Educate the primary and back-up vaccine coordinators of the requirement to complete the trainings immediately. Schedule a follow-up visit to ensure compliance.
Content Area:	ASN Eligibility Categories
Question:	<p><i>Was the individual responsible for determining patient ASN eligibility able to explain all the factors (including age) that make an adult eligible to receive ASN vaccines?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required.
Follow-up (2 weeks):	<input type="checkbox"/> Provide educational materials/resources on ASN eligibility requirements. <input type="checkbox"/> Refer to TVFC/ASN Provider Manual, Chapter 8. <input type="checkbox"/> F11-12842 Adult Eligibility Screening Record (Bilingual)
Content Area:	Billing Practices
Question:	<p><i>Is the individual/department responsible for billing able to clearly explain how they bill for both the cost of the vaccine AND the vaccine administration fee for each of the eligibility categories below?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required.
Question:	<p><i>Do the individuals responsible for billing have access to the results of eligibility screening to ensure proper billing?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required.
Question:	<p><i>How do you handle patients who are not able to pay the vaccine administration fee at the time of service?</i></p> <ul style="list-style-type: none"> ○ If “Turn Patient Away” or “N/A”, follow-up is required.
Question:	<p><i>Are bills for unpaid vaccine administration fees sent to collection?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required.

Follow-up (2 weeks):	<input type="checkbox"/> If there are concerns about improper billing practices are found, conduct a record review to better understand billing practices and add follow-up as appropriate based on findings.
Future Follow-up (30 days):	<input type="checkbox"/> Conduct a record review of vaccines that have been administered since first follow-up to ensure improper billing is not continuing. <input type="checkbox"/> Refer to TVFC/ASN Provider Manual, Chapter 8.
Content Area:	Vaccine Administration Fee
Question:	<i>Document the actual vaccine administration fee charged to ASN-eligible patients (confirm with billing department).</i> <ul style="list-style-type: none"> ○ If more than \$25.00, follow-up is required.
Follow-up (2 weeks):	<input type="checkbox"/> Assess if staff are continuing to charge an administration fee of more than \$25.00. If the clinic staff continues to bill above the cap, add additional follow-up. <input type="checkbox"/> Refer to TVFC/ASN Provider Manual, Chapter 8.
Content Area:	Eligibility Screening & Vaccine Dose Documentation
Future Follow-up (6 months):	<input type="checkbox"/> Conduct a follow-up site visit to observe the screening and intake process. Review a random selection of patient records that contain an immunization visit since the date of the site visit to determine whether eligibility is being assessed and documented properly. If the clinic staff is still not fully compliant, add follow-up as applicable until the issue is resolved. <input type="checkbox"/> Refer to TVFC/ASN Provider Manual, Chapter 8.
Content Area:	Vaccine Dose Documentation
Question:	<p>To answer the questions below, the clinic staff must clearly demonstrate the patient intake process. Review a minimum of 10 patient immunization records from the last six months (or 12 months if necessary) to assess compliance with documentation requirements.</p> <p>A. <i>Does the clinic staff have a process that ensures that patients are screened for ASN eligibility at each immunization visit and that screening results are documented at each immunization visit?</i></p>

	<ul style="list-style-type: none"> ○ If NO, follow-up is required. B. <i>Does the process ensure that staff administering vaccine know which vaccine stock to select from prior to drawing the vaccine?</i> ○ If NO, follow-up is required. C. Number of records reviewed: _____ D. <i>Do all records contain ALL required Federal documentation elements?</i> ○ If NO, follow-up is required. <ul style="list-style-type: none"> ○ Date the vaccination was given ○ Vaccine manufacturer AND lot number of the vaccine administered ○ Address of clinic where vaccine was administered ○ Name and title of the individual administering the vaccine ○ Date of publication of the VIS ○ Date the VIS was given to the patient E. <i>Do all records contain BOTH the date of the immunization visit and patient's date of birth?</i> ○ If NO, follow-up is required. F. <i>Do all records contain the patient's specific eligibility status associated with the date of immunization?</i> ○ If NO, follow-up is required. G. <i>Do any of the provider's records (e.g., medical, billing, IIS) contain any evidence that the patient received vaccine for which they were not eligible?</i> ○ If YES, follow-up is required.
Follow-up (2 weeks):	<ul style="list-style-type: none"> <input type="checkbox"/> Refer to TVFC/ASN Provider Manual, Chapter 8. <input type="checkbox"/> D.: Review patient records to ensure required documentation is collected. <input type="checkbox"/> P2023 Vaccine Administration Record for Adults <input type="checkbox"/> B., D., E., F.: Review patient records to ensure patient screening is occurring. <input type="checkbox"/> A., B., F.: Review patient records to ensure patient screening is occurring. <input type="checkbox"/> Discuss with staff how to improve their processes and add follow-up as appropriate based on findings. <input type="checkbox"/> http://www.immunize.org/askexperts/documenting-vaccination.asp
Future Follow-up (6 months):	<ul style="list-style-type: none"> <input type="checkbox"/> Conduct a follow-up site visit to observe the screening and intake process. Review a random selection of patient records that contain an immunization visit since the date of the site visit to determine whether eligibility is being

