



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 VACCINES FOR CHILDREN PROGRAM
VFC PROVIDER RECERTIFICATION

Every medical provider receiving federally purchased vaccine through the VFC program is required to recertify annually. Please complete the packet as thoroughly as possible. Thank you for being a dedicated VFC provider.

FACILITY INFORMATION

FACILITY NAME		VFC PIN
FACILITY ADDRESS (NO PO BOX)		
CITY	STATE	ZIP
TELEPHONE	FAX	COUNTY
MAILING ADDRESS (IF DIFFERENT THAN FACILITY ADDRESS)		
CITY	STATE	ZIP

VFC VACCINE CONTACTS

PRIMARY VACCINE COORDINATOR NAME		
TELEPHONE (DIRECT LINE)	EXT.	EMAIL
COMPLETED ANNUAL TRAINING <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE OF TRAINING RECEIVED	
BACK-UP VACCINE COORDINATOR NAME		
TELEPHONE (DIRECT LINE)	EXT.	EMAIL
COMPLETED ANNUAL TRAINING <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE OF TRAINING RECEIVED	

VACCINE DELIVERY SCHEDULE

Between the hours of 8:00 am and 5:00 pm, note the days of the week and times you are available to receive vaccine deliveries.

	Open	Lunch Start	Lunch End	Close
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

VFC VACCINE STORAGE UNITS

Refrigerator	# of Units	Freezer	# of Units
<input type="checkbox"/> Biomedical (Under Counter)	_____	<input type="checkbox"/> Small (Under Counter)	_____
<input type="checkbox"/> Freezerless (Stand Alone)	_____	<input type="checkbox"/> Chest (Stand Alone)	_____
<input type="checkbox"/> Pharmacy Grade (Large Capacity)	_____	<input type="checkbox"/> Upright (Stand Alone)	_____
<input type="checkbox"/> Combination (Household Unit)	_____	<input type="checkbox"/> Pharmacy Grade (Commercial)	_____
		<input type="checkbox"/> No Frozen Vaccine	

PROVIDER TYPE

<input type="checkbox"/> Public Health Department or Local Public Health Agency (LPHA)	<input type="checkbox"/> Private Practice
<input type="checkbox"/> Federally Qualified Health Center (FQHC)	<input type="checkbox"/> Private Hospital
<input type="checkbox"/> Rural Health Center (RHC)	<input type="checkbox"/> Other Private _____
<input type="checkbox"/> Other Public _____	

PROVIDER RECERTIFICATION

VACCINES OFFERED (SELECT ONE BOX)

- All ACIP Recommended Vaccines for Children 0 through 18 years of age.
 Offers Select Vaccines (This option is only available for facilities designated as Specialty Providers by the VFC Program).

A "Specialty Provider" is defined as a provider that only serves (1) a defined population due to the practice specialty (e.g. OB/GYN; STD Clinic; Family Planning) or (2) a specific age group within the general population of children ages 0-18. Local health departments and pediatricians are not considered specialty providers. The VFC Program has the authority to designate VFC providers as specialty providers. At the discretion of the VFC Program, enrolled providers such as a pharmacies and mass vaccinators may offer only influenza vaccine.

SPECIALTY OR SPECIALTY PROVIDER TYPE

- STD Clinic OB/GYN Family Planning Other _____

SELECT VACCINES OFFERED BY SPECIALTY PROVIDER:

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> DTap | <input type="checkbox"/> Hib | <input type="checkbox"/> MMR | <input type="checkbox"/> Rotavirus |
| <input type="checkbox"/> Influenza | <input type="checkbox"/> HPV | <input type="checkbox"/> Pneumococcal Conjugate | <input type="checkbox"/> TD/Tdap |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Meningococcal ACWY | <input type="checkbox"/> Pneumococcal Polysaccharide | <input type="checkbox"/> Varicella |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Meningococcal B | <input type="checkbox"/> Polio | <input type="checkbox"/> Other; specify _____ |

PROVIDER POPULATION

Estimate the number of children by age group who receive immunizations at your facility. Only count a child once based on the status at the last immunization visit, regardless of the number of visits made. The following table documents how many children by category received VFC vaccine and how many received non-VFC vaccine in the previous 12 months.

Estimate the % of patients 0-18 years of age who are VFC eligible. _____

VFC Vaccine Eligibility Categories	Number of children who received VFC vaccine by age category			
	<1 Year	1-6 Years	7-18 Years	Total
Medicaid Eligible				
No Health Insurance				
American Indian or Alaskan Native				
Underinsured (FQHC/RHC/DEPUTIZED LPHAs ONLY) ¹				
Total VFC Eligible				
Non-VFC Vaccine Eligibility Categories	Number of children who received non-VFC vaccine by age category			
	<1 Year	1-6 Years	7-18 Years	Total
Insured (Private Pay/Health Insurance Covers Vaccine) ¹				
Children's Health Insurance Program (CHIP) ²				
Total Needing Immunizations (VFC + Non-VFC):				
Eligible for Non-VFC 317 Vaccine (LPHAs ONLY)³	19+ Years (LPAHs ONLY)=			

¹ Underinsured includes children with health insurance which does not cover vaccines or only covers specified vaccine types. Children are only eligible for VFC vaccines if those vaccines are not covered by their insurance.

