New York State Vaccines For Children Program (NYS VFC)

Vaccine Storage and Handling Plan

Primary Provider and/or Practice Name ____________________________________________ VFC PIN (if renewal) ____________

Vaccines need to be properly stored and administered to ensure maximum efficacy and safety. Check “yes” or “no” for each item. Implement changes for items marked “no.”

Personnel:

[ ] Yes   [ ] No 1. We have designated a primary Vaccines for Children (VFC) vaccine coordinator and a back-up VFC coordinator for this office. He/She will be responsible for ensuring that vaccines are handled and stored appropriately, that all necessary documentation is completed and that all staff are properly trained in the handling and storage of vaccines.

Our VFC coordinator is ____________________________________________________________

Our back up VFC coordinator is ____________________________________________________

[ ] Yes   [ ] No 2. We review this storage and handling plan with all staff annually and with new staff, including temporary staff, when they are hired.

Equipment and Temperature Monitoring:

[ ] Yes   [ ] No 1. We maintain the refrigerator temperature at 35°F-46°F (2°C-8°C), and we aim for 40°F (5°C).

[ ] Yes   [ ] No 2. We maintain the freezer temperature at or below +5°F (-15°C).

[ ] Yes   [ ] No 3. We understand that dormitory style refrigerator/freezer units are no longer acceptable for storage of any VFC vaccines. Dormitory refrigerators are small single-door combined refrigerator/freezer units.

The type of refrigerator we use is (mark all that apply):

[ ] Stand alone, refrigerator (not a dual refrigerator/freezer)
[ ] Stand alone, pharmaceutical-grade refrigerator
[ ] Household type, dual refrigerator freezer

The type of freezer we use is (mark all that apply):

[ ] Stand alone, freezer (not a dual refrigerator/freezer)
[ ] Stand alone, pharmaceutical-grade freezer
[ ] Household type, dual refrigerator/freezer

[ ] Yes   [ ] No 4. Our refrigerator and freezer each contain a calibrated thermometer that has a Certificate of Traceability and Calibration in accordance with National Institute of Standards and Technology (NIST) standards. Thermometers will be recalibrated at least every two years and a valid certificate will be available for NYSDOH regional representatives to review at the time of a site visit. Thermometers with Certificates of Calibration that do not specify a recalibration date will be recalibrated annually. Thermometer probes are located in the center of the storage compartment. Thermometers are inspected monthly for signs of breakage or wear. Ideally, thermometers will have an alarm or alert system that indicates when the temperature may be out of a preset range.

The type of thermometer used for each refrigerator/freezer is:

[ ] Calibrated digital thermometer
[ ] Calibrated digital thermometer built into refrigerator/freezer
[ ] Other calibrated thermometer, please specify: __________________________
We use a temperature probe:

___ Directly exposed to the air
___ In a tube or container holding glass beads
___ In a tube or container holding glycol
___ In a tube or container holding a biosafe liquid other than glycol

We use a continuous data logger which records temperature data via:

___ Paper chart recorder
___ USB connection to computer
___ WiFi connection
___ Other
___ We do not use a data logger

5. Our freezers and refrigerators are not connected to an outlet with a ground-flow circuit interrupter (GFCI) or one activated by a wall switch. We have a “Do Not Unplug” sign next to the electrical outlets for the refrigerator and freezer and “Do Not Stop Power” warning label by the circuit breaker for the electrical outlets.

6. A temperature log will be used to record refrigerator and freezer temperatures twice a day. Temperatures will be taken and recorded manually twice daily regardless of whether or not there is a temperature alarm, a chart recorder thermometer, or a digital data logger. Temperatures are measured and recorded at the start and end of each clinic day. Temperature logs will be recorded on a temperature log provided by the Immunization Action Coalition (IAC) and will kept for a minimum of three years. IAC logs may be obtained at www.immunize.org.

Procedures for Storing Vaccines Correctly:

A. When we receive a vaccine shipment:

1. We examine shipping container for any evidence of damage during transport.
2. We examine cold-chain monitor cards for any evidence of exposure to out-of-range temperatures.
3. We do not accept shipment if reasonable suspicion exists that the delivered product may have been mishandled.
4. We contact the manufacturer when circumstances raise questions about the efficacy of a delivered vaccine. We follow manufacturers’ recommendations.
5. We check expiration date to make sure vaccine has not expired.
6. We place vaccine in an appropriate storage unit immediately.

