

January 2021

Supportive Supervision Tool

SARS-CoV-2 Moderna Vaccine



PLEASE COMPLETE THIS TABLE PRIOR TO EACH VISIT	
Provider/Facility Name:	
Date of Visit:	
Site Visit Observer(s):	
Provider Staff Interviewed:	

SUPPORTIVE SUPERVISION TOOL TABLE OF CONTENTS

SUPPORTIVE SUPERVISION TOOL LEGEND	2
SECTION 1: PROVIDER DETAILS	3
SECTION 2: STORAGE AND HANDLING PER UNIT – ULTRA-COLD STORAGE	4
SECTION 3: ANCILLARY SUPPLIES AND MATERIALS	7
SECTION 4: KNOWLEDGE REVIEW	17
SECTION 5: FREEFORM FEEDBACK	12

SUPPORTIVE SUPERVISION TOOL LEGEND

QUESTION NUMBER: CONTENT AREA	
INSTRUCTIONS	Where relevant, this section contains any instructions for completing the question.
QUESTIONS	<p>This section contains the text of the question. Any related subquestions appear in separate rows.</p> <p><u>Underlined questions are directed toward the provider and meant to be asked verbatim to the provider or their staff.</u> Questions in plain font are directed to the observer and are meant to be assessed and answered by the observer based on their observations at the time of the visit.</p> <p>Each question will be immediately followed by all the possible answer choices for that specific question or subquestion.</p>
NOTE TO OBSERVER	The note to observer (where available) contains information necessary for properly asking the question and assessing responses. This may include definitions of terms, requirement details, and other helpful tips.
	This field provides the CDC requirement/recommendation associated with the question.
NONCOMPLIANCE	If noncompliance has been identified, the elements below must be completed.
IMMEDIATE ACTIONS	Actions that CDC requires the observer to take during the visit.

SECTION 1: PROVIDER DETAILS

QUESTION 1.1	PROVIDER DETAILS: PROVIDER DEMOGRAPHIC INFORMATION
QUESTION:	<p>Date of site visit *</p> <p>Please provide your email (Recipient filling out form):*</p> <p>Review all provider demographic and contact information</p> <p>Provider/Facility Name: _____</p> <p>Provider PIN: _____</p> <p>Provider Address: _____</p> <p>Provider City: _____</p> <p>Provider Zip Code:* _____</p> <p>Medical Director or Equivalent: _____</p> <p>Medical Director Email: _____</p> <p>Primary Vaccine Coordinator Name: _____</p> <p>Primary Vaccine Coordinator Phone Number: _____</p> <p>Primary Vaccine Coordinator Email: _____</p> <p>Backup Vaccine Coordinator Name: _____</p> <p>(please remind provider to designate a backup if this information is not readily available)</p> <p>Backup Vaccine Coordinator Phone Number: _____</p> <p>Backup Vaccine Coordinator Email:* _____</p> <p>Provider Type Hospital <input type="checkbox"/> Pharmacy <input type="checkbox"/></p> <p> CDT <input type="checkbox"/> Other _____</p> <p> IPA/330 <input type="checkbox"/></p>

SECTION 2: STORAGE AND HANDLING PER UNIT – FREEZER STORAGE (UNIT #1)

Does this facility have freezer storage (-25°C to -15 °C) capabilities? YES NO

If the answer is YES, please answer questions in Section 2

If the answer is NO, please continue with questions in Section 3

SECTION 2	STORAGE AND HANDLING PER UNIT
DESCRIPTION	<p>Name this unit with a description that will allow you or someone else from your program to easily identify it in the event of follow-up. We recommend using make and serial number (e.g., Thermo-Fisher-S123456789); _____</p> <p>Repeat this instrument for EACH UNIT OF FREEZER STORAGE ON SITE.</p>

