

Influenza Vaccine Season

Operational Readiness Checklist

A step-by-step guide to prepare your practice for a smooth, well-organized flu season.

HOW TO USE THIS CHECKLIST

Work through each phase below. For every action, assign an Owner, set a Due Date, and check the box once complete. Sections follow the order you'll tackle them — from securing vaccine supply through launching patient communications. Finish with the Final Readiness Review to confirm everything is go before your first vaccination.

PRACTICE INFORMATION

PRACTICE NAME

FLU SEASON

COMPLETED BY

DATE STARTED

TARGET COMPLETION DATE

1 Vaccine Supply

DONE	ACTION	OWNER	DUE DATE
	Vaccine order confirmed	_____	_____
	Delivery schedule verified	_____	_____
	Backup ordering plan established	_____	_____

2 Storage & Equipment

DONE	ACTION	OWNER	DUE DATE
	Refrigerator/freezer temperatures verified	_____	_____
	Temperature monitoring reviewed	_____	_____
	Emergency storage/transport plan updated	_____	_____
	Vaccine loss procedures reviewed	_____	_____

3 Clinical Readiness

DONE	ACTION	OWNER	DUE DATE
	Current vaccine recommendations reviewed	_____	_____
	VIS and patient education materials available	_____	_____
	Standing orders reviewed/updated (if applicable)	_____	_____

4 Staff Training

DONE	ACTION	OWNER	DUE DATE
	Clinical staff training completed	_____	_____
	Front office workflow reviewed	_____	_____
	Billing staff coding updates reviewed	_____	_____

5 Scheduling & Operations

DONE	ACTION	OWNER	DUE DATE
	Vaccine clinic schedule finalized	_____	_____
	Appointment templates updated	_____	_____
	Walk-in process established (if offered)	_____	_____

6 Inventory & Billing

DONE	ACTION	OWNER	DUE DATE
	Inventory tracking process confirmed	_____	_____
	Vaccine administration codes reviewed	_____	_____
	Payer reimbursement updates reviewed	_____	_____

7 Patient Communication

DONE	ACTION	OWNER	DUE DATE
	Website/portal updated	_____	_____
	Patient reminder campaign scheduled	_____	_____
	Staff FAQs reviewed	_____	_____

8 Emergency Planning

DONE	ACTION	OWNER	DUE DATE
	Backup power plan reviewed	_____	_____
	Manufacturer/distributor contact information verified	_____	_____

FINAL READINESS REVIEW

Confirm all items below are complete before beginning vaccinations:

Vaccine shipment received and stored correctly

Staff training completed

Scheduling ready to begin vaccinations

Billing and coding verified

Patient communications released

Inventory tracking operational

Emergency procedures reviewed

READY TO LAUNCH? ALL BOXES ABOVE MUST BE CHECKED. SIGN OFF BELOW WHEN CONFIRMED.

REVIEWED & APPROVED BY

DATE

NOTES / FOLLOW-UP ACTIONS

#	ITEM	OWNER	TARGET DATE	RESOLVED
1				
2				
3				
4				