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

<table>
<thead>
<tr>
<th>Content Area</th>
<th>ASSESS immunization status of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question:</strong></td>
<td>Do you/staff engage in continuing education to stay up-to-date on the recommended vaccines for adults?</td>
</tr>
<tr>
<td></td>
<td>o If NO, follow-up is required.</td>
</tr>
<tr>
<td>Follow-up (2 weeks):</td>
<td>□ Provide and discuss educational resources and strategies to implement.</td>
</tr>
<tr>
<td></td>
<td>□ Link to DSHS Vaccine Education Online.</td>
</tr>
<tr>
<td></td>
<td>□ Link to the Centers for Disease Control and Prevention (CDC) Vaccine Modules of You Call the Shots.</td>
</tr>
<tr>
<td></td>
<td>□ Other: Specify ____________________________</td>
</tr>
<tr>
<td><strong>Question:</strong></td>
<td>How do you/staff who manage or support vaccine administration receive on-going education regarding immunization?</td>
</tr>
<tr>
<td></td>
<td>o Follow-up is required if not all options were selected.</td>
</tr>
<tr>
<td>Follow-up (2 weeks):</td>
<td>□ Review the options selected in SurveyGizmo and if there are additional opportunities that were not selected, provide to staff.</td>
</tr>
</tbody>
</table>
Question: Do you/staff assess a patient’s vaccine needs at every visit?
- Sometimes: Follow-up is required.
- Never: Follow-up is required.

Follow-up (2 weeks):
- Provide and discuss educational resources and strategies to implement.
- □ 6-104 ACIP Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2018
- □ P2011 Summary of Recommendations for Adult Immunization (Age 19 years and older)
- □ P2018 Meningococcal Vaccine Recommendations by Age and Risk Factor for Serogroups A, C, W, or Y Protection
- □ P2019 Pneumococcal Vaccination Recommendations for Children and Adults by Age and/or Risk Factor
- □ P2055 DTaP, Tdap, and Td Catch-up Vaccination Recommendations by Prior Vaccine History and Age
- □ P2081 Hepatitis A and Hepatitis B Vaccines: Be Sure Your Patients Get the Correct Dose
- □ P2109 Hepatitis B and Healthcare Personnel
- □ P3072 Guide to Contraindications and Precautions to Commonly Used Vaccines in Adults
- □ P4036 Which Vaccines Do I Need Today?
- □ P4402 Protect yourself from hepatitis A...Get vaccinated!
- □ P4404 Protect yourself from hepatitis B...Get vaccinated!
- □ P4406 Protect yourself from HPV...Get vaccinated!
- □ P4414 Protect yourself from shingles...Get vaccinated!

Question: Under what conditions do you/staff assess patients’ vaccine needs?
- If not all choices were selected in SurveyGizmo, conduct follow-up.
Follow-up (2 weeks):

- Provide and discuss educational resources and strategies to implement.

  - P2017 Healthcare Personnel Vaccination Recommendations
  - P2081 Hepatitis A and Hepatitis B Vaccines: Be Sure Your Patients Get the Correct Dose
  - P3070 Before you vaccinate adults, consider their "H-A-L-O"!
  - P4040 Vaccinations for Pregnant Women
  - P4041 Vaccinations for Adults with HIV Infection
  - P4042 Vaccinations for Adults with Hepatitis C Infection
  - P4043 Vaccinations for Adults with Diabetes
  - P4044 Vaccinations for Adults with Heart Disease
  - P4045 Vaccinations for Adults with Lung Disease
  - P4046 Vaccinations for Men Who Have Sex with Men
  - P4047 Vaccinations for Adults Without a Spleen

Question:

Has your clinic implemented a protocol for employees to routinely review the immunization status/needs of patients before their appointment?
- If NO, follow-up is required.

Follow-up (2 weeks):

- Provide and discuss educational resources and strategies to implement.

  - P2050 Strategies to Improve Adult Vaccination Coverage

Question:

Has your clinic implemented standing orders to vaccinate patients in the absence of a signing clinician?
- No follow-up is required for this question.

Question:

What do you use to assess a patient’s vaccine needs?
- No follow-up is required for this question.

Question:

Do you provide vaccine reminders to your patients (i.e. postcard, phone call, letter)?
- If NO, follow-up is required.

Question:

Do you recall your patients for vaccine needs?
- If NO, follow-up is required.

Question:

How do patients receive a vaccine reminder and recall?
Follow-up (2 weeks):

- Provide and discuss educational resources and strategies to implement.
- ImmTrac2 reminder/recall letters
- DSHS reminder postcards (C-61)
- Phone call
- Text
- Other ___________________________

- P2050 Strategies to Improve Adult Vaccination Coverage

### Content Area:

<table>
<thead>
<tr>
<th>Strongly RECOMMEND vaccines that patients need</th>
</tr>
</thead>
</table>

### Question:

*Do you/staff recommend vaccine(s) to patients?*

- If NO, follow-up is required.

Follow-up (2 weeks):

- Provide and discuss educational resources and strategies to implement.

- P2050 Strategies to Improve Adult Vaccination Coverage
- P4036 Which Vaccines Do I Need Today?
- P4065 Screening Checklist for Contraindications to Vaccines for Adults

### Question:

*Do you/staff address patient questions and concerns regarding vaccines (i.e. side effects, safety, effectiveness) with clear verbal or written communication?*

- If NO, follow-up is required.
Follow-up (2 weeks):

<table>
<thead>
<tr>
<th>Question:</th>
<th>Do you/staff explain the benefits of getting vaccinated and the potential risk of getting the disease?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>o If NO, follow-up is required.</td>
</tr>
</tbody>
</table>

- Provide and discuss educational resources and strategies to implement.
  - P2015 Pneumococcal Vaccines - CDC Answers Your Questions
  - P2025 Zoster Vaccine: CDC Answers Your Questions
  - P2040 Meningococcal B Vaccine: CDC Answers Your Questions
  - P2190 Should You Be Vaccinated Against Hepatitis A? A Screening Questionnaire for Adults
  - P2191 Should You Be Vaccinated Against Hepatitis B? A Screening Questionnaire for Adults
  - P4036 Which Vaccines Do I Need Today?
  - P4075 Hepatitis A, B, and C: Learn the Differences
  - P4251 Human Papillomavirus HPV Vaccines: A Guide for Young Adults
  - P4402 Protect yourself from hepatitis A...Get vaccinated!
  - P4404 Protect yourself from hepatitis B...Get vaccinated!
  - P4406 Protect yourself from HPV...Get vaccinated!
  - P4408 Protect yourself from influenza...Get vaccinated!
  - P4410 Protect yourself from meningococcal disease...Get vaccinated!
  - P4412 Protect yourself from pneumococcal disease...Get vaccinated!
  - P4414 Protect yourself from shingles...Get vaccinated!
  - P4416 Protect yourself from whooping cough...Get vaccinated!
Follow-up (2 weeks):

- Provide and discuss educational resources and strategies to implement.
- P2015 Pneumococcal Vaccines - CDC Answers Your Questions
- P2025 Zoster Vaccine: CDC Answers Your Questions
- P2040 Meningococcal B Vaccine: CDC Answers Your Questions
- P2190 Should You Be Vaccinated Against Hepatitis A? A Screening Questionnaire for Adults
- P2191 Should You Be Vaccinated Against Hepatitis B? A Screening Questionnaire for Adults
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- P4410 Protect yourself from meningococcal disease...Get vaccinated!
- P4412 Protect yourself from pneumococcal disease...Get vaccinated!
- P4414 Protect yourself from shingles...Get vaccinated!
- P4416 Protect yourself from whooping cough...Get vaccinated!

Question:

Do you/staff highlight positive experiences to reinforce the benefits and strengthen confidence in vaccinations?
- If NO, follow-up is required.