QUESTION 2.1 STORAGE AND HANDLING PER UNIT: FREEZER	
INSTRUCTIONS	Determine whether there is a temperature monitoring device located in this section of the storage unit and answer the questions below.
SUBQUESTION A (Choose one)	Is there a temperature monitoring device located in the freezer? <input type="checkbox"/> Yes <input type="checkbox"/> No [Complete appropriate action(s) in the "Immediate Action" section below]
NOTE TO OBSERVER	If the storage unit lacks a temperature monitoring device, immediate action is required. For temperature data (i.e., temperature readings) to be <u>useable</u> , temperatures must have been assessed using an appropriate working, temperature monitoring device. Temperature data must have been assessed and recorded within the last 72 hours to be considered recent.
SUBQUESTION B (Choose one)	Is temperature data recorded for the past 72 hours showing temperature ranges between -25°C and -15°C <input type="checkbox"/> Yes <input type="checkbox"/> No [Complete appropriate action(s) in the "Immediate Action" section below]
REVIEW REQUIREMENTS	Review recommendation with site staff: Vaccination providers should have a working, temperature monitoring device and temperature log. CDC recommends a specific type of temperature monitoring device called a "digital data logger" (DDL). A DDL provides the most accurate storage unit temperature information, including details on how long a unit has been operating outside the recommended temperature range (referred to as a "temperature excursion"). Unlike a simple minimum/maximum thermometer, which only shows the coldest and warmest temperatures reached in a unit, a DDL provides detailed information on all temperatures recorded at preset intervals. Note that these are recommended practices but not required under current vaccine distribution awards/contracts.
SUBQUESTION C (Choose one)	Is a DDL used to record temperature data in this unit? <input type="checkbox"/> Yes <input type="checkbox"/> No
NONCOMPLIANCE	If noncompliance has been identified, complete the elements below.
IMMEDIATE ACTION	Note the specific action taken at the provider site based on your review of the current unit temperature and the recent available temperature data for this section of the storage unit: 1. If no recent, usable temperature data are available: suspend use of the vaccine, request that the vaccine provider contact Moderna (866) 663 3762 for additional information and follow up. 2. If recent, usable temperature data indicate the unit temperature was out of range: suspend use of the vaccine, request that the vaccine provider contact Moderna (866) 663 3762 for additional information and follow up.

QUESTION 2.4 STORAGE AND HANDLING PER UNIT: VACCINE PLACEMENT	
INSTRUCTIONS	Review the below questions visually if it can be done without temperature excursions of the freezer. If not possible, confirm verbally
SUBQUESTION A (Choose one)	Are vaccines stored in their original packaging (cardboard boxes)? <input type="checkbox"/> Yes <input type="checkbox"/> No
REVIEW CDC RECOMMENDATION	Review recommendation with site staff: Vaccines should be stored in their original manufacturer (or CDC centralized distributor) packaging - vaccines should only be unwrapped from their original package immediately prior to being thawed. It is recommended to only store vaccines in a unit, however, if other biologics must be kept in the unit the vaccines should be on a separate shelf above the biologics. Note that these are recommended practices but not required under current vaccine distribution awards/contracts.
ADDING FREEZER REMINDER	Is there another freezer? If so, please use another copy of this section to add another freezer.

SECTION 3: STORAGE AND HANDLING – VACCINE FRIDGE (UNIT #1)

SECTION 3	STORAGE AND HANDLING PER UNIT
DESCRIPTION	<p>Name this unit with a description that will allow you or someone else from your program to easily identify it in the event of follow-up. We recommend using make and serial number (e.g., Thermo-Fisher-S123456789): _____</p> <p>Repeat this instrument for EACH UNIT OF VACCINE FRIDGE STORAGE ON SITE.</p>

QUESTION 3.3 STORAGE AND HANDLING PER UNIT: VACCINE FRIDGE	
INSTRUCTIONS	Determine whether there is a temperature monitoring device located in this section of the storage unit and answer the questions below.
SUBQUESTION A (Choose one)	Is there a temperature monitoring device located in the fridge? <input type="checkbox"/> Yes <input type="checkbox"/> No [Complete appropriate action(s) in the "Immediate Action" section below]
NOTE TO OBSERVER	If the storage unit lacks a temperature monitoring device, immediate action is required. For temperature data (i.e., temperature readings) to be <u>useable</u> , temperatures must have been assessed using an appropriate working, temperature monitoring device. Temperature data must have been assessed and recorded within the last 72 hours to be considered recent.
SUBQUESTION B (Choose one)	Is temperature data recorded for the past 72 hours showing temperature ranges between 2°C and 8°C <input type="checkbox"/> Yes <input type="checkbox"/> No [Complete appropriate action(s) in the "Immediate Action" section below]
REVIEW REQUIREMENTS	Review recommendation with site staff: Vaccination providers should have a working, temperature monitoring device and temperature log. CDC recommends a specific type of temperature monitoring device called a "digital data logger" (DDL). A DDL provides the most accurate storage unit temperature information, including details on how long a unit has been operating outside the recommended temperature range (referred to as a "temperature excursion"). Unlike a simple minimum/maximum thermometer, which only shows the coldest and warmest temperatures reached in a unit, a DDL provides detailed information on all temperatures recorded at preset intervals. Note that these are recommended practices but not required under current vaccine distribution awards/contracts.
SUBQUESTION C (Choose one)	Is a DDL used to record temperature data in this unit? <input type="checkbox"/> Yes <input type="checkbox"/> No
NONCOMPLIANCE	If noncompliance has been identified, complete the elements below.
IMMEDIATE ACTION	Note the specific action taken at the provider site based on your review of the current unit temperature and the recent available temperature data for this section of the storage unit: 1. If no recent, usable temperature data are available: suspend use of the vaccine, request that the vaccine provider contact Pfizer at 800-438-1985 for additional information and follow up.

