

Emergency Vaccine Management Plan

WORKSHEET FOR EMERGENCY CONTACTS

KEEP NEAR VACCINE STORAGE UNIT(S)

The California VFC Program requires each practice to develop and maintain an Emergency Vaccine Management Plan and a Routine Vaccine Management Plan.

Plans should include practice-specific guidelines, protocols, and relevant contact information. Update and review plans whenever VFC Program guidelines change and when staff with designated vaccine management responsibilities change.

This Emergency Vaccine Management Plan template outlines actions staff should take in the event of an emergency that might affect vaccine viability. Examples include unit malfunction/mechanical failure, power outage, natural disaster, or human error.

STAFF ROLES & CONTACT INFORMATION

Office/Practice Name:		VFC PIN Number:	
Address:			

In an emergency, contact the following people in the order listed:

Role/Responsibility	First & Last Name	Phone Number	Alt Phone No.	Email Address
1.				
2.				
3.				
4.				

USEFUL EMERGENCY NUMBERS

Service	Name	Phone Number	Alt Phone No.	Email Address
VFC Field Rep				
VFC Customer Service Center		1-877-243-8832		
Utility Company				
Building Maintenance				
Building Alarm Company				
Refrigerator/Freezer Alarm Company				
Refrigerator/Freezer Repair				
Generator Repair and Maintenance				
Point of contact for Vaccine Transport				
Other				

Emergency Vaccine Management Plan

Does the clinic have a generator? If so, where is it?

If your clinic does not have a generator, and/or your vaccine storage unit fails, it might be necessary to transport vaccine to alternate storage locations.

Alternate Vaccine Storage	Address & City	Phone Number	Alt Phone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Location of emergency packing supplies:

VACCINE STORAGE UNIT INFORMATION

Unit Type	Location (Room#)	Brand	Model	Serial Number
Refrigerator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Refrigerator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Refrigerator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Refrigerator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Freezer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Freezer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Freezer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Freezer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OTHER USEFUL INFORMATION

Facility Floor Plan: Attach a simple floor diagram identifying the location of doors, light switches, flashlights, spare batteries, keys, locks, vaccine storage units, alarms, circuit breakers, packing materials, etc.

Emergency Vaccine Management Plan

Use the following guidance for safeguarding vaccines in the event of planned or unplanned power interruptions (e.g., power outages, weather related circumstances, building maintenance/repairs, etc.).

BEFORE AN EMERGENCY

- Maintain emergency contact information for key staff responsible for vaccine management.
- To stabilize temperatures, place water bottles on top shelf, in door, and on bottom of vaccine refrigerators where vaccines cannot be stored. Place frozen cold packs in the freezers for similar purpose.
- Identify alternate vaccine storage location(s), e.g., a local hospital or another VFC provider. Ensure the location has adequate space to accommodate vaccines and that their temperature monitoring equipment meets VFC Program requirements.
- Update the necessary contact information for alternate vaccine storage location(s), including the facility name, address, contact person, and telephone number.
- Stock supplies as indicated in [Transporting Refrigerated Vaccine](#) and [Transporting Frozen Vaccines](#) job aids.
- Label and keep accessible any necessary vaccine packing and transport supplies, copies of vaccine transport job aids, facility floor plans when available, and other related information.
- Be familiar with backup power sources for commercial/lab/pharmacy grade units.

DURING AN EMERGENCY

- Assess the situation. Do not open the unit.
- Determine the cause of the power failure and estimate the time it will take to restore power.
- Notify the key staff listed on this Emergency Plan as appropriate.
- If the power outage is expected to be short term, usually restored within 2 hours,
 - Record the time the outage started, the unit temperatures (CURRENT, MIN and MAX) and room temperature.
 - Place a “DO NOT OPEN” sign on storage unit(s) to conserve cold air mass.
 - Monitor the temperature until power is restored.
- If the outage is expected to be long term, usually longer than 2 hours, consider moving vaccines to an alternative unit or facility. See details below under Vaccine Relocation.

Note: *Temperatures in commercial, pharmacy, and lab grade units tend to increase faster during power failures. As a result, clinics using these units need to monitor temperatures more frequently and may need to transport vaccines to an alternate location sooner.*

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RELOCATING VACCINE

If a power outage is long term, is not expected to be restored by the end of the day, or vaccine storage units have reached out-of-range temperatures, prepare to relocate vaccines to the alternate storage location as feasible.

Before transporting vaccines:

- Review [Transporting Refrigerated Vaccine](#) and [Transporting Frozen Vaccines](#) job aids.
- Contact the alternate storage facility to verify they can accept the vaccines.
- Notify the VFC Program.

If transport or relocation is not feasible, e.g. alternate location not available or unsafe travel conditions:

- Keep units closed and document the temperatures (CURRENT, MIN, MAX).
- Contact the VFC Program.

Packaging and Transporting Vaccines

- Complete the [Refrigerated Vaccine Transport Log](#) and/or the [Frozen Vaccine Transport Log](#).
- Prepare cooler(s) for transport following VFC Program job aids: [Transporting Refrigerated Vaccine](#) and/or [Transporting Frozen Vaccines](#). Notify the key staff listed on this Emergency Plan as appropriate.
- Pack vaccine according to VFC Program guidelines.
 - Use frozen cold packs for frozen vaccines; never use dry ice.
 - Use conditioned (slightly defrosted) frozen packs for refrigerated vaccines. Placing refrigerated vaccine directly on frozen packs and packaging it without sufficient insulation may freeze and therefore damage vaccine. If clinic does not have time to condition frozen packs, refrigerated cold packs or cold water bottles may be used.
- Package and prepare diluent.
 - MMR, Varicella and MMR-V diluent can be stored at room temperature or in the refrigerator.

- Diluents stored in the refrigerator should be transported with refrigerated vaccines.
- Diluents stored at room temperature should be transported at room temperature.
- Diluents packaged with their vaccine should be transported with the vaccine.

- Upon arrival at the alternate vaccine storage location, document total vaccine transport time, the temperatures (CURRENT, MIN, and MAX) in the transport cooler(s) and the alternate storage unit(s).

AFTER POWER IS RESTORED

- Verify storage units are functioning properly before attempting to move any vaccine.
- Follow the same transportation procedures and transfer vaccine back to its original storage unit.
- Vaccine kept at the proper temperature during the power outage, whether transported or not, may be used.
- For any vaccine not stored at the proper temperature:
 - Segregate it in the storage unit.
 - Mark it "DO NOT USE."
 - Contact the VFC Program; be prepared to provide timeframes and temperature information.
- Never return vaccine to the vaccine distributor without VFC Program authorization.

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SIGNATURE LOG

Sign and date one signature block annually and when you update any practice-specific information. By signing, staff acknowledge they have reviewed and are familiar with the information in the document.

Updates & Comments:			
Provider of Record Name:		Signature:	
Vaccine Coordinator Name:		Signature:	
Backup Vaccine Coordinator Name:		Signature:	
Additional Staff:		Signature:	
Review Date:			

Updates & Comments:			
Provider of Record Name:		Signature:	
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