



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:	<i>Do you/staff engage in continuing education to stay up-to-date on the recommended vaccines for adults?</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"/> 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:	<i>How do you/staff who manage or support vaccine administration receive on-going education regarding immunization?</i> <input type="radio"/> Follow-up is required if not all options were selected.
Follow-up (2 weeks):	<input type="checkbox"/> Review the options selected in SurveyGizmo and if there are additional opportunities that were not selected, provide to staff.

<p>Question:</p>	<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. 																										
<p>Follow-up (2 weeks):</p>	<p><input type="checkbox"/> Provide and discuss educational resources and strategies to implement.</p> <table border="1" data-bbox="431 436 1357 1499"> <tr> <td data-bbox="431 436 607 554"><input type="checkbox"/> 6-104</td> <td data-bbox="607 436 1357 554">ACIP Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2018</td> </tr> <tr> <td data-bbox="431 554 607 634"><input type="checkbox"/> P2011</td> <td data-bbox="607 554 1357 634">Summary of Recommendations for Adult Immunization (Age 19 years and older)</td> </tr> <tr> <td data-bbox="431 634 607 751"><input type="checkbox"/> P2018</td> <td data-bbox="607 634 1357 751">Meningococcal Vaccine Recommendations by Age and Risk Factor for Serogroups A, C, W, or Y Protection</td> </tr> <tr> <td data-bbox="431 751 607 869"><input type="checkbox"/> P2019</td> <td data-bbox="607 751 1357 869">Pneumococcal Vaccination Recommendations for Children and Adults by Age and/or Risk Factor</td> </tr> <tr> <td data-bbox="431 869 607 987"><input type="checkbox"/> P2055</td> <td data-bbox="607 869 1357 987">DTaP, Tdap, and Td Catch-up Vaccination Recommendations by Prior Vaccine History and Age</td> </tr> <tr> <td data-bbox="431 987 607 1066"><input type="checkbox"/> P2081</td> <td data-bbox="607 987 1357 1066">Hepatitis A and Hepatitis B Vaccines: Be Sure Your Patients Get the Correct Dose</td> </tr> <tr> <td data-bbox="431 1066 607 1104"><input type="checkbox"/> P2109</td> <td data-bbox="607 1066 1357 1104">Hepatitis B and Healthcare Personnel</td> </tr> <tr> <td data-bbox="431 1104 607 1184"><input type="checkbox"/> P3072</td> <td data-bbox="607 1104 1357 1184">Guide to Contraindications and Precautions to Commonly Used Vaccines in Adults</td> </tr> <tr> <td data-bbox="431 1184 607 1222"><input type="checkbox"/> P4036</td> <td data-bbox="607 1184 1357 1222">Which Vaccines Do I Need Today?</td> </tr> <tr> <td data-bbox="431 1222 607 1302"><input type="checkbox"/> P4402</td> <td data-bbox="607 1222 1357 1302">Protect yourself from hepatitis A...Get vaccinated!</td> </tr> <tr> <td data-bbox="431 1302 607 1381"><input type="checkbox"/> P4404</td> <td data-bbox="607 1302 1357 1381">Protect yourself from hepatitis B...Get vaccinated!</td> </tr> <tr> <td data-bbox="431 1381 607 1419"><input type="checkbox"/> P4406</td> <td data-bbox="607 1381 1357 1419">Protect yourself from HPV...Get vaccinated!</td> </tr> <tr> <td data-bbox="431 1419 607 1499"><input type="checkbox"/> P4414</td> <td data-bbox="607 1419 1357 1499">Protect yourself from shingles...Get vaccinated!</td> </tr> </table>	<input type="checkbox"/> 6-104	ACIP Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2018	<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	<input type="checkbox"/> P4036	Which Vaccines Do I Need Today?	<input type="checkbox"/> P4402	Protect yourself from hepatitis A...Get vaccinated!	<input type="checkbox"/> P4404	Protect yourself from hepatitis B...Get vaccinated!	<input type="checkbox"/> P4406	Protect yourself from HPV...Get vaccinated!	<input type="checkbox"/> P4414	Protect yourself from shingles...Get vaccinated!
