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Military Vaccine (MILVAX) Agency Continuous Quality Immunization Improvement Process (CQIIP) Customer Tool

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		quality control tool to •^ -Eassess th^a • ae^•
		ne eight Standards for Military Immunization
		nstruction and the Centers for Disease
•	JC) Immunization Recomme	ndations (see references 1 and 2 below).
A If you have any questions	concorning this product place	as contact your local MILVAY Regional
• • • • • • • • • • • • • • • • • • • •	following link: www.vaccines	se contact your local MILVAX Regional
Á	ollowing link. www.vaccines	.пш/г Осттар/х-тар.аэрх
Clinic/Facility Information	n·	
-		
	Service	Component:
A Facility Name/Address: ´	, , , , ,	
A		
Type of Facility:		Phone #/DSN:
Á		
Performed by:	´´ Email	Address:
Hours of operation:	□ \	Valk-in □ Scheduled appointments
Thusiant days (times)	,,,,,	
busiest days/times		
Ćlosed for: □ Lunch (tim	າe) 🗆 Traininດຸ	g (day/time)
Á	k all that annied. D. Active	Dutu - Decembe / Curend - Detired
•		Duty □ Reserve/Guard □ Retired
☐ Dependents DoD C	ivilians/Contractors	
A Immunizations provided	(check all that apply): □ R	outine Vaccines □ Flu □ Anthrax
□ Smallpox □ Travel	Pediatric/Adolescent	
Á		
References:		
A	0 DUNEDINOT 0000 454 AF	U 40 440 00 00MPTNOT M0000 45
	2, BUMEDINST 6230.15A, AFJ ophylaxis at www.vaccines.mil/	II 48-110, CG COMDTINST M6230.4F,
		eneral Recommendations of Immunizations
at www.cdc.gov/mmwr/pdf/rr/		
3. Centers for Disease Contr	ol and Prevention; Epidemiolog	y and Prevention of Vaccine-Preventable
Diseases (Pink Book); Atkins	on W, Wolfe S, Hamorsky J, ed	s. 12th ed. Washington DC: Public Health

Submit completed CQIIP form to your local MILVAX RA (use link for RA contact information): www.vaccines.mil/POCMap/RAMap.aspx

Foundation, 2011. Awww.cdc.gov/vaccines/pubs/pinkbook/default.htm

Standard 1: Immunization Availability

	records reviewed routinely for required immunizations and are at { `} a æat } • Æ aç^} Áæc priate intervals? Æ Yes Æ No
	a. If yes, do you administer the vaccine during the same patient visit?
	b. If no, do you require the patient to return at a later date?
	s a physician been appointed in writing as Medical Director over each site that provides sizations? Yes No
	Standard Operating Procedures (SOPs)/Operating Instructions (OIs) available and by Medical Director? Yes No
	a. Has the Director approved, annually reviewed, and signed SOPs/Ols? ☐ Yes ☐ No
4. Are	standing orders used in place of a physician's prescription? Yes No
	a. If yes, explain:
	b. Are standing orders used for any immunizations? ☐ Yes ☐ No Explain:
	c. Has the Director annually reviewed and approved/signed all standing orders? ☐ Yes ☐ No
5. Do	you provide travel and/or deployment immunizations? ☐ Yes ☐ No
Stand	ard 2: Information and Education before Immunization
	current Vaccine Information Statements (VISs) available for all vaccines provided?
	at process is in place for patients/parents who ask for additional information beyond what ne VIS or refuse vaccination? Explain:
	current mandatory DoD trifolds and educational materials available for the smallpox and x vaccine? No N/A (provide date of brochures currently in use in your area)
	☐ Anthrax trifold dated
	□ Smallpox trifold dated
	☐ Smallpox Vaccine Household Contacts Brochure dated
	□ ACAM2000 Medication Guide dated