	2. If recent, usable temperature data indicate the unit temperature was out of range: suspend use of the vaccine, request that the vaccine provider contact Pfizer at 800-438-1985 for additional information and follow up.
SUBQUESTION D (Choose one)	Are vaccine vials stored upright? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDING FRIDGE REMINDER	Is there another fridge? If so, please use another copy of this section to add another fridge.

SECTION 4: ANCILLARY SUPPLIES AND VACCINE ADMINISTRATION

QUESTION 4.1 NEEDLES, AND SYRINGES	
INSTRUCTIONS	Confirm with provider staff that supplies are present in sufficient quantities to match the amount of vaccines ordered.
NOTE TO OBSERVER	You do not have to physically count and audit the quantity of the supplies, but please verbally confirm with the provider staff that supplies are on site and in sufficient amounts.
SUBQUESTION E (Choose one)	<p>Does the provider have sufficient needles to administer vaccines with?</p> <p>Each vial of vaccine requires at least 10 needles, 22-25 gauge, 1-1.5".</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
SUBQUESTION F (Choose one)	<p>Does the provider have sufficient syringes to administer vaccines with?</p> <p>Each vial of vaccine requires at least 10 syringes. Syringes must be able to accurately measure 0.5 ml.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
SUBQUESTION G (Choose one)	<p>How many doses have you been typically withdrawing from each mixed vial?</p> <p>Note that the EUA authorization for Moderna vaccine states that is a “multidose” vial, hence more than 10 doses of vaccines can be withdrawn from each vial as long as each dose is 0.5 ml.</p> <p><input type="checkbox"/> 10 doses</p> <p><input type="checkbox"/> 11 doses</p> <p>Other _____</p>
SUBQUESTION H (Choose one)	<p>Any vaccine not used after 6 hours of vial being opened (punctured), is discarded?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
SUBQUESTION I (Choose one)	<p>Does the provider intend on using all of the needles and syringes provided in the ancillary kit for administering the vaccine?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
SUBQUESTION J	<p>If the provider is not planning to use all of the supplied needles and syringes, please describe why not (e.g. different brand preferred, not trained in vanishing-point needles).</p> <p>Response:</p>

<p>SUBQUESTION K (Choose one)</p>	<p>If the provider is planning to use needles and syringes beyond what is available in the ancillary kit, where will these supplies come from?</p> <p>Note that the EUA authorization for Moderna vaccine states that is a “multidose” vial, hence more than 10 doses of vaccines can be withdrawn from each vial as long as each dose is 0.5 ml.</p> <ul style="list-style-type: none"> <input type="checkbox"/> From pre-existing stockpiles within the institution <input type="checkbox"/> From additional needles and syringes already ordered <input type="checkbox"/> From additional needles and syringes to-be-ordered <input type="checkbox"/> Unknown at the time of survey
<p>SUBQUESTION L</p>	<p>Please describe any challenges encountered procuring needles and syringes for your vaccination needs</p> <p>Response:</p> <p>.</p>