	<p>assessed and documented properly. If the clinic staff is still not fully compliant, add follow-up as applicable until the issue is resolved.</p> <p><input type="checkbox"/> Refer to TVFC/ASN Provider Manual, Chapter 8.</p>
Content Area:	Record Retention
Question:	<p><i>Is the clinic staff able to demonstrate (preferred) or describe how they maintain historical ASN eligibility documentation for five years?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required.
Follow-up (2 weeks):	<p><input type="checkbox"/> Request documentation from previous years or months to verify.</p> <p><input type="checkbox"/> Refer to TVFC/ASN Provider Manual, Chapter 8.</p>
Content Area:	Borrowing Documentation & Borrowing Reasons
Question:	<p>Review borrowing documentation and discuss borrowing practices with staff to answer the questions below.</p> <p>A. <i>Based on a review of documentation and a discussion with the provider, were any doses borrowed (whether documented or not) since the last ASN Compliance Site Visit?</i></p> <ul style="list-style-type: none"> ○ If YES, follow-up is required. <p>B. <i>Does the documentation for borrowed doses contain each of the following required documentation elements?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. <ul style="list-style-type: none"> ○ Vaccine type borrowed ○ Stock used (ASN or Private) ○ Patient name and date of birth ○ Date the dose was administered ○ Reason appropriate vaccine stock was not used ○ Date dose was returned to appropriate stock <p>C. <i>For all documented borrowed ASN doses has the clinic staff EITHER (1) replaced the doses OR (2) submitted an order to replace the doses?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required.

<p>Follow-up (2 weeks):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> A. & B.: Follow program policy on borrowing using the TVFC/ASN Provider Manual, Chapter 3, VII. Vaccine Borrowing and provide instruction for proper reporting, documentation, and replacement. Leave a borrowing form with the staff with instruction on use, if necessary. <input type="checkbox"/> C: Provide education using the TVFC/ASN Provider Manual, Chapter 3, VII. Vaccine Borrowing on the requirement to replace the doses that were administered to an ineligible patient. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><input type="checkbox"/> EF11-14171</td> <td><input type="checkbox"/> Vaccine Borrowing Form</td> </tr> </table>	<input type="checkbox"/> EF11-14171	<input type="checkbox"/> Vaccine Borrowing Form
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<p>Future Follow-up (6 months):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> A. & B.: Review borrowing reports, if any, for the six months since the site visit. 		
<p>Question:</p>	<p>Based on your discussion with the clinic staff and a review of borrowing reports, document the number of doses borrowed for each reason and answer the questions below.</p> <p><i>Assess ordering frequency and quantities, borrowing frequency, and use of repeated reasons for borrowing. Does borrowing appear to be a routine practice?</i></p> <ul style="list-style-type: none"> ○ If YES, follow-up is required. 		
<p>Follow-up (2 weeks):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Assess information collected for this section and have a conversation with the provider to identify what is causing borrowing. <input type="checkbox"/> Provide and discuss the importance and the educational resources and strategies to implement to prevent future borrowing. <input type="checkbox"/> Add future follow-up specific to the circumstances identified if necessary. <input type="checkbox"/> Provide education using the TVFC/ASN Provider Manual, Chapter 3, VII. Vaccine Borrowing on the requirement to replace the doses that were administered to an ineligible patient. 		
<p>Content Area:</p>	<p style="text-align: center;">Vaccine Management Plan</p>		

