

EMERGENCY RESPONSE PLAN (Sample)

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 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.

#1. Location & Contact's Name _____ Ph# _____
#2. Location & Contact's Name _____ Ph# _____

How will you be notified of an outage? _____

Vaccines must be transported in an insulated cooler with a barrier separating the vaccines from the ice/cold packs. **Varicella, MMRV and zoster** may be transported at refrigerator temperature (35°F to 46°F, 2°C to 8°C) for up to 72 continuous hours prior to reconstitution if a portable freezer unit that maintains temperature between -58°F and +5°F (-50°C and -15°C) is not available for transport. If Varicella-containing vaccines must be transported between 35°F to 46°F (2°C -8°C) complete the following actions:

1. Place a calibrated thermometer in the container as close as possible to the vaccine.
2. Record:
 - a. the time the vaccine was removed from the storage unit and placed in the container
 - b. document the time and temperature at the beginning and end of transport
3. According to the vaccine manufacturer, **immediately** upon arrival at the alternate storage facility:
 - a. place **the vaccine in the freezer between -58°F and +5°F (-50°C and -15°C)**. Any freezer that has a separate sealed freezer door and reliably maintains a temperature between -58°F and +5°F (-50°C and -15°C) is acceptable for storage of Varicella-containing vaccines.
 - b. document the time the vaccine was removed from the container and placed in the alternate storage unit.
 - c. Note that this is considered a temperature excursion, so **contact the manufacturer at 1-800-637-2590 for further guidance**.
4. Do not discard vaccine without contacting the manufacturer and VFC Program (207-4015 or 207-4308) for guidance.

If your emergency back-up location is more than 30 minutes away and you have a large quantity of vaccine, consider renting a refrigerated truck to transport your vaccine.

Refrigeration Company _____ Ph# _____

OTHER RESOURCES:

Local Health Department: SAMHD VFC Program Vaccine Management Ph# (210) 207-4015

PREVENT LOSS FROM EXPIRED VACCINES!!

Check and rotate your stock to assure shortest dated vaccine is used first.
(Post vaccine expiration date table)

Notify the SAMHD Immunization Program if vaccines are going to expire within 3 months.
(Vaccine Management (210) 207-4015)

CHECK AND RECORD REFRIGERATOR AND FREEZER TEMPERATURES TWICE A DAY

- Once **first thing in the morning** when the practice opens.
- Once in the afternoon to allow for adjustments prior to the time the practice closes.
- If your facility will be away from the office for longer than a three day period, your facility will be responsible for making arrangements to have vaccines stored at another location with a proper storage unit where temperatures can be taken twice daily.

What to do if a power failure occurs, the refrigerator door was left open, the temperature was too cold, the refrigerator plug was pulled, 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. Mark the vaccine so that the potentially compromised vaccines can be easily identified.
4. Collect essential data on this sheet below and notify the local health department.
5. **Call all manufacturers of affected vaccine(s).**

EMERGENCY RESPONSE WORKSHEET

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

FREEZER

Vaccine and Lot #	Expiration Date	Amount of Vaccine

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

Manufacturer	Telephone Number
Sanofi Pasteur	1-800-822-2463
Merck	1-800-609-4618
GlaxoSmithKline	1-888-825-5249
Pfizer	1-800-438-1985
Novartis	1-800-244-7668
MedImmune	1-877-633-4411