

## Worksheet for Emergency Contacts

Keep Near Vaccine Storage Unit(s)

The New Mexico VFC Program requires that each practice develop and maintain an *Emergency Vaccine Management Plan*. Properly completing this template will meet the VFC Program requirement to have a written plan for vaccine management in an emergency. Plans must be reviewed and updated annually, or when changes to any information within the plan occur.

This *Emergency Vaccine Management Plan* outlines actions staff should take in the event of an emergency that might affect vaccine viability. Examples include unit malfunction, mechanical failure, power outage, natural disaster, or human error. This plan must be kept near the vaccine storage unit.

## Staff Roles and Contact Information

Emergency Contacts	
Office/Clinic Name	
VFC Pin Number	
Address	

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

Role/Responsibility	Name	Phone Number	Alt Phone	Email Address
1. Primary Coordinator				
2. Back-up Coordinator				
3. Additional Contact				

## Useful Emergency Numbers

Service	Name	Phone #	Alt Phone #	Email Address
VFC Regional Coordinator				
VFC Regional Coordinator				
VFC/NMSIIS Help Desk	505-827-2356	833-882-6454		
Utility Company				
Building Maintenance				
Building Alarm Company				
VFC 400 DDL Technical Support				
Refrigerator/Freezer Repair				
Generator Repair/ Maintenance				
Contact for Vaccine Transport				
Other				

# EMERGENCY VACCINE MANAGEMENT PLAN



## Vaccine Storage Unit Information

Unit Type	Name in NMSIS and location of unit	Brand/Model	Serial Number
Refrigerator			
Refrigerator			
Refrigerator			
Refrigerator			
Freezer			
Freezer			

Attach additional unit information as needed.

Does the clinic have a generator?	If so, where is it located?
Yes <input type="checkbox"/> No <input type="checkbox"/>	

If your clinic does not have a generator, and/or your vaccine storage unit fails, it might be necessary to transport vaccine to alternate storage locations.

Alternate Vaccine Storage Plans	Site name and address	Site contacts – names and cell phone numbers	Office Phone	Details of plan
Plan A				
Plan B				
Plan C				
Plan D	Close and seal all vaccine storage units; use large “DO NOT OPEN” signs; record the date and time the units were closed; make sure all data loggers are on and recording.			

Location of emergency packing supplies:

## Other Useful Information

Facility Floor Plan: Attach a simple floor diagram identifying the location of doors, light switches, flashlights, spare batteries, keys, locks, vaccine storage units, alarms, circuit breakers, packing materials, etc.

## Form Certification

Form Completed By			
Name		Signature	
Title		Date	

## Emergency Vaccine Management Plan

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.).

### Before an Emergency

- Maintain emergency contact information for key staff responsible for vaccine management.
- Store water bottles in vaccine refrigerators and frozen water bottles in freezers where vaccines cannot be stored. This helps maintain the interior temperature in the event of a power loss.
- Identify alternate vaccine storage location(s), e.g., a local hospital or another VFC provider. Ensure the location has adequate space to accommodate vaccines and their temperature monitoring equipment meets VFC Program requirements.
- Update the necessary contact information for alternate vaccine storage location(s), including the facility name, address, contact person, and telephone number.
- Stock supplies indicated in Transporting Refrigerated Vaccines<sup>1</sup> and Transporting Frozen Vaccines.<sup>2</sup>
- Label and keep accessible any necessary vaccine packing and transport supplies, copies of vaccine transport job aids, facility floor plans when available, and other related information.
- Be familiar with back-up power sources for commercial/lab/pharmacy grade units.
- Place a “DO NOT OPEN” sign on storage unit(s) to conserve cold air mass.
- If MMR is stored in the refrigerator, move it to the freezer.
- Verify water bottles are distributed throughout the refrigerator.
- Monitor the interior temperature using a data logger until power is restored. Do not open the unit to verify the temperature.
- If the outage is expected to be long term, usually longer than 2 hours, consider moving vaccines to an alternative unit or facility. See details under Vaccine Relocation, below.
- Note: Temperatures in commercial, pharmacy, and lab grade units tend to increase faster during power failures. As a result, clinics using these units need to monitor temperatures more frequently and may need to transport vaccines to an alternate location sooner.