<p>Question:</p>	<p>Physically review the Vaccine Management Plan to answer the questions below.</p> <p><i>Does the clinic have a Vaccine Management Plan?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. <p><i>Does the Vaccine Management Plan contain all of the required components?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required.
<p>Follow-up (2 weeks):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review to ensure the Vaccine Management Plan is in place. <input type="checkbox"/> Refer to TVFC/ASN Provider Manual, Chapter 3. <input type="checkbox"/> E11-14498 Vaccine Management Plan Template
<p>Content Area:</p>	<p>VIS & VAERS</p>
<p>Question:</p>	<p>Review the Provider’s Vaccine Information Statements (VIS) and discuss VAERS to answer the questions below.</p> <p>A. <i>Are the VIS’ readily available and up-to-date for all Advisory Committee on Immunization Practices (ACIP)-recommended vaccines relevant to the populations they serve?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. <p>B. <i>Does the clinic staff make VIS’ available for patients prior to EVERY vaccination?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. <p>C. <i>Does the staff know how and when to report clinically significant adverse events using VAERS?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required.
<p>Follow-up (2 weeks):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> A. & B.: Provide missing VIS’ and share the link https://www.immunize.org/vis/. <input type="checkbox"/> Assist staff in saving the website on their computer as a favorite site. <input type="checkbox"/> B. Provide P2027. <input type="checkbox"/> C. Educate and supply a copy of the form and refer to https://vaers.hhs.gov/pdf/vaers_form.pdf. <input type="checkbox"/> Refer to TVFC/ASN Provider Manual, Chapter 8.
<p>Storage & Handling Per Unit</p>	

Content Area:	Dorm-Style Units							
Question:	<p>Determine whether the clinic has any dorm-style units on site and answer the questions below.</p> <p>A. <i>Does the clinic have any dorm-style units that are used AT ANY TIME to store vaccine?</i></p> <ul style="list-style-type: none"> ○ If YES, follow-up is required. <p>B. <i>Does the clinic have sufficient space in existing compliant vaccine storage units to store all vaccines?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. 							
Follow-up (2 weeks):	<ul style="list-style-type: none"> <input type="checkbox"/> A. Ensure clinic staff understands the requirements for proper vaccine storage. <input type="checkbox"/> Refer to the TVFC/ASN Provider Manual, Chapter 3. <input type="checkbox"/> B. Notify the Immunization Unit to adjust vaccine order quantities until there is sufficient space for vaccine storage. <input type="checkbox"/> Add additional follow-up as necessary. <table border="1" data-bbox="431 926 1414 1005"> <tr> <td data-bbox="431 926 607 1005"><input type="checkbox"/> P3036</td> <td data-bbox="607 926 1414 1005">Don't be Guilty of These Preventable Errors in Vaccine Storage and Handling!</td> </tr> </table>		<input type="checkbox"/> P3036	Don't be Guilty of These Preventable Errors in Vaccine Storage and Handling!				
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Content Area:	Data Logger in the Unit							
Question:	<p>Determine whether there is a data logger in this section of the storage unit and answer the questions below.</p> <p><i>Is there a data logger in each unit that stores vaccine?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. <p><i>Who is the responsible for supplying the current and valid certificate of calibration for the data logger(s)?</i></p> <ul style="list-style-type: none"> ○ If "N/A", follow-up is required. 							
Follow-up (2 weeks):	<ul style="list-style-type: none"> <input type="checkbox"/> If there is still no data logger in place, offer to loan units (including docking station and back-up if necessary) until the staff place an order or one arrives. <input type="checkbox"/> Refer to TVFC/ASN Provider Manual, Chapter 3. <table border="1" data-bbox="431 1591 1414 1822"> <tr> <td data-bbox="431 1591 691 1671"><input type="checkbox"/> EC-105-FC</td> <td data-bbox="691 1591 1414 1671">Temperature Recording Form (Freezer-Celsius) (PDF)</td> </tr> <tr> <td data-bbox="431 1671 691 1751"><input type="checkbox"/> EC-105-FF</td> <td data-bbox="691 1671 1414 1751">Temperature Recording Form (Freezer - Fahrenheit) (PDF)</td> </tr> <tr> <td data-bbox="431 1751 691 1822"><input type="checkbox"/> EC-105-RC</td> <td data-bbox="691 1751 1414 1822">Temperature Recording Form (Refrigerator-Celsius) (PDF)</td> </tr> </table>		<input type="checkbox"/> EC-105-FC	Temperature Recording Form (Freezer-Celsius) (PDF)	<input type="checkbox"/> EC-105-FF	Temperature Recording Form (Freezer - Fahrenheit) (PDF)	<input type="checkbox"/> EC-105-RC	Temperature Recording Form (Refrigerator-Celsius) (PDF)
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<input type="checkbox"/> EC-105-RC	Temperature Recording Form (Refrigerator-Celsius) (PDF)							

