

# COVID-19 assessment checklist

Updated as of October 1, 2020

The following checklist includes considerations to help your healthcare organization determine your level of preparedness to administer the COVID-19 vaccine.

More COVID-19 vaccine resources and tools are available on the Vaccine Resources Center at [vizientinc.com/vaccines](http://vizientinc.com/vaccines).

Our pharmacy experts are available to help. please contact us at [pharmacyquestions@vizientinc.com](mailto:pharmacyquestions@vizientinc.com).

## Planning

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Have you reviewed the most recently available guidelines regarding prioritization of patients for inoculation? Have you established a priority of the population(s) you will vaccinate? |
| <input type="checkbox"/> | Have you estimated the number of people you will vaccinate in each population based on your locality's population?  |
| <input type="checkbox"/> | Has your organization determined its communication cadence to employees about these processes and expectations?   |

## Access

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|--------------------------|--|
| <input type="checkbox"/> | Have you enrolled with your local state public health department to be a COVID-19 vaccine provider?  |
| <input type="checkbox"/> | Do you know who to contact to check on your COVID-19 vaccine availability and supply?  |
| <input type="checkbox"/> | Do you have a McKesson med/surg account set up for ordering ancillary supplies?  |
| <input type="checkbox"/> | Are you aware of any government subsidies to assist your organization financially? (local health department, state, federal assistance etc.) |

<input type="checkbox"/>	Does the COVID-19 vaccine administration require formulary and/or P&T approval?
<input type="checkbox"/>	What type of methodology has your organization developed to determine how many doses you will need?
<input type="checkbox"/>	If you are an IDN, will the COVID-19 vaccine be purchased by each hospital or procured and distributed from a central location? (per state guidelines)
<input type="checkbox"/>	What type of identification/tracking system(s) will your organization use to track the number of doses needed for the second dose administration?

### Storage

<input type="checkbox"/>	Do you have the ability to quarantine your COVID-19 vaccine supply (separate from the rest of your pharmacy inventory)?
<input type="checkbox"/>	Do you have designated freezer space / refrigerator space / shelf space to isolate and control your COVID-19 vaccine supply?
<input type="checkbox"/>	Are the designated freezer space / refrigerator space to isolate and control your COVID-19 vaccine supply on red plugs (back-up generators in case of power failure/surge)?
<input type="checkbox"/>	Do you have shelf markers and barcodes ready/developed to manage the distribution of your COVID-19 vaccine supply?
<input type="checkbox"/>	Do you need to centralize your dispensing location based on storage space?
<input type="checkbox"/>	If there are different kinds of vaccines available, are you prepared for the different dosing, storage, and volumes?

### IT

<input type="checkbox"/>	Have you built the vaccine in your drug dictionary already?
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<input type="checkbox"/>	What do you have setup in EHR / CPOE /eMAR for a COVID-19 vaccine?
<input type="checkbox"/>	How will you document receipt of the vaccine? Is this something that can be built into your EHR to capture all the necessary information and prevent duplication?

### Dispensing

<input type="checkbox"/>	Do you have a clinical pathway developed, risk stratification or criteria on who you should target to vaccinate first?
<input type="checkbox"/>	How will you prioritize based on vaccine allocation and how is your plan different for staff versus patients?
<input type="checkbox"/>	What type of models or demand planning tools do you have in place to monitor demand on ancillary suppliers (i.e. syringes, cotton swabs, etc.)?
<input type="checkbox"/>	Is there a state and/or local vaccine database where you will need to enter vaccination data?

### Administration

<input type="checkbox"/>	Are there plans for pharmacists to administer the vaccine? If so, are they trained to do so?
<input type="checkbox"/>	What other personnel will be involved in the administration of the vaccine?
<input type="checkbox"/>	Does your respective Board of Pharmacy allow for RPh vaccine administration? Does this include pediatric patients?
<input type="checkbox"/>	Do your personnel need additional protocol or collaborative practice documents to meet Board of Pharmacy requirements?
<input type="checkbox"/>	Do you have retail or clinic settings where vaccinations can occur and by who?
<input type="checkbox"/>	Do you plan to have drive-through clinics?
<input type="checkbox"/>	If administering a 2-dose series vaccine, how do you intend to ensure appropriate follow-up?

<input type="checkbox"/>	What protocols do you have in place to ensure that all doses from an MDV are administered within a 6-hour window?
<input type="checkbox"/>	Do you have a plan for reporting and managing any potential adverse drug reactions?