

# Vaccine Management Plan Template

Facility ID/ USHS ID

Date Submitted	Facility Name		
Person Completing Report (Print)			<input type="checkbox"/> Check if new Coordinator
Phone with Area Code	Email Address (Print)		<input type="checkbox"/> Check if new email

Program Type/Vaccine Initiative:	<input type="checkbox"/> VFC	<input type="checkbox"/> Utah VFA	<input type="checkbox"/> SP Adult	<input type="checkbox"/> Adult Flu
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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, should know the standard procedure to follow and where/how the individual vaccines are to be stored.

## Routine Vaccine Storage and Handling Plan

- ☐ Personnel responsible for vaccine storage and security (update as staff changes):
  - Primary Coordinator: \_\_\_\_\_ Title: \_\_\_\_\_
  - Backup Coordinator: \_\_\_\_\_ Title: \_\_\_\_\_
  - Backup Coordinator: \_\_\_\_\_ Title: \_\_\_\_\_
- ☐ Vaccine ordering will be done on the following ordering schedule. *Ordering schedule is assigned by the Vaccine Management Team with the Utah Immunization Program* (choose one):
  - ☐ Monthly
  - ☐ Bi-Monthly
  - ☐ Quarterly
  - ☐ As Needed
- ☐ Vaccine inventory will be taken and reconciled on the \_\_\_\_\_ day of each month.
- ☐ If vaccines are within 90 days of expiration and will not be used, contact the Utah VFC Program by submitting the *Vaccine Transfer Form*. Do not transfer VFC vaccines without prior authorization.
- ☐ Remove expired vaccine from inventory, contact the Utah VFC Program by submitting returns on VOMS, and return vaccines to McKesson.
- ☐ Vaccine shipments are received by: \_\_\_\_\_. Vaccine is immediately unpacked, temperature monitors checked, packing slip compared to actual contents, and stored in proper refrigerator or freezer unit. Notify the Utah VFC Program within 2 hours if issues identified with shipment.
- ☐ Label VFC vaccines and store separately from private supply.
- ☐ Vaccines are kept in their original packaging.
- ☐ Store and rotate vaccines according to expiration dates, and use vaccines with the shortest expiration first.
- ☐ Maintain proper temperature for storage of vaccine:

Refrigerator	36°F to 46°F	2°C to 8°C
Freezer	5°F or below	-15°C or below

- ☐ Monitor and record min/max temperatures once in the morning.
- ☐ Use certified, calibrated continuous monitoring devices for each unit containing VFC vaccine and keep Certificate of Calibration on file.
- ☐ Keep temperature logs on file for at least seven years.
- ☐ Immediately take action if temperatures are out of range. Document action taken to ensure vaccine viability on the temperature log.
- ☐ The following actions are taken to ensure proper and safe storage of vaccine:
  - o Dorm-style or combination units with a single external door are not used for vaccine storage.
  - o Vaccine should be stored to maintain proper air flow, not in doors, crisper, or closed containers.
  - o Check the unit doors to ensure they are closed and, if possible, locked.
  - o **"DO NOT DISCONNECT"** signs are placed next to outlets and circuit breakers.
  - o Safety outlet covers or plug covers are used where possible to avoid units from being unplugged.
  - o Maintenance and cleaning personnel are advised not to unplug refrigeration units.

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## Emergency Vaccine Storage and Handling Plan

- ☐ Personnel responsible for emergency vaccine storage and security (update as staff changes):
- How will designated personnel be contacted in a vaccine storage emergency? (ie: phone, alarm, etc)
  - Personnel have 24-hour access to building and storage units.

NAME	TITLE	CONTACT INFORMATION

- ☐ Steps to follow for temporary storage, transport, or relocation of vaccines.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

- ☐ Designate alternative storage units and facilities (back-up refrigerator, hospital, pharmacy, etc).

ALTERNATE LOCATION	CONTACT PERSON	ADDRESS & TELEPHONE #

- ☐ Procedures 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: \_\_\_\_\_

Contact Information: \_\_\_\_\_

- ☐ Record the following information on each refrigerator/freezer unit.

Type: \_\_\_\_\_

Brand: \_\_\_\_\_

Model #: \_\_\_\_\_

Serial #: \_\_\_\_\_

- ☐ All staff who handle vaccines are trained on vaccine management, including routine and emergency storage and handling annually. Date of Staff Training: \_\_\_\_\_

**NOTE:** Utah Immunization Program staff will review vaccine storage & handling plans during on-site visits. This plan must be reviewed at least annually and updated as staff and procedures change.

- ☐ Person Completing Form Signature: \_\_\_\_\_ Review Completed Date \_\_\_\_\_

IMMUNIZATION PROGRAM STAFF USE ONLY	
DATE RECEIVED:	
RECEIVED BY:	