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<p>Question:</p>	<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 Hepatitis C 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, or letter)?</i> <input type="radio"/> If NO, follow-up is required.
Question:	<i>Do you recall your patients for vaccines 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 575"> <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. 						
<p>Follow-up (2 weeks):</p>	<p><input type="checkbox"/> Provide and discuss educational resources and strategies to implement.</p> <table border="1" data-bbox="431 903 1409 1100"> <tr> <td><input type="checkbox"/> P2050</td> <td>Strategies to Improve Adult Vaccination Coverage</td> </tr> <tr> <td><input type="checkbox"/> P4036</td> <td>Which Vaccines Do I Need Today?</td> </tr> <tr> <td><input type="checkbox"/> P4065</td> <td>Screening Checklist for Contraindications to Vaccines for Adults</td> </tr> </table>	<input type="checkbox"/> P2050	Strategies to Improve Adult Vaccination Coverage	<input type="checkbox"/> P4036	Which Vaccines Do I Need Today?	<input type="checkbox"/> P4065	Screening Checklist for Contraindications to Vaccines for Adults
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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. 						

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
	<input type="checkbox"/> P2025 Zoster Vaccine: CDC Answers Your Questions
	<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"/> P4036 Which Vaccines Do I Need Today?
	<input type="checkbox"/> P4075 Hepatitis A, B, and C: Learn the Differences
	<input type="checkbox"/> P4251 Human Papillomavirus HPV Vaccines: A Guide for Young Adults
	<input type="checkbox"/> P4402 Protect yourself from hepatitis A...Get vaccinated!
	<input type="checkbox"/> P4404 Protect yourself from hepatitis B...Get vaccinated!
	<input type="checkbox"/> P4406 Protect yourself from HPV...Get vaccinated!
	<input type="checkbox"/> P4408 Protect yourself from influenza...Get vaccinated!
	<input type="checkbox"/> P4410 Protect yourself from meningococcal disease...Get vaccinated!
	<input type="checkbox"/> P4412 Protect yourself from pneumococcal disease...Get vaccinated!
<input type="checkbox"/> P4414 Protect yourself from shingles...Get vaccinated!	
<input type="checkbox"/> P4416 Protect yourself from whooping cough...Get vaccinated!	
Question:	<i>Do you/staff explain the benefits of getting vaccinated and the potential risk of getting the disease?</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. <table border="1" data-bbox="430 304 1412 1333"> <tr> <td data-bbox="430 304 609 388"><input type="checkbox"/> P2015</td> <td data-bbox="609 304 1412 388">Pneumococcal Vaccines - CDC Answers Your Questions</td> </tr> <tr> <td data-bbox="430 388 609 430"><input type="checkbox"/> P2025</td> <td data-bbox="609 388 1412 430">Zoster Vaccine: CDC Answers Your Questions</td> </tr> <tr> <td data-bbox="430 430 609 504"><input type="checkbox"/> P2040</td> <td data-bbox="609 430 1412 504">Meningococcal B Vaccine: CDC Answers Your Questions</td> </tr> <tr> <td data-bbox="430 504 609 577"><input type="checkbox"/> P2190</td> <td data-bbox="609 504 1412 577">Should You Be Vaccinated Against Hepatitis A? A Screening Questionnaire for Adults</td> </tr> <tr> <td data-bbox="430 577 609 661"><input type="checkbox"/> P2191</td> <td data-bbox="609 577 1412 661">Should You Be Vaccinated Against Hepatitis B? A Screening Questionnaire for Adults</td> </tr> <tr> <td data-bbox="430 661 609 703"><input type="checkbox"/> P4036</td> <td data-bbox="609 661 1412 703">Which Vaccines Do I Need Today?