

Preventing COVID-19 Vaccine Errors



COVID-19 Vaccine Error Prevention

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This is information for preventing, addressing, and reporting COVID-19 vaccine administration errors (preventable events that may lead to inappropriate use of vaccine and/or patient harm).

Specifically, the following describes key considerations and related tips for prevention in the categories of:

Vaccine Storage | Vaccine Selection | Vaccination Timing | Vaccine Preparation | Vaccine Administration

VACCINE STORAGE

When storage errors are made, they tend to be:

- Vial out of freezer or cold storage too long
- Filled syringe too long before use
- Not checking that both 1) the vial is in date and 2) the vial storage time has not expired

Prevention tips for storage errors:

- 1) Store separately each COVID-19 vaccine product type (e.g., each type of Moderna, each type of Pfizer). *Note:* Always have the Pfizer and Moderna Wall Charts posted in the vaccine storage/preparation area.
 - Moderna Wall Charts (scroll down to click on Wall Chart, after Fact Sheets): https://bit.ly/C19ModernaFactSheets
 - Pfizer Wall Charts (scroll down to click on Wall Chart, after Fact Sheets): https://bit.ly/C19PfizerFactsWallCharts
- 2) Check the expiration date against the current expiration date list for that lot number.

 Note: Before disposing a vial, check for expiration date extensions (https://bit.ly/C19VaxExtensions)
- 3) Draw up one syringe at a time.
 - *Note:* If at a large-scale community vaccination clinic, track number of individuals waiting to avoid drawing up more syringes than would be used in next half hour.
- 4) Discard vaccine when necessary; there is no penalty for doing so, and there is plentiful supply.



Friendly Reminder: Familiarize yourself with the specific products stocked at the location you are administering COVID-19 vaccines.

VACCINE SELECTION

When selection errors are made, they tend to be:

- Person given wrong vaccine (e.g., wanted Moderna, got Pfizer; wanted shingles vaccine, got COVID-19 vaccine)
- Wrong vaccine type given to pediatric patient (e.g., received Janssen, not Moderna or Pfizer)
- Wrong vaccine vial chosen (e.g., selected wrong Moderna blue cap without looking at label)

Prevention tips for selection errors:

- 1) Do not assume the individual wants the same vaccine as they got for the primary series again for their booster dose(s). Double check vaccine desired prior to administration.
- 2) Double check which vaccine a person wants (e.g., may be there for a different vaccine than COVID-19).









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Prevention tips for selection errors, continued...

- 3) For pediatric patients, ask their age prior to administration to avoid miscalculations.

 Note: This is especially important at large-scale community vaccination sites where it is easy to just look at the year and not the birth month and day.
- 4) Use the age-appropriate product. Do NOT use a product for a different age than the patient's.

Note: Keep a vaccine-by-age chart available and double check prior to vaccination.

Note: Always look closely at the cap color AND label.

VACCINATION TIMING

When timing errors are made, they tend to be:

Vaccine dose given too early.

Prevention tips for timing errors:

1) Check COVID-19 Vaccination Card and/or WVSIIS to verify vaccination history (and calculate next dose accordingly), rather than relying on patient verbal history alone.

Note: The **WV COVID-19 Vaccination Due Date Calculator** (available at vaccinate.wv.gov) allows input of birthday, previous COVID-19 vaccine type and number of doses, immunocompromised status, and date of last vaccination to provide the due date and type(s) of vaccine for which an individual is eligible. The "Medical Info" button at the bottom of the last page gives more information about dosing schedules and clinical considerations.

VACCINE PREPARATION

When preparation errors are made, they tend to be:

- Instructions not followed
- Vaccinator assumes someone else already diluted the vial
- Incorrect quantity of diluent used for dilution
- Too many doses drawn up from a single vial
- Pfizer Gray Cap diluted (does not require dilution), resulting in too small of a dose given
- Pfizer Purple Cap not diluted (requires dilution), resulting in too much of a dose given

Prevention tips for preparation errors:

- 1) After vial to be used is selected, always double check preparation instructions.
 - Pfizer has different instructions based on cap color (see tips below).
 - Moderna is **never** diluted.
 - Janssen is not diluted.

Do not assume you remember! Double check with each new vial.



Pfizer Preparation Tips: Remember that Pfizer has different instructions based on cap color:

Maroon cap = yes dilute (remember: "Maroon means Mix" PFIZER ONLY)

Purple cap = yes dilute (remember: "Purple requires Preparation" PFIZER ONLY)

Gray cap = do NOT dilute (remember: "Gray is Good to go" PFIZER ONLY)

Orange cap = yes dilute (remember: "**Orange requires Other step**" PFIZER ONLY)







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Prevention tips for preparation errors, continued...

- 2) Follow provided dilution instructions; never use more or less diluent than recommended.
 - *Note:* There is plenty of vaccine available and no need to withdraw more from a vial than instructions allow.
- 3) The first person to draw up a dose should be the person who prepared the vial.
 - *Note:* This helps avoid the 1st dose being drawn up by someone who assumed another person diluted the vial.
- 4) If vial requires dilution, clearly mark vial as diluted once dilution is complete.
- 5) For each vial prior to first use, set out a total number of syringes equal to the maximum doses that can be withdrawn from the vial (this practice allows visual tracking of doses remaining in the vial).

VACCINE ADMINISTRATION

When administration errors are made, they tend to be:

- Dose not correct for patient age
- Dose not correct for booster dose

Prevention tips for administration errors:

- 1) If Moderna is used for booster, double check proper dose is administered (e.g., adult Moderna booster is ½ of the full dose used for the primary series).
- 2) If using Moderna and patient meets strict definition of immunocompromised, check that the full dose is used for the additional primary dose (3rd dose in the primary series for moderately-severely immunocompromised).
- 3) Keep a list of criteria for being considered immunocompromised posted in the vaccine area.

 Note: Vaccinator should check the reported history meets the criteria (however, **no** documentation required).
- 4) For pediatric patients, ensure correct dosing and vaccine type is given for their age at time of vaccination.

If An Error Occurs:

If an error occurs, **immediately call** the WV COVID-19 Hotline 1-800-887-4304. This will enable you to double check the recommended response to the error and reporting compliance. All vaccine administration errors must be reported at <u>vaers.hhs.gov</u>. Be sure to **notify the person (and/or parent/guardian) of the error along with the recommended response** to the error (e.g., revaccination if needed).



Friendly Reminder: Counsel patients on completing their series (and recommended booster doses). Also, helping them schedule the next appointment can significantly increase their likelihood of completion.

Follow TED to Avoid COVID-19 Vaccine Errors



TYPE

Are you using the recommended COVID-19 vaccine for this person?

EXPIRATION

- ✓ Did you check the vial's expiration date?
- ✓ Is the vaccine within the usable time frame for the storage conditions?

DOSE

- Is this the correct amount for the person's age, dose number, and vaccine type?
- Was the vaccine prepared correctly for the product type (diluted or not)?

For brand-specific COVID-19 vaccine info, visit the FDA:





