



Emergency Response Plan



Your Emergency Response Plan must include actions to be taken in the event of refrigerator or freezer malfunction, out-of-range temperatures, power failure, natural disaster or other emergencies that might compromise appropriate vaccine storage conditions. You must complete and remit a copy of this plan.

All staff should review, sign and date the emergency response plan on an annual basis or when there is a change in staff that has responsibilities outlined in the emergency response plan.

FACILITY INFORMATION		
Facility Name:		VFC PIN:
Primary Person Responsible:		
Phone:	Cell:	
Secondary Person Responsible:		
Phone:	Cell:	
Person with 24-Hour Access to Building:		
Phone:	Cell:	
POWER OUTAGE ***REPORT TO THE VFC PROGRAM IMMEDIATELY AT 800.219.3224***		
How will you be notified of a power outage at your facility (alarm, phone call, paging service)? Insert description of how the responsible person will be notified. Who will be notified first, second, etc.?		
1. Name:	Phone:	Cell:
2. Name:	Phone:	Cell:
3. Alarm Company Name (If Applicable):		
Phone:	Cell:	
4. Electric Company:		
Phone:		
If your facility does not have a generator: Identify at least one location with a generator (hospital, pharmacy, nursing home or fire station) that may be used for a back-up location for vaccine storage.		
Alternate Storage Facility (If Applicable):		
Phone:	Cell:	
If your facility has a generator: Who will turn on the generator and maintain it (supplying fuel if needed) during the power outage?		
Name:	Phone:	Cell:
When entering the vaccine storage facility, please do the following:		
Utilize the (insert which entrance) _____ of the building.		
Flashlights will be located on the _____.		
Circuit breakers may be checked and the box is located: _____.		
THEN use the Emergency Response Worksheet to document vaccine that has been subjected to unsafe temperatures.		
LABEL vaccine "DO NOT USE" until the efficacy of the vaccine has been determined.		
SEND a copy of ALL documentation must be sent to the VFC program upon completion.		
TRANSPORT per the Transport Vaccine Procedures.		

MECHANICAL FAILURE OF EQUIPMENT ***REPORT TO THE VFC PROGRAM IMMEDIATELY AT 800.219.3224***		
<p>MECHANICAL FAILURE OF EQUIPMENT INCLUDES situations where the refrigerator or freezer door was left open, the temperature of the refrigerator or freezer was too warm or too cold, the storage unit was unplugged or any other situation which would cause improper storage conditions.</p> <p>TAKE ACTION! Correct the mechanical failure if you can (shut the door, plug in the unit, or move the thermostat to the correct position). If the mechanical failure cannot be immediately rectified refer to the Transport Vaccine Procedures.</p> <p>THEN use the Emergency Response Worksheet to document vaccine that has been subjected to unsafe temperatures.</p> <p>LABEL vaccine "DO NOT USE" until the efficacy of the vaccine has been determined.</p> <p>SEND a copy of ALL documentation to the VFC program upon completion.</p>		
Who needs to be contacted to repair or replace the unit?		
1. Name:	Phone:	Cell:
2. Name:	Phone:	Cell:
3. Name:	Phone:	Cell:
TRANSPORT VACCINE PROCEDURES		
<p>Who will transport the vaccine (personal vehicles may be used)? CDC discourages transporting vaccine in the trunk of a car or in the bed of a truck during weather extremes.</p>		
Name:	Phone:	Cell:
<p>Call: Before transporting vaccine, call the back-up location site to ensure that their generator is working and they are aware you will be transporting vaccine to them. Once you arrive at the back-up location, assure that they are aware of how to properly store and maintain the vaccine while it is in their possession.</p>		
Contact Person at Back-up Location:		
Name:	Phone:	Cell:
<p>Where are ice/gel packs to be used for transport located? _____</p> <p>Insulated containers (styrofoam or vaccine shipping boxes) to use are located: _____</p> <p>Bubble wrap and/or other barrier are located: _____</p> <p>Count and document the lot numbers and expiration dates of all vaccines to be transported.</p> <p>Label vaccine containers with your facility name and contact information.</p> <p>Packing Refrigerator Vaccine: To pack for transport, place ice/gel packs in the bottom of a container, lay a barrier (bubble wrap, crumpled paper, etc.) on top of the ice/gel packs followed by the vaccine and the data logger, cover with another layer of bubble wrap or crumpled paper followed by an additional layer of ice/gel packs. Close lid. Log time and temperature on documents before transport and immediately upon arrival at destination.</p> <p>Packing Freezer Vaccine: MMR (not diluents), MMRV, and Varicella (VAR) must be transported in a separate container with extra ice/gel packs to maintain freezer temperatures. No barrier is needed. Mark the container "Freezer Vaccines" place the vaccine in the container along with a data logger and pack container with enough ice/gel packs to maintain temperature. If temperature exceeds 5°F (-15°C) contact the vaccine manufacturer for assistance. Log time and temperature on documents before transport and immediately upon arrival at destination.</p> <p>Take the most direct route to the back-up location. Directions:</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>Upon Arrival: Open the containers, record the temperatures, inventory the stock (with the receiving person) and ensure that the receiving person places vaccines in the proper storage units which are maintained at the proper temperature ranges.</p>		

REVIEW EMERGENCY PLAN

The emergency plan **must** be reviewed and/or updated annually or when changes in staff occur.

The primary and secondary vaccine coordinators are responsible for training other staff who are responsible for administering vaccines or who may be required to transport vaccine in an emergency situation, following the facility’s vaccine storage and handling plan.

All staff should review, sign and date the emergency plan annually.

Primary Vaccine Coordinator (Print Name):	
Signature:	Date:
Back-Up Vaccine Coordinator (Print Name):	
Signature:	Date:
Additional Staff (Print Name):	
Signature:	Date:
Additional Staff (Print Name):	
Signature:	Date: