

## Vaccine Storage and Handling Plan with Emergency Response Plan

Vaccine Coordinators			
Vaccine Coordinators	Name/Title	Telephone	Email
Primary			
Back-up			
VFC Contact's Routine Roles and Responsibilities			
Which contact is responsible for each duty	Primary	Backup	Details of process
Vaccine ordering			
Receives vaccine shipment			
Inventory Control (e.g. stock rotation, funding source label, dose count, wastage response)			
Monitoring temperatures: Refrigerator: 2°C through 8°C, Freezer: -50°C through -15°C. Document minimum/maximum temperatures daily, current temperatures 2 times per day. Document time of day and initials of person reading temperatures			
Location of vaccine storage unit's circuit breaker			
Name of Primary Thermometer _____ Recalibration Date _____ Certificate is Stored _____			
Name of Primary Thermometer _____ Recalibration Date _____ Certificate is Stored _____			
Clinic has multiple thermometers. Certificates of calibration can be found in the following location: _____			
Name of Backup Thermometer _____ Recalibration Date _____ Certificate is Stored _____			
Where Backup Thermometer is Stored _____			

Vaccine Emergency Response Plan			
Name and Address of location where vaccine will be transported to:	Storage unit identification Notes	Contact person	Telephone
Transport Supplies			
Supplies	Location	Contact person	Telephone
Qualified transport containers			
Conditioned water bottles			
Calibrated temperature monitoring devices for transport			

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

1. Secure the door and keep vaccine in the unit.
2. Quarantine vaccine and label "Do Not Use."
3. Notify the Regional Immunization Consultant or Consultant On-Call at 785-296-5592.
4. Complete the Provider Temperature Excursion Worksheet, which is located in the KIP Vaccine Policy and Procedure Manual.
  - Document vaccine antigens, manufacturer and expiration date that were involved.
  - Document date and time of the temperature excursion, how long the temperatures were out of range and the extreme temperature reading (highest and lowest reading).
  - Contact Vaccine Manufacturers to report the temperature excursion and obtain manufacturer written guidance attesting the integrity of the vaccine. See Temperature Excursion Worksheet for guidance.
  - Submit the completed Provider Temperature Excursion Worksheet and required supporting documentation to the Regional Immunization Consultant.
5. Do not leave vaccine in a malfunctioning unit for an extended amount of time. Activate the Emergency Response Plan and transport vaccine to the designated backup storage unit, if appropriate.
6. Vaccine temperatures must be monitored with a certified, calibrated thermometer at all times in an appropriate storage unit or qualified shipping container.
7. If there is vaccine loss, the vaccine should be reported in KSWebIZ within 72 hours and a Vaccine Return Label should be obtained. Follow instructions from the KSWebIZ manual.
8. Vaccine loss due to avoidable waste are required to be replaced by the provider with private vaccine on a dose-for-dose basis. The Regional Immunization Consultant will provide guidance to providers, as appropriate.

**Resource Contact List**

Resource Contact List			
Resources	Name	Telephone	Email
Local Health Department			
Regional Immunization Consultant			
Electric Power Company			
Generator Repair Company			
Refrigerator Repair Company			
Freezer Repair Company			
KIP-Supplied DDL Manufacturer Company	Berlinger, Inc. Jim Lawrence	508-366-0084	Jim.lawrence@berlinger.com
Backup Thermometer Manufacturer Company			

Vaccine Storage and Handling Policies and Procedures must be reviewed annually or when changes have been made to the plan. Additional instructions may accompany this document to support staff regarding details of the Emergency Response Plan. All documents within the plan must be signed and dated by the Medical Director and/or the Primary Vaccine Coordinator. Keep these documents on file for at least 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. Post on the front of the vaccine storage unit.

Signature \_\_\_\_\_ Date \_\_\_\_\_