



# Pharmacist Spotlight: Vaccination Safety

Healthcare Providers Service Organization (HPSO), in collaboration with CNA, has published our *Pharmacist Professional Liability Exposure Claim Report: 3rd Edition*. The report includes statistical data and case scenarios from CNA claim files that closed between January 2017 and December 2022, along with information on risk management resources designed to help pharmacists reduce their professional liability exposures and improve patient safety.

You may access the complete report, and additional Risk Control Spotlights, at: [hpso.com/pharmacistclaimreport](https://hpso.com/pharmacistclaimreport).

A pharmacist's core responsibilities include safely dispensing and/or administering medications and vaccines. In this publication, we will discuss **Vaccination Safety** and risks associated with vaccine administration.

In today's healthcare environment, it can be challenging for pharmacists to stay abreast of any changes to federal and state recommendations, guidance, and regulations that affect their practice, especially when it comes to vaccinations. This can be especially arduous if the pharmacist practices in multiple states with differing regulations.

The American Pharmacists Association (APhA) states that the safe distribution of medications to patients, either by dispensing or filling medications or prescription orders, remains a core function of pharmacy practice (Pharmacist Impact on Patient Safety, p. 2). The minimum standard by which a pharmacist practices is to ensure the right dose of the right drug reaches the right patient at the right time by the right route, and this also applies to administering vaccinations.

## Authority to Vaccinate

In the United States, pharmacists have the authority to vaccinate patients. However, this authority varies and is governed by state law, state boards of pharmacy (SBOP), and medical boards/associations and may reference Centers for Disease Control and Prevention (CDC) / Advisory Committee on Immunization Practices (ACIP) guidelines. For many decades the CDC and ACIP were considered the leading resource on vaccines and vaccine-specific recommendations. However, with recent changes in the vaccine-specific recommendations by the CDC and ACIP, many states, medical boards, and healthcare associations are now referencing other resources, such as the American Academy of Pediatrics, American Academy of Family Physicians, and American Pharmacists Association.

Regardless of the vaccine-specific resource used, a pharmacist should check with their SBOP and state immunization protocol prior to administering a vaccine with consideration of the following:

- Which vaccines may a pharmacist administer (e.g., influenza, COVID 19, HPV, shingles, pneumococcal, travel vaccines)?

- Is there an age limit for patients to receive a vaccine from a pharmacist (e.g.,  $\geq 3$  years for flu,  $\geq 7$  years for others, adults only, etc.)?
- Can pharmacy interns and /or pharmacy technicians administer vaccinations under a pharmacist's supervision?
- Does a patient need a prescription for the vaccination or can the vaccination be administered under:
  - Standing orders / protocols.
  - Independent prescribing authority (fewer states).
  - Collaborative agreements.

While sources may differ in vaccine-specific recommendations, the best way for a pharmacist to discuss the need for or against receiving a vaccine is through a conversation with the patient, known as shared clinical decision-making (SCDM). The SCDM should be a conversation between the pharmacist and patient about a vaccine, including the benefits and risks of vaccination, in which the patient is centered in the decision-making process.

Most healthcare providers, especially pharmacists, already counsel patients about various healthcare related treatments, procedures, medications and recommendations. The difference with SCDM is that it is a process in which the pharmacist works with a patient to make healthcare decisions, balancing evidence-based, clinical options with the patient's personal values, goals, and preferences. SCDM ensures patients are well-informed about risks and benefits and can lead to an active partnership in which both the pharmacist and patient contribute to the decision-making process. For additional information on the SCDM process, visit the website [Common Health Coalition](#).

Despite the complexities of deciding which vaccine-specific recommendations to follow, pharmacists must distribute and administer medications to patients safely. Failure to do so can lead to medication errors, which can lead to patient injuries as well as significant professional liability exposure for pharmacists as seen in the *Pharmacist Professional Liability Exposure Claim Report: 3rd Edition* referenced below.

## Liability Related to Vaccination Errors

In the *Pharmacist Professional Liability Exposure Claim Report: 3rd Edition*, allegations related to vaccination errors were noted both in the professional liability and license defense analysis sections.

Overall, vaccination-related errors involved an insured pharmacist administering the wrong vaccine. However, vaccination error allegations also involved inadequate documentation and fraudulent billing.

