Vaccine Management Plan

Facility Name: ________________________________
VFC PIN / USIIS ID: __________________________ Date: __________________________
Person Completing Plan: ______________________

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 (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 Return and Transfer form. Do Not transfer VFC vaccines without prior authorization.

- Remove expired vaccine from inventory, contact the Utah VFC Program by submitting the Vaccine Return and Transfer form, 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 refrigeration 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:

<table>
<thead>
<tr>
<th>Refrigerator</th>
<th>36° — 46° F</th>
<th>2° — 8° C</th>
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<tbody>
<tr>
<td>Freezer</td>
<td>~58 — ~5° F</td>
<td>~58 — ~5° C</td>
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</table>

- Monitor and record temperatures twice a day: morning and evening.

- Use certified thermometers for each unit containing VFC vaccine and keep Certificate of Calibration on file.

- Keep temperature logs on file for at least three 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:
  - Dorm-style or combination units with a single external door are not used for vaccine storage.
  - Vaccine should be stored to maintain proper air flow, not in doors, crispers, or closed containers.
  - Check the unit doors to ensure they are closed and, if possible, locked.
  - “DO NOT DISCONNECT” signs are placed next to outlets and circuit breakers.
  - Safety outlet covers or plug covers are used where possible to avoid units from being unplugged.
  - Maintenance and cleaning personnel are advised not to unplug refrigeration units.
Emergency Vaccine Storage and Handling Plan

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

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>CONTACT INFORMATION</th>
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☐ 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).

<table>
<thead>
<tr>
<th>ALTERNATE LOCATION</th>
<th>CONTACT PERSON</th>
<th>ADDRESS &amp; TELEPHONE #</th>
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☐ 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 VFC 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.

Date Reviewed: ________________________________
Reviewed by: ____________________________________________

05/17