COVID ENROLLMENT CHECKLIST

DATE OF CONTACT___________________

CLINIC/PHARMACY NAME_______________________________________________________________

CONTACT PERSON:_______________________________________PHONE NUMBER________________

PIN# _______________ Contact Email address__________________________________________

View temperature log for each unit used ensure documentation of stable/good temps

☐ ULT-Cold (-80 °C through -60°C)
☐ Freezer (-13°F through +5°F)
☐ Refrigerator (36°F through 46°F)

Certificates of Calibration for TMD

☐ Certificates' of Calibration for each unit used

☐ ULT-Cold Calibration date ____________ Expiration date ____________
☐ Freezer Calibration date ____________ Expiration date ____________
☐ Refrigerator Calibration date ____________ Expiration date ____________

Proof of proper signage for DO NOT DISCONNECT

☐ View storage unit with signage

Know if provider has ability to receive and store Pfizer, Moderna or both

☐ UTL-Cold unit (Pfizer only)
  o Make/Name ____________________________________________________________
  o Storage Capacity _______________________

☐ Freezer (Moderna)
  o Make/Name __________________________ Stand-alone or Combination
  o Storage Capacity _______________________
  o Pharmaceutical or Commercial or Household

☐ Refrigerator (Pfizer and Moderna)
  o Make/Name __________________________ Stand-alone or Combination
  o Storage Capacity _______________________
  o Pharmaceutical or Commercial or Household

☐ OSIIS Training
☐ Storage and Handling Training
☐ Vaccine Administration Training
☐ VAERS Training
☐ Vaccine Finder

Notes__________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
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Number of vaccinators available to administer __________  Number of observers __________

Emergency Response Kit Available Per CDC:

The following emergency equipment should be immediately available to the clinical team assessing and managing anaphylaxis.

<table>
<thead>
<tr>
<th>Should be available at all sites</th>
<th>If feasible, include at sites (not required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epinephrine prefilled syringe or autoinjector*</td>
<td>Pulse oximeter</td>
</tr>
<tr>
<td>H1 antihistamine (e.g., diphenhydramine)*</td>
<td>Oxygen</td>
</tr>
<tr>
<td>Blood pressure cuff</td>
<td>Bronchodilator (e.g., albuterol)</td>
</tr>
<tr>
<td>Stethoscope</td>
<td>H2 antihistamine (e.g., famotidine, cimetidine)</td>
</tr>
<tr>
<td>Timing device to assess pulse</td>
<td>Intravenous fluids</td>
</tr>
<tr>
<td></td>
<td>Intubation kit</td>
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<tr>
<td></td>
<td>Adult-sized pocket mask with one-way valve (also known as cardiopulmonary resuscitation (CPR) mask)</td>
</tr>
</tbody>
</table>

*COVID-19 vaccination sites should have at least 3 doses of epinephrine on hand at any given time.
*Antihistamines may be given as adjunctive treatment but should not be used as initial or sole treatment for anaphylaxis. Additionally, caution should be used if oral medications are administered to persons with impending airway obstruction.

*DATA ENTRY MUST BE COMPLETED DAILY IN OSIIS*

Reviewed Readiness by: ____________________________________________ Date ___________