

Vaccine Management Plan

KEEP YOUR MANAGEMENT PLAN NEAR THE VACCINE STORAGE UNITS

The SFDPH Immunization Program requires each practice to maintain a vaccine management plan for routine and emergency situations. This template includes space for information about the practice such as guidelines, protocols, contact information, and staff training. SFDPH Representatives may ask to review it during compliance and storage and handling site visits.

Instructions: Review and update your plan at least once a year. Ensure that all content in each section (including emergency contact information and alternate vaccine storage location) is up to date. Make sure key practice staff sign and acknowledge the signature log whenever your plan is revised.

Section 1: Important Contacts

KEY PRACTICE STAFF & ROLES

| | |
|----------------------|--|
| Office/Practice Name | |
| Address | |

| Role | Name | Title | Phone # | Alt Phone # | E-mail |
|------------------------------------|------|-------|---------|-------------|--------|
| Medical Director | | | | | |
| Vaccine Coordinator | | | | | |
| Backup Vaccine Coordinator | | | | | |
| Receives vaccines | | | | | |
| Stores vaccines | | | | | |
| Monitors storage unit temperatures | | | | | |
| Monitors storage unit temperatures | | | | | |
| Monitors storage unit temperatures | | | | | |
| Monitors storage unit temperatures | | | | | |

USEFUL EMERGENCY NUMBERS

| Service | Name | Phone # | Alt Phone # | E-mail |
|--|---------------------------|--------------|--------------|---|
| SFDPH Immunization Program Main Line | | 415-554-2955 | | immunization.dph@sfdph.org |
| SFDPH Immunization Program Urgent Issues | Tina Milton or Kacy Diouf | 415-554-2724 | 415-554-2824 | tina.milton@sfdph.org kacy.diouf@sfdph.org |
| Utility Company | | | | |
| Building Maintenance | | | | |
| Building Alarm Company | | | | |
| Refrigerator/Freezer Alarm Company | | | | |
| Refrigerator/Freezer Repair | | | | |
| Point of Contact for Vaccine Transport | | | | |

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Section 2: Equipment Documentation

VACCINE STORAGE UNIT/LOCATIONS AND MAINTENANCE

Maintenance/Repair Company

Phone

| Unit Type | Unit/Location ID | Brand | Model | Type of Service |
|--------------|------------------|-------|-------|-----------------|
| Refrigerator | | | | |
| Freezer | | | | |

Location of completed temperature logs

TEMPERATURE MONITORING DEVICE (DATA LOGGER) MAINTENANCE

| | | | | | |
|---|--|---------|--|-------|--|
| Calibration Company/Laboratory | | Contact | | Phone | |
| Calibration Company/Laboratory | | Contact | | Phone | |
| Location of Certificates of Calibration | | | | | |
| Location of Backup Data Logger | | | | | |

| Temperature Monitoring Device Model/Serial Number | Primary? | Backup? | Calibration Expiration Date | Alarm Setting Low | Alarm Setting High |
|---|----------|---------|-----------------------------|-------------------|--------------------|
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Section 3: Worksheet for Emergency Vaccine Management

The following sections include space for information and necessary actions to take in the event of an emergency, such as unit malfunction, mechanical failure, power outage, natural disaster, or human error.

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

| Role/Responsibility | First & Last Name | Phone # | Alt Phone # | E-mail Address |
|---------------------|-------------------|---------|-------------|----------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

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 vaccines to an alternate storage location (e.g., a local hospital or another provider). Identify an alternate location(s) that has vaccine storage units and temperature monitoring devices that meet SFDPH Program requirements.

| Alternate Vaccine Storage | Address & City | Phone # | Alt Phone # | E-mail Address |
|---------------------------|----------------|---------|-------------|----------------|
| | | | | |
| | | | | |

Location of emergency packing supplies

OTHER USEFUL INFORMATION

Facility Floor Plan: Attach a simple floor diagram identifying the location of key items needed during an emergency: circuit breakers, flashlights, spare batteries, keys to secured cabinets, backup digital data logger, vaccine storage units, coolers, packing materials, etc.

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Section 4: Management Plan for Emergency Situations

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.).