</td> </tr> <tr> <td data-bbox="430 703 609 745"><input type="checkbox"/> P4075</td> <td data-bbox="609 703 1412 745">Hepatitis A, B, and C: Learn the Differences</td> </tr> <tr> <td data-bbox="430 745 609 819"><input type="checkbox"/> P4251</td> <td data-bbox="609 745 1412 819">Human Papillomavirus HPV Vaccines: A Guide for Young Adults</td> </tr> <tr> <td data-bbox="430 819 609 892"><input type="checkbox"/> P4402</td> <td data-bbox="609 819 1412 892">Protect yourself from hepatitis A...Get vaccinated!</td> </tr> <tr> <td data-bbox="430 892 609 976"><input type="checkbox"/> P4404</td> <td data-bbox="609 892 1412 976">Protect yourself from hepatitis B...Get vaccinated!</td> </tr> <tr> <td data-bbox="430 976 609 1018"><input type="checkbox"/> P4406</td> <td data-bbox="609 976 1412 1018">Protect yourself from HPV...Get vaccinated!</td> </tr> <tr> <td data-bbox="430 1018 609 1060"><input type="checkbox"/> P4408</td> <td data-bbox="609 1018 1412 1060">Protect yourself from influenza...Get vaccinated!</td> </tr> <tr> <td data-bbox="430 1060 609 1134"><input type="checkbox"/> P4410</td> <td data-bbox="609 1060 1412 1134">Protect yourself from meningococcal disease...Get vaccinated!</td> </tr> <tr> <td data-bbox="430 1134 609 1218"><input type="checkbox"/> P4412</td> <td data-bbox="609 1134 1412 1218">Protect yourself from pneumococcal disease...Get vaccinated!</td> </tr> <tr> <td data-bbox="430 1218 609 1260"><input type="checkbox"/> P4414</td> <td data-bbox="609 1218 1412 1260">Protect yourself from shingles...Get vaccinated!</td> </tr> <tr> <td data-bbox="430 1260 609 1333"><input type="checkbox"/> P4416</td> <td data-bbox="609 1260 1412 1333">Protect yourself from whooping cough...Get vaccinated!</td> </tr> </table>	<input type="checkbox"/> P2015	Pneumococcal Vaccines - CDC Answers Your Questions	<input type="checkbox"/> P2025	Zoster Vaccine: CDC Answers Your Questions	<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"/> P4036	Which Vaccines Do I Need Today?	<input type="checkbox"/> P4075	Hepatitis A, B, and C: Learn the Differences	<input type="checkbox"/> P4251	Human Papillomavirus HPV Vaccines: A Guide for Young Adults	<input type="checkbox"/> P4402	Protect yourself from hepatitis A...Get vaccinated!	<input type="checkbox"/> P4404	Protect yourself from hepatitis B...Get vaccinated!	<input type="checkbox"/> P4406	Protect yourself from HPV...Get vaccinated!	<input type="checkbox"/> P4408	Protect yourself from influenza...Get vaccinated!	<input type="checkbox"/> P4410	Protect yourself from meningococcal disease...Get vaccinated!	<input type="checkbox"/> P4412	Protect yourself from pneumococcal disease...Get vaccinated!	<input type="checkbox"/> P4414	Protect yourself from shingles...Get vaccinated!	<input type="checkbox"/> P4416	Protect yourself from whooping cough...Get vaccinated!
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Question:	<i>Do you/staff highlight positive experiences to reinforce the benefits and strengthen confidence in vaccinations?</i> <ul style="list-style-type: none"> ○ If NO, follow-up is required. 																																
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Content Area:	ADMINISTER needed vaccines or REFER patients to a vaccinating provider							
Question:	<i>Do you vaccinate in your facility?</i> No follow-up required for this question – skip to * question on page 6.							
Question:	<i>Do you make vaccination services convenient for your patients (i.e., extended hours, weekends)?</i> ○ If NO, follow-up is required.							
