

Operate Clinics and Track Progress

Let the campaign begin!

Action Items	Resources in this Kit
① Provide each employee with a copy of the Vaccine Information Statement (VIS).	See Step 2, Prior to the Clinic, Vaccine Information Statements.
② Maintain a record of employees who receive flu vaccinations at your clinic.	<ul style="list-style-type: none">• Tips for Operating Clinics and Tracking Progress• Sample Immunization Clinic: Vaccine Administration Record (VAR)
③ Provide each employee with a record and a letter.	Sample Primary Care Provider Notification Letter
④ Track employees who decline a flu vaccination.	Sample Vaccination Declination Tracking Form

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Tips for Operating Clinics and Tracking Progress

Maintain a record of employees who receive flu vaccinations at your clinic.

Federal Vaccine Administration Requirements

According to Federal Vaccine Administration Requirements, (www.mass.gov/dph/cdc/epii/imm/guidelines_sched/vaxcomp.htm), all providers must have written documentation of everyone they immunize. The documentation must include the following:

- Date of administration of the vaccine
- Vaccine manufacturer and lot number of the vaccine
- Name and address of the person administering the vaccine
- Date printed on the appropriate VIS
- Date the VIS was given to the employee

It is also recommended that the vaccine type, dose, and the site and route of administration be documented. A sample Immunization Clinic Vaccine Administration Record (VAR) is provided in this step booklet. (The prototype VAR from the Massachusetts Immunization Program can be found at www.mass.gov/dph/cdc/epii/imm/imm_records/vaccine_admin_record.doc.)

If a manufacturer finds any problems with a vaccine that it distributed, this information is critical to finding out where the vaccine was distributed and who got immunized.

It should be noted that neither the CDC nor the MDPH requires any provider to obtain written consent acknowledging the receipt of the VIS. However, providers can obtain these signatures if they so choose.

One final point: If you are only using trivalent inactivated influenza vaccine (TIV), collecting this information on a single sheet is simple. However, if you are using TIV and LAIV for employees, be mindful that the information recorded for the two vaccines would be different.

Provide each employee with a record and a letter.

Each employee who receives an influenza vaccination should be given a record of the relevant information about the immunization. Adult Immunization Record Cards are available from the MDPH regional office or local vaccine distributor, or from the Immunization Action Coalition at www.immunize.org/adultizcards/index.htm.

Since both the employee and his or her primary care provider should maintain an immunization record, it is recommended that immunizers provide a letter that the employee can give to his or her primary care provider. The letter should state which vaccine was provided, and the date and location of the immunization. A sample provider notification letter is provided on the last page of this step, and can also be found at www.mass.gov/dph/cdc/epii/imm/imm_records/provider_notification_sample.doc.

Track employees who decline a flu vaccination.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has approved an infection control standard for implementation in 2007 that requires accredited organizations to offer influenza vaccinations to staff. Included in the standard is a requirement that JCAHO-accredited providers annually evaluate vaccination rates and reasons for non-participation in the organization's immunization program.

Immunization Clinic:

Contact Person: _____
Phone: _____

Vaccine Administrator: Make sure to give the patient or legal representative the most recent copy of the Vaccine Information Statement (VIS), which explains risks and benefits of vaccine for each dose of vaccine given.

Use a separate line for each dose of vaccine.

[illegible]

*Site given: RA = right arm, LA = left arm, RL = right leg, LL = left leg, RH = right hip, LH = left hip

*Route given: O = oral, SC = subcutaneous, IM = intramuscular, ID = intradermal, IN = intranasal

Signature of Vaccine Administrator	Initials	Signature of Vaccine Administrator	Initials	Signature of Vaccine Administrator	Initials

Sample Primary Care Provider Notification Letter

<< Insert organization's logo. >>
(Include an address and other contact information.)

Date:_____

Dear Primary Care Provider,

Your patient,_____, was seen on _____, during a

<< Insert organization name >> immunization clinic. The following immunizations were administered at that time:

- ☐ Influenza Vaccine
- ☐ Pneumococcal Vaccine
- ☐ Td
- ☐ Tdap
- ☐ MMR
- ☐ Hep B
- ☐ Hep A
- ☐ IPV
- ☐ Varicella
- ☐ IG

Sincerely,

<< Insert your name. >>
<< Insert your title. >>