	<input type="checkbox"/> EC-105-RF Temperature Recording Form (Refrigerator-Fahrenheit) (PDF) <input type="checkbox"/> E11-14483 Vaccine Temperature Best Practices Frozen <input type="checkbox"/> E11-14484 Vaccine Temperature Best Practices Fridge <input type="checkbox"/> P3036 Don't be Guilty of These Preventable Errors in Vaccine Storage and Handling!
Future Follow-up (30 days):	<input type="checkbox"/> Ensure the clinic has a data logger with a current and valid certificate of calibration testing. <input type="checkbox"/> Confirm that there is a copy of the certificate of calibration testing at the site.
Content Area:	Assessing the Data Logger
Question:	<p>Assess all data loggers in each unit to answer the questions below.</p> <p><i>Does the data logger have a buffered probe?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. <p><i>Does the data logger have an active temperature display that can be easily read from the outside of this unit?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. <p><i>Is the data downloaded and reviewed routinely?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required.
Follow-up (2 weeks):	<input type="checkbox"/> Discuss the requirements of a data logger. <input type="checkbox"/> Refer to the TVFC/ASN Provider Manual, Section 3.
Content Area:	Data Logger Placement
Question:	<p><i>Is the data logger probe properly placed in each unit?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required.
Follow-up (2 weeks):	<input type="checkbox"/> Assist the clinic staff with proper placement of the data logger probe. <input type="checkbox"/> Refer to the TVFC/ASN Provider Manual, Chapter 3.
Content Area:	Back-up Data Logger
Question:	<p><i>Does the clinic have a readily available back-up data logger with a current and valid certificate of calibration testing?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required.
Follow-up (2 weeks):	<input type="checkbox"/> Review for compliance. <input type="checkbox"/> Provide unit as a loaner, if available. <input type="checkbox"/> Add additional follow-up as required.

	<input type="checkbox"/> Refer to the TVFC/ASN Provider Manual, Chapter 3.
Content Area:	Certificate of Calibration Testing
Question:	<p>Review the certificate of calibration testing for all data loggers in each unit and answer the questions below.</p> <p><i>Is there a certificate of calibration for the data logger in each unit?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. <p><i>What is the date of calibration for the data logger in the storage unit? (mm/dd/yyyy) _____</i></p> <ul style="list-style-type: none"> ○ If EXPIRED, follow-up is required. <p><i>Does the certificate of calibration contain all the items necessary items listed?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. <p><i>Who is the responsible for supplying the data logger in the storage unit(s)?</i></p> <ul style="list-style-type: none"> ○ If "N/A", follow-up is required.
Follow-up (2 weeks):	<input type="checkbox"/> Discuss to educate calibration testing or replacement with new unit before calibration expires. <input type="checkbox"/> Refer to the TVFC/ASN Provider Manual, Section 3. <input type="checkbox"/> If available, offer a data logger to the site – either permanently or as a loaner.
Future Follow-up (30 days):	<input type="checkbox"/> Ensure there is a data logger available with a current and valid certificate of calibration testing. <input type="checkbox"/> Verify that there is a copy of the calibration certificate at the site. <input type="checkbox"/> If a data logger is still not in place, add additional follow-up and monitor until in compliance. <input type="checkbox"/> If available, loan a unit to the site.
Content Area:	Temperature Documentation
Question:	<p>A. <i>Are there two current data logger readings recorded for each unit per day?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. <p>B. <i>Is there a time, date, and name (or initials) recorded for each reading?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. <p>C. <i>Are there current min/max data logger readings recorded for each unit once per day?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required.

