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COVID-19 Vaccination Centers Inspection Checklist- Final

Name of the Facility:			
Date of Inspection:	/_	/_	

Ref.	Description	Yes	No	N/A	Remarks
5	STANDARD ONE: HEALTH FACILITY REQUIREMENTS				
5.8	Preventive precautionary measures should be applied in the health				
5.8	facility, the facility should comprise of:				
5.8.1	Reception area; which includes patient registration and patient				
5.6.1	queuing system.				
5.8.2	Waiting areas; should accommodate a wide range of occupants				
5.6.2	including those less mobile or in wheelchairs.				
	Patient screening/vital signs room(s); will be used for				
5.8.3	measurement and recording of patient vital signs prior to				
	consultation.				
	Vaccination room (s)/cubicle(s)/bay(s); where patients will				
5.8.4	receive the vaccine by a licensed trained healthcare professional				
	ensuring privacy.				
	Designated room(s)/cubicle(s) at the site for management of				
5.8.5	Adverse Drug Reactions (ADRs) and management of patients with				
5.6.5	urgent medical problems (e.g., fainting, high blood pressure, etc.)				
	and for referral to other entities (if applicable).				
	Observation area; where patients will be monitored closely after				
5.8.6	being vaccinated for any adverse reaction or immediate allergic				
	reaction.				
7	STANDARD THREE: MANAGING VACCINE STOCKPILE, STORAG	E, TRANS	PORTAT	ION, ANI	D COLD
	CHAIN REQUIREMENTS				
7.1.2	Health facilities should have a policy and a clear official pathway in				
7.1.2	place to manage the stockpile of the available vaccine in a way				

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	that no dose is wasted.			
	A contingency plan is in place in case vaccines need to be replaced.			
7.2.3	The plan addresses scenarios for vaccine compromised before			
	arrival at the clinic and for vaccine compromised during clinic			
	hours.			
7.2.4	Health facility should maintain clearly written, detailed, and up-to-			
7.2.4	date receiving, storage, handling, and transporting SOPs.			
	An emergency medical kit should be available at the site of the			
7.2.5	clinic/vaccination centre. (Kit may include; epinephrine,			
7.2.5	Hydrocortisone, Chlorpheniramine Inj. and equipment for			
	maintaining an airway).			
7.3.7	SOPs should be in place to ensure power supply or alternative			
7.5.7	options when power outage occurs.			
10	STANDARD SIX: PREPARATION REQUIREMENT FOR VACCINES	;		
10.1.2	The following considerations should be made when selecting an			
10.1.2	environment for preparation of vaccines:			
d	Alcohol-based hand sanitizer should be available. For alcohol-			
	based hand sanitizers, the Centers for Disease Control &			
u u	Prevention (CDC) recommends a concentration of 60% to 95%			
	ethanol or isopropanol (i.e., isopropyl6) alcohol.			
	Whenever possible, the area dedicated for vaccine preparation			
e	should not be located in or close to where environmental control			
e	challenges could negatively affect the air quality (e.g., restrooms,			
	warehouses, or food preparation areas).			
	Equipment to include in the dedicated area or room may comprise			
10.1.3	of sharps container, alcohol swabs, sink and/or hand sanitizer, and			
	materials for personnel hygiene and garbing.			
11	STANDARD SEVEN: OBSERVATION POST VACCINE			
11.4.3	Vaccination providers should have appropriate medications and			
11.4.5	equipment such as epinephrine, antihistamines, stethoscopes,			

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	blood pressure cuffs, and timing devices to check pulse at all				
	COVID-19 vaccination centres.				
12	STANDARD EIGHT: INFECTION CONTROL MEASURES				
	Adequate infection control supplies are provided, including				
	biohazard containers and supplies for hand hygiene. If				
12.2	administering injectable vaccines, adhesive bandages, individually				
	packaged sterile alcohol wipes, and a sufficient number of sterile				
	needles and syringes and a sharps container are provided.				
APPENDIX	REQUIREMENT CHECKLIST FOR COVID-19 ON-SITE VACCINAT	ION CEN	TERS		
1					
5	PPE and Infection Control Policy is in place. Provide copy of policy				
6	Adverse Drug Reactions reporting Policy is in place. Provide copy				
	of policy				
8	Accessibility: Wheelchair access is required in all patient areas				
	including Consult, Treatment, Procedure and Waiting rooms.				
9	Main Reception used for appointment registration and Enquiries.				
10	Waiting areas with amenities for visitors.				
11	Examination room used for patient screening prior to vaccination.				
12	Preparation and storage room for general consumables, sterile				
12	stock and equipment.				
13	Vaccination/treatment room(s).				
14	Observation area should include crash cart and emergency				
14	medication.				
15	Fully equipped room with bed for resuscitation, advanced life				
	support management, with crash cart (if applicable).				
16	Data entry policy is in place. Provide copy of policy				
APPENDIX	EVALUATION CHECKLIST FOR VACCINATION CLINICS HELD A	Т ТЕМРО	RARY OR	OFF-SIT	E
2	LOCATIONS				
5	Contingency plan is in place in case vaccines need to be replaced.				
,	Provide a copy of contingency plan.				

