VACCINES FOR CHILDREN PROGRAM (VFC)

Vaccine Management Plan Template

An annual review and update of the vaccine management plan **is required.** Review and update as necessary if there are staff changes that occur at other times during the year. The vaccine management plan must be up to date at all times.

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| --- | --- |
| Clinic Name | VFC Pin   |
| Address   | Main Phone   |
| Role  |
| Primary Coordinator   | Title   | Phone   | Email   |
| Backup Coordinator   | Title   | Phone   | Email   |
| Medical Director  | Title | Phone | Email |
| The person responsible for the plan content must **print** and **sign their name** each time the plan is reviewed or updated. |
| Date Reviewed | Print Name and Sign  |
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# VACCINE ORDERING

* Order only actual amount of vaccine needed.
	+ Avoid stockpiling or build-up of excess vaccine inventory.
	+ Do not exceed a 5-week supply of vaccine inventory.
* Perform a physical inventory of all vaccines in stock, and update Wisconsin Immunization Registry (WIR) accordingly prior to placing a vaccine order.
* Place orders when you have sufficient inventory on hand to allow time for order delivery.
* **Do not** rely on borrowing practices to supplement ordering issues.
* Place all vaccine orders via the WIR.

# RECEIVING VACCINES

Upon receiving vaccine, complete the following steps:

1. Check the temperature monitors included in the vaccine shipment. If either monitor indicates vaccine temperature has been out of range, notify the Wisconsin Immunization Program immediately.
2. Check the vaccine lot numbers against the packing slip included in the container to ensure the amount of vaccine sent and the lot numbers are correct. If there are any discrepancies notify the state Immunization Program right away. The state Immunization Program must report discrepancies to McKesson within 1 hour of receipt.
3. Place vaccines in appropriate storage. Make sure to separate VFC vaccines from private vaccine stock.
4. Accept the vaccine transfer in the Wisconsin Immunization Registry (WIR) upon receipt of each shipment. If transfers are not accepted, future orders will be denied.
5. Retain vaccine-packing slip(s) for 3 years.

# VACCINE STORAGE AND HANDLING

## Storage

* Stand-alone pharmaceutical grade refrigerators and freezers are strongly recommended.
* Vaccines are to be stored in the center of the storage unit away from the walls. The vaccine should be stored in the original packaging with air space between the boxes to allow for circulation. Do not store vaccines in the doors of the refrigerator or freezer.
* Separate VFC vaccines from your private stock of vaccines.
* **Do not** keep food or substances other than vaccines/medication in vaccine storage units.
* To stabilize temperatures, store water bottles in the refrigerator where vaccines cannot be stored for example the door, or floor of unit. Keep frozen water bottles in the freezer for similar purpose.
* “**DO NOT DISCONNECT**” signs must be placed by the electrical outlet of the storage unit(s), and on the circuit breaker, designating the circuit breaker number to the storage unit(s).

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| --- | --- | --- |
| **Storage Unit** | **Brand** | **Model or Serial Number** |
| Refrigerator |  |  |
| Freezer |  |  |

**Note:** Dorm-style refrigerator/freezer units **are not permitted**. These are small combination refrigerator/freezer units outfitted with one exterior door and an evaporator plate (cooling coil) which is usually in an icemaker/freezer compartment in the refrigerator.

## Handling

* Refrigerator temperature must be between 2°C and 8°C (36°F and 46°F).
* Freezer temperature must be between -50°C and -15°C (-58°F and +5°F).
* Document refrigerator and freezer minimum/maximum temperatures one time per day.
	+ The documentation must include the date, time, current temperature, and staff initials.
	+ Temperature logs must be maintained for three years.
* Each storage unit must contain a calibrated digital data logger (DDL). The probe must be located in a central location of the storage unit and be encased in a CDC approved buffering material such as glycol.

