## Be Leaendary.

Health & Human Services

Provider	Name <sup>.</sup>
FIUVIUEL	Name

PIN: \_\_\_\_\_

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 staff, should know the standard procedure to follow and where/how the individual vaccines are to be stored.

## Routine Vaccine Storage/Handling Plan

Personnel responsible for routine vaccine storage and security (update as staff changes):

PRIMARY VACCINE COORDINAT	OR:		PHONE:	
BACKUP VACCINE COORDINATO	)R:		_PHONE:	
BACKUP VACCINE COORDINATO	)R:		_PHONE:	
Vaccine ordering will be done on t	he following basis (choose one):			
Monthly	Every other month	Quarterly	As needed	

A Maintain proper temperature for storage of vaccine:

Refrigerator	36° - 46° F	2° - 8° C
Freezer	+5° F to -58° F	-15° C to -50° C

Use certified, calibrated thermometers to monitor temperatures and record twice daily (beginning and end of clinic/office day) for each unit containing state-supplied vaccine. Certificates of calibration must be made available to the NDDoH upon request.

Immediately take action if temperatures are out of range. On the temperature log, document what was done to ensure vaccine viability as well as action taken to establish and maintain proper temperatures.

Keep temperature logs on file for at least three years.

Procedure for receiving vaccine shipments:

VACCINE IS RECEIVED BY: \_\_\_\_

Vaccine shipments are immediately unpacked, enclosed temperature monitors are checked, and the enclosed invoice/shipping information is compared to the actual shipment to verify lot numbers and expiration dates. Immediately move vaccine to proper cold storage unit.

- Label VFC and state-supplied vaccines and store separately from private stock.
- U Weekly inventory counts and vaccine rotation is conducted on \_\_\_\_\_ (day of the week)
- Store and rotate vaccines according to expiration dates, and use vaccines with the shortest expiration dates first.
- □ If vaccines are within 90 days of expiration and will not be used, arrange for provider-to-provider transfers. Fill out a "Vaccine Transfer Form" and fax to the NDDoH. If vaccine is shipped, providers must use a qualified pack out container that can guarantee to maintain temperatures. If vaccine is driven, it must be packed to maintain the cold chain, never placed in the trunk of the vehicle, or left unattended. Continuous recording thermometers must be placed in coolers for both types of transport. Temperature data should be reviewed as soon as the vaccine gets to its destination to ensure no temperature deviations happened during transport.
- The following actions are done to ensure the safety of the vaccine supply:
  - Dorm-style refrigerators or combination units with a single external door are not used for vaccine storage.  $\cap$
  - Check the unit doors to ensure they seal properly, are closed and, if possible, locked. 0
  - "DO NOT UNPLUG" signs are placed next to electrical outlets and circuit breaker. 0
  - Safety outlet covers or plug covers are placed where possible. 0
  - Maintenance and janitorial personnel are advised not to unplug refrigerator/freezer units. 0

If VFC vaccine is expired, wasted or spoiled the doses should be entered into NDIIS as a vaccine return. All doses must be sent back to McKesson within six months of spoilage.

## **Emergency Vaccine Relocation Plan**

Personnel responsible for emergency vaccine storage and security (update as staff changes):		
PRIMARY EMERGENCY CONTACT:	PHONE:	
BACKUP EMERGENCY CONTACT:	PHONE:	
BACKUP EMERGENCY CONTACT:	PHONE:	

How will designated personnel be contacted in vaccine storage emergency? (ie: phone, alarm, etc)

These people have 24-hour access to storage units storing vaccines:

NAME	TITLE	CONTACT INFORMATION

Steps to follow for proper storage and handling of vaccines to protect them from becoming spoiled (how to pack and move vaccines):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3.

Designated alternative storage units or facilities (back-up refrigerator, fire dept., hospital, other provider):

ALTERNATE UNIT/LOCATION	CONTACT PERSON	ADDRESS & TELEPHONE #

Procedures that the designated personnel should follow to access alternative units or facilities:

1		
2		
2		
Designate a refrigerator/freeze	r repair company to contact for equipment pr	oblems.
Company Name:		
Contact Information:		
Record the following information	on on each refrigerator/freezer unit:	
Brand:	Model #:	Serial #:
Model #:	Serial #:	
Serial #:	Brand:	
Brand:	Model #:	
Utility or power company		
Company Name:		
Updated: 01.2019 Signature of	Person Completing Form:	Date (current as of):///

	Contact Information:			
	Vaccine storage unit alarm cor	npany (if applicable)		
	Company Name:			
	Contact Information:			
	Sources of packing materials a	and calibrated data loggers for transferrin	g vaccine	
	Company Name:			
	Contact Information:			
	Location of back-up data logge	r (if not stored on-site):		
	Contact information for ba	ck-up data logger (if not stored on-site):_		
	Manufacturers of vaccine in yo	ur inventory		
Nan	ne:	Name:	Name:	
Pho	one:	Phone:	Phone:	
Nan	ne:	Name:	Name:	
Pho	one:	Phone:	Phone:	
	Procedure for disposal of nonv	iable opened vaccine or used vaccine su	upplies	
	1			
	_			
	3			
Vac	cine Storage and Handling Edu	cator:		

Vaccine Storage and Handling Education Log:

Date of Training	Subject Matter	Attendee	Title

NOTE: NDDoH staff will ask for a copy of your clinic's vaccine storage & handling plan, including relocation policy, during on-site visits. This plan must be reviewed at least annually and updated as staff and procedures change.