



State of Georgia Immunization Office
VACCINES FOR CHILDREN (VFC) PROGRAM

Routine and Emergency Vaccine Handling Plans

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

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:

Unit	Fahrenheit (F)	Celsius (C)
Refrigerator	36° - 46°F	2° - 8°C
Freezer	5° or colder	-15°C or colder

- ❖ 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 days must be reported to the VFC Program via e-mail at: dph-gavfc@dph.ga.gov 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 has been exposed to out of range temperatures, contact VFC immediately: (800) 372-3627 or (404) 657-5736.

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

- ❖ 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:

#	Name	Title	Phone	E-Mail
1.				
2.				

- ❖ 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.				

- ❖ Procedures the designated 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: _____

Phone Number: _____

- ❖ List the information below for each vaccine storage unit in your facility.

#	Unit Type (Fridge/Freezer)	Location	Brand	Model #	Serial #
1.					
2.					
3.					
4.					

NOTE: Georgia Immunization Regional Consultant (IRC) staff will ask for a copy of the clinic's vaccine storage and 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 in an emergency, CDC recommends transport with a portable freezer. Portable freezers may be available for rent in some places. Contact VFC or your assigned IRC prior to transport of varicella-containing vaccines for specific instructions.*

Signature: _____ Print Name: _____ Date: _____