

Provider Name: _____

PIN: _____

These guidelines 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

- Personnel responsible for routine vaccine storage and security (update as staff changes):

PRIMARY VACCINE COORDINATOR: _____

BACKUP VACCINE COORDINATOR: _____

BACKUP VACCINE COORDINATOR: _____

- Vaccine ordering will be done on the following basis (choose one):

Monthly

Every other month

Quarterly

As needed

- Maintain proper temperature for storage of vaccine:

Refrigerator	35° - 46° F	2° - 8° C
Freezer	+5° F or colder	-15° C or colder

- Use certified, calibrated thermometers to monitor temperatures and record twice daily (beginning and end of clinic/office day) for each unit containing state-supplied vaccine. Certificates of calibration must be made available to the NDDoH upon request.

- 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.

- Procedure for receiving vaccine shipments:

VACCINE IS RECEIVED BY: _____

Vaccine shipments are immediately unpacked, enclosed temperature monitors are checked, and the enclosed invoice/shipping information is compared to the actual shipment to verify lot numbers and expiration dates. Immediately move vaccine to proper cold storage unit.

- Label VFC and state-supplied vaccines and store separately from private stock.

- Monthly inventory counts are conducted on the _____ day of the month.

- 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. **Vaccine that is transferred must be kept at acceptable temperatures at all times during transport.**

- The following actions are done to ensure the safety of the vaccine supply:

- Dorm-style refrigerators or combination units with a single external door are not used for vaccine storage.
- Check the unit doors to ensure they seal properly, are closed and, if possible, locked.
- "DO NOT UNPLUG" signs are placed next to electrical outlets and circuit breaker.
- Safety outlet covers or plug covers are placed where possible.
- Maintenance and janitorial personnel are advised not to unplug refrigerator/freezer units.

- If VFC vaccine is expired, wasted or spoiled: complete the "Non-Viable Vaccine Return and Wastage" form. Procedures for wasting/returning state-supplied vaccine are detailed on wastage form.

Emergency Vaccine Relocation Plan

Personnel responsible for emergency vaccine storage and security (update as staff changes):

PRIMARY EMERGENCY CONTACT: _____

BACKUP EMERGENCY CONTACT: _____

BACKUP EMERGENCY CONTACT: _____

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. _____

Designated alternative storage units or facilities (back-up refrigerator, fire dept., hospital, other provider):

ALTERNATE UNIT/LOCATION	CONTACT PERSON	ADDRESS & TELEPHONE #

Procedures that the designated personnel should follow to access alternative units or facilities:

1. _____
2. _____
3. _____

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

Company Name: _____

Contact Information: _____

Record the following information on each refrigerator/freezer unit:

Brand: _____ Brand: _____ Brand: _____

Model #: _____ Model #: _____ Model #: _____

Serial #: _____ Serial #: _____ Serial #: _____

NOTE: NDDoH staff will ask for a copy of your clinic’s vaccine storage & handling plan, including relocation policy, during on-site visits. This plan must be reviewed at least annually and updated as staff and procedures change.