



POLICY AND PROCEDURE	
SUBJECT/TITLE:	SWAP (Stark Wide Approach to Prevention) Immunization Protocol
APPLICABILITY:	Nursing Division
CONTACT TITLE & DIVISION:	Diane Thompson, Director of Nursing
ORIGINAL DATE ADOPTED:	4/21/2026
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REVIEW FREQUENCY:	Every 5 years
BOARD APPROVAL DATE:	N/A
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A. PURPOSE

The intent of this document is to outline the policies and procedures to be followed by authorized and trained Canton City Public Health (CCPH) Nurses when administering immunizations in Canton City Public Health’s Stark Wide Approach to Prevention (SWAP) clinic. These procedures are designed to ensure compliance with federal and state immunization standards, uphold CCPH policies, and provide safe, consistent, and effective vaccine delivery to eligible patients.

B. POLICY

CCPH provides immunizations to participants of the SWAP program in recognition of the elevated risk people who inject drugs (PWID) face for vaccine-preventable diseases, communicable infections, and bloodborne pathogens.

Immunizations will be offered during SWAP on the first Friday of every month between the hours of 2:00 pm and 3:30 pm. Deviations from this schedule will be approved by the Director of Nursing (or designee) and the Harm Reduction Program Manager. The SWAP clinic is located at 832 McKinley Ave NW., Canton, OH 44703. Only individuals 19 years of age or older are eligible to receive vaccines through the SWAP Immunization Clinic. Individuals 18 years or younger in need of immunizations should be directed to the CCPH Childhood Immunization Clinic.

Immunizations will be offered from Section 317 publicly funded vaccines which are available for adults who are uninsured or underinsured. CCPH nurses will comply with the guidelines set forth from the Ohio Department of Health (ODH) Adult Immunization Program Agreement and will also follow the [CDC Vaccine Storage and Handling Toolkit](#).

Immunizations will be administered following the [General Best Practice Guidelines for Immunizations](#) set forth by the Centers for Disease Control and Prevention (CDC) and the [Advisory Committee on Immunization Practices \(ACIP\) Recommendations for Adults](#).

C. BACKGROUND

People who inject drugs (PWID) have an increased risk of acquiring bloodborne infections such as HIV, Hepatitis B virus (HBV), and Hepatitis C virus (HCV), primarily when sterile equipment is not available. PWID may also face elevated vulnerability to other vaccine-preventable diseases—including Hepatitis A virus (HAV), Tetanus, and Diphtheria—due to broader social and structural factors that impact many vulnerable populations. These factors can include limited access to consistent healthcare, barriers to preventive services, and living conditions that increase exposure to communicable diseases.



The SWAP program is a free and confidential syringe service initiative offered by CCPH. SWAP provides PWID with sterile injection supplies, naloxone (Narcan) distribution and training, referrals to community-based resources, and access to immunizations. The program aims to reduce the transmission of infectious diseases, prevent overdose deaths, and minimize long-term health consequences for PWID.

Currently, no vaccines exist to prevent Hepatitis C or HIV in humans. However, there are safe and effective vaccines for HAV, HBV, and Tetanus/Diphtheria (Td). The CCPH SWAP program offers these vaccines to eligible participants as part of a comprehensive harm reduction strategy – helping to protect individual participants and reduce the public health burden of vaccine-preventable diseases in the broader community.

D. GLOSSARY OF TERMS

317 Vaccine- Vaccine supplied by ODH that is intended for individuals 19 years or older who meet specific qualifying criteria set by ODH (i.e. uninsured).

Digital Data logger – Digital device used to measure and record the storage temperature of vaccines.

Electronic Medical Record (EMR) – A digital version of a patient’s medical chart used for documenting and storing health information. Currently CCPH uses Insync by Qualifacts.

HIPAA (Health Insurance Portability and Accountability Act) – Federal law protecting the privacy of patient health information.

CCPH Immunization Coordinator- CCPH Staff Nurse responsible for day-to-day management of various aspects of the CCPH Immunization Program including vaccine inventory, vaccine ordering, temperature monitoring and storage compliance, complying with ODH guidelines, reporting vaccine issues to ODH, and ensuring Vaccine Information Statements and Standing Orders are current.

ImpactSIIS – Ohio’s statewide immunization registry used to track vaccine history.

Nurse(s) –CCPH Registered Nurse (RN) or Licensed Practical Nurse (LPN) licensed in Ohio who is trained and authorized to administer vaccines under the standing orders of an authorized medical provider.