In addition, to receive VFC vaccine, underinsured children must be vaccinated through a FQHC or RHC or under a deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate underinsured children. All LPHAs in Missouri are deputized providers.

² CHIP - Children enrolled in the state Children's Health Insurance Program (CHIP). These children are considered insured and are not eligible for vaccines through the VFC program. Each state provides specific guidance on how CHIP vaccine is purchased and administered through participating providers.

³ LPHAs receive Section 317 funding to vaccinate uninsured and underinsured adults.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
VACCINES FOR CHILDREN PROGRAM
CERTIFICATION OF CAPACITY TO STORE VACCINE

Please review all the terms of this agreement carefully. To participate in the VFC Program and receive federally-procured vaccine, providers must acknowledge and agree to conditions in this agreement.

COMPLY WITH STORAGE AND HANDLING REQUIREMENTS

All VFC providers must comply with Missouri's VFC Refrigerator/Freezer Unit Requirements found at health.mo.gov/living/wellness/immunizations/pdf/624.pdf.

New providers must use stand along refrigerator and stand alone freezer units for storage of vaccine. Small dormitory refrigerators are not allowed for vaccine storage even for daily use.

DESIGNATED A VACCINE COORDINATOR

Designate one fully trained staff members to be the primary vaccine coordinator and at least one individual to be the back-up and ensure on-going training.

SETUP REFRIGERATOR AND FREEZER PROPERLY

See Vaccine Refrigerator and Freezer Setup found at health.mo.gov/living/wellness/immunizations.

Ensure space to allow air flow.

Keep vaccines away from the walls, floor and other boxes.

Group vaccines by type and clearly label the designated space for each vaccine.

Place probe in the center of the refrigerator or freezer.

Do not store food in the refrigerator or freezer.

Do not store vaccine in the doors or drawers.

Remove drawers and fill the space with water bottles in the refrigerator and ice packs in the freezer.

USE CERTIFIED CALIBRATED DATA LOGGERS

Data loggers must be certified in accordance with the National Institute of Standards and Technology. Additionally, any type of temporary storage requires a certified data logger. All Missouri VFC providers must have a certified, calibrated data logger for each unit storing VFC vaccine and a back-up data logger for temporary vaccine storage or transferring vaccine.

STORE VACCINE AT RECOMMENDED TEMPERATURES

Store frozen vaccines at 5°F or below or -15°C or colder. *(The ideal temperature is 0°F or -18°C to keep temperatures from getting too warm.)*
Refrigerate all other vaccines at 36°F to 46°F or 2°C to 8°C. *(The ideal temperature is 40°F or 4°C to keep temperatures from getting too warm or too cold.)*

CHECK AND RECORD REFRIGERATOR AND FREEZER TEMPERATURES TWICE A DAY

Temperatures should be checked and recorded first thing in the morning and at close of business.

Temperatures must be recorded on an appropriate temperature log or entered for submitting via the vaccine Ordering System (VOS).

If the temperature is out-of-range, immediate action must be taken to correct improper vaccine storage conditions. Document all actions taken on the temperature log or not in VOS temperature log comments and contact your assigned VFC liaison immediately.

At the end of the day, check to make sure that refrigerator and freezer doors are shut.

KEEP VFC VACCINE SEPARATE FROM PRIVATELY PURCHASED VACCINE

Must be able to clearly distinguish public and private vaccine stock. Vaccine should be labeled either VFC or private for clear identification and ideally kept on different shelves to minimize potential confusion.

MAINTAIN AND ROTATE STOCK

Rotate stock by placing short-dated vaccine in the front.

Keep Vaccine in original packaging until used.

If you have vaccine that will expire within 90 days, efforts should be made to ensure the vaccine will be utilized or transfer to your local health department or another area VFC provider.

MONITOR CAPACITY TO STORE VACCINES ESPECIALLY DURING FLU SEASON

Inventory vaccine and ensure that there is enough space in the refrigerator and freezer before ordering.

CERTIFICATION OF CAPACITY TO STORE VACCINE

CONTACT YOUR VFC LIAISON IMMEDIATELY IF YOU HAVE STORAGE AND HANDLING PROBLEMS WITH VFC VACCINE SHIPMENTS

Vaccine shipments must be inspected immediately upon delivery to confirm the contents and verify that the temperature monitors indicate vaccine has not been exposed to temperatures outside the appropriate range. Any issue with the vaccine shipments must be reported to your VFRC liaison immediately.