Follow-up (2 weeks):

- Provide and discuss educational resources and strategies to implement.
- P2050 Strategies to Improve Adult Vaccination Coverage
- P3070 Before you vaccinate adults, consider their "H-A-L-O"!
<table>
<thead>
<tr>
<th>Content Area:</th>
<th>ADMINISTER needed vaccines or REFER patients to a vaccinating provider</th>
</tr>
</thead>
</table>
| Question:    | *Do you vaccinate in your facility?*  
*No follow-up required for this question – skip to * question on page 8.* |
| Question:    | *Do you make vaccination services convenient for your patients (i.e. extended hours, weekends)?*  
○ If NO, follow-up is required. |

Follow-up (2 weeks):  
□ Provide and discuss educational resources and strategies to implement.  
□ 6-104 **ACIP Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2018**  
□ P2050 **Strategies to Improve Adult Vaccination Coverage**  
□ P4065 **Screening Checklist for Contraindications to Vaccines for Adults**

Question:  
*For patients needing multiple vaccines, do you administer all doses on the same visit?*  
○ If NO, follow-up is required. |

Follow-up (2 weeks):  
□ Provide and discuss educational resources and strategies to implement.  
□ Clinics participating in the ASN Program that are not specialty clinics are required to offer all available ACIP recommended vaccines to their eligible populations.  
□ P2020 **How to Administer Intramuscular and Subcutaneous Vaccine Injections to Adults**  
□ P2050 **Strategies to Improve Adult Vaccination Coverage**  
□ P3084 **Administering vaccines to adults: dose, route, site, and needle size**

Question:  
*Which vaccines does your facility stock (include private vaccine and vaccine provided by DSHS)?*  
○ If not all vaccines were selected, follow-up is required.
| Question: | If you do not carry all recommended vaccines, do you refer the patient to another facility?  
| o | If NO, follow-up is required. |
| Follow-up  
(2 weeks): | □ Provide and discuss educational resources and strategies to implement. Include in the discussion the different referral options (pharmacies). |
| Question*: | Do you refer patients to providers who may offer vaccination services?  
| o | If NO, follow-up is required. |
| Follow-up  
(2 weeks): | □ Provide and discuss educational resources and strategies to implement. Include in the discussion the different referral options (pharmacies). |
| Question: | What type of clinics do you refer patients to for vaccination services?  
| No follow-up is required for this question. |
| Question: | Do you follow-up with patients to confirm they received the vaccines from referred immunization providers?  
| o | If NO, follow-up is required. |
| Follow-up  
(2 weeks): | □ Provide and discuss educational resources and strategies to implement.  
| □ | Discuss the importance of documenting the vaccine in the patient’s medical record.  
| □ | P2023 | Vaccine Administration Record for Adults |
| Content Area: | DOCUMENT vaccines received by your patients |
| Question: | Do you/staff check if your patient is currently listed in ImmTrac2?  
| o | If NO, follow-up is required. |
| Follow-up  
(2 weeks): | □ 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: | If you/staff do not find the patient currently listed in ImmTrac2, do you/staff collect ImmTrac2 consent?  
| o | If NO, follow-up is required. |
### Follow-up (2 weeks):

- Discuss the importance of collecting ImmTrac2 consents.
- Ensure staff understands what to do with the consent form.
- If more ImmTrac2 education and training is needed, provide the staff with PHR/LHD ImmTrac2 Coordinator contact information.

### Question:

*Do you/staff review the state immunization registry (ImmTrac2) to locate vaccines administered elsewhere?*
- If NO, follow-up is required.

### Follow-up (2 weeks):

- Discuss the importance of checking ImmTrac2 to locate vaccine doses that may have been administered elsewhere to prevent over-vaccinating.
- If more ImmTrac2 education and training is needed, provide the staff with PHR/LHD ImmTrac2 Coordinator contact information.

### Question:

*Do you provide your patients with documentation of their vaccine record?*
- If NO, follow-up is required.

### Follow-up (2 weeks):

- Provide and discuss the importance and the educational resources and strategies to implement.
- Discuss the benefits and importance of documenting immunizations in ImmTrac2.
- If more ImmTrac2 education and training is needed, provide the staff with PHR/LHD ImmTrac2 Coordinator contact information.

### Compliance Site Visit Questionnaire

<table>
<thead>
<tr>
<th>Content Area:</th>
<th>Changes to Key Staff</th>
</tr>
</thead>
</table>

| P2023 | Vaccine Administration Record for Adults |
Ask about changes to key staff to answer the questions below.

**A. 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 EVI?**
- If NO, follow-up is required.

**B. Were ALL changes communicated according to the program's policy?**
- If NO, follow-up is required.

**C. Based on review of the training documentation, have the current Primary and Secondary Vaccine Coordinators completed all required training?**
- If NO, follow-up is required.