People Who Inject Drugs (PWID) – Individuals who use needles, syringes, or other injection equipment to administer drugs directly into their bloodstream, muscles, or under the skin. This includes the injection of both illicit substances (e.g., heroin, methamphetamine) and the non-medical use of prescription drugs. PWID may be at increased risk for bloodborne infections, overdose, and other health complications associated with injection drug use.

Standing Orders – Written protocols that authorize nurses to administer vaccines without a direct physician order under defined conditions.

Temperature Excursion –Any temperature reading that is outside the recommended range for vaccine storage as defined in the manufacturer’s package insert for a particular vaccine product, typically more than 2°C (36° F) and less than 8° C (46° F) for refrigerated vaccines. For the purposes of this policy, this also includes occasions where the vaccine temperatures are not being adequately monitored by a digital data logger as required by ODH (such as a Prob A error). Temperature Excursions are required to be reported to ODH per their reporting protocol.



VeriCor – Insulated cooler used for vaccine transport that maintains vaccine temperature storage requirements delineated in the CDC Vaccine Storage and Handling Toolkit.

Vaccine Information Statement (VIS) – Informational sheets produced by the CDC that explain vaccine benefits and risks that are required to be provided to the patient prior to vaccine administration.

E. PROCEDURES & STANDARD OPERATING GUIDELINES

The following outlines the step-by-step process for Nurses to follow when providing vaccines to SWAP participants during designated clinic times. All staff involved in this clinical process should follow Standard Precautions and adhere to the Canton City Public Health Exposure Control Plan.

The Nurse is responsible for ensuring that the proper supplies and documents are available for the SWAP Immunization Clinic. If more print outs of documents are needed (i.e. health histories, tic sheets, temperature logs, vaccine questionnaires, and Vaccine Information Statements), the Nurse working the clinic may print additional copies or may coordinate with the Immunization Coordinator to obtain additional copies. The nurse should also source needed supplies from the CCPH Nursing Division supply room by following the sign-out procedure.

SWAP IMMUNIZATIONS PROCESS

1. Preparing Items for Transport
 - A. VeriCor with vaccine(s) and data logger
 - a. Prep VeriCor with refrigerator inserts (blue tabs) per manufacturer instructions.
 - I. Should create a six-sided cube with inserts.
 - II. Prepare it at least 30 minutes before planned transport
 - b. Set up data logger(s)- Recommend setting up two (2) separate data loggers, in case one fails.
 - I. Place temped glycol probe in the cooler at least 30 minutes before scheduled transport time. The probe should be:
 1. Standing up
 2. Place centrally, away from walls of the cooler
 - II. Set up DDL using Lascar Electronics Data Logger Instructions
 1. L:\NURSING\Immunization\ODH EasyLog USB Data Logger\Data Logger instructions\Lascar Electronics Data Logger Instructions.
 2. Note: ALWAYS double-check the setting on the data logger every time before you plug it in. You don't know how it might have been set the last time it was used.
 - III. Plug glycol prob jack into USB DDL until you hear it click.
 - IV. Turn on DDL and ensure that the USB DDL is reading and recording the temps.
 - V. Once temperature inside VeriCor is within acceptable range for refrigerated vaccines (2°C to 8°C, target temp: 5°C), place vaccine(s) in the center of the VeriCor. Use bubble wrap to cushion the vaccine during transport. Follow the guidance detailed in the [CDC Vaccine Storage and Handling Toolkit](#).

- VI. Document the name and lot number of the vaccines that are being transported to the SWAP Immunization Clinic on the Vaccine Transport Temperature Log. Stickers with vaccine information may be utilized.
 - VII. Record the date, time, and VeriCor temperature when the vaccine(s) are placed into the VeriCor.
- B. Other Items needed prior to transport
- a. Temperature log
 - I. Record VeriCor temperatures at the following times:
 1. When packing vaccines into VeriCor
 2. Arrival to SWAP Immunization Clinic (after transport)
 3. Each time VeriCor is opened
 4. Hourly (at a minimum)
 5. Upon return to CCPH main location
 - b. Immunization laptop (or equivalent with EasyLog App downloaded).
 - c. Hot spot for Wi-Fi (charged, updated, and powered on, have password available)
 - d. Canton City Vehicle with keys (signed out per department process)
 2. Set up clinic room at SWAP location (HIV/HCV testing room or other designated private area).
 - A. Clinic Set Up Check List (Check all expiration dates of supplies before use):
 - a. Laptop and hot spot- Must have EasyLog USB Application installed
 - b. Immunization cart
 - c. SWAP Vaccine Tic sheet
 - d. Vaccine labels (if available). Vaccine information can be handwritten.
 - e. Immunization Cards (to provide documentation to patient of vaccination)
 - f. Vaccine Transport Temperature Log
 - g. Standing orders (copy of most recently signed version)
 - h. Emergency Kit - Including emergency medications (epinephrine and Benadryl)
 - i. Vaccine Information Statement (VIS) for all vaccines being provided that day (printed and laminated)
 - j. HIPAA forms (printed and laminated)
 - k. Band-Aids
 - l. Sharps Container- Follow site specific sharps disposal practices.
 - m. Alcohol swabs
 - n. Poly towel to cover work surface for drawing up vaccines
 - o. IM needles (1" and 1.5")
 - p. Trays for syringes
 - q. Gloves
 - r. Hand Sanitizer
 - s. Disinfecting wipes
 - t. Provide CCPH SWAP staff with Health History forms and Vaccine Questionnaire
 3. During Clinic (General Clinic Flow)



