

State of Georgia Immunization Office

**VACCINES FOR CHILDREN (VFC) PROGRAM**

**Routine and Emergency Vaccine Handling Plans**

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| Practice Name: |  | VFC PIN/GIP ID # |  |
| Effective Date |  | Annual Review Date |  |
| Approved By |  | Date Approved |  |

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| These are guidelines to follow in developing routine and emergency vaccine handling plans. They should be posted near your storage unit or where they can be easily accessed in case of an emergency. All office staff, including the janitor and security guard, should know the standard procedure to follow and where/how the individual vaccines are to be stored. | | | | | | | |
| * Designate two people responsible for routine vaccine storage and security (keep current as staff changes): | | | | | | | | | |
|  | Primary Person: |  | |  | | Title: |  | | |
|  | Secondary Person: |  | |  | | Title: |  | | |
|  | Vaccine Ordering will be done **monthly** on the | |  | day of each month. | | | | | |
|  | Primary Person: |  | | |  | Title: |  | | |
|  | Secondary Person: |  | | |  | Title: |  | | |
|  | Maintain proper temperature for storage of vaccine of vaccine: | | | | | | | |

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| Unit | Fahrenheit (F) | Celsius (C) |
| Refrigerator | 35° - 46°F | 2° - 8°C |
| Freezer | 5° or colder | -15°C or colder |

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| * Monitor temperatures and record twice a day: morning and evening. (See Temperature Log) |
| * Maintain ongoing file of temperature logs. Keep for at least three years. Immediately take action if temperatures are out of range. Document what was done to ensure vaccine viability as well as action taken to establish proper temperatures on the Provider Temperature form. Complete the “Vaccine Incident Report” and fax to the VFC office at: (800) 372-3627 or (404) 657-5736 |
| * Immediately unpack received vaccines and store at proper temperature. |
| * Label VFC/State Supplied vaccines and store separately from private supply. |
| * Store and rotate vaccines according to expiration dates and use vaccines with the shortest expiration dates first. |
| * Conduct monthly inventory count. |
| * Vaccines expiring within 90 must be reported to the VFC Program via e-mail at: [gavfc@dhr.state.ga.us](mailto:gavfc@dhr.state.ga.us) to avoid possible replacement according to the VFC Loss Policy. |
| * Check the unit doors to ensure they are closed and, if possible, locked. |
| * Place “DO NOT UNPLUG” stickers/notices next to outlet and circuit breaker. |
| * Use safety outlet covers where possible. |
| * Advise maintenance and cleaning personnel not to unplug refrigerator/freezer units. |
| * If public (VFC/State Supplied) vaccine is expired, wasted or spoiled: complete the Georgia Immunization Office “McKesson Return of Federal Vaccine Form” and fax to the VFC office at: (800) 372-3627 or (404) 657-5736. |

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| **Emergency Vaccine Handling/Storage Plan – Notify VFC Office and/or IPC of emergency situations ASAP** |

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| * Designate two people responsible for emergency vaccine storage and security (keep current as staff changes): |
| * How will designated personnel be contacted in vaccine storage emergency? (i.e. phone, alarm, email, etc) |
| * Staff listed below have 24-hour access to storage units storing vaccines: |

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| --- | --- | --- | --- | --- |
| # | Name | Title | Phone | E-Mail |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

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| * Designate alternative storage units and facilities (back-up refrigerator, fire dept., hospital, another provider location). | | | | |
| * Written directions for packing vaccines and diluents for transport are located: | | | | |
| # | Alternate Location | Contact Person | Phone | Address |
| 1. |  |  |  |  |
| 2. |  |  |  |  |

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| * Procedures the designated personnel should follow to access alternative units and facilities. | | |
|  | 1. |  |
| 2. |  |
| 3. |  |

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| * Designate a refrigerator/freezer repair company to contact for equipment problems. | | |
| Company Name: |  |
| Phone Number: |  |

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| * List the information below for each vaccine storage unit in your facility. | | | | | |
| ***#*** | **Unit Type (Fridge/Freezer)** | **Location** | **Brand** | **Model #** | **Serial #** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |

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| ***NOTE: Georgia Immunization Program Consultant (IPC) staff will ask for a copy of the clinic’s vaccine storage & handling plans during on-site visits.*** |
| *\*****CDC and the vaccine manufacturer do not recommend transport of varicella-containing vaccines. If varicella-containing vaccines must be transported, CDC recommends transport with a portable freezer unit that maintains the temperature between -58°F and +5°F (-50°C and -15°C). Portable freezers may be available for rent in some places. Contact VFC or your assigned Immunization Program Consultant, prior to transport of Varicella-containing vaccines for specific instructions.*** | |