Follow-up (2 weeks):	<input type="checkbox"/> Provide and discuss educational resources and strategies to implement. <table border="1" data-bbox="431 667 1414 947"> <tr> <td data-bbox="431 667 610 783"><input type="checkbox"/> 6-104</td> <td data-bbox="610 667 1414 783">ACIP Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2018</td> </tr> <tr> <td data-bbox="431 783 610 863"><input type="checkbox"/> P2050</td> <td data-bbox="610 783 1414 863">Strategies to Improve Adult Vaccination Coverage</td> </tr> <tr> <td data-bbox="431 863 610 947"><input type="checkbox"/> P4065</td> <td data-bbox="610 863 1414 947">Screening Checklist for Contraindications to Vaccines for Adults</td> </tr> </table>		<input type="checkbox"/> 6-104	ACIP Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2018	<input type="checkbox"/> P2050	Strategies to Improve Adult Vaccination Coverage	<input type="checkbox"/> P4065	Screening Checklist for Contraindications to Vaccines for Adults
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Question:	<i>For patients needing multiple vaccines, do you administer all doses on the same visit?</i> ○ 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 vaccines and vaccines provided by DSHS)?</i> ○ 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"/> <u>Clinics participating in the ASN Program</u> that are not specialty clinics are required to offer all available ACIP recommended vaccines to their eligible populations. <table border="1" data-bbox="431 1539 1414 1776"> <tr> <td data-bbox="431 1539 610 1619"><input type="checkbox"/> P2020</td> <td data-bbox="610 1539 1414 1619">How to Administer Intramuscular and Subcutaneous Vaccine Injections to Adults</td> </tr> <tr> <td data-bbox="431 1619 610 1698"><input type="checkbox"/> P2050</td> <td data-bbox="610 1619 1414 1698">Strategies to Improve Adult Vaccination Coverage</td> </tr> <tr> <td data-bbox="431 1698 610 1776"><input type="checkbox"/> P3084</td> <td data-bbox="610 1698 1414 1776">Administering vaccines to adults: dose, route, site, and needle size</td> </tr> </table>		<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
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<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 to receive the vaccine?</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. Include in the discussion the different referral options (pharmacies).
Question*:	<i>Do you refer patients to providers who may offer vaccination services?</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. 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> <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"/> 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> <input type="radio"/> 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> <input type="radio"/> 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

<p>Question:</p>	<p>Ask about changes to key staff to answer the questions below.</p> <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. 		
<p>Follow-up (2 weeks):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 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. 		
<p>Content Area:</p>	<p>ASN Eligibility Categories</p>		
<p>Question:</p>	<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. 		
<p>Follow-up (2 weeks):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Provide educational materials/resources on ASN eligibility requirements. <input type="checkbox"/> Refer to TVFC/ASN Provider Manual, Chapter 8. <table border="1" data-bbox="431 1329 1416 1409"> <tr> <td data-bbox="431 1329 610 1409"> <input type="checkbox"/> F11-12842 </td> <td data-bbox="610 1329 1416 1409"> Adult Eligibility Screening Record (Bilingual) </td> </tr> </table>	<input type="checkbox"/> F11-12842	Adult Eligibility Screening Record (Bilingual)
<input type="checkbox"/> F11-12842	Adult Eligibility Screening Record (Bilingual)		
<p>Content Area:</p>	<p>Billing Practices</p>		
<p>Question:</p>	<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> <p>A. Uninsured.</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, 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 & Documentation
Question:	<p>To answer the following questions, 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. <p>D. <i>Do all records contain BOTH the date of the immunization visit and patient's date of birth?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. <p>E. <i>Do all records contain the patient's specific eligibility status associated with the date of immunization?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. <p>F. <i>Do any of the clinic records (e.g., medical, billing, IIS) contain any evidence that the patient received vaccine for which they were not eligible?</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"/> Refer to TVFC/ASN Provider Manual, Chapter 8. <input type="checkbox"/> A., E., F.: Review patient records to ensure patient screening is occurring. <input type="checkbox"/> D: Review patient records to ensure required documentation is collected. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> P2023</td> <td>Vaccine Administration Record for Adults</td> </tr> </table>	<input type="checkbox"/> P2023	Vaccine Administration Record for Adults
<input type="checkbox"/> P2023	Vaccine Administration Record for Adults		
<p>Future Follow-up (6 months):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> A. & F.: 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. 		
