NORTH DAKOTA
DEPARTMENT of HEALTH

Vaccine Management Plan Template

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: _____PHONE: _____

  BACKUP VACCINE COORDINATOR: _____PHONE: _____

  BACKUP VACCINE COORDINATOR: _____PHONE: _____

- ❑ 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	36° - 46° F	2° - 8° C
Freezer	+5° F to -58° F	-15° C to -50° C

- ❑ 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.
- ❑ Weekly inventory counts and vaccine rotation is conducted on _____ (day of the week)
- ❑ 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. If vaccine is shipped, providers must use a qualified pack out container that can guarantee to maintain temperatures. If vaccine is driven it must be packed to maintain the cold chain, never be placed in the trunk or left unattended. Continuous recording thermometers must be placed in coolers for both types of transport. Temperature data should be reviewed as soon as the vaccine gets to its destination to ensure no temperature deviations happened 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 the doses should be entered into NDIIS as a vaccine return. All doses must be sent back to McKesson within six months of spoilage.

Emergency Vaccine Relocation Plan

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

PRIMARY EMERGENCY CONTACT: _____ PHONE: _____

BACKUP EMERGENCY CONTACT: _____ PHONE: _____

BACKUP EMERGENCY CONTACT: _____ PHONE: _____

- ❑ 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 #: _____

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- ❑ Utility or power company

  Company Name: _____

  Contact Information:_____

- ❑ Vaccine storage unit alarm company (if applicable)

  Company Name: _____

  Contact Information:_____

- ❑ Sources of packing materials and calibrated thermometers for transferring vaccine

  Company Name: _____

  Contact Information:_____

- ❑ Manufacturers of vaccine in your inventory

Name: _____ Name: _____ Name: _____

Phone: _____ Phone: _____ Phone:_____

Name: _____ Name: _____ Name: _____

Phone: _____ Phone: _____ Phone:_____

- ❑ Procedure for disposal of nonviable opened vaccine or used vaccine supplies

  1. _____
  2. _____
  3. _____

Vaccine Storage and Handling Educator: _____

Vaccine Storage and Handling Education Log:

Date of Training	Subject Matter	Attendee	Title

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.

Last Update: 01.2016 Signature of Person Completing Form: _____ Date (current as of): ___/___/_____