

# EMERGENCY RESPONSE PLAN

Your Emergency Response Plan will include: actions to be taken in the event of refrigerator or freezer malfunction, power failure, natural disasters or other emergencies that might compromise appropriate vaccine storage condition.

Reminder: Your **Vaccine Emergency Response Plan** needs to be updated annually and submitted with your annual VFC application forms. All staff should review, sign and date the emergency response plan on annual basis or when there is a change in staff that has responsibilities specified to the emergency plan.

If your facility already has a written Emergency Response Plan you may submit that document with annual application forms but the document must include all of the following components.

Facility Name: \_\_\_\_\_

Primary Person Responsible: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Secondary Person Responsible: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Person with 24 hour access to building: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**For a Power Outage:** If your facility does not have a generator, identify at least one location with a generator (hospital, pharmacy, fire station) that may be used for a back-up location for vaccine storage.

## Who will be notified in the event of a power outage?

1. Contact's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

2. Contact's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

3. Alarm company name (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

4. Alternate storage facility (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

**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)

**Succession of notification: Who will be notified first, second, third etc.**  
(Insert order of persons being notified)

**My facility has a generator:** Who will turn on the generator and maintain it (supplying gasoline if needed) during the power outage? Name: \_\_\_\_\_

**WHEN** entering the vaccine storage facility, please do the following:

- Utilize the (insert which entrance) \_\_\_\_\_ of the building.
- Flash Lights will be located on the \_\_\_\_\_
- Circuit breakers may be checked and box is located \_\_\_\_\_

**Determine** if vaccine will need to be transported. How long will the power likely be out?

**Power Company phone number:** \_\_\_\_\_

**WHO** will transport the vaccine (yes you may use your own vehicle). Vaccines will not be transported in the trunk of a vehicle.: Name: \_\_\_\_\_

- Dry Ice is available at: \_\_\_\_\_ Phone: \_\_\_\_\_
- Ice/Gel packs to use will be located in freezers in the vaccine storage units

- Insulated containers (Styrofoam or vaccine shipping boxes) needed for transport will be kept at: \_\_\_\_\_
- Bubble wrap or other barrier will be kept at: \_\_\_\_\_

**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. Assure that they are aware of how to properly store and maintain the vaccine while it is in their possession.

**Name:** (contact person at back-up site) \_\_\_\_\_ Phone# \_\_\_\_\_

**Documentation:** Using the **Emergency Response Worksheet** to document current temperatures of the unit and the vaccines affected with expiration dates and **Conduct** and record an inventory before you transport the vaccine.

**Label** vaccines or container as belonging to your facility.

**Vaccines must be transported in an insulated container with a BARRIER separating the vaccines from the Gel/Ice packs.**

**Refrigerator Vaccine:** To pack for transport place ice packs or refrigerated gel packs in the bottom of container, lay a barrier (bubble wrap, crumpled paper etc.) on top of the ice followed by the vaccine and the thermometer, covered with another layer of bubble wrap or crumpled paper followed by an additional layer of ice or gel packs. Close lid. Log time and temperature on transfer form before transport and immediately upon arrival at destination. DO NOT transport in the trunk of a vehicle or in the back of a pick-up truck.

**MMRV and Zoster, MUST BE TRANSPORTED WITH DRY ICE.**

**Location** where dry ice may be purchased: \_\_\_\_\_ Phone # \_\_\_\_\_

**Freezer Vaccine:** MMR (not diluents), MMRV, Varicella (VAR) and Zoster. In container marked "Freezer Vaccines" place vaccine in appropriate container along with thermometer and pack container with enough **dry ice** to maintain temperature. VAR (**not MMRV or Zoster**) may be transported with ice packs. If temperature exceeds 5°F (-15°C) contact the vaccine manufacturer for assistance. **Note: MMRV and zoster must always be transported with dry ice or in a specialty freezer unit.** Log time and temperature on transfer form before transport and immediately upon arrival at destination. DO NOT transport in the trunk of a vehicle or in the back of a pick-up truck.

**MOVE** vaccine to back-up storage:

Take the most direct route to the back-up facility.

DIRECTIONS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Upon arrival:** open the containers, record the temperatures, inventory the stock (with the receiving person) and see that the receiving person places vaccines in the proper refrigeration units which are maintained at the proper temperature ranges.

- CHECK** that vaccine containers are properly labeled with facility name.

## MECHANICAL FAILURE OF EQUIPMENT

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.

### WHAT HAPPENED? Determine if POWER is Lost OR MECHANICAL FAILURE has occurred:

**TAKE ACTION!** Once you have determined mechanical failure has occurred, correct the mechanical failure if you can (shut the door, plug in the unit, move the thermostat to the correct position). If the type of mechanical failure cannot immediately be determined use the following procedures.

**WHO** needs to be contacted to repair or replace the unit? Office manager, Physician or Repair Company?

Responsible Persons' Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Additional contacts: \_\_\_\_\_ Phone# \_\_\_\_\_

Additional contact: \_\_\_\_\_ Phone# \_\_\_\_\_

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**THEN** use the **Emergency Response Worksheet** to proceed.

**Documentation:** Using the Emergency Response Worksheet document current temperatures of the unit and the vaccines affected with expiration dates and amounts of vaccine that have been submitted to unsafe temperatures.

**CALL:** Using the completed Emergency Response Worksheet contact vaccine manufacturers and give them the information from the worksheet.

**RECORD:** Write down the information given by the vaccine manufacturers that you have contacted regarding EACH vaccine that was affected by the mechanical failure.

**TRANSPORT:** If the mechanical failure cannot be immediately rectified refer to the procedures to be followed for transporting vaccine to the back-up location in the event of a power failure.

**CONTACT:** Contact the VFC program at 1-800-219-3224 relaying the information regarding the nature of the mechanical failure OR power outage, the information that you have documented on the Emergency Response Worksheet AND information you were given by the vaccine manufacturers regarding the viability of all the vaccines that were affected.

## Review Emergency Plan

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

The primary and backup 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 office's vaccine storage and handling plan. A simple log sheet with the staff member's name and date of training should be kept as documentation.

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