<p>Content Area:</p>	<p style="text-align: center;">Vaccine Dose Documentation</p>		
<p>Question:</p>	<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>G. Do all records contain all required Federal documentation elements?</p> <ul style="list-style-type: none"> o If NO, follow-up is required. <ul style="list-style-type: none"> o Date the vaccination was given o Vaccine manufacturer AND lot number of the vaccine administered o Address of clinic where vaccine was administered o Name and title of the individual administering the vaccine o Date of publication of the VIS o Date the VIS was given to the patient 		
<p>Follow-up (2 weeks):</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> Refer to TVFC/ASN Provider Manual, Chapter 8. 		
<p>Content Area:</p>	<p style="text-align: center;">Record Retention</p>		

Question:	<p><i>Is the clinic staff able to demonstrate 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):	<ul style="list-style-type: none"> <input type="checkbox"/> Request documentation from previous years or months to verify. <input type="checkbox"/> Refer to TVFC/ASN Provider Manual, Chapter 8. 		
Content Area:	Borrowing Documentation & Borrowing Reasons		
Question:	<p>Review borrowing documentation and discuss borrowing practices with staff to answer the questions below.</p> <p>B. <i>Are there any doses for which there is NO documentation (i.e., provider has indicated that doses were borrowed but cannot verify how many or why)?</i></p> <ul style="list-style-type: none"> ○ If YES, follow-up is required. <p>C. <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>D. <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. 		
Follow-up (2 weeks):	<ul style="list-style-type: none"> <input type="checkbox"/> B. & C.: 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"/> D: 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>Vaccine Borrowing Form</td> </tr> </table>	<input type="checkbox"/> EF11-14171	Vaccine Borrowing Form
<input type="checkbox"/> EF11-14171	Vaccine Borrowing Form		

Future Follow-up (6 months):	<input type="checkbox"/> B. & C.: Review borrowing reports, if any, for the six months since the site visit.		
Question:	<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>D. Assess ordering frequency and quantities, borrowing frequency, and use of repeated reasons for borrowing. Does borrowing appear to be a routine practice?</p> <ul style="list-style-type: none"> ○ If YES, follow-up is required. 		
Follow-up (2 weeks):	<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. 		
Content Area:	Vaccine Management Plan		
Question:	<p>Physically review the Vaccine Management Plan to answer the questions below.</p> <p>A. Does the clinic have a Vaccine Management Plan?</p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. <p>B. Does the plan contain all of the required components?</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"/> Review to ensure the Vaccine Management Plan is in place. <input type="checkbox"/> Refer to TVFC/ASN Provider Manual, Chapter 3. <table border="1" style="width: 100%;"> <tr> <td style="width: 20%;"><input type="checkbox"/> E11-14498</td> <td>Vaccine Management Plan Template</td> </tr> </table>	<input type="checkbox"/> E11-14498	Vaccine Management Plan Template
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Content Area:	VIS & VAERS		

Question:	<p>Review the 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. 								
Follow-up (2 weeks):	<ul style="list-style-type: none"> <input type="checkbox"/> A. & B.: Provide missing VIS' and share the link http://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/resources/vaers_form.pdf. <input type="checkbox"/> Refer to TVFC/ASN Provider Manual, Chapter 8. 								
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>A. <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. 								
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 1482 1414 1682"> <tr> <td><input type="checkbox"/> EC-105</td> <td>Temperature Recording Form</td> </tr> <tr> <td><input type="checkbox"/> E11-14483</td> <td>Vaccine Temperature Best Practices Frozen</td> </tr> <tr> <td><input type="checkbox"/> E11-14484</td> <td>Vaccine Temperature Best Practices Fridge</td> </tr> <tr> <td><input type="checkbox"/> P3036</td> <td>Don't be Guilty of These Preventable Errors in Vaccine Storage and Handling!</td> </tr> </table>	<input type="checkbox"/> EC-105	Temperature Recording Form	<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!
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Future Follow-up (30 days):	<ul style="list-style-type: none"> <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>A. <i>Does the data logger have a buffered probe?</i></p> <ul style="list-style-type: none"> ○ If NO, follow-up is required. <p>B. <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.
Follow-up (2 weeks):	<ul style="list-style-type: none"> <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):	<ul style="list-style-type: none"> <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):	<ul style="list-style-type: none"> <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>A. <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>D. <i>Were any certificates expired upon review?</i></p> <ul style="list-style-type: none"> ○ If YES, follow-up is required. <p>E. <i>Does the certificate contain all the necessary items?</i></p> <ul style="list-style-type: none"> ○ If NO, 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>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. <p>C. <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. 						
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. <table border="1" data-bbox="430 1268 1416 1465" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> EC-105</td> <td>Temperature Recording Form</td> </tr> <tr> <td><input type="checkbox"/> E11-14483</td> <td>Vaccine Temperature Best Practices Frozen</td> </tr> <tr> <td><input type="checkbox"/> E11-14484</td> <td>Vaccine Temperature Best Practices Fridge</td> </tr> </table>	<input type="checkbox"/> EC-105	Temperature Recording Form	<input type="checkbox"/> E11-14483	Vaccine Temperature Best Practices Frozen	<input type="checkbox"/> E11-14484	Vaccine Temperature Best Practices Fridge
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Future Follow-up (30 days):	<input type="checkbox"/> Review completed temperature documentation for this section of the storage unit.						
Question:	<p><i>Based on review of the temperature documentation, including the current temperature, is this section of the storage unit maintaining appropriate temperatures?</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 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.
<p>Content Area:</p>	<p style="text-align: center;">Temperature Excursions</p>
<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>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"/> 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"/> 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" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> EC-105</td> <td>Temperature Recording Form</td> </tr> <tr> <td><input type="checkbox"/> E11-14483</td> <td>Vaccine Temperature Best Practices Frozen</td> </tr> <tr> <td><input type="checkbox"/> E11-14484</td> <td>Vaccine Temperature Best Practices Fridge</td> </tr> <tr> <td><input type="checkbox"/> P3036</td> <td>Don't be Guilty of These Preventable Errors in Vaccine Storage and Handling!</td> </tr> </table>	<input type="checkbox"/> EC-105	Temperature Recording Form	<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!
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<p>Content Area:</p>	<p style="text-align: center;">Vaccine Placement in Storage Unit</p>								
<p>Question:</p>	<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"/> Provide education and resources for the importance of vaccine placement in the storage unit, presence of water bottles, 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:	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> <ul style="list-style-type: none"> ○ 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:	Dorm-Style Units
Question:	Determine whether the clinic has any dorm-style units on site and answer the questions below. A. Does the clinic have any dorm-style units that are used AT ANY TIME to store vaccine? <ul style="list-style-type: none"> ○ If YES, follow-up is required. B. Does the clinic have sufficient space in existing compliant vaccine storage units to store all vaccines? <ul style="list-style-type: none"> ○ If NO, follow-up is required.
Follow-up (2 weeks):	<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. <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):	<ul style="list-style-type: none"> <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. <table border="1"> <tr> <td><input type="checkbox"/> P3036</td> <td>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:	Separation of Stock		
Question:	<p>Observe how the clinic staff differentiates stock within their practice.</p> <p><i>Is it clear which vaccines belong to public stock and which belong to private stock (if applicable)?</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"/> Assess to ensure public and private stock can be differentiated. <input type="checkbox"/> Refer to the TVFC/ASN Provider Manual, Chapter 3. 		

All reviewed clinics that underwent an ASN compliance site visit must receive an Interim Site Visit Communication three to six months after the site visit was performed (available at www.immunizetexas.com). Due to updates in requirements across calendar years, all providers will receive the requirements associated with the calendar year within which the interim communication is being sent.

CUSTOM FOLLOW-UP:

Date Follow-up Completed: _____