Follow-up (2 weeks):
- **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.
- **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.

### ASN Eligibility Categories

**Question:**

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?
- If NO, follow-up is required.

Follow-up (2 weeks):
- Provide educational materials/resources on ASN eligibility requirements.
- Refer to TVFC/ASN Provider Manual, Chapter 8.
- [F11-12842 Adult Eligibility Screening Record (Bilingual)]

### Billing Practices

**Content Area:**
| Question: | 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?  
  o If NO, follow-up is required. |
|---|---|
| Question: | Do the individuals responsible for billing have access to the results of eligibility screening to ensure proper billing?  
  o If NO, follow-up is required. |
| Question: | How do you handle patients who are not able to pay the vaccine administration fee at the time of service?  
  o If “Turn Patient Away” or “N/A”, follow-up is required. |
| Question: | Are bills for unpaid vaccine administration fees sent to collection?  
  o If NO, follow-up is required. |

Follow-up (2 weeks):  
☐ 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):  
☐ Conduct a record review of vaccines that have been administered since first follow-up to ensure improper billing is not continuing.  
☐ Refer to TVFC/ASN Provider Manual, Chapter 8.

<table>
<thead>
<tr>
<th>Content Area:</th>
<th>Vaccine Administration Fee</th>
</tr>
</thead>
</table>
| Question: | Document the actual vaccine administration fee charged to ASN-eligible patients (confirm with billing department).  
  o If more than $25.00, follow-up is required. |

Follow-up (2 weeks):  
☐ 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.  
☐ Refer to TVFC/ASN Provider Manual, Chapter 8.

| Content Area: | Eligibility Screening & Vaccine Dose Documentation |
Future Follow-up (6 months):

☐ 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.

☐ Refer to TVFC/ASN Provider Manual, Chapter 8.

Content Area: Vaccine Dose Documentation

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.

A. 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?

☐ If NO, follow-up is required.

B. Does the process ensure that staff administering vaccine know which vaccine stock to select from prior to drawing the vaccine?

☐ If NO, follow-up is required.

C. Number of records reviewed: _______________

D. Do all records contain ALL required Federal documentation elements?

☐ If NO, follow-up is required.

  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

E. Do all records contain BOTH the date of the immunization visit and patient’s date of birth?

☐ If NO, follow-up is required.

F. Do all records contain the patient’s specific eligibility status associated with the date of immunization?
<table>
<thead>
<tr>
<th>Follow-up (2 weeks):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Refer to TVFC/ASN Provider Manual, Chapter 8.</td>
</tr>
<tr>
<td>□ D.: Review patient records to ensure required documentation is collected.</td>
</tr>
<tr>
<td>□ <strong>P2023</strong> Vaccine Administration Record for Adults</td>
</tr>
<tr>
<td>□ <strong>B., D., E., F.:</strong> Review patient records to ensure patient screening is occurring.</td>
</tr>
<tr>
<td>□ <strong>A., B., F.:</strong> Review patient records to ensure patient screening is occurring.</td>
</tr>
<tr>
<td>□ Discuss with staff how to improve their processes and add follow-up as appropriate based on findings.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Future Follow-up (6 months):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 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.</td>
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<td>□ Refer to TVFC/ASN Provider Manual, Chapter 8.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Content Area:</strong> Record Retention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question:</strong> Is the clinic staff able to demonstrate (preferred) or describe how they maintain historical ASN eligibility documentation for five years?</td>
</tr>
<tr>
<td>□ If NO, follow-up is required.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Follow-up (2 weeks):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Request documentation from previous years or months to verify.</td>
</tr>
<tr>
<td>□ Refer to TVFC/ASN Provider Manual, Chapter 8.</td>
</tr>
</tbody>
</table>

| **Content Area:** Borrowing Documentation & Borrowing Reasons |
**Review borrowing documentation and discuss borrowing practices with staff to answer the questions below.**

**A. 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?**
- If YES, follow-up is required.

**B. Does the documentation for borrowed doses contain each of the following required documentation elements?**
- If NO, follow-up is required.
  - 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

**C. For all documented borrowed ASN doses has the clinic staff EITHER (1) replaced the doses OR (2) submitted an order to replace the doses?**
- If NO, follow-up is required.