Follow-up (2 weeks):	<input type="checkbox"/> A. B. & C.: Offer guidance on proper documentation on the temperature recording forms.
	<input type="checkbox"/> Refer to the TVFC/ASN Provider Manual, Chapter 3.
	<input type="checkbox"/> EC-105-FC Temperature Recording Form (Freezer-Celsius) (PDF)
	<input type="checkbox"/> EC-105-FF Temperature Recording Form (Freezer - Fahrenheit) (PDF)
	<input type="checkbox"/> EC-105-RC Temperature Recording Form (Refrigerator-Celsius) (PDF)
	<input type="checkbox"/> EC-105-RF Temperature Recording Form (Refrigerator-Fahrenheit) (PDF)
	<input type="checkbox"/> E11-14483 Vaccine Temperature Best Practices Frozen
<input type="checkbox"/> E11-14484 Vaccine Temperature Best Practices Fridge	
Future Follow-up (30 days):	<input type="checkbox"/> Review completed temperature documentation for this section of the storage unit.
Question:	<i>Based on review of the Provider's temperature documentation, including the current temperature, is this section of the storage unit maintaining appropriate temperatures?</i> <ul style="list-style-type: none"> o If NO, follow-up is required.
Follow-up (2 weeks):	<input type="checkbox"/> Review temperature documentation for this section of the storage unit for compliance. <input type="checkbox"/> Refer to the TVFC/ASN Provider Manual, Chapter 3. <input type="checkbox"/> This section of the unit is not to be used for storing public vaccine until temperatures are within range for at least ten operational days, twice daily. <input type="checkbox"/> Add additional follow-up as required.
Content Area:	Temperature Excursions

<p>Question:</p>	<p><i>In the event that a temperature excursion(s) occurred in this unit within the last three months, request and review documentation of actions taken to determine whether the clinic has a process for properly addressing excursions. Answer the questions below.</i></p> <p>A. <i>Were vaccines in this unit exposed to out-of-range temperatures in the last three months (including today)?</i></p> <ul style="list-style-type: none"> ○ If YES, follow-up is required. <p>B. <i>Did the clinic staff quarantine and label vaccines as "DO NOT USE"?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. <p>C. <i>Did the clinic staff place vaccine in a unit where it can be stored under proper conditions, if applicable?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. <p>D. <i>Did the clinic staff contact the ASN Program to report the excursion?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. <p>E. <i>Was the manufacturer contacted for documentation supporting the usability of the vaccine?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. 										
<p>Follow-up (2 weeks):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> A., B., C., E.: Direct the staff to investigate temperature excursions by contacting the vaccine manufacturer(s) to obtain information on vaccine viability. <input type="checkbox"/> A., B., C., E.: Suspend use of the storage unit for vaccine storage until the clinic staff demonstrates that it maintains appropriate temperatures by recording temperatures twice daily for 10 operational days. Add additional follow-up as necessary. <input type="checkbox"/> D. Re-educate staff on the requirement to contact their responsible entity to report out-of-range temperatures. <input type="checkbox"/> Refer to the TVFC/ASN Provider Manual, Chapter 3. <table border="1" data-bbox="430 1444 1414 1837"> <tr> <td data-bbox="430 1444 630 1520"><input type="checkbox"/> EC-105-FC</td> <td data-bbox="630 1444 1414 1520">Temperature Recording Form (Freezer-Celsius) (PDF)</td> </tr> <tr> <td data-bbox="430 1520 630 1596"><input type="checkbox"/> EC-105-FF</td> <td data-bbox="630 1520 1414 1596">Temperature Recording Form (Freezer - Fahrenheit) (PDF)</td> </tr> <tr> <td data-bbox="430 1596 630 1671"><input type="checkbox"/> EC-105-RC</td> <td data-bbox="630 1596 1414 1671">Temperature Recording Form (Refrigerator-Celsius) (PDF)</td> </tr> <tr> <td data-bbox="430 1671 630 1747"><input type="checkbox"/> EC-105-RF</td> <td data-bbox="630 1671 1414 1747">Temperature Recording Form (Refrigerator-Fahrenheit) (PDF)</td> </tr> <tr> <td data-bbox="430 1747 630 1837"><input type="checkbox"/> E11-14483</td> <td data-bbox="630 1747 1414 1837">Vaccine Temperature Best Practices Frozen</td> </tr> </table>	<input type="checkbox"/> EC-105-FC	Temperature Recording Form (Freezer-Celsius) (PDF)	<input type="checkbox"/> EC-105-FF	Temperature Recording Form (Freezer - Fahrenheit) (PDF)	<input type="checkbox"/> EC-105-RC	Temperature Recording Form (Refrigerator-Celsius) (PDF)	<input type="checkbox"/> EC-105-RF	Temperature Recording Form (Refrigerator-Fahrenheit) (PDF)	<input type="checkbox"/> E11-14483	Vaccine Temperature Best Practices Frozen
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Content Area:	Vaccine Placement in Storage Unit	
Question:	<p>Look inside each storage unit that contains ASN vaccine to answer the questions below.</p> <p>A. <i>Are vaccines placed in the middle of the unit with space between vaccines and the side/back of the unit to allow cold air to circulate?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. <p>B. <i>Are vaccines stored in their original packages?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. <p>C. <i>Are there water bottles (for refrigerators) or frozen water bottles (for freezer) in the unit?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. <p>D. <i>Are vaccines stored in the doors, vegetable bins, under or near cooling vents, or on the floor of the unit?</i></p> <ul style="list-style-type: none"> ○ If YES, follow-up is required. <p>E. <i>Is food being stored in the unit?</i></p> <ul style="list-style-type: none"> ○ If YES, follow-up is required. 	
Follow-up (2 weeks):	<input type="checkbox"/> C. Provide education and resources for the importance of the presence of water bottles in the same unit as vaccines. <input type="checkbox"/> E. Provide education and resources for the importance of vaccine placement in the storage unit, and why food must not be stored in the same unit as vaccines. <input type="checkbox"/> Refer to TVFC/ASN Provider Manual, Chapter 3.	
	<input type="checkbox"/> P3036	Don't be Guilty of These Preventable Errors in Vaccine Storage and Handling!
Content Area:	Expired Vaccines	
Question:	<p><i>Are there expired vaccines in ANY of the vaccine storage units at this site?</i></p> <ul style="list-style-type: none"> ○ If YES, follow-up is required. 	

