

## Routine and Emergency Vaccine Handling Plans TEMPLATE

|                              |                                  |
|------------------------------|----------------------------------|
| <b>Practice Name:</b> _____  | <b>PIN:</b> _____                |
| <b>Effective Date:</b> _____ | <b>Annual Review Date:</b> _____ |
| <b>Approved By:</b> _____    |                                  |

These are guidelines to follow in developing routine and emergency vaccine handling plans. They should be posted near your storage unit or where they can be easily accessed in case of an emergency. All office staff, including the janitor and security guard, should know the standard procedure to follow and where/how the individual vaccines are to be stored.

### **Routine Vaccine Handling/Storage Plan**

- ☐ Designate two people responsible for routine vaccine storage and security (keep current as staff changes):

Primary Person: \_\_\_\_\_ Title: \_\_\_\_\_

Secondary Person: \_\_\_\_\_ Title: \_\_\_\_\_

- ☐ Vaccine ordering will be done every \_\_\_\_\_ or on the \_\_\_\_\_ day of each month.

Primary Person: \_\_\_\_\_ Title: \_\_\_\_\_

Secondary Person: \_\_\_\_\_ Title: \_\_\_\_\_

- ☐ Maintain proper temperature for storage of vaccine:

| Unit         | Fahrenheit (F) | Celsius (C)     |
|--------------|----------------|-----------------|
| Refrigerator | 35° - 46°F     | 2° - 8°C        |
| Freezer      | 5°F or colder  | -15°C or colder |

- ☐ Monitor temperatures and record twice a day: morning and evening. (See Temperature Log)
- ☐ Maintain ongoing file of temperature logs. Keep for at least three years. Immediately take action if you mark out of range. Document what was done to ensure vaccine viability as well as action taken to establish proper temperatures on the temperature log.
- ☐ Immediately unpack received vaccines and store at proper temperature.
- ☐ Label VFC vaccines and store separately from private stock.
- ☐ Conduct monthly inventory counts.
- ☐ Store and rotate vaccines according to expiration dates and use vaccines with the shortest expiration dates first.
- ☐ If vaccines are within 90 days of expiration and will not be used, contact the Chicago VFC Program.
- ☐ Check the unit doors to ensure they are closed and, if possible, locked.
- ☐ Place "DO NOT UNPLUG" stickers next to outlet and circuit breakers.
- ☐ Use safety outlet covers where possible.
- ☐ Advise maintenance and cleaning personnel not to unplug refrigerator/freezer units.
- ☐ If VFC vaccine is expired, wasted or spoiled: contact the Chicago VFC Program, complete the "Vaccine Return and Transfer" form and return vaccine to McKesson in a McKesson shipper.

### **Emergency Vaccine Handling/Storage Plan**

- ☐ Designate two people responsible for emergency vaccine storage and security (keep current as staff changes):

Primary Person: \_\_\_\_\_ Title: \_\_\_\_\_

Secondary Person: \_\_\_\_\_ Title: \_\_\_\_\_

- ☐ How will designated personnel be contacted in vaccine storage emergency? (ie: phone, alarm, etc)
- ☐ These people have 24-hour access to storage units storing vaccines:

| Name | Title | Contact Information |
|------|-------|---------------------|
|      |       |                     |
|      |       |                     |
|      |       |                     |

- ☐ Steps to follow for proper handling and storage of vaccines to protect them from becoming spoiled. (How to pack and move vaccines)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

- ☐ Designate alternative storage units and facilities (back-up refrigerator, fire dept., hospital, another provider).

| Alternate Location | Contact Person | Address & Telephone# |
|--------------------|----------------|----------------------|
|                    |                |                      |
|                    |                |                      |

- ☐ Procedures that the designated personnel should follow to access alternative units and facilities.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

- ☐ Designate a refrigerator/freezer repair company to contact for equipment problems.

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

- ☐ Record the following information on each refrigerator/freezer unit.

Brand: \_\_\_\_\_

Model #: \_\_\_\_\_

Serial #: \_\_\_\_\_

**NOTE: CDPH VFC Program staff will ask for a copy of the clinic's vaccine storage & handling plans during on-site visits.**