### Follow-up (2 weeks):
- **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.
- **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.

![EF11-14171](VaccineBorrowingForm)

### Future Follow-up (6 months):
- **A. & B.:** Review borrowing reports, if any, for the six months since the site visit.

**Question:**

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.

**Assess ordering frequency and quantities, borrowing frequency, and use of repeated reasons for borrowing. Does borrowing appear to be a routine practice?**
- If YES, follow-up is required.
Follow-up (2 weeks):
- Assess information collected for this section and have a conversation with the provider to identify what is causing borrowing.
- Provide and discuss the importance and the educational resources and strategies to implement to prevent future borrowing.
- Add future follow-up specific to the circumstances identified if necessary.
- 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>
<thead>
<tr>
<th>Content Area:</th>
<th>Vaccine Management Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question:</td>
<td>Physically review the Vaccine Management Plan to answer the questions below.</td>
</tr>
<tr>
<td></td>
<td><em>Does the clinic have a Vaccine Management Plan?</em></td>
</tr>
<tr>
<td></td>
<td>o If NO, follow-up is required.</td>
</tr>
<tr>
<td></td>
<td><em>Does the Vaccine Management Plan contain all of the required components?</em></td>
</tr>
<tr>
<td></td>
<td>o If NO, follow-up is required.</td>
</tr>
</tbody>
</table>

Follow-up (2 weeks):
- Review to ensure the Vaccine Management Plan is in place.
- Refer to TVFC/ASN Provider Manual, Chapter 3.

<table>
<thead>
<tr>
<th>Content Area:</th>
<th>VIS &amp; VAERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>E11-14498 Vaccine Management Plan Template</td>
</tr>
</tbody>
</table>
Question:

Review the Provider’s Vaccine Information Statements (VIS) and discuss VAERS to answer the questions below.

A. 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?
   o If NO, follow-up is required.
B. Does the clinic staff make VIS’ available for patients prior to EVERY vaccination?
   o If NO, follow-up is required.
C. Does the staff know how and when to report clinically significant adverse events using VAERS?
   o If NO, follow-up is required.

Follow-up (2 weeks):

- □ Assist staff in saving the website on their computer as a favorite site.
- □ B. Provide P2027.
- □ C. Educate and supply a copy of the form and refer to https://vaers.hhs.gov/resources/vaers_form.pdf.
- □ Refer to TVFC/ASN Provider Manual, Chapter 8.

Content Area: Dorm-Style Units

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?
   o If YES, follow-up is required.
B. Does the clinic have sufficient space in existing compliant vaccine storage units to store all vaccines?
   o If NO, follow-up is required.

Follow-up (2 weeks):

- □ A. Ensure clinic staff understands the requirements for proper vaccine storage.
- □ Refer to the TVFC/ASN Provider Manual, Chapter 3.
- □ B. Notify the Immunization Unit to adjust vaccine order quantities until there is sufficient space for vaccine storage.
- □ Add additional follow-up as necessary.
- □ P3036 Don’t be Guilty of These Preventable Errors in Vaccine Storage and Handling!
### Content Area: Data Logger in the Unit

**Question:**

Determine whether there is a data logger in this section of the storage unit and answer the questions below.

*Is there a data logger in each unit that stores vaccine?*
  - If NO, follow-up is required.

**Follow-up (2 weeks):**

- 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.
- Refer to TVFC/ASN Provider Manual, Chapter 3.

<table>
<thead>
<tr>
<th>Resource Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>EC-105</td>
<td>Temperature Recording Form</td>
</tr>
<tr>
<td>E11-14483</td>
<td>Vaccine Temperature Best Practices Frozen</td>
</tr>
<tr>
<td>E11-14484</td>
<td>Vaccine Temperature Best Practices Fridge</td>
</tr>
<tr>
<td>P3036</td>
<td>Don't be Guilty of These Preventable Errors in Vaccine Storage and Handling!</td>
</tr>
</tbody>
</table>

**Future Follow-up (30 days):**

- Ensure the clinic has a data logger with a current and valid certificate of calibration testing.
- Confirm that there is a copy of the certificate of calibration testing at the site.