CONTACT YOUR VFC LIAISON IF YOU HAVE STORAGE AND HANDLING CONCERNS

If you have any problems with your refrigerator or freezer, keep the refrigerator or freezer doors shut and notify your VFC liaison. Ensure that your Emergency Response Plan is current and an alternate location has been identified.

This spaces was left blank intentionally.

You will be held financially responsible for replacing vaccine doses due to negligence if the above procedures are not followed.

SIGNATURE

MEDICAL LICENSE NUMBER

DATE

By signing your name, entering your medical license number and date, you, on behalf of yourself and all practitioners associated with this medical office, group practice, health department, specialty clinic, hospital or other entity of which you are the physician-in-charge, medical director or equivalent, agree to comply with each of the VFC program requirements



PROVIDER PARTICIPATION AGREEMENT

To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent.

PROVIDER AGREEMENT

1.	I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.
2.	<p>I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:</p> <ol style="list-style-type: none">1. Federally Vaccine-eligible Children (VFC eligible)<ol style="list-style-type: none">a. Are an American Indian or Alaska Native;b. Are enrolled in Medicaid;c. Have no health insurance;d. Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a FQHC, or RHC or under an approved deputization agreement.2. State Vaccine-eligible Children<ol style="list-style-type: none">a. In addition, to the extent that my state designates additional categories of children as "state vaccine-eligible", I will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses (including 317 funded doses) to such children. <p>Children aged 0 through 18 years that do not meet one or more of the eligibility federal vaccine categories (VFC eligible), are not eligible to receive VFC purchased vaccine.</p>
3.	<p>For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program unless:</p> <ol style="list-style-type: none">1. In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the child;2. The particular requirements contradict state law, including laws pertaining to religious and other exemptions.
4.	I will maintain all records related to the VFC program for a minimum of three years and upon request make these records available for review. VFC records include, but are not limited to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.
5.	I will immunize eligible children with publicly supplied vaccine at no charge to the patient for the vaccine.
6.	I will not charge a vaccine administration fee to non-Medicaid federal vaccine eligible children that exceeds the administration fee cap of \$21.53 per vaccine dose. For Medicaid children, I will accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.
7.	I will not deny administration of a publicly purchased vaccine to an established patient because the child's parent/guardian/individual of record is unable to pay the administration fee.
8.	I will distribute the current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).
9.	<p>I understand that beginning January 1, 2021, in order to continue participation in the VFC program I will be required to utilize ShowMeVax for the following:</p> <ol style="list-style-type: none">1. Ordering and appropriately documenting shipments received;2. Managing and reconciling VFC inventories;3. Reporting wastage, transfers, and returns;4. Recording temperature data from temperature logs two times per day (morning and afternoon);5. Borrowing and replacement of vaccines; and6. Documenting vaccine administration per patient.

PROVIDER PARTICIPATION AGREEMENT

10.	<p>I will comply with the requirements for vaccine management including:</p> <ol style="list-style-type: none"> 1. Ordering vaccine and maintaining appropriate vaccine inventories; 2. Not storing vaccine in dormitory-style units at any time; 3. Storing vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and, temperature monitoring equipment and practices must meet Missouri Department of Health and Senior Services (DHSS) storage and handling recommendations and requirements; and 4. Returning all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration.
11.	<p>I agree to operate within the VFC program in a manner intended to avoid fraud and abuse. Consistent with "fraud" and "abuse" as defined in the Medicaid regulations at 42 CFR § 455.2, and for the purposes of the VFC program:</p> <p>Fraud: is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.</p> <p>Abuse: provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, (and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient); or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.</p>
12.	<p>I will participate in VFC program compliance site visits including unannounced visits, and other educational opportunities associated with VFC program requirements.</p>
13.	<p>For providers with a signed deputization Memorandum of Understanding between a FQHC or RHC and the Missouri Department of Health and Senior Services (DHSS) to serve underinsured VFC-eligible children, I agree to:</p> <ol style="list-style-type: none"> 1. Include "underinsured" as a VFC eligibility category during the screening for VFC eligibility at every visit; 2. Vaccinate "walk-in" VFC-eligible underinsured children; and 3. Report required usage data <p>Note: "Walk-in" in this context refers to any underinsured child who presents requesting a vaccine; not just established patients. "Walk-in" does not mean that a provider must serve underinsured patients without an appointment. If a provider's office policy is for all patients to make an appointment to receive immunizations then the policy would apply to underinsured patients as well.</p>
14.	<p>Should my staff, representative, or I access ShowMeVax, I agree to be bound by DHSS' terms of use for interacting with the online ordering system.</p> <ol style="list-style-type: none"> 1. I agree to be bound to any applicable federal laws, regulations, or guidelines related to accessing ShowMeVax and ordering publicly funded vaccines. 2. In advance of any ShowMeVax access by my staff, representative or myself, I will identify each member of my staff or representative who is authorized to order vaccines on my behalf. 3. I will maintain a record of each staff member who is authorized to order vaccines on my behalf. If changes occur, I will inform DHSS within 24 hours of any new staff authorized to order on my behalf. 4. I certify that my identification is represented correctly on this provider enrollment form.
15.	<p>I understand that beginning January 1, 2021, in order to use ShowMeVax for participation in the Vaccines for Children program I will be required to view the Vaccines for Children Program online training. I will complete the survey at the end of the training to obtain a certificate and verify the completion of the training.</p>
16.	<p>I agree to replace vaccine purchased with state and federal funds (VFC, 317) that are deemed non-viable due to provider negligence, misuse, or mishandling of vaccines on a dose-for-dose basis.</p>
17.	<p>I understand this facility or Missouri Department of Health and Senior Services may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the Missouri Department of Health and Senior Services.</p>
<p>By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.</p>	
<p>MEDICAL DIRECTOR OR EQUIVALENT NAME (PRINT)</p>	
SIGNATURE	DATE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 VACCINES FOR CHILDREN PROGRAM
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
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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 (IF APPLICABLE)