Follow-up (2 weeks):	<input type="checkbox"/> Educate the staff on how to properly rotate stock to prevent vaccines from expiring. <input type="checkbox"/> Provide education to staff on the importance of not storing expired vaccine in the unit. <input type="checkbox"/> Refer to the TVFC Provider Manual, Chapter 3. <input type="checkbox"/> P3036 Don't be Guilty of These Preventable Errors in Vaccine Storage and Handling!
Content Area:	Separation of Stock
Question	<i>Is it clear which vaccines belong to public stock and which belong to private stock (if applicable)?</i> <input type="radio"/> If NO, follow-up is required
Follow-up (2 weeks):	<input type="checkbox"/> Assess to ensure public and private stock can be differentiated. <input type="checkbox"/> Refer to TVFC/ASN Provider Manual, Chapter 3.
Content Area:	Disconnection from Power Source
Question:	<i>Visually inspect measures that are taken to ensure that vaccine storage units are not accidentally disconnected from the power supply.</i> <input type="radio"/> If NONE, follow-up is required.
Follow-up (2 weeks):	<input type="checkbox"/> Provide plug guards and stickers or signs to place on electrical outlets and/or circuit breakers, as applicable. <input type="checkbox"/> Refer to TVFC/ASN Provider Manual, Chapter 3.
Content Area:	Emergency Transport of Vaccine
Question:	<i>Does the provider have the following items in preparation for an emergency transport of vaccine?</i> <input type="radio"/> If NO was selected for any item, follow-up is required.
Follow-up (2 weeks):	<input type="checkbox"/> Provide education and resources for the importance of providers having the necessary supplies needed for the emergency transport of vaccines. <input type="checkbox"/> Refer to TVFC/ASN Provider Manual, Chapter 3. <input type="checkbox"/> E11-14498 Vaccine Management Plan Template
ACIP-Recommended Vaccines and Schedule	

Content Area:	ACIP-Recommended Schedule
Question:	<i>Does the facility have the current year of the ACIP Recommended Adult Immunization schedule?</i> <ul style="list-style-type: none"> ○ If NO, provide education and resources to provider.
Content Area:	ACIP-Recommended Vaccines
Question:	<i>Does the provider offer all Advisory Committee on Immunization Practices (ACIP)-recommended vaccines for ASN patients based on the provider agreement and profile?</i> <ul style="list-style-type: none"> ○ If NO, follow-up is required.
Follow-up (2 weeks):	<input type="checkbox"/> Provide and discuss educational resources and strategies to implement.
Question:	<i>Which vaccines are not being offered?</i> No follow-up is required for this question.
Question:	<i>Have a discussion with the Provider about the cost and quantity of ASN vaccines that were shipped to their facility and lost/wasted in the previous year. Address the points listed in the Note to Reviewer.</i> <ul style="list-style-type: none"> ○ If NO, follow-up is required.
Follow-up (2 weeks):	<input type="checkbox"/> Provide and discuss educational resources and strategies to implement.
Additional Questions	
Question:	<i>When do you prepare vaccine for administration to the patient?</i> <ul style="list-style-type: none"> ○ If vaccines are pre-drawn, follow-up is required.

<p>Follow-up (2 weeks):</p>	<p><input type="checkbox"/> Provide education on the CDC recommendation to prepare vaccines immediately prior to administration to assure viability of vaccine and prevent vaccine wastage. Vaccines that are not administered immediately are at risk of exposure to temperatures outside of the required range, which can affect vaccine viability and, ultimately, leave children unprotected against vaccine-preventable diseases.</p> <p><input type="checkbox"/> https://www.cdc.gov/vaccines/hcp/admin/prepare-vaccines.html</p> <table border="1" data-bbox="431 579 1414 932"> <tr> <td data-bbox="431 579 610 695"><input type="checkbox"/> 6-104</td> <td data-bbox="610 579 1414 695">ACIP Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2022</td> </tr> <tr> <td data-bbox="431 695 610 774"><input type="checkbox"/> P4065</td> <td data-bbox="610 695 1414 774">Screening Checklist for Contraindications to Vaccines for Adults</td> </tr> <tr> <td data-bbox="431 774 610 854"><input type="checkbox"/> P2020</td> <td data-bbox="610 774 1414 854">How to Administer Intramuscular and Subcutaneous Vaccine Injections to Adults</td> </tr> <tr> <td data-bbox="431 854 610 932"><input type="checkbox"/> P3084</td> <td data-bbox="610 854 1414 932">Administering vaccines to adults: dose, route, site, and needle size</td> </tr> </table>	<input type="checkbox"/> 6-104	ACIP Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2022	<input type="checkbox"/> P4065	Screening Checklist for Contraindications to Vaccines for Adults	<input type="checkbox"/> P2020	How to Administer Intramuscular and Subcutaneous Vaccine Injections to Adults	<input type="checkbox"/> P3084	Administering vaccines to adults: dose, route, site, and needle size
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<input type="checkbox"/> P3084	Administering vaccines to adults: dose, route, site, and needle size								
<p>Question:</p>	<p><i>How does the facility offer immunization services to patients? (Choose all that apply)</i> No follow-up is required for this question.</p>								
<p>Question:</p>	<p><i>Is an office visit fee charged in addition to any vaccine administration fees?</i> No follow-up is required for this question.</p>								
<p>Question:</p>	<p><i>How much is the office visit fee?</i> No follow-up is required for this question.</p>								
<p>Question:</p>	<p><i>Is a physical exam required before immunizations are given?</i> No follow-up is required for this question.</p>								
<p>Question:</p>	<p><i>Does the staff know how to obtain foreign-language Vaccine Information Statements (VIS) for patients/families whose first language is not English?</i></p> <ul style="list-style-type: none"> ○ If NO, provide education and resources to provider. 								
<p>Question:</p>	<p><i>Who gives immunization injections? (Choose all that apply)</i> No follow-up is required for this question.</p>								
<p>Question:</p>	<p><i>Does the clinic/practice require staff that have contact with patients to be immunized or show proof of immunity against the following vaccine-preventable diseases? (Choose all that apply)</i> No follow-up is required for this question.</p>								