### Content Area: Assessing the Data Logger

**Question:**

Assess all data loggers in each unit to answer the questions below.

*Does the data logger have a buffered probe?*
  - If NO, follow-up is required.

*Does the data logger have an active temperature display that can be easily read from the outside of this unit?*
  - If NO, follow-up is required.

*Is the data downloaded and reviewed routinely?*
  - If NO, follow-up is required.

**Follow-up (2 weeks):**

- Discuss the requirements of a data logger.
- Refer to the TVFC/ASN Provider Manual, Section 3.

### Content Area: Data Logger Placement

**Question:**

*Is the data logger probe properly placed in each unit?*
  - If NO, follow-up is required.
### Follow-up (2 weeks):
- □ Assist the clinic staff with proper placement of the data logger probe.
- □ Refer to the TVFC/ASN Provider Manual, Chapter 3.

### Content Area: **Back-up Data Logger**

### Question:
*Does the clinic have a readily available back-up data logger with a current and valid certificate of calibration testing?*
- o If NO, follow-up is required.

### Follow-up (2 weeks):
- □ Review for compliance.
- □ Provide unit as a loaner, if available.
- □ Add additional follow-up as required.
- □ Refer to the TVFC/ASN Provider Manual, Chapter 3.

### Content Area: **Certificate of Calibration Testing**

<table>
<thead>
<tr>
<th>Question</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Review the certificate of calibration testing for all data loggers in each unit and answer the questions below.</td>
<td></td>
</tr>
<tr>
<td>Is there a certificate of calibration for the data logger in each unit?</td>
<td></td>
</tr>
<tr>
<td>o If NO, follow-up is required.</td>
<td></td>
</tr>
<tr>
<td>What is the date of calibration for the data logger in the storage unit? (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>o If EXPIRED, follow-up is required.</td>
<td></td>
</tr>
<tr>
<td>Does the certificate of calibration contain all the items necessary items listed?</td>
<td></td>
</tr>
<tr>
<td>o If NO, follow-up is required.</td>
<td></td>
</tr>
<tr>
<td>Who is the responsible for supplying the current and valid certificate of calibration for the data logger(s)?</td>
<td></td>
</tr>
<tr>
<td>o If “N/A”, follow-up is required.</td>
<td></td>
</tr>
</tbody>
</table>

### Follow-up (2 weeks):
- □ Discuss to educate calibration testing or replacement with new unit before calibration expires.
- □ Refer to the TVFC/ASN Provider Manual, Section 3.
- □ If available, offer a data logger to the site – either permanently or as a loaner.

### Future Follow-up (30 days):
- □ Ensure there is a data logger available with a current and valid certificate of calibration testing.
- □ Verify that there is a copy of the calibration certificate at the site.
- □ If a data logger is still not in place, add additional follow-up and monitor until in compliance.
- □ If available, loan a unit to the site.
# Temperature Documentation

### Question:

A. Are there two current data logger readings recorded for each unit per day?
   - If NO, follow-up is required.

B. Is there a time, date, and name (or initials) recorded for each reading?
   - If NO, follow-up is required.

C. Are there current min/max data logger readings recorded for each unit once per day?
   - If NO, follow-up is required.

### Follow-up (2 weeks):

- **A. B. & C.**: Offer guidance on proper documentation on the temperature recording forms.
- Refer to the TVFC/ASN Provider Manual, Chapter 3.
- EC-105 | Temperature Recording Form
- E11-14483 | Vaccine Temperature Best Practices Frozen
- E11-14484 | Vaccine Temperature Best Practices Fridge

### Future Follow-up (30 days):

- Review completed temperature documentation for this section of the storage unit.

### Question:

Based on review of the Provider’s temperature documentation, including the current temperature, is this section of the storage unit maintaining appropriate temperatures?
   - If NO, follow-up is required.

### Follow-up (2 weeks):

- Review temperature documentation for this section of the storage unit for compliance.
- Refer to the TVFC/ASN Provider Manual, Chapter 3.
- 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.
- Add additional follow-up as required.

### Content Area: Temperature Excursions
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.

**A.** Were vaccines in this unit exposed to out-of-range temperatures in the last three months (including today)?
- If YES, follow-up is required.