### During an Emergency

- Assess the situation. Do not open the unit.
- Determine the cause of the power failure and estimate the time it will take to restore power.
- Notify the key staff listed on this Emergency Plan as appropriate.
- If the power outage is expected to be short-term, usually restored within 2 hours:
  - Record the time the outage started, the unit temperatures (CURRENT, MIN, MAX) and room temperature.

### Relocating Vaccine

If a power outage is long-term, is not expected to be restored by the end of the day, or vaccine storage units have reached out-of-range temperatures, prepare to relocate vaccines to the alternate storage location as feasible.

Before transporting vaccines:

- Review job aids.<sup>1,2</sup>
- Contact the alternate storage facility to verify they can accept the vaccines.
- Notify the VFC Program.

If transport or relocation is not feasible, e.g. alternate location not available or unsafe travel conditions:

- Keep units closed and document the temperatures (CURRENT, MIN, MAX).
- Contact the VFC Program.

<sup>1</sup><http://nmhealth.org/publication/view/help/524/>

<sup>2</sup><http://nmhealth.org/publication/view/help/526/>

## Packaging and Transporting Vaccines

- Document vaccine storage temperatures before, during and after transport. On a Vaccine Transport Log.<sup>4</sup>
- Prepare cooler(s) following VFC guidelines job aids.<sup>5</sup> Notify the key staff listed on this Emergency Plan as appropriate.
- Pack vaccine according to VFC guidelines.
  - Use conditioned frozen water bottles for refrigerated vaccines.<sup>6</sup> Placing refrigerated vaccine directly on frozen packs and packaging it without sufficient insulation may freeze and therefore damage vaccine.
  - Frozen vaccine should only be transported in a frozen vaccine pack-out container. If such a container is not available, leave the frozen vaccines in the freezer and keep the door closed to maintain the temperature.
- Package and prepare diluent.
  - MMR, Varicella and MMR-V diluent can be stored at room temperature or in the refrigerator.
  - Diluents stored in the refrigerator should be transported with refrigerated vaccines.
  - Diluents stored at room temperature should be transported at room temperature.
  - Diluents packaged with their vaccine should be transported with the vaccine.
- Upon arrival at the alternate vaccine storage location, document total vaccine transport time, the temperatures (CURRENT, MIN, MAX) in the transport cooler(s) and the alternate storage unit(s).

## After Power Is Restored

- Verify storage units are functioning properly before attempting to move any vaccine.
- Follow the same transportation procedures and transfer vaccine back to its original storage unit.
- Vaccine kept at the proper temperature during the power outage, whether transported or not, may be used.
- For any vaccine not stored at the proper temperature:
  - Segregate it in the storage unit.
  - Mark it “DO NOT USE.”
  - Contact the VFC Program; be prepared to provide timeframes and temperature information.
- Never return vaccine to the vaccine distributor without VFC Program authorization.

<sup>4</sup><http://nmhealth.org/publication/view/form/525/>

<sup>4</sup><http://nmhealth.org/publication/view/form/527/>

<sup>5</sup><http://nmhealth.org/publication/view/help/524/>

<sup>6</sup><http://nmhealth.org/publication/view/help/526/>

## Signature Log

By signing, I acknowledge I have reviewed and am familiar with the information in this document.

Review			
Date			
Updates and Comments			
Provider of Record name		Signature	
Primary Vaccine Coordinator name		Signature	
Back-up Vaccine Coordinator name		Signature	
Additional Staff		Signature	

Review			
Date			
Updates and Comments			
Provider of Record name		Signature	
Primary Vaccine Coordinator name		Signature	
Back-up Vaccine Coordinator name		Signature	
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