In the license defense analysis, allegations related to vaccination errors against insured pharmacists comprised 2.5 percent of all pharmacist license defense matters (**Figure 20**). Most of these allegations involved pharmacists mistakenly administering the wrong brand of COVID-19 vaccine or administering COVID-19

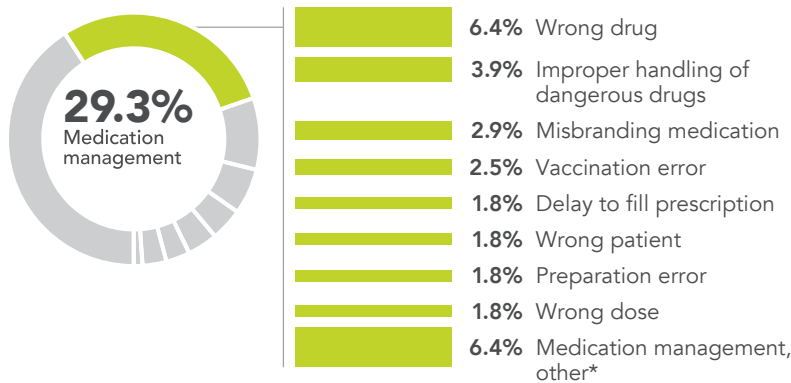
vaccines that had expired. A few vaccination errors involved the pharmacist administering the wrong vaccine, or using an improper or unsafe technique while administering a vaccine, as highlighted in the following example:

- A teenage patient and her mother presented to a large chain pharmacy to obtain flu vaccines. The insured pharmacist was the only pharmacist on duty, and the pharmacy was busy with patients and other pharmacy customers. As she was about to administer the vaccine to the teenage patient, the pharmacist was momentarily distracted by another customer and accidentally poked the teenager twice with the syringe. This angered the mother, who promptly left the pharmacy with her daughter without receiving their vaccines. The mother reported the pharmacist to the Board. The Board ultimately issued a private warning letter against the pharmacist. The expenses incurred to defend the pharmacist in this matter were less than \$1,000.

While some medication errors can be attributed to human error, human error is often the result of poorly designed systems. Pharmacies must not only implement systems and procedures that support safe medication dispensing, but they also must proactively identify and address any barriers or systemic issues that may encourage staff to deviate from accepted practices, such as dispensing or administering medications in an area that is prone to distractions. In their role, pharmacists are accountable for their actions and the medications that they dispense and administer. Therefore, they must apply safety practices appropriately and consistently.

Reviewing an organization's operational and workflow guidelines for vaccination administration can help in maximizing medication safety processes and minimizing professional liability exposures for pharmacists.

## 20 Allegations Related to Medication Management



\* Other allegations in the medication management category, which comprise <2% of all license defense matters in the 2023 dataset, include labeling error, administration error, dispensing expired medications, failure to identify allergy, failure to communicate change to generic drug, equipment use error, failure to report medication error as required by policy or law, and other/unknown prescription filling errors.

In their role, pharmacists are accountable for their actions and the medications that they dispense and administer.



## Operational and Workflow Guidelines

A focus on appropriate operational and workflow guidelines may help to minimize medication errors and professional liability exposures. Consider the following operational and workflow efficiencies:

- Establishing appointment-based and walk in policies for service provision (time blocks, staffing)
- Utilizing counseling rooms or private areas for injections, when possible
- Ensuring the privacy of protected health information (PHI) during screening and documentation
- Applying appropriate billing practices including:
  - The use of appropriate medical (e.g., CPT) and pharmacy billing codes
  - Understanding differences between Medicare Part B (e.g., flu, pneumococcal) vs Part D, state Medicaid, and commercial plans
- Implementing quality improvement processes that include:
  - Tracking vaccination rates, missed opportunities, and errors
  - Regularly reviewing processes after near misses or incidents
- Conducting training and assessing competencies for pharmacists and (where allowed) interns/technicians that require:
  - Completion of an Accreditation Council for Pharmacy Education (ACPE) accredited immunization training program.
  - Maintaining CPR certification (BLS) where required
  - Completion of continuing education on immunizations, if required by state or employer
  - Initial and periodic competency assessments (injection technique, documentation, emergency response, among others)
  - Completion of an APhA's program on [Pharmacy-Based Immunization Administration by Pharmacy Technicians](#) (additional training on immunizations, vaccination safety and other APhA resources can be found at: [Immunization Center](#))
- Maintaining and storing vaccine products, employing first-in first-out (FIFO) and best practice storage methodologies.
  - Confirm current product availability and formulations before ordering/using.
- Addressing special patient populations to include:
  - Pregnancy. Prefer inactivated vaccines; avoid most live vaccines.
  - Immunocompromised patients. Extra caution with live vaccines; follow specific evidence-based recommendations and guidelines.

