

Routine Vaccine Storage and Handling Plan

Vaccine Coordinators

Vaccine Coordinators			
Vaccine Coordinators	Name/Title	Telephone	Email
Primary			
Back-up			

Vaccine Coordinators' Routine Roles and Responsibilities

Check all that apply	Primary	Backup	Coordinators' Notes
Vaccine ordering			
Receives vaccine shipment			
Inventory Control (e.g. stock rotation, funding source label, wastage response)			
Monitoring temperatures Refrigerator (35-46°F) 2-8°C Freezer (-58-+5°F) 50--15°C			Temperatures documented x2 daily with monthly temperature log submission to KIP. Circuit Breaker located _____ (label "Do not Turn Off")
Reconciliation Report			Closed Monthly
Thermometer calibration certificate-in use			Name _____ Recalibration Date _____
Thermometer calibration certificate- backup			Name _____ Recalibration date _____ Stored _____

Resource Contact List

Resources	Name	Telephone	Email
Local Health Department			
Kansas Immunization Program			
Electric Power Company			
Generator Repair Company			
Refrigerator Repair Company			
Freezer Repair Company			
Thermometer Manufacturer Company			

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Vaccine temperatures must be monitored with a certified calibrated thermometer at all times and location.

Vaccine Emergency Response Plan

Vaccine Emergency Response Plan			
Location vaccine transported to:	Location Address	Contact person	Telephone

Transport Supplies

Transport Supplies			
Supplies	Location	Contact person	Telephone
Qualified transport containers			
Coolant packs			
Calibrated temperature monitoring devices for transport			

In case of a power failure or an event that results in vaccine being stored outside of recommended temperature ranges

1. **Secure the door**
2. **Keep vaccine in the unit.**
3. **Quarantine vaccine and label "Do Not Use".**
4. **Document vaccine antigens, manufacturer and expiration date.**
5. **Document date and time of the vaccine emergency event, how long the temperatures were out of range and the extreme temperature reading.**
6. **Transport vaccine to designated vaccine emergency response vaccine storage unit**
7. **Vaccine temperatures must be monitored with a certified calibrated thermometer at all times in an appropriate storage unit or qualified shipping container.**
8. **Notify Kansas VFC Immunization Program (KIP)**
9. **Obtain documentation of manufacturer guidance that determined the vaccine was viable.**
10. **Submit to KIP a summary of the event and corrective action taken**
11. **Complete and submit a wastage report to KIP**
12. **Vaccine doses wasted due to avoidable waste will be replaced by the provider with private vaccine on a dose for dose basis.**

Vaccine Storage and Handling Policies and Procedures must be reviewed no less than **annually** or when changes have been made to the plan. Verification that this has been done documents must be signed and dated. Keep the documents on file for up to 3 years past the effective date.

I verify that the above Vaccine Storage and Handling Worksheet with the Emergency Response Plan have been reviewed for accuracy. Signature _____ Date _____