

VFC Program Emergency Response Plan - Post on outside of refrigerator for all staff

Practice Name:	
Primary Person Responsible:	Phone:
Secondary Person Responsible:	Phone:
Person with 24-hour access:	Phone:

For a Power Outage: If you do not have a generator, identify a location with one (hospital, 24-hour store, etc.). Before transporting, call the back-up location site to ensure that their generator is working and that there is space to store your vaccine! Test your Response Plan to ensure it will work!!

Back-up Location: _____ Phone: _____

How will you be notified of an outage? _____

For Unit Malfunction: Identify an alternate storage unit (or site), which would have the capacity to store vaccine in case of an equipment malfunction or failure:

Back-up Location _____ Phone: _____

Refrigerated vaccines must be transported in a cooler with conditioned frozen water bottles. Frozen vaccines like varicella and MMRV should be transported with a portable freezer.

OTHER RESOURCES:

LHD Contact: _____ Phone: _____

CHECK AND RECORD REFRIGERATOR AND FREEZER TEMPERATURES TWICE A DAY

- Physically inspect the thermometers - once in the AM when the practice opens and once in the PM when the practice closes, even if you close early.

What to do if a power failure occurs, the refrigerator door was left open, the temperature was too cold, the refrigerator/freezer was unplugged, or any other situation which would cause improper storage conditions:

1. Close the door and/or plug in the refrigerator/freezer.
2. Record the current temperature of the refrigerator/freezer.
3. Store the vaccines at appropriate temperatures. Make sure that the refrigerator/freezer is working properly or move the vaccines to a unit that is. Do not automatically throw out the affected vaccine. Quarantine and label the vaccine DO NOT USE.
4. Collect essential data on the reverse side of this sheet and notify the local health department.
5. Call all manufacturers of affected vaccine(s) (see table on the backside).
6. Document all actions taken.

Turn over for Emergency Response Worksheet

EMERGENCY RESPONSE WORKSHEET

Fill out this worksheet prior to calling vaccine manufacturers. This information will assist you on that call and will provide you with a permanent record of the event.

1. Current temperature of refrigerator: _____ Max/min temperature reached: _____
2. Current temperature of freezer: _____ Max/min temperature reached: _____
3. Amount of time temperature was outside normal range: refrigerator _____ freezer: _____

REFRIGERATOR

Vaccine and Lot #	Expiration Date	Amount of Vaccine	# of Opened Vials

FREEZER

Vaccine and Lot #	Expiration Date	Amount of Vaccine	# of Opened Vials

CALL ALL MANUFACTURER(S) OF AFFECTED VACCINE(S):

Vaccine	Manufacturer	Telephone Number
IPOL (Polio), <u>Daptacel (DTaP)</u> , DT, <u>Pentacel (DTaP-IPV-HIB)</u> , <u>Tenivac (Td)</u> , <u>Adacel (Tdap)</u> , <u>ActHIB</u> , <u>Fluzone (Influenza)</u> , IG, Rabies, <u>Menactra (Meningococcal conjugate)</u>	sanofi pasteur	1-800-822-2463
<u>Recombivax (Hep B)</u> , MMR, <u>Varivax (Varicella)</u> , <u>PedvaxHIB</u> , <u>Gardasil (HPV9)</u> , <u>Pneumovax (pneumococcal polysaccharide)</u> , <u>VAQTA (Hep A)</u> , <u>ProQuad (MMRV)</u> , <u>RotaTeg (Rotavirus)</u> , Td, <u>Zostavax (Zoster)</u>	Merck	1-800-672-6372
<u>Infanrix (DTaP)</u> , <u>Pediarix (DTaP-Hep B-IPV)</u> , <u>Enderix B (Hep B)</u> , <u>Fluarix III & IV</u> , <u>Flulaval</u> , <u>Havrix (Hep A)</u> , <u>Hiberix (Hib)</u> , <u>Kinrix (DTaP-IPV)</u> , <u>Cervarix (HPV2)</u> , <u>Boostrix (Tdap)</u> , <u>MenHibrix (HibMenCY)</u> , Rabies, <u>Rotarix (Rotavirus)</u> , <u>Bexsero (MENB)</u> , <u>Menveo (Meningococcal conjugate)</u>	GlaxoSmithKline	1-888-825-5249
<u>Prevnar (PCV13)</u> , <u>Trumenba (MENB)</u>	Pfizer	1-800-438-1985
<u>Fluvirin (Novartis Influenza)</u> , <u>Flucelvax (Novartis Influenza)</u> , <u>Afluria (CSL Influenza)</u>	Seqirus	1-800-234-1464