PHONE	CELL
-------	------

4. ELECTRIC COMPANY	PHONE
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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.

EMERGENCY RESPONSE PLAN

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

EMERGENCY RESPONSE PLAN

MECHANICAL FAILURE OF EQUIPMENT

REPORT TO THE VFC PROGRAM IMMEDIATELY AT 800.219.3224

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.

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.

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 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

TRANSPORT VACCINE PROCEDURES

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

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.

Contact Person at Back-up Location:

NAME	PHONE	CELL

Where are ice/gel packs to be used for transport located? _____

Insulated containers (styrofoam or vaccine shipping boxes) to use are located: _____

Bubble wrap and/or other barrier are located: _____

Count and document the lot numbers and expiration dates of all vaccines to be transported.

Label vaccine containers with your facility name and contact information.

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.

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.

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 ensure that the receiving person places vaccines in the proper storage units which are maintained at the proper temperature ranges.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 VACCINES FOR CHILDREN PROGRAM
VACCINE MANAGEMENT PLAN

The Vaccine Management Plan follows the “Vaccine Management Guidance” found in the VFC program manual. It provides guidance on vaccine storage and handling, vaccine ordering, vaccine shipments, vaccine inventory control and vaccine wastage plans. You must complete and remit a copy of this plan.

FACILITY INFORMATION

FACILITY NAME		VFC PIN
PRIMARY VACCINE COORDINATOR	PHONE	CELL
BACK-UP VACCINE COORDINATOR	PHONE	CELL

VACCINE STORAGE AND HANDLING

Responsibilities Include:

- Will only open one box of vaccine at a time.
- Will not “dump” vaccine into other containers (even if they are the same vaccine).
- Check and use vaccine within time frames specified by manufacturer’s labeling and recommendations prior to administration.
- Ensure vaccines are not “pre-drawn” from their vials.
- Ensure vaccines are kept away from sides and back of the refrigerator.
- Remove produce drawers and place bottles of water in that space.
- Ensure vaccines are not stored in the door of the refrigerator and place bottles of water in that space.
- Line the freezer sides and floor with ice packs.
- Regularly check all storage units to ensure adequate air circulation is occurring around vaccine and that vaccine has not been placed in closed bins (such as the plastic closed containers supplied by drug manufacturer representatives).
- Take appropriate steps to ensure refrigerators and freezers are not unplugged accidentally, the “Do Not Unplug” sticker is visible, and the use of plug guards or other means to secure plugs are in place.
- Ensure that units are plugged directly into outlets and not into power strips or extension cords.
- Identify and label the circuit breakers for the vaccine refrigerators and freezers using the “Do Not Turn Off” stickers or similar labeling.
- Ensure that all staff are proficient in their ability to properly pack vaccine for transfer or emergency shipping.
- Ensure that all staff are proficient in their ability to read data loggers, know correct temperature ranges, and can properly record temperatures on correct (F or C) temperature log sheets or enter for submitting via Vaccine Ordering System.
- Ensure that temperatures are taken twice per day AM/PM when clinic is open and logged on an appropriate (F or C) temperature log or entered for submitting via VOS.
- VFC office coordinator or designee will record temperatures daily. Temperature logs that contain out-of-range temperatures that are marked “Yes” indicating temperature was within range, is considered negligence.
- If at any time there is a break in the cold chain the VFC program is to be immediately notified and provided with the completed Emergency Response Worksheet.
- Ensure that all required VFC monthly reports are submitted to the VFