

Step 2: Setting Up for Vaccination Services

If we could send out a prefabricated “vaccination station” filled with inventory that you could simply install in (or add onto) your practice (modeled after Edward Jenner’s fieldstone smallpox vaccination cottage in England, of course!), we would. But this chapter is the next best thing. It gives a lot of information about a lot of details all in one place. It will help you to prepare your facility and your personnel for the great preventive health care service you are soon going to be providing. Maybe some health settings that already offer one or two vaccines can skip this information, but if you are brand new to vaccinating, following this chapter’s footprints will save you some time, frustration, and possibly a little money. Most of the supplies you will need come from just a few different sources. Someone will have to decide where the new supplies will be stored, who will use and maintain what, and when your setting will be ready to begin vaccinating. To keep things in perspective, just remember: you are simply adding a new and important service, not revamping or restructuring your entire setting.

Step-by-Step Setting Up Tasks

- Obtain support and cooperation from clinic staff
- Seek out community resources
- Assign a vaccination coordinator
- Plan workflow and workspace
- Purchase vaccine storage equipment
- Purchase vaccine administration supplies
- Purchase emergency response supplies
- Arrange for staff training
- Organize other vaccination paperwork and reference materials
- Create standing orders documents
- Order vaccines – yes, do this last!

Obtain support and cooperation from clinic staff

How you integrate a new activity into your already busy set of responsibilities will be tricky. You know it's the right thing to do, but you're going to need to convince others in your clinic or agency. A combination of meetings and follow-up written communications can be effective in gaining support and making certain everyone gets the same information. Frontline staff, both medical and clerical, will likely be the most heavily impacted and will need to receive a lot of positive reinforcement that this is, indeed, a worthwhile and important service. As soon as possible, representatives from each group (management, financial, insurance, clinical, nursing, clerical, etc.) should become involved in working meetings to discuss issues such as:

- Will all patients or clients be offered vaccine, or only a select high-risk group?
- Will vaccines be offered every day or only during designated times?

Materials for you to use

- Suggested Supplies Checklist for Adult Immunization Clinic (75)
- Standing Orders for Administering Hepatitis A Vaccine (76)
- Standing Orders for Administering Hepatitis B Vaccine (77)
- Standing Orders for Administering Influenza Vaccine (78)
- Standing Orders for Administering MMR Vaccine (79)
- Standing Orders for Administering Meningococcal Vaccine (80)
- Standing Orders for Administering Pneumococcal Vaccine (81)
- Standing Orders for Administering Tetanus-Diphtheria Vaccine (82)
- Standing Orders for Administering Varicella Vaccine (83)
- Vaccines and Related Biologics Distributed in the U.S., 2003 (86)

- What paperwork is necessary for this activity?
- Who is responsible for tracking vaccine usage?
- How will tracking be done?
- Can patients/clients come in for vaccination only, or will vaccination occur as a secondary purpose at a visit?

Seek out community resources

Once you have a basic idea of how and whom you'd like to vaccinate in your clinic/facility, it's time to seek out expertise from others within your setting or from outside sources. If you're already part of a large medical facility, you can always learn from those who are involved in routine vaccinations (e.g., pediatricians, family physicians, internists, nurse clinicians). But if you're not part of a large organization with experienced vaccinators to help you, contact staff at your local or state health department. A list of names and phone numbers for staff at state health departments can be found on our website at www.immunize.org/coordinators

Assign a vaccination coordinator

Most likely, you will not need to hire new staff to set up or administer your vaccination program. But someone should be the designated vaccination coordinator. It's important, too, to assign someone to be the back-up person to the coordinator. The coordinator will have responsibility for ordering and maintaining an inventory of vaccines, syringes, and other supplies; developing or acquiring medical protocols for vaccinators and assuring competence of staff; ensuring proper storage of the vaccine; monitoring compliance with several recordkeeping requirements; and evaluating the program. That person and the back-up person will read through the rest of this guide!

Plan workflow and workspace

Decide in advance where the vaccinations will actually take place. Plan for a waiting area and a vaccination area. Make sure there is good lighting and ventilation, a sink for handwashing, and telephone access. Consider where you will prepare and draw the syringes with vaccine. Make certain that there is adequate space to place sharps containers (for used needles) close to where the vaccinations will be administered. Is there space for an additional refrigerator and freezer unit if needed? A cupboard for storing everything from needles to alcohol wipes? What about shelf space and slots or trays for forms, informational materials, and record cards?

Purchase vaccine storage equipment

You will need a dedicated refrigerator-and-freezer unit for your vaccines, one that will not be used for any purpose or product beyond the storage of pharmaceuticals and biological products. (That means no staff lunches or beverages—aside from contamination issues, frequent opening and closing of the doors should be avoided to help maintain constant temperatures. See Step 3 for details on handling and storage of vaccines.) This appliance does not have to come from a medical supply company. You can buy one from a local department or appliance store, or you can order one from a national brand company.

An important factor in purchasing a unit is to get one with separate freezer and refrigerator compartments, meaning that the compartments have different doors. The “dormitory-style” models with one door for both compartments is not acceptable, because the freezer does not stay cold enough. However, if you will not be administering varicella vaccine, you could get by without the separate freezer unit.

To make sure the refrigerator and freezer are functioning properly, you also will need to invest in a good set of thermometers for keeping track of temperatures in the refrigerator and freezer. (You will need two—one for each compartment.) Newer, high-tech thermometers will actually alert you when temperatures go outside the accepted range for vaccines (again, details can be found in Step 3, but for now be aware that someone must monitor temperatures at least twice a day).

Purchase vaccine administration supplies

Depending on what other activities your clinic or setting already performs, you may have many of the necessary items. For instance, if you already give shots, you will have syringes, needles, and a sharps container for used needles. But for the sake of thoroughness, we have devised and enclosed a “Suggested Supplies Checklist for Adult Immunization Clinic” for your use as an inventory tracker (see page 75). When an item runs low, mark it or circle it on a copy of the checklist for the next time an order is made. You will also need to purchase one service: medical waste disposal for your used syringes and needles. If you’re not part of a medical setting that already deals with this issue, consult local medical waste-disposal companies for options and prices.

In subsequent chapters, you will learn in more detail how and why some of the supplies on the checklist are going to be used. Many of them will be self-explanatory. They are listed here all in one place simply so you can be sure to obtain them before you begin vaccinating.

Purchase emergency response supplies

Toward the end of Step 5 on administering vaccines, you will learn what you need to do to handle anaphylactic (allergic) reactions to vaccines, though they are extremely rare. You absolutely must have these emergency provisions on hand just in case. Refer again to the checklist on page 75.

Arrange for staff training

In addition to orienting your staff to the overall purpose, function, and flow of the vaccination clinic, you will want to assure competency of clinic staff in administering immunizations. Your state or local health department may be able to provide such training or can refer you to other resources—or perhaps you have well-trained individuals who work in a different part of your organization. Check out the available videos that we have provided with this guide along with their presenter’s notes. “Step 5: Administering Vaccines” in this guide covers basic points but is no substitute for live instruction.

Organize other vaccination paperwork

and reference materials

This guide provides you with some of the most important forms you are going to use in your vaccination practice: “Vaccine Information Statements” (VISs), wallet-sized foldable immunization record cards for patients to keep, patient screening questionnaires, refrigerator temperature logs, “Vaccine Adverse Event Reporting System” (VAERS) forms, and others.

Again, here we just want you to be aware that there will be

required forms and documents so you can think about how you will organize them. Most of the forms and charts themselves will appear in the chapters in which they are fully discussed or in the Resources section at the end of this guide. You will need to keep copies of the appropriate VISs in a convenient location. You will also want to have other patient educational materials in wall racks or drawers in the vaccination/exam rooms along with screening and assessing questionnaires for patients to fill out (unless you find that the waiting room is a better place and time for them to do that). Finally, you will need billing forms close at hand.

One good system is to have a centralized file of vaccination-related masters, or originals, and then keep copies in stackable file slots, plastic wall pockets, accordion-style files, or in colored folders—whatever works for your setting—in the rooms where they will be used.

Create standing orders documents

This is a simple but powerful step. You now are getting most of the “physical stuff” in place for your vaccination practice. But you also need to know who is going to be doing the vaccinating. Unless you always have a physician onsite and accessible to order vaccines for individual patients, you may need standing orders that permit a nurse or other approved licensed practitioner to administer vaccines when a physician is not present. Who this person can and cannot be and the credentials required differs by state. If you’re unsure, contact your state health department or department of professional regulation for information on who can be authorized to administer vaccinations when a physician is not onsite.