B. Refrigerator and Freezer Set-Up:

1. We always store vaccines in the appropriate storage unit throughout the office day.
2. We always store vaccines in the center of the storage unit, stacked with air space between the stacks and the sides and back of the unit to allow cold air to circulate around the vaccines.
3. We do not store vaccine on the top shelf of the refrigerator directly under a fan because it could cause the vaccine to freeze.
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Yes  No  4. We do not store vaccines on the door or in the vegetable bins. (These are good places for water or ice packs to help stabilize temperatures.)

Yes  No  5. We do not store food or drink in a refrigerator or freezer where vaccines are stored.

Yes  No  6. We do not store radioactive materials or lab specimens in a refrigerator where vaccines are stored.

Yes  No  7. We store vaccines in their original packaging in clearly labeled uncovered containers with slotted sides that allow air to circulate.

Yes  No  8. We check vaccine expiration dates and rotate our supply of each type of vaccine so that we use the vaccines that will expire soonest.

Yes  No  9. Our publicly purchased vaccine is labeled and can be distinguished from our private stock.

Yes  No  10. We place filled water bottles in the doors and the bottom of refrigerator and ice packs in a freezer to serve as temperature ballast in the event of a power outage.

C. Vaccine Administration:

Yes  No  1. We discard reconstituted vaccines not used within the interval allowed on the package insert.

Yes  No  2. We do not open more than one multi-dose vial of a specific vaccine at a time.

Yes  No  3. We use multi-dose vials of vaccine until the expiration date set by the manufacturer.

Yes  No  4. We always contact the appropriate vaccine manufacturer if there is any question about the storage or handling of any vaccine and inform the Bureau of Immunization.

D. Emergency Action:

Yes  No  1. If refrigerator temperatures are not between 35°F-46°F (2°C-8°C) or the freezer temperature rises above 5°F (-15°C), we immediately adjust the temperature in the unit and check the temperature again within one half hour. If the temperature is still not within range, we immediately segregate the vaccine (place in a bag, labeled “Do Not Use”) and place in a proper working unit if one is available. If no working unit is available, we keep the vaccine isolated in the original unit. We contact the New York State Vaccines for Children (NYS VFC) to report the storage issue. We contact the vaccine manufacturers for guidance regarding the viability of the vaccine and follow the manufacturers’ recommendations.

Yes  No  2. In case of a power outage, we do not open the freezer or refrigerator door. The exception to this would be to transport the vaccine to a working unit.

Yes  No  3. If a power outage results in freezer and/or refrigerator temperatures going out of the recommended range, we call the vaccine manufacturers for guidance and follow the manufacturers’ recommendations. We also report the incident to the NYS VFC as soon as possible.

Yes  No  4. If a power outage is prolonged (more than one hour) we have a written procedure for alternate storage. Our written procedure will be available for a NYS VFC regional representative for review at the time of a site visit. The written procedure will be reviewed and tested with staff once a year.
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E. Ordering Vaccine:

Yes  No  1. We always conduct a physical inventory of our vaccine supply within 14 days of placing an order. Inventory that is entered into the New York State Immunization Information System (NYSIIS) module is physically counted as well.

Yes  No  2. We order VFC vaccine using a VFC Inventory Report and Order Sheet via fax (1-518-449-6912) or email (nyvfc@health.state.ny.us).

Yes  No  3. We keep a copy of our order form so that we can check our order when it arrives.

Yes  No  4. We are prepared to order all vaccines needed for the entire month as VFC is unable to accept more than one order per VFC PIN in any calendar month.

Yes  No  5. We document all immunizations using NYSIIS.

Yes  No  6. We call the NYS VFC at 1-800-543-7468 to inform the NYS VFC staff of any expired or wasted vaccine. NYS VFC staff will guide us on the proper procedure for the return of all publicly purchased, expired or wasted vaccines. They will advise us if revaccination may be necessary.

Yes  No  7. We have a separate procedure for ordering vaccine for our private stock.

We agree to implement the above plan. For any areas marked “no” we will implement needed changes.

Supervising Provider:

Name (Print)  Title (Print)  Email Address (Print)

Signature  Date

Primary VFC Coordinator:

Name (Print)  Title (Print)  Email Address (Print)

Signature  Date

Back Up VFC Coordinator:

Name (Print)  Title (Print)  Email Address (Print)

Signature  Date

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