- Pediatrics. Follow age appropriate schedules and combination products; pay close attention to minimum ages and administration intervals.
- Travel and specialty vaccines. Some require special certification (e.g., Yellow Fever) or may not be permitted under state pharmacy laws.
- Vaccination recommendations and guidelines. Use current evidence-based recommendations and guidelines and product-specific age indications.

## Recap

Although it may be difficult to prevent professional liability claims and licensing board complaints from being filed, pharmacists can implement risk reduction strategies in their practice to minimize risk exposures. A pharmacist can begin by following basic risk management principles, including consistent adherence to state practice acts and organizational policies and procedures, proactively obtaining professional education and training to maintain clinical competencies, and accurate documentation.

Medication safety and access are critical elements of the broad range of healthcare services provided by pharmacy professionals. Pharmacists occupy an essential role in the medication administration pathway that begins with a provider prescribing a medication and ends with patient receipt of the medication. Their involvement in the medication pathway/process is why pharmacists play a major part in preventing a medication error reaching the patient.

When it comes to vaccination safety, if a pharmacist becomes complacent with safety checks, normalizes disruptions/distractions during medication administration process, and allows staff to work beyond their competency level, not only is there an increased risk to the pharmacist professionally, but also an increased risk of a patient being harmed.

Below is a self-assessment checklist that can be utilized by pharmacists to identify professional risk areas where improvement may be needed.

### PHARMACIST SPOTLIGHTS ON RISK MANAGEMENT

For case studies, risk control strategies and more, see additional Pharmacist Spotlights related to:

- [Defending Your License](#)
- [Documentation](#)
- [Safety Culture](#)
- [Policies and Procedures](#)
- [De-escalation and Crisis Management](#)
- [Workplace Issues and Well-being](#)

Visit [www.hpso.com/pharmacistclaimreport](http://www.hpso.com/pharmacistclaimreport)

## Self-Assessment Checklist

This resource is designed to help pharmacists, pharmacies evaluate the professional liability exposures associated with management and administration of vaccines. For additional risk control tools and information see [www.hpsso.com](http://www.hpsso.com).