CHECKLIST: BEFORE AN EMERGENCY

Proper preparation for emergency situations is essential for protecting the viability of vaccines. Use the following checklist to help ensure practices are ready for planned or unexpected situations that might impact vaccines.

| Step | Description |
|------|---|
| 1. | Maintain current emergency contact information for key practice staff. |
| 2. | Maintain current contact information for alternate vaccine storage location(s), including the facility name, address, and telephone number. |
| 3. | Be familiar with backup power sources for commercial- and pharmacy-grade units. |
| 4. | Stock vaccine packing and transport supplies, including a hard-sided cooler, frozen gel packs, and bubble wrap. |
| 5. | Keep copies of the VFC " Refrigerated Vaccine Transport Log " and " Frozen Vaccine Transport Log " and floor plans (when available) for easy access during a vaccine-related emergency. |
| 6. | Review (at least annually) the steps key practice staff must take to protect vaccines during short- or long-term outages. |

DURING AN EMERGENCY

Follow these instructions during vaccine-related emergencies in compliance with VFC Program requirements and best practices.

| Step | Description |
|------|--|
| 1. | Do not open the unit. |
| 2. | Place a "DO NOT OPEN" sign on vaccine storage unit(s) and leave door(s) shut to conserve cold air mass. |
| 3. | Notify the emergency contacts identified on the vaccine management plan's "Worksheet for Emergency Vaccine Management". |
| 4. | Note the time the outage started and storage unit temperatures (CURRENT, MIN and MAX). |
| 5. | Assess the situation to determine the cause of the power failure and estimate the time it will take to restore power. |
| 6. | If the outage is expected to be longer than 2 hours*: <ul style="list-style-type: none">A. Contact the alternate storage facility to verify they can accept the vaccines.B. If vaccines will be relocated, refer to "Transporting Vaccines" for instructions.C. If transport or relocation is not feasible, e.g., alternate location not available or travel conditions are unsafe, keep vaccine storage units closed and notify the SFDPH IZ Program. |
| 7. | Monitor vaccine storage unit temperatures until power is restored. |
| 8. | Once power has been restored, follow the steps listed in "After an Emergency". |

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

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Section 4: Management Plan for Emergency Situations (Continued)

AFTER AN EMERGENCY

Follow these step-by-step instructions after vaccine-related emergencies in compliance with SFDPH Program requirements and best practices.

| Step | Description |
|------|--|
| 1. | Verify storage units are functioning properly. |
| 2. | If vaccine storage units are outside the required temperatures ranges, note the time that power was restored and storage unit temperatures (CURRENT, MIN and MAX). |
| 3. | Once vaccine storage unit temperatures have stabilized, notify the emergency contacts identified on the vaccine management plan's "Worksheet for Emergency Vaccine Management". |
| 4. | If vaccines were transported due to an emergency situation: <ul style="list-style-type: none">A. Follow the same transportation procedures and transfer vaccine back to its original storage unit. (Refer to the "Transporting Vaccines" for instructions.)B. If vaccines were kept at the proper temperature during the power outage, notify supervisor that the vaccines may be used. |
| 5. | If vaccines were maintained at required temperatures: <ul style="list-style-type: none">A. Remove the "DO NOT OPEN" sign from storage unit(s).B. Notify supervisor that vaccines may be used. |
| 6. | If vaccines were exposed to out-of-range temperatures: <ul style="list-style-type: none">A. Label affected vaccines "Do Not Use".B. Document and the excursion using the SFDPH Storage and Handling Incident Summary form and report it via email (tina.milton@sfdph.org) or fax (415-554-2579). |

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Section 6: Annual Signature Log

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

| | | | |
|----------------------------|--|----------------|--|
| Updates & Comments | | | |
| Medical Director | | Signature/Date | |
| Vaccine Coordinator | | Signature/Date | |
| Backup Vaccine Coordinator | | Signature/Date | |
| Staff who Updates VMP | | Signature/Date | |
| Additional Staff | | Signature/Date | |
| Additional Staff | | Signature/Date | |

| | | | |
|----------------------------|--|----------------|--|
| Updates & Comments | | | |
| Medical Director | | Signature/Date | |
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| Additional Staff | | Signature/Date | |
| Additional Staff | | Signature/Date | |