QUESTION 4.2 LABELS	
INSTRUCTIONS	Confirm with provider staff that labels (or alternate record keeping plan) are available to ensure vaccines are used or discarded after being thawed.
SUBQUESTION A (Choose one)	<p>Does the provider have labels (or alternate record keeping plan) for marking the thaw time and “use by” time for the vaccine after it is moved from the freezer storage (maintained between -25°C and -15°C) to the refrigerator (maintained between 2°C and 8°C).</p> <p>(Or, if the provider receives the vaccine thawed, does the provider have labels for marking the time the vaccine was moved from the freezer storage? This information is available in the vaccine delivery form)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
SUBQUESTION B (Choose one)	<p>Does the provider have labels (or alternate record keeping plan) for marking the “use by” time for the vaccine after it is placed at room temperature?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
REVIEW REQUIREMENTS	<p>Review recommendation with site staff:</p> <p>The Moderna vaccine can be kept in freezer storage (maintained between -25°C and -15°C) until its expiry date. Once the vaccines are moved from freezer storage to refrigeration (maintained between 2°C and 8°C), it must be used within 30 days.</p> <p>Moderna vaccines don’t require dilution.</p> <p>Unopened (unpunctured) vials can be stored at room temperature (8 °C to 25 °C) up to 12 hours.</p> <p>Open (punctured) vials can be stored at temperatures of 2 °C to 25 °C for up to 6 hours</p>
SUBQUESTION C (Choose one)	<p>Are thawed open (punctured) vials outside fridge maintained at room temperature between 2 °C and 25 °C?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
SUBQUESTION D (Choose one)	<p>Are thawed unopen (unpunctured) vials outside fridge maintained at room temperature between 8 °C and 25 °C?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

QUESTION 4.3 VACCINE ADMINISTRATION	
INSTRUCTIONS	Observe vaccine administration and answer the following questions
SUBQUESTION A (Choose one)	A new, sterile needle is used for each vaccine recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No
SUBQUESTION B (Choose one)	A new, sterile alcohol pad is used to clean the stopper on the vial before withdrawing a new vaccine dose? <input type="checkbox"/> Yes <input type="checkbox"/> No
SUBQUESTION C (Choose one)	Do the staff administering the vaccine use a face mask and eye protection to administer the vaccine? (gloves are optional) <input type="checkbox"/> Yes <input type="checkbox"/> No
SUBQUESTION D (Choose one)	Is the vaccine vial swirled before withdrawing a new vaccine dose? <input type="checkbox"/> Yes <input type="checkbox"/> No

QUESTION 4.4 PREVACCINATION SCREENING AND CONSENT	
INSTRUCTIONS	Confirm with provider staff that the below information is collected before vaccine administration
SUBQUESTION A (Choose one)	Does the provider have the most updated Pre-Vaccination Questionnaire from the PRDH available for screening of people who are going to be vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No
SUBQUESTION B (Choose one)	Was the questionnaire administered to all people being vaccinated at the time of your visit and reviewed by the staff before administering the vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No
SUBQUESTION C (Choose one)	Is the PRDH consent form for vaccine administration available and administered to all people being vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No

QUESTION 4.5 VACCINE INFORMATION SHEETS	
INSTRUCTIONS	Confirm with provider staff that the below information sheets are available for distribution.
SUBQUESTION A (Choose one)	Does the provider have Emergency Use Authorization (EUA) fact sheets or Vaccine Information Statements (VISs) are made available for vaccine recipients? <input type="checkbox"/> Yes <input type="checkbox"/> No
SUBQUESTION B (Choose one)	Does the provider have v-safe information sheets available for distribution to vaccine recipients? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5: POST-IMMUNIZATION CARE

QUESTION 5.1 POST-IMMUNIZATION CARE	
INSTRUCTIONS	Confirm with provider staff that the following are available at the vaccination administration sites.
SUBQUESTION A (Choose one)	Is there a socially-distanced waiting area for observation and care for after vaccine receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No
SUBQUESTION B (Choose one)	Are the providers aware of the recommendations from the PRDH regarding the preparation for the management of potential anaphylaxis events? <input type="checkbox"/> Yes <input type="checkbox"/> No
SUBQUESTION C (Choose one)	Does the site have at least 3 doses of epinephrine on-site for use in case of anaphylaxis? <input type="checkbox"/> Yes – epinephrine auto-injector available (e.g. epi-pen) <input type="checkbox"/> Yes – epinephrine in prefilled syringes available <input type="checkbox"/> Yes – epinephrine in another form is available <input type="checkbox"/> No
SUBQUESTION D (Choose one)	Does the site have equipment available for to measure vitals (blood pressure, pulse, and respiratory rates) during the management of anaphylaxis? This can be as basic as a blood pressure cuff, a stethoscope, and a watch or it can be automated devices that measure these things. <input type="checkbox"/> Yes <input type="checkbox"/> No
SUBQUESTION E (Choose one)	Does the site have antihistamines (e.g. Benadryl, Claritin) on-site to provide as adjunctive treatment for anaphylaxis? <input type="checkbox"/> Yes <input type="checkbox"/> No
SUBQUESTION F (Choose one)	Does the site have a "crash-cart" containing materials for intubation, oxygen, IV fluids, etc. available? This is not a requirement - this is recommended if the facility has it readily available. <input type="checkbox"/> Yes <input type="checkbox"/> No
SUBQUESTION G (Choose one)	Do all people vaccinated receive a CDC vaccination card with the date and type of vaccine administered and the date for the next dose, if applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No
SUBQUESTION H (Choose one)	Does this facility have staff trained in PREIS? <input type="checkbox"/> Yes <input type="checkbox"/> No