RISK CONTROL MEASURES	
A. General Clinical Standards	COMMENTS/ACTION PLANS
<p>Pharmacies are expected to follow state and federal guidelines for immunizations including:</p> <ul style="list-style-type: none"> <li>• Utilizing standard screening forms to check:               <ul style="list-style-type: none"> <li>- Allergies (especially to vaccine components, e.g., yeast, neomycin, eggs for certain vaccines)</li> <li>- Pregnancy status for live vaccines and when to receive RSV</li> <li>- Immunocompromising conditions.</li> <li>- Previous serious reactions (anaphylaxis, Guillain–Barré, where applicable)</li> </ul> </li> <li>• Obtaining informed consent (signed or documented per state/organization policy)</li> <li>• Providing vaccine information statements (VIS) in the appropriate language before vaccination. Offering to discuss VIS and answer questions before vaccination.</li> <li>• Handling of vaccines and storage to include:               <ul style="list-style-type: none"> <li>- Following cold chain requirements:                   <ul style="list-style-type: none"> <li>- Maintaining recommended temperature ranges for refrigerators and freezers.</li> <li>- Using calibrated data logging thermometers.</li> <li>- Documenting daily (often twice daily) temperatures and responding to excursions.</li> <li>- Separating and clearly labeling vaccine products</li> <li>- Promptly removing expired vaccines and returning/disposing of properly</li> <li>- Quarantined / “do not use” stock</li> <li>- Rotate stock (first-expire, first-out) and keep up to date inventory logs.</li> </ul> </li> </ul> </li> <li>• Administration technique to include correct:               <ul style="list-style-type: none"> <li>- Route (IM vs SC vs intranasal vs oral)</li> <li>- Needle size and injection site by age/weight</li> <li>- Verification of patient identity with at least two identifiers.</li> <li>- Maintaining aseptic technique and proper hand hygiene</li> <li>- Storing sharps container out of reach of pediatric patients and replacing once full level hit (i.e., do not overfill)</li> <li>- Observing patients for at least 15 minutes post vaccination (30 minutes if history of anaphylaxis).</li> </ul> </li> </ul>	
B. Safety and Emergency Preparedness	COMMENTS/ACTION PLANS
<p>Pharmacy vaccination guidelines should include how to respond to an allergic or anaphylaxis reaction post vaccination.</p> <ul style="list-style-type: none"> <li>• A written emergency protocol for anaphylaxis. If vaccinations are given on-site and offsite, the guideline should include how to respond in each setting.</li> <li>• To meet state requirements, the emergency kit should be immediately available when administering vaccinations and all items within the kit should be in-date. If vaccinations are administered offsite, a separate kit should be prepared and taken with the vaccination team for offsite use.</li> <li>• Despite their intended location, emergency kits should be scheduled for regular checks to verify items that have expired and replaced with items that are in-date.</li> <li>• Along with their scheduled checks, offsite emergency kits should be checked before leaving the onsite location to ensure all needed items are included and within date.</li> </ul>	

<b>B. Safety and Emergency Preparedness</b>	<b>COMMENTS/ACTION PLANS</b>
<ul style="list-style-type: none"> <li>• Items that should be included in any emergency kit: <ul style="list-style-type: none"> <li>- Quick consult guide for weight and age-based dosing of diphenhydramine and epinephrine</li> <li>- Ammonia inhalant capsules for fainting</li> <li>- Oral (liquid with dosing device and tablet forms) and injectable diphenhydramine</li> <li>- Epinephrine, either as a prefilled autoinjector (most common) or ampoules or vials for dilution (rarely found in emergency kits given the wide-spread availability of prefilled autoinjectors)</li> <li>- Syringes and needles for diphenhydramine or epinephrine</li> <li>- Pocket masks for rescue breathing</li> <li>- Blood pressure cuff, stethoscope, and timing device</li> <li>- General first aid items (nitrile gloves, adhesive bandages, sterile gauze/swabs, medical tape, hand sanitizer)</li> <li>- CPR certified staff on duty (or rapidly available), per state/employer policy</li> <li>- Staff training and annual refreshers in: <ul style="list-style-type: none"> <li>- Recognizing and managing vaccine reactions</li> <li>- Proper documentation and reporting</li> </ul> </li> </ul> </li> </ul> <p>Additional information on the medical management of vaccine reactions can be found at: <a href="https://www.immunize.org/wp-content/uploads/catg.d/p3082.pdf">https://www.immunize.org/wp-content/uploads/catg.d/p3082.pdf</a> (adults) and <a href="https://www.immunize.org/wp-content/uploads/catg.d/p3082a.pdf">https://www.immunize.org/wp-content/uploads/catg.d/p3082a.pdf</a> (children/teens)</p>	
<b>C. Documentation and Reporting</b>	<b>COMMENTS/ACTION PLANS</b>
<p>Pharmacists must document:</p> <ul style="list-style-type: none"> <li>• Vaccine name, manufacturer, lot number, expiration date</li> <li>• Date and time administered</li> <li>• Dose, route, site</li> <li>• Name and credentials of the vaccinator</li> <li>• VIS edition date and date provided to patient</li> <li>• Any adverse reactions and actions taken</li> <li>• Also important: <ul style="list-style-type: none"> <li>- Report doses to the state Immunization Information System (IIS) as required (many states specify reporting for most vaccines)</li> <li>- Report serious adverse events to VAERS (Vaccine Adverse Event Reporting System), especially events that are: <ul style="list-style-type: none"> <li>- Life threatening, result in hospitalization, disability, or death, or</li> <li>- Listed as reportable by CDC/FDA and manufacturer</li> </ul> </li> </ul> </li> </ul>	

