Emergency Vaccine Relocation Plan
TEMPLATE

Provider Name:_____

Date:_____

Person Completing Form:_____

These are guidelines to follow in developing routine and emergency vaccine storage and 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 maintenance, cleaning, and security staff, should know the standard procedure to follow, and where/how the individual vaccines are to be stored.**

Routine Vaccine Storage/Handling Plan

- ❑ Designate two people responsible for routine vaccine storage and security (update 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 daily for each unit containing state-supplied vaccine.
- ❑ Immediately take action if temperatures are out of range. On the temperature log, document what was done to ensure vaccine viability as well as action taken to establish and maintain proper temperatures.
- ❑ Keep temperature logs on file for at least three years.
- ❑ Immediately unpack vaccine shipments, check the temperature monitors, and store at proper temperature.
- ❑ Label VFC and state-supplied 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, arrange for provider-to-provider transfers. Fill out a “Vaccine Transfer Form” and fax to the NDDoH.
- ❑ 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: complete the “Vaccine Return and Wastage” form, fax one copy to the NDDoH, and place one copy with the vaccine and return to McKesson.

Emergency Vaccine Relocation Plan

- ❑ Designate two people responsible for emergency vaccine storage and security (update 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 storage and handling 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: NDDoH staff will ask for a copy of your clinic's vaccine storage & handling plan, including relocation policy, during on-site visits.