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An emergency medical kit (including epinephrine and equipment				
for maintaining an airway) is at the site for the duration of the				
clinic.				
There is a designated area at the site for management of patients				
with ADRs and urgent medical problems (e.g., fainting).				
Adequate infection control supplies are provided, including				
biohazard containers and supplies for hand hygiene.				
A designated clean area (aseptic) for vaccine preparation has been				
identified and set up prior to the clinic.				
Sufficient supply of PPE for staff is available, including face masks,				
gloves				
Sufficient hand sanitizer is available so that staff and patients can				
repeatedly practice hand hygiene.				
Signs, barriers, and floor markers to instruct patients to social				
distance from other patients and clinic staff have been set up				
before the clinic				
Sufficient supply of thermometers and vital sign monitoring				
devices to check patient temperatures prior to entering the				
vaccination clinic and COVID symptom checklists.				
EVALUATION CHECKLIST FOR MORILE VACCINATION LINIT				
EVALUATION CITECALIST FOR MOSILE VACCINATION ONLY				
Operational policy is in place that is adapted by the related				
departments or the main facility/clinic that the mobile healthcare				
unit is affiliated to.				
The location of the unit should preferably be in close proximity to				
its related department or its patient base.				
The unit is located on a solid and levelled surface to prevent				
instability of the structure when in use.				
Access to the unit is located where it does not interfere with				
emergency exits of an adjacent building unless the exits are				
specifically permitted to serve both buildings.				
	for maintaining an airway) is at the site for the duration of the clinic. There is a designated area at the site for management of patients with ADRs and urgent medical problems (e.g., fainting). Adequate infection control supplies are provided, including biohazard containers and supplies for hand hygiene. A designated clean area (aseptic) for vaccine preparation has been identified and set up prior to the clinic. Sufficient supply of PPE for staff is available, including face masks, gloves Sufficient hand sanitizer is available so that staff and patients can repeatedly practice hand hygiene. Signs, barriers, and floor markers to instruct patients to social distance from other patients and clinic staff have been set up before the clinic Sufficient supply of thermometers and vital sign monitoring devices to check patient temperatures prior to entering the vaccination clinic and COVID symptom checklists. 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6	The location of the Mobile Healthcare Unit complies with relevant			
O	local environmental laws and regulations.			
7	Wheelchair and stretcher access is provided.			
8	Entrance/reception area of the mobile healthcare unit is well-lit			
	and clear sign-posted.			
9	The facility should provide waiting space for patient privacy as			
9	close to the unit docking area as possible.			
10	The facility should provide or be in close proximity of patient/staff			
10	toilets as close to the unit docking area as possible.			
	The clinical areas should have easy access to the relevant			
11	departments and other critical resources required to provide the			
	services.			
12	The internal planning of the unit should provide patient and staff			
	direct access to services located in the mobile healthcare unit.			
13	Adequate hand wash basins should be provided according to			
	infection control guidelines.			
14	Schedule date, time and location for mobile healthcare unit.			
18	Set up physical space with hand hygiene station, screening for			
10	COVID symptoms or exposure.			
19	Designate a staff monitored waiting area (outdoor or indoor)			
24	Develop a contingency plan in case vaccine needs to be replaced –			
24	stored too warm or too cold.			
25	Anaphylaxis protocol and emergency medical kit readily available.			
26	Adequate infection control measures are present.			
APPENDIX	EVALUATION CHECKLIST FOR DRIVE-THROUGH VACCINATION	N CENTO	= C	
4	EVALUATION CITECALIST FOR DRIVE-THROUGH VACCINATIO	CENTRI		
•	PPE and Infection Control Policy is in place.			
•	Adverse Drug Reactions reporting Policy is in place.			
4	Open area.			
•	Proper ventilation system.			

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•	One-way passage for vehicles with entrance separate from exit.		
•	Divided into stations for parking, registration, and vaccine		
	administration.		
•	Using portable vaccine refrigerator.		
•	A digital data logger with a buffered probe are available		
•	A process for screening for contraindications and precautions is in		
	place.		
11	Result Reporting Policy		

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