



# Emergency Response Plan



*Your Emergency Response Plan must include actions to be taken in the event of refrigeration or freezer malfunction, out-of-range temperatures, power failure, natural disaster or other emergencies that might compromise appropriate vaccine storage conditions. 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. If your facility already has a written Emergency Response Plan you may submit that document with annual application forms, however, the plan must include all of the following components.*

**PRACTICE/CLINIC INFORMATION**

PRACTICE NAME: \_\_\_\_\_ PIN: \_\_\_\_\_

PRIMARY PERSON RESPONSIBLE: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

SECOND 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\*\*\***

<p><b>HOW WILL YOU BE NOTIFIED OF A POWER OUTAGE AT YOUR FACILITY (ALARM, PHONE CALL, PAGING SERVICE)?</b>                  Insert description of how the responsible person will be notified. Who will be notified first, second, third, etc.?</p> <p>1. NAME: _____                  PHONE: _____ CELL: _____</p> <p>2. NAME: _____                  PHONE: _____ CELL: _____</p> <p>3. ALARM COMPANY NAME (IF APPLICABLE): _____                  PHONE: _____ CELL: _____</p> <p><b>IF YOUR FACILITY DOES NOT HAVE A GENERATOR:</b>                  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.</p> <p>ALTERNATE STORAGE FACILITY (IF APPLICABLE): _____                  PHONE: _____ CELL: _____</p> <p><b>IF YOUR FACILITY HAS A GENERATOR:</b>                  Who will turn on the generator and maintain it (supplying fuel if needed) during the power outage?</p> <p>NAME: _____                  PHONE: _____ CELL: _____</p>	<p><b>WHEN ENTERING THE VACCINE STORAGE FACILITY, PLEASE DO THE FOLLOWING:</b></p> <p>Utilize the (insert which entrance) _____ of the building.</p> <p>Flashlights will be located on the _____</p> <p>Circuit breakers may be checked and the box is located: _____</p> <p><b>THEN</b> 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. <b>A COPY OF ALL</b> documentation must be sent to the VFC Program upon completion.</p> <p><b>DETERMINE IF VACCINE WILL NEED TO BE TRANSPORTED:</b></p> <p>How long will the power likely be out? _____</p> <p>Electric Company: _____</p> <p>Phone: _____</p> <p><b>TRANSPORT</b> per the Transport Vaccine Procedures.</p>
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**MECHANICAL FAILURE OF EQUIPMENT \*\*\*REPORT TO THE VFC PROGRAM IMMEDIATELY AT 800.219.3224\*\*\***

**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.

**TAKE ACTION!** To correct the mechanical failure if you can (shut the door, plug in the unit, move the thermostat to the correct position).

If the mechanical failure cannot be immediately rectified, refer to the Transporting Vaccine Procedures.

**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.

**A COPY OF ALL** documentation must be sent to the VFC Program upon completion.

**WHO NEEDS TO BE CONTACTED TO REPAIR OR REPLACE THE UNIT?**

1. **NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

2. **NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

3. **NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**TRANSPORTING VACCINE PROCUDRES:**

**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.

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

Ice/gel packs to use are located in freezers in the vaccine storage units.

Insulated containers (Styrofoam or vaccine shipping boxes) to use are located: \_\_\_\_\_

Bubble wrap and/or other barrier are located: \_\_\_\_\_

**USE THE EMERGENCY REPONSE WORKSHEET:** To document vaccine stored in your storage units in the event of refrigerator or freezer malfunction, out-of-range temperatures, power failure, natural disasters or other emergencies that might compromise appropriate vaccine storage conditions. Document current temperatures of the storage unit and conduct an inventory of all vaccines with lot numbers and expiration dates before transporting the vaccine.

**LABEL:** Vaccines or containers must be labeled with your facility name and contact information.

**PROVIDE A BARRIER:** Vaccines must be transported in an insulated container with a BARRIER separating the vaccines from the ice/gel packs.

**CONTACT PERSON AT BACK-UP LOCATION:**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**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.

**TAKE THE MOST DIRECT ROUTE TO THE BACK-UP LOCATION. 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 storage units which are maintained at the proper temperature ranges.

**REFRIGERATOR VACCINE:** To pack for transport, place ice packs or refrigerated gel packs in the bottom of a container, lay a barrier (bubble wrap, crumpled paper, etc.) on top of the gel or ice packs followed by the vaccine and the thermometer, cover with another layer of bubble wrap or crumpled paper followed by an additional layer of gel or ice packs. Close lid. Log time and temperature on transfer form before transport and immediately upon arrival at destination.

**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 container along with a thermometer and pack container with enough gel packs to maintain temperature. If temperature exceeds 5 degrees F (-15 degrees C) contact the vaccine manufacturer for assistance. Log time and temperature on transfer form before transport and immediately upon arrival at destination. CDC discourages transporting vaccine in the trunk of a car or in the bed of a truck during weather extremes.

**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.

	FIRST NAME	LAST NAME	PHONE	CELL
<b>PRIMARY VACCINE COORDINATOR</b>				
<b>BACK-UP VACCINE COORDINATOR</b>				
<b>ADDITIONAL VFC CONTACT</b>				
<b>ADDITIONAL VFC CONTACT</b>				