**B.** Did the clinic staff quarantine and label vaccines as “DO NOT USE”?
- If NO, follow-up is required.

**C.** Did the clinic staff place vaccine in a unit where it can be stored under proper conditions, if applicable?
- If NO, follow-up is required.

**D.** Did the clinic staff contact the ASN Program to report the excursion?
- If NO, follow-up is required.

**E.** Was the manufacturer contacted for documentation supporting the usability of the vaccine?
- If NO, follow-up is required.

**Follow-up (2 weeks):**
- **☐ A., B., C., E.:** Direct the staff to investigate temperature excursions by contacting the vaccine manufacturer(s) to obtain information on vaccine viability.
- **☐ 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.
- **☐ D.** Re-educate staff on the requirement to contact their responsible entity to report out-of-range temperatures.
- **☐ E.** Refer to the TVFC/ASN Provider Manual, Chapter 3.

- **☐ EC-105** | Temperature Recording Form
- **☐ E11-14483** | Vaccine Temperature Best Practices Frozen
- **☐ E11-14484** | Vaccine Temperature Best Practices Fridge
- **☐ P3036** | Don't be Guilty of These Preventable Errors in Vaccine Storage and Handling!

**Content Area:** Vaccine Placement in Storage Unit
Look inside each storage unit that contains ASN vaccine to answer the questions below.

**Question:**

<table>
<thead>
<tr>
<th>A. 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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>o If NO, follow-up is required.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Are vaccines stored in their original packages?</th>
</tr>
</thead>
<tbody>
<tr>
<td>o If NO, follow-up is required.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Are there water bottles (for refrigerators) or frozen water bottles (for freezer) in the unit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>o If NO, follow-up is required.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Are vaccines stored in the doors, vegetable bins, under or near cooling vents, or on the floor of the unit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>o If YES, follow-up is required.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Is food being stored in the unit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>o If YES, follow-up is required.</td>
</tr>
</tbody>
</table>

**Follow-up (2 weeks):**

- □ C. Provide education and resources for the importance of the presence of water bottles in the same unit as vaccines.
- □ 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.
- □ Assess to ensure public and private stock can be differentiated.
- □ Refer to TVFC/ASN Provider Manual, Chapter 3.

**Content Area:** Expired Vaccines

**Question:** Are there expired vaccines in ANY of the vaccine storage units at this site?

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>o If YES, follow-up is required.</td>
</tr>
</tbody>
</table>

**Follow-up (2 weeks):**

- □ Educate the staff on how to properly rotate stock to prevent vaccines from expiring.
- □ Provide education to staff on the importance of not storing expired vaccine in the unit.
- □ Refer to the TVFC Provider Manual, Chapter 3.

□ P3036 Don't be Guilty of These Preventable Errors in Vaccine Storage and Handling!
<table>
<thead>
<tr>
<th>Content Area:</th>
<th>Separation of Stock</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question</td>
<td>Is it clear which vaccines belong to public stock and which belong to private stock (if applicable)? o If NO, follow-up is required</td>
</tr>
<tr>
<td>Follow-up (2 weeks):</td>
<td>□ Assess to ensure public and private stock can be differentiated. □ Refer to TVFC/ASN Provider Manual, Chapter 3.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Content Area:</th>
<th>Disconnection from Power Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question</td>
<td>Visually inspect measures that are taken to ensure that vaccine storage units are not accidentally disconnected from the power supply. o If NONE, follow-up is required.</td>
</tr>
<tr>
<td>Follow-up (2 weeks):</td>
<td>□ Provide plug guards and stickers or signs to place on electrical outlets and/or circuit breakers, as applicable. □ Refer to TVFC/ASN Provider Manual, Chapter 3.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Content Area:</th>
<th>Optional Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question</td>
<td>Does the staff know how to obtain foreign-language Vaccine Information Statements (VIS) for patients/families whose first language is not English? o If NO, provide education and resources to provider.</td>
</tr>
<tr>
<td>Question</td>
<td>Does the facility have the current year of the ACIP Recommended Adult Immunization schedule? o If NO, provide education and resources to provider.</td>
</tr>
</tbody>
</table>
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](http://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:**

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Regional AAIC/Staff Signature: ______________________________

Date Follow-up Completed: ________________________________