SUBQUESTION I (Choose one)	Are the majority (95% or more) of the vaccine doses administered being entered in the PREIS system: <input type="checkbox"/> Within 12 hours <input type="checkbox"/> Within 24 hours <input type="checkbox"/> Within 48 hours <input type="checkbox"/> Within 72 hours <input type="checkbox"/> More than 72 hours later
---------------------------------------	--

SECTION 6: KNOWLEDGE REVIEW

SECTION 4 KNOWLEDGE REVIEW	
DESCRIPTION	<p>The section below is meant to be a learning tool, please ask the question below verbally, have the CMO or vaccine coordinator consider their response (they don't have to say it – recommend that they say it to themselves or write it down) before announcing the answer.</p> <p><u>SCRIPT: The following section are a series of knowledge review points covering the unique aspects of storage, handling, and administration of the Pfizer-BioNTech vaccine. After I read a question, please take a moment to consider the response internally – you don't have to tell me your answer, feel free to write it down or just think to yourself – and then I will provide the answer.</u></p>

QUESTION 6.1 FOR PROVIDERS WITH ULTRA COLD STORAGE CAPABILITIES KNOWLEDGE REVIEW – ULTRA-COLD STORAGE	
INSTRUCTIONS	Please take a moment to review verbally with the CMO (or equivalent) and Vaccine Coordinator(s) the following critical points on ultra-cold storage procedures.
Knowledge Check 6.1.1	<p>¿Cuál es el rango de temperatura a la que se deben congelar las vacunas?</p> <p>[PAUSE – allow the respondent to consider the question]</p> <p>Answer: -15C to -25C</p>
Knowledge Check 6.1.2	<p>¿Se deben abrir las cajas de vacunas cuando se almacenan en el congelador?</p> <p>Should the vaccine packs be opened when being placed in the freezer?</p> <p>[PAUSE – allow the respondent to consider the question]</p> <p>Answer: No – the vaccine packs should be opened only when the vaccine is about to be thawed.</p>

QUESTION 6.2 FOR PROVIDERS WITH FREEZER STORAGE CAPABILITIES KNOWLEDGE REVIEW – VACCINE HANDLING	
INSTRUCTIONS	Please take a moment to review verbally with the CMO (or equivalent) and Vaccine Coordinator(s) the following critical points on vaccine handling.
Knowledge Check 6.2.1	<p>¿Por cuánto tiempo pueden mantenerse refrigeradas (2 a 8 C) las vacunas luego que se remueven del congelador? How long can the Moderna vaccines stay refrigerated after they are removed from freezer storage?</p> <p>[PAUSE – allow the respondent to consider the question]</p> <p>Answer: 30 days</p>
Knowledge Check 6.2.2	<p>¿Los frascos de vacunas se almacenan de forma vertical o acostados?</p> <p>[PAUSE – allow the respondent to consider the question]</p> <p>Answer: They should be stored upright</p>
Knowledge Check 6.2.3	<p>¿Los frascos de vacunas se pueden recongelar si se han descongelado? Once thawed, can the vaccine be refrozen?</p> <p>[PAUSE – allow the respondent to consider the question]</p> <p>Answer: No, once thawed, the vaccine cannot be refrozen.</p>
Knowledge Check 6.2.4	<p>¿Cómo se descongela la vacuna? How should the frozen vaccine be thawed?</p> <p>[PAUSE – allow the respondent to consider the question]</p> <p>Answer: Vaccines should be thawed in a refrigerator between 2°C and 8°C for 2.5 hours, or it can be thawed at room temperatures up to 25°C for 1 hour.</p>

QUESTION 6.3 FOR ALL PROVIDERS OF PFIZER VACCINE KNOWLEDGE REVIEW – MIXING VACCINE WITH DILUENT AND VACCINE ADMINISTRATION	
INSTRUCTIONS	Please take a moment to review verbally with the CMO (or equivalent) and Vaccine Coordinator(s) the following critical points on vaccine mixing and administration.
Knowledge Check 6.3.2	<p>What volume of vaccine should be administered intramuscularly at each dose?</p> <p>[PAUSE – allow the respondent to consider the question]</p> <p>Answer: 0.5 ml</p>
Knowledge Check 6.3.3	<p>How long after open (punctured), should the vial be discarded?</p> <p>PAUSE – allow the respondent to consider the question]</p> <p>Answer: 6 hours</p>
QUESTION 6.4 KNOWLEDGE REVIEW – FEEDBACK	
INSTRUCTIONS	<p>After this review, were there any aspects of the above points that were unclear during the training you have received?</p> <p>Were there aspects of vaccine storage, handling, and administration that you think were unclear in the training materials available to you?</p> <p>Response:</p>

SECTION 7: FREEFORM FEEDBACK

SECTION 7 FREEFORM FEEDBACK	
DESCRIPTION	Please take a moment to solicit feedback from sites on the following aspects of immunization activities, please feel free to ask follow up questions at each section to enrich the feedback.

QUESTION 7.1 FREEFORM FEEDBACK – VACCINE SHIPMENT AND TRANSPORT	
QUESTION 7.1	<p>Were there any challenges in receiving and (if applicable) redistributing the Moderna vaccine that you encountered? Were there aspects that you think could be improved upon?</p> <p>Response:</p> <p>Response:</p> <ul style="list-style-type: none"><input type="checkbox"/> Ninguno<input type="checkbox"/> Fechas de recibo de vacuna no fueron comunicadas<input type="checkbox"/> Fechas de recibo de vacuna fueron comunicadas con menos de 24 h de aviso<input type="checkbox"/> Cantidad de vacunas recibidas no corresponde con cantidad de vacunas esperadas<ul style="list-style-type: none"><input type="checkbox"/> Más vacunas<input type="checkbox"/> Menos vacunas<input type="checkbox"/> Fecha y hora de descongelamiento no son claras en la forma de entrega<input type="checkbox"/> Forma de entrega no contiene todos los datos necesarios <p>Otros</p> <hr/> <hr/>

QUESTION 7.2 FREEFORM FEEDBACK – VACCINE STORAGE AND HANDLING

QUESTION 7.2	<p>Were there any challenges in storing and handling the Moderna vaccine that you encountered? Were there aspects that you think could be improved upon?</p> <p>Response:</p> <p>Response:</p> <p><input type="checkbox"/> Ninguno</p> <p><input type="checkbox"/> No hay espacio suficiente en neveras para el proceso de descongelamiento</p> <p>Otros</p> <hr/> <hr/>
---------------------	---

QUESTION 7.3 FREEFORM FEEDBACK – VACCINE ADMINISTRATION

QUESTION 7.3	<p>Were there any challenges in administering the Moderna vaccine that you encountered? Were there aspects that you think could be improved upon?</p> <p>Response:</p> <p><input type="checkbox"/> Ninguno</p> <p><input type="checkbox"/> No tienen suficientes kits para el número de dosis de vacuna que pueden sacar de un frasco (más dosis que kits)</p> <p><input type="checkbox"/> Jeringuillas no son las que usan normalmente y tuvieron que entrenar personal</p> <p><input type="checkbox"/> Espacio físico para administrar la vacuna es limitado</p> <p>Otros</p> <hr/> <hr/>
---------------------	--

QUESTION 7.4

FREEFORM FEEDBACK – VACCINE DOCUMENTATION

QUESTION 7.4

Were there any challenges in **documentation** for the Moderna vaccine that you encountered? Were there aspects that you think could be improved upon?

Response:

- Ninguno
- No están seguros de que documentos deben entregarse al vacunado
- No tienen suficientes copias de documentos para todos los vacunados
- No tienen suficientes copias de tarjeta de vacunación para todos los vacunados
- No tienen personal suficiente para entrar datos de vacunas en PREIS
- Dificultad con acceso al sistema PREIS

Otros

[END OF DOCUMENT]