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| --- | --- | --- |
| **DDL Type** | **Brand and Model Number** | **Calibration Due Date** |
| Refrigerator DDL |  |  |
| Freezer DDL |  |  |
| Back-up DDL |  |  |

# INVENTORY CONTROL

* Conduct, every week, a physical count of vaccines and assess any needs.
* Place vaccines with shorter expiration dates to the front, vaccine with later expiration dates to the back, so that there is first in first out system.

# VACCINE WASTAGE

* **Non-viable vaccine** is any vaccine that is unopened (with the cap intact) that cannot be used because it has either passed its expiration date or been spoiled due to exposure to out-of-range temperatures.
	+ Quarantine spoiled vaccines in a storage unit and mark “**Do Not Use**” until viability can be determined.
	+ Remove expired vaccines from the storage unit, and mark “**Do Not Use**” to prevent inadvertent use.
	+ Return non-viable vaccines to McKesson within six months of expiration date for excise tax credit.
* **Wasted vaccine** is vaccine that has been opened, but not used. Reasons for waste include vaccine that was drawn into a syringe but not administered; opened in error; reconstituted incorrectly; or compromised in sterility due to the vial being dropped or broken. Open multi-dose vials that have expired are also categorized as wasted vaccine.
	+ Report wasted vaccine in WIR.
	+ Dispose of wasted vaccine according to clinic policy. Do not return to McKesson.

# EMERGENCY PROCEDURES

In the event of an emergency, power outage or mechanical failure, follow the procedures below if vaccine relocation is necessary.

1. **NOTIFY** vaccine coordinator or backup coordinator **immediately.**

|  |  |
| --- | --- |
| Primary Person Responsible   | Phone   |
| Secondary Person Responsible   | Phone   |
| Person with 24-hour access   | Phone   |

1. **PREPARE** vaccine for transport to:

|  |  |
| --- | --- |
| Name of Location/Facility   |  |
| Address   |  |
| How will vaccine be packed?   | How will vaccine be transported?   |

Follow the guidance outlined below.

* Do not open the storage units until all preparations for packaging and moving the vaccine have been made.
* Pack all vaccines for transport in an insulated, hard-sided container with frozen water bottles. Place a barrier (for example, bubble wrap, crumpled brown packing paper) between the vaccine and water bottles to prevent vaccine from freezing.

**Note**: Vaccines may also be transported in commercial transport carriers that maintain recommended storage temperatures (for example, Vericor).

* Keep a certified calibrated digital data logger with the vaccine during transport, and continually monitor temperatures.
* Write the time the vaccine was removed from the refrigerator/freezer and the temperature of the units when the vaccine was removed or is moved into the alternative storage units.
1. **TRANSPORT** vaccine.

# STAFF TRAINING AND DOCUMENTATION

* Both the vaccine coordinator and backup coordinator are required to complete training on VFC program requirements annually.
* All staff members who handle or administer vaccines, including recording temperatures of vaccine storage units, should also receive comprehensive training regarding proper vaccine storage and handling and vaccine administration at least annually.

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| **Date of Training**  | **Name of Person Attending Training**  | **Type of Training**  |
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# EMERGENCY RESPONSE PLAN

**(Post on outside of refrigerator)**

### CONTACT INFORMATION (PRINT CLEARLY)

|  |  |
| --- | --- |
| Facility/Provider/Clinic Name   |  |
| Primary Person Responsible   | Phone   |
| Secondary Person Responsible   | Phone   |
| Person with 24-hour access   | Phone   |

### POWER OUTAGE

If you do not have a generator, identify at least one location with a generator (hospital, 24-hour store, etc.). Before transporting, call the back-up location site to ensure that their generator is working. Transport vaccines in an insulated cooler with a barrier separating the vaccines from the ice/cold packs.

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| --- | --- |
| **1ST LOCATION**   | **2ND LOCATION**   |
| Contact Name   | Contact Name   |
| Contact Phone   | Contact Phone   |

### OTHER EMERGENCY BACK UP LOCATION RESOURCES

|  |  |
| --- | --- |
| Local Health Department   | Phone   |
| Local Hospital   | Phone   |
| Sheriff’s Department   | Phone   |
| Other   | Phone   |