Standard 3: Vaccine Storage and Handling Á	
1. Do you know the approximate cost of the vaccines in your storage unit(s)? ☐ Yes ☐ Approximate cost: \$	No
 Is your thermometer certified and calibrated? ☐ Yes ☐ No 	
3. How many times per day do you perform and document manual temperature checks Service and/or local policy? Explain:	per
Á 4. Do you have a 24-hour/7 day per week alarm system installed? □ Yes □ No	
a. If yes, how often is it tested?	
b. Is it plugged into emergency back-up power or battery?Á	
c. If no, how are temperatures checked on weekends, holidays, etc?	
5. Are all vaccines stored in original packaging and rotated based on expiration date? □ Yes □ NoÁÔ¢] æ KÁ · · · · · · · · · · · · · · · · · ·	
6. Are all diluents stored according to manufacturer's recommendations? $\hfill\Box$ Yes $\hfill\Box$ No Á	
7. Do you prefill/pre-draw vaccine in syringes? ☐ Yes ☐ NoÁ(A^•Ê(¢] æ K´´´´´´´	
8. Are all vaccines stored according to manufacturer's recommendations? ☐ Yes ☐ N	0
9. Do you receive annual cold chain management training? ☐ Yes ☐ No	
10. Do you receive vaccine specific MMQC (Medical Materiel Quality Control) message ☐ Yes ☐ No	s?
11. Do^• site€ SOPs/Ols provide detailed information on procedures in the event of a vicold chain compromise? ☐ Yes ☐ No	accine
12. Do you have a written protocol for reporting vaccine losses? ☐ Yes ☐ No	
13. Do you share, provide, or transport vaccines to any other sites? ☐ Yes ☐ No	
14. Do you have a process for soon to be expired [A [c^] a [{ a ^ a A accines a last year?	? □ YesÁ□##ko ——
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Standard 4: Indications and Contraindications to Immunization

etc. during their visit? ☐ Yes ☐ No	vaccinations based on age, health status, occupation,
A a. If yes, how are records screene	d and when does this occur?
<i>XXXXXXXX</i>	munizations a patient requires?
,	have an allergy to a component of a vaccine?
Explain:	
	regnant women to identify themselves? ☐ Yes ☐ No eening? Explain:
Á	
Standard 5: Immunization Recordkeep	<u>ing</u>
	to document immunizations? Check all that apply:
□ MRRS	□ Non-Active Duty – AHLTA
□ SAMS	☐ Active Duty – AHLTA
☐ MEDPROS	☐ Other
☐ AFCITA desktop	☐ No ITS utilized
□ ASIMS/AFCITA web Á	
2. Do you notify patients when immunizate How, check all that apply:	tions are due? □ Yes □ No
☐ Hit list	☐ Automated or manual notification
☐ Reminder cards	systems
☐ Readiness web-site	☐ Mailed/emailed
☐ Unit correspondence	☐ Telephone notification
☐ Recall roster	During routine visits
□ Deployment list	☐ Health record verification
,	□ In/Out processing
Á	of allowa 0. (December also be also be an allowed as a second
3. How and when do you document immumethod).	unizations? (Describe electronic and/or manual
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4. What are your procedures for patients who present with no written documentation of previou vaccinations? Explain:
5. Do you have form CDC 731s (formerly PHS 731/yellow shot record) available? ☐ Yes ☐ N
6. Do you transcribe immunization records? ☐ Yes ☐ No
Standard 6: Training
1. P[ˈˌÁːað]^ÁQ ˇ l•ÁːÁmmunization specific training ã Á^ˇ ã^å annually -{ lÁstaff { ^{ à^l•Ñ CB; } æÁQ ˇ l•Ás ´ ´ ´ ´ ÉÁQ ÁB, ÁB ÁB ÁS
2. Does your site have standardized competencies for immunization training? ☐ Yes ☐ No
3. Where do you find ACIP recommendations, DoD, or Service/Command specific policy and message updates? Explain:
4. Do you and your staff know where to find immunization specific training? Explain:
Standard 7: Adverse Events after Immunization
1. Are emergency medications, equipment and supplies readily available for emergency management of anaphylaxis? \hdots Yes \hdots No
2. Do you annually train staff on management of anaphylaxis and vasovagal (fainting) ^] \tilde{a} [\mathring{a} ^• Yes \Box No
Where do you document an adverse event after immunization? Explain:
4. Do you have a written plan (i.e. SOPs/OIs) for adverse event procedures? ☐ Yes ☐ No
Standard 8: Vaccine Advocacy to Protect the Military Family
Do you participate in immunization marketing, patient education or outreach events to promote vaccinations in your population? □ Yes □ No. If yes, explain:
2. Do you have a quality improvement process for your immunization practice? ☐ Yes ☐ No
3. Do you track influenza rates for the active duty population at your ℯæ‱ããĉ ? ☐ Yes ☐ No
 Does your area participate as a member of an Immunization Committee? ☐ Yes ☐ No.

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