
***Appendix B: Guidance and Skills Assessment Checklist for
Individuals Involved in Storage and Handling of the Moderna
Covid-19 Vaccine***

NOTE: This training is in addition to guidance provided on routine storage and handling on the CDC website.

Specific training for [Storage and Handling of the Moderna COVID-19 Vaccine](#) is located on the CDC web site. ALL guidance from CDC MUST be followed when storing and handling Moderna COVID-19 vaccine. Links to useful CDC resources are linked below:

1. [Storage and Handling Summary](#)
2. [Moderna BUD Guidance and Labels](#)
3. [Storage and Handling Labels](#)
4. [Refrigerator Storage Temperature Log \(Celsius\)](#)
5. [Refrigerator Storage Temperature Log \(Fahrenheit\)](#)
6. [Freezer Storage Temperature Log \(Celsius\)](#)
7. [Freezer Storage Temperature Log \(Fahrenheit\)](#)
8. [Vaccine Storage Troubleshooting Record for temperature excursions](#)
9. [U.S Pharmacopeia \(USP\) COVID-19 Vaccine Storage and Handling Toolkit](#) (includes guidance for labeling individual syringes that are being transported off site)

Competency	Clinical skills, techniques, and procedures	Needs to Improve	Meets or Exceeds Expectations	Required Plan of Action
<p style="text-align: center;">A</p> <p>Vaccine Preparation for Moderna COVID-19 vaccine <u>Vaccine does not require dilution</u> Only required if using Moderna COVID-19 vaccine</p>	1. Perform proper hand hygiene prior to preparing vaccine.			
	2. When removing vaccine from freezer, look to ensure storage unit temperature is in proper range.			
	3. Remember that, Moderna COVID-19 vaccine multi-dose vial contains a frozen suspension that does not contain a preservative and must be thawed prior to administration.			
	4. Remove the required number of vials from storage and thaw each vial before use. Thaw in refrigerated conditions between 2 to 8 °C (36 to 46 °F) for 2 hours and 30 minutes for the maximum 11-dose vial, or 3 hours for the maximum 15-dose vial.			
	5. After thawing, let vial stand at room temperature for 15 minutes before administering. Alternatively, thaw at room temperature between 15 to 25°C (59 to 77°F) for 1 hour for the maximum 11-dose vial, or 1 hour and 30 minutes for the maximum 15-dose vial. After thawing, do not refreeze.			

	6. Check vial expiration date of vial. Double check vial label and contents prior to drawing-up.			
	7. Prepare to draw vaccine in a designated clean area not adjacent to where potentially contaminated items are placed.			
	8. Swirl vial gently after thawing and between each withdrawal. Do not shake. Do not use and contact the manufacturer if vials are shaken instead of swirled. Do not dilute the vaccine.			
	9. Moderna COVID-19 vaccine is a white to off-white suspension. It may contain white or translucent product-related particulates. Visually inspect the Moderna COVID-19 vaccine vials for other particulate matter and/or discoloration prior to administration. If either of these conditions exists, the vaccine should not be administered.			
	10. Report all wasted doses using the Vaccine Wastage Reporting Tool. This is required per the CDC agreement. https://redcap.vdh.virginia.gov/redcap/surveys/?s=YC743RTCMN			
B <u>Storage and Handling for Moderna COVID-19 vaccine</u>	1. Vials that have not been punctured may be kept between 8°C and 25°C (46°F and 77°F) for up to 24 hours.			
	2. Vials MUST be discarded if vaccine is not used within 12 hours of the time the vial is punctured and stored between 2-25° Celsius (35-77° Fahrenheit) during this time.			

Plan of Action

Circle desired next steps and write in the deadline for completion, and date for the follow-up review.

1. Review site/clinic protocols.
2. Review manuals, textbooks, wall charts, or other guides.
3. Review package inserts.
4. Review vaccine storage and handling guidelines or videos.
5. Observe other staff with patients.
6. Read Vaccine Information Statements.
7. Be mentored by someone who has demonstrated appropriate skills.
8. Attend a skills training or other appropriate courses/training.
9. Other _____

File the Skills Assessment Checklist in the employee's personnel folder.

Plan of Action Deadline (if applicable): _____

Date of Next Review (if applicable): _____

Employee/Volunteer Signature & Date: _____

Supervisor Signature & Date: _____