In countless studies, it has been found one of the best ways to increase adult immunization is the implementation of standing orders. All this means is that a doctor writes a sort of blanket order for an authorized person to administer a given vaccine to patients with certain indications after screening for contraindications. Usually a nurse, the authorized vaccinator does not need to get explicit permission from a doctor to screen and vaccinate each patient who comes in. He or she, working under the doctor's order, conducts a vaccination review. In fact, often the standing orders to vaccinate become part of routine patient-care clinic procedure—just like documenting weight and blood pressure—so that vaccination status and needs are checked every time a patient enters the clinic. This greatly reduces the likelihood that a patient will fall through the cracks and miss an opportunity to be vaccinated.

Standing orders were given a big boost by a report issued in early 2000 by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) titled "Use of Standing Orders Programs to Increase Adult Vaccination Rates" (*MMWR* [Vol. 49: RR-1] March 24, 2000). In this report, ACIP stated that the committee "recommends prioritizing these [standing orders] programs for influenza and pneumococcal vaccinations, to have the greatest impact on the burden of vaccine-preventable diseases in the United States. Standing orders programs are also recommended for other vaccines, including hepatitis B vaccine and diphtheria and tetanus toxoid vaccines, when feasible." The ACIP report concluded by encouraging "the introduction of standing orders programs for vaccination of adults in other settings (e.g., inpatient and outpatient facilities, managed-care organizations, assisted living facilities, correctional facilities, pharmacies, adult workplaces, and home health-care agencies)."

Signed copies of the standing orders must be kept on file within your practice. It's primarily an internal, working document; that is, standing orders do not need to be registered with a state agency.

For vaccination purposes, you should have standing orders not only for administering vaccines, but also for the management of vaccine reactions (see Step 5).

Sample standing orders documents, as well as a protocol for managing vaccine reactions, can be found on pages 76–85 in Appendix A.

Order vaccines—yes, do this last!

When the stage has been set and all the props are in place, it's time to bring on the main actors, the vaccines. (Why shouldn't you order them before you are completely ready? They are, as you will see, somewhat expensive, and while they have fairly long shelf lives, they don't last forever and they are fragile.) By now, you have tested the refrigerator and/or freezer temperatures for a week or more to make sure the appliance(s) function(s) properly. You have all the injection supplies and copies of forms that you will need. So go ahead and order your vaccines. It's easy.

Vaccines can be purchased from a number of different places. You can order them directly from vaccine companies; you can order them from pharmaceutical supply companies (the ones that also sell you other medical supplies); you might be able to order them through your parent institution (your university if you are part of one, your health plan if you are affiliated with one); or you might be able to obtain certain vaccines from your state or local health department, both of which sometimes stock

supplies for high-risk people or the settings that serve them.

Most vaccines are provided in single-dose units that may or may not come as prefilled syringes. For a complete list of all products used with both children and adults, see “Vaccines and Related Biologics Distributed in the U.S.” on page 86. This resource also lists the manufacturers if you want to order your vaccines directly from the pharmaceutical companies. But perhaps you want to continue to work with the same medical supply company that supplies your medications and other related products.

If you plan to offer hepatitis B vaccination, hepatitis B vaccine can be available from a variety of sources. (Sometimes Td vaccine is available through these, as well.) State health departments receive vaccine from the Centers for Disease Control and Prevention (CDC) as part of a federal grant program, and some are now offering hepatitis B vaccine to correctional institutions, STD clinics, and other venues for use with high-risk adult patients. Be sure to talk to your state health department about possible supplies of (or funding for) hepatitis B vaccine for high-risk people. If they can't assist you this year, they may be able to include your request in the department's annual grant application to CDC for the following year. In addition, states can go to their legislatures and request special support for projects such as high-risk adult immunization in specific populations. This could help you to provide low-cost or free vaccinations.

Congratulations! You are reading this guide, you've come this far—you are officially over the hump. If more settings like yours did this preparation and planning, we would see many fewer missed opportunities for vaccinating adults and much higher vaccination coverage rates. We would eventually see less preventable disease and death. It really does happen one clinic at a time and one vaccination at a time.