- A. SWAP Registration Responsibilities:
- a. Advertise the type of vaccines available during clinic. Hepatitis A, Hepatitis B, and Tdap will be offered on a regular basis. Other vaccines may be made available based on participant need, circulating vaccine preventable illnesses in the community, and vaccine availability (i.e. Influenza vaccine).
 - I. SWAP participants will complete the SWAP vaccine questionnaire to indicate what vaccine(s) they would like to receive. The questionnaire will be reviewed by the SWAP Registration staff for legibility and to clarify spelling prior to providing this completed questionnaire to the Nurse.
 - II. SWAP Registration staff will provide the patient with an Adult Immunization Health History form to complete. They will also provide laminated VIS(s) for all available vaccines and the current CCPH Notice of Privacy Practices for review.
 - III. SWAP Registration staff will direct the patient to wait in the designated waiting area and provide the questionnaire to the Nurse.
- B. Nurse Responsibilities:
- a. Notify SWAP Registration staff what vaccines are available that day and provide any needed documents.
 - b. Prior to calling the patient to the clinic space, the Nurse will look the patient up in ImpactSIS to attempt to obtain patient's immunization history and determine need for vaccination.
 - c. During Patient Encounter
 - I. Call the patient into the immunization clinic room (a.k.a. HIV/HCV testing room).
 - II. Verify patient's insurance status.
 - i. If the patient has insurance that covers the cost of vaccines (including Medicaid), they are NOT eligible for the Section 317 vaccines. Provide the individual with resources available to obtain vaccine(s) with a different provider (i.e. pamphlets for Federally Qualified Health Centers (FQHC) in the community).
 - III. Verify photo ID (if available) and confirm that demographic information on the health history is correct. It is acceptable to vaccinate without a photo ID if the patient has verified the correct spelling of their name and provides an accurate date-of-birth.
 - IV. Review Adult Immunization health history form for completeness and accuracy. Patient should correct and initial any errors on the form.
 - i. By signing the health history form, patient is consenting to the vaccination(s).
 - V. Verify that patient has read and understands the VIS and the CCPH Notice of Privacy Practices. Offer a printed copy for their records. Answer any questions patient has prior to vaccination.
 - VI. Determine eligibility for vaccination based on vaccination history and Adult Immunization Health History form.

- i. Proceed to administering vaccination(s) if patient is eligible.
- VII. Obtain the vaccine needed from the VeriCor.
- VIII. Document VeriCor temperature on the Vaccine Transport Temperature Log.
- IX. Document vaccine name, lot number, expiration date, and administration site on the bottom of the health history form. Pre-printed stickers may be utilized for this vaccine information documentation.
- X. Complete the SWAP clinic Tic sheet.
- XI. Complete the green immunization card and give to patient for their records. Add the details to a current immunization card if available.
- XII. Advise patient when to return for the next dose, if applicable, prior to their departure.
- XIII. Clean clinic room after each patient

4. After Clinic

A. Nurse Responsibilities (On-site):

- a. Pack up laptop and hot spot
- b. Place completed Adult Immunization Health History forms in an envelope for secure transport
- c. Prepare VeriCor for transport and document temperature on Vaccine Transport Temperature Log
- d. Put supplies and unused SWAP Vaccine forms back into the immunization cart
- e. Wipe down work area with sanitizing wipes
- f. Pack up and return all completed documentation and items, including vaccines in a VeriCor monitored with a data logger, back to CCPH Main location.

B. Nurse Responsibilities (Upon return to CCPH Main location):

- a. Return vaccines to designated storage units as soon as possible.
 - I. Document final temperature and time vaccine removed from VeriCor on Vaccine Transport Temperature Log
- b. Store temp log in designated area.
 - I. Vaccine Transport Temperature Logs will be stored per ODH requirements and CCPH records retention policy.
- c. Unpack VeriCor
 - I. Put Glycol probe in refrigerator
 - II. Put VeriCor refrigerator inserts in the refrigerator
- d. Store VeriCor and bubble wrap in designated storage location
- e. Unpack and plug in laptop. Make sure it is turned off.
- f. Re-charge and return Hot Spot
- g. Return CCPH vehicle keys to designated location and mark on sign-out sheet
- h. Download data from USB DDL. See Lascar Electronics Data Logger Instructions
 - I. Reset data logger for next use
 - II. Store DDL in designated location

5. Documenting in EMR:



- A. The Nurse will submit the completed Adult Immunization Health History form to the Clinical Receptionist/Office Assistant (CR/OA) at CCPH by the end of the next business day.
- B. The CR/OA will schedule the patient in the EMR under the respective SWAP clinic and create a chart containing the Adult Immunization Health History form.
- C. The chart will be given to the Nurse to document the immunization visit in the EMR.
 - a. Nurse should select “Check In & Start Encounter.” After documenting the details listed below, the nurse should mark the patient as “Check Out”.
 - b. Nurse will document in all of the following sections (tabs) and mark each section as “Reviewed” once completed. Additional documentation may be needed to accurately reflect the patient’s medical history and/or reaction to the vaccine.
 - I. Chief Complaint/HPI:
 - a. Type in note detailing reason for visit- i.e., “Here for a Hepatitis B vaccine.”
 - b. Add Adult Immunization Visit template.
 - c. Historian- select “Self.”
 - d. Add Comment and sign name- i.e., “See scanned health history form in document manager.” A. Nurse RN.
 - i. The Adult Health History form should be used instead of completing the HPI questions in the Adult Immunization Clinic template in the EMR.
 - II. Medications/Allergies
 - a. Allergies:
 - i. Document allergies
 - ii. If applicable, check box for “No Known Allergies.”
 - b. Medications:
 - i. Document medications
 - ii. If applicable, check box for “Does not take Medications.”
 - III. History:
 - a. Social History
 - i. Vaccine Series Completed section
 1. Only evaluate for completed Hepatitis A and B series. Nurse only to check boxes if there is written documentation from an immunization record (i.e. ImpactSIIS) indicating the patient previously received a complete and valid series. Make a copy of the provided record and have it scanned into the document manager of the EMR.
 - b. Gynecological History (Females Only)
 - i. Document date of last menstrual period (LMP)- SAVE
 - ii. Special note: If there is a chance of or known pregnancy, educate patient about vaccination during pregnancy and

document in the education section. If patient is not established with a PCP or OB/GYN, provide resources for providers in the community (i.e., pamphlets for FQHC's)

IV. Immunization:

- a. Document all administered vaccines.
 - i. All required data fields should be completed.
- b. Ensure the VIS date is correct.
- c. Corrections made to documentation in this section may prevent the correct information from being transmitted into the patient's ImpactSIIS record.
 - i. It is the Nurse's responsibility to ensure that any corrections made in the EMR's immunization section, after saving, are properly uploaded into the patient's ImpactSIIS record.
 1. Discrepancies should be reported to the Director of Nursing (or designee) and/or Immunization Coordinator so corrections can be made.
 - ii. Wrong lot numbers (that have been saved) should be voided and then re-entered. Do not delete a lot number after it has been saved.

V. Treatment Plan

- a. Patient education
 - i. Notes: Document a note stating when patient is to return for follow-up vaccination. I.e., "Return in 6 months for second Hepatitis A vaccine," "Return in one month for second Hepatitis B vaccine," "Return as needed for flu vaccine." Also document any additional information provided.
 - ii. Check the following and all other applicable boxes.
 1. Assessed for any flu-like symptoms, including fever, cough, shortness of breath, body aches, headache or loss of taste or smell
 2. Vaccines administered under Standing Orders of the Medical Director
 3. Ohio ImpactSIIS
- b. Visit & Procedure Codes:
 - i. Check the following:
 1. Nurse Only Visit – 99211
 2. Immunization Administration – Adult – 90471
 3. Immunization Administration Each Additional – Adult – 90472 (if applicable)

VI. Diagnosis:

- a. Z23/V05.9 – Need for Vaccination



- c. There is a possibility that the patient was also treated by the Nurse Practitioner the same day that they received the immunization. In that case, the Adult Immunization Health History form will need to be scanned into EMR by the CR/OA. The Nurse will document the immunization(s) on the patient's record for the wound care visit. The record will be reviewed and closed by the Nurse Practitioner.
- D. Once documentation has been completed, the Nurse will run a Vaccine Report and give the chart, SWAP Clinic Tic sheet, and the vaccine report to the CR/OA.
- E. The CR/OA will give the chart to the Nurse Practitioner to review and close the records.
- F. Once the records are closed, the Nurse Practitioner will return the chart, Tic sheet, and the vaccine report to CR/OA for filing.
- G. The CR/OA will process the chart, including upload and verification.

REQUIRED TRAINING

- All Nurses functioning in the SWAP Immunization Clinic are required to complete the CDC You Call the Shots Module 10 – Storage and Handling Training annually. Training logs will be managed by the CCPH Immunization Coordinator. SWAP Immunization Clinic Nurses are also strongly encouraged to annually complete the CDC You Call the Shots Training Modules for Hepatitis A, Hepatitis B, Tdap, and Influenza.

TEMPERATURE EXCURSIONS AND DATA LOGGER ERRORS

- Every effort should be made to avoid temperature excursions. Routine monitoring of vaccine temperatures is essential to identify temperature excursions quickly and immediate action should be taken to correct them in order to prevent the loss of vaccine and the potential need to re-vaccinate a patient.
- Temperature excursions and data logger errors should be reported to the Immunization Coordinator and the Director of Nursing (or designee) as soon as reasonably possible.
- The vaccine should be quarantined in a unit (i.e., refrigerator) that is within the temperature requirements for the vaccine and any vaccine exposed to the excursion must be labeled "DO NOT USE" until the vaccine is cleared for use by ODH.
- Accurate data should be gathered by the Nurse managing the vaccine so that details can be reported to the Ohio Department of Health (ODH). The Immunization Coordinator, Nursing Supervisor, Director of Nursing (or designee) will be responsible for making sure the temperature excursion, Prob A errors, and other temperature monitoring errors are reported to ODH (**1-800-282-0546**) in a timely manner, as per the Ohio Department of Health (ODH) Adult Immunization Program Agreement.
 - **Prob A/Data Logger error:** A data logger indicating Prob A, three dashes (---), or a blank screen is considered a data logger temperature monitoring error. As soon as a Prob A is noted, the data logger data should be downloaded and saved. The data logger should be reset immediately and reconnected to the glycol so that continual monitoring can be restored.
 - **Out of range temps:** If the VeriCor is unable to maintain appropriate temperatures, every effort is to be made to get the vaccine back to an approved vaccine storage unit that is within temperature range as soon as possible. If an out-of-range temperature is noted, the nurse should increase the temperature monitoring frequency and documentation to every 15 minutes until the vaccines is returned to the normal temperature range.



STANDING ORDERS

- A copy of the most up-to-date signed standing order for the Medical Management of Vaccine Reactions in Adults in a Community Setting and standing orders for all individual vaccines being administered during the SWAP Immunization Clinic must be present onsite at time of vaccination. The Nurse is not permitted to deviate from the standing order. If clarification on patient eligibility is needed during the clinic, the Nurse may consult the CCPH Nurse Practitioner and/or the CCPH Medical Director.

Any questions or concerns about this process should be addressed with the individual’s immediate supervisor and/or the Director of Nursing (or designee).

F. CITATIONS & REFERENCES

[Vaccine Storage and Handling Toolkit](#)

[Recommended Adult Immunization Schedule for ages 19 years or older](#)

G. CNTRIBUTORS

The following staff contributed to the authorship of this document:

1. Sarah Thomas, Nursing Supervisor/Staff Nurse III
2. Sonya O’Brien, Staff Nurse II
3. Amanda Morningstar, MSN, APRN, FNP-C
4. Diane Thompson, Director of Nursing

H. APPENDICIES & ATTACHMENTS

Attachments:

- 200-032-01-F SWAP Vaccine Questionnaire
- 200-032-02-F Vaccine Transport Temperature Log
- 200-032-03-F SWAP Immunization Clinic TIC Sheet
- 200-032-04-F Adult Health History Form

I. REFERENCE FORMS

J. REVISION & REVIEW HISTORY

Revision Date	Review Date	Author	Notes

K. APPROVAL

This document has been approved in accordance with the “800-001-P Policy Development” procedure as of the effective date listed above.