**REFERENCES & ADDITIONAL RESOURCES**

- American Pharmacists Association. (2025). Pharmacists’ Impact on Patient Safety. Available at: [https://www.pharmacist.com/Portals/0/PDFS/Practice/PharmacistsImpactonPatientSafety\\_Web.pdf?ver=dYeAzwlN3-PG9eSkMMsV-A%3D%3D](https://www.pharmacist.com/Portals/0/PDFS/Practice/PharmacistsImpactonPatientSafety_Web.pdf?ver=dYeAzwlN3-PG9eSkMMsV-A%3D%3D)
- American Pharmacists Association. (2025) Oath of a Pharmacist. Available at: <https://www.pharmacist.com/About/Oath-of-a-Pharmacist>
- American Pharmacists Association. (2025). Is a pharmacists' authority to order vaccines currently tied to ACIP? Available at: <https://vaccineconfident.pharmacist.com>
- Hogue MD, Foster S, Rothholz MC. Shared clinical decision making on vaccines: Nothing has really changed for pharmacists. J Am Pharm Assoc (2003). 2020 Nov-Dec;60(6):e91-e94. doi: 10.1016/j.japh.2020.06.027. Epub 2020 Jul 27. PMID: 32732103; PMCID: PMC7384787.



A portion of this information was excerpted from HPSO and CNA's full report, *Pharmacist Professional Liability Exposure Claim Report: 3rd Edition*. [hpso.com/pharmacistclaimreport](https://www.hpso.com/pharmacistclaimreport)



151 North Franklin Street  
Chicago, IL 60606  
1.866.262.0540  
[www.cna.com](https://www.cna.com)



1100 Virginia Drive, Suite 250  
Fort Washington, PA 19034  
1.800.982.9491  
[www.hpso.com](https://www.hpso.com)

In addition to this publication, CNA and Healthcare Providers Service Organization (HPSO) have produced numerous studies and articles that provide useful risk control information on topics relevant to pharmacists, as well as information relating to pharmacist insurance, at [www.hpso.com](https://www.hpso.com). These publications are also available by contacting CNA at 1.866.262.0540 or at [www.cna.com](https://www.cna.com).

The information, examples and suggestions presented in this material have been developed from sources believed to be reliable as of the date they are cited, but they should not be construed as legal or other professional advice. CNA, Aon, Affinity Insurance Services, Inc., NSO, or HPSO accepts no responsibility for the accuracy or completeness of this material and recommends the consultation with competent legal counsel and/or other professional advisors before applying this material in any particular factual situations. This material is for illustrative purposes and is not intended to constitute a contract. Please remember that only the relevant insurance policy can provide the actual terms, coverages, amounts, conditions and exclusions for an insured. All products and services may not be available in all states and may be subject to change without notice. Certain coverages may be provided by a surplus lines insurer. Surplus lines insurers do not generally participate in state guaranty funds, and insureds are therefore not protected by such funds. The claims examples are hypothetical situations based on actual matters. Settlement amounts are approximations. Certain facts and identifying characteristics were changed to protect confidentiality and privacy. Any references to non-CNA, non-Aon, AIS, NSO, and HPSO websites are provided solely for convenience, and CNA, Aon, AIS, NSO and HPSO disclaim any responsibility with respect to such websites.

"CNA" is a registered trademark of CNA Financial Corporation. Certain CNA Financial Corporation subsidiaries use the "CNA" trademark in connection with insurance underwriting and claims activities. This material is not for further distribution without the express consent of CNA. Copyright © 2026 CNA. All rights reserved. Healthcare Providers Service Organization is a registered trade name of Affinity Insurance Services, Inc.; (TX 13695); (AR 100106022); in CA, MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services, Inc.; in CA, Aon Affinity Insurance Services, Inc., (CA 0G94493), Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY, AIS Affinity Insurance Agency.

Healthcare Providers Service Organization is a registered trade name of Affinity Insurance Services, Inc., an affiliate of Aon Corporation. For more information about HPSO, or to inquire about professional liability insurance for allied healthcare professionals, please contact HPSO at 1.800.982.9491 or visit HPSO online at [www.hpso.com](https://www.hpso.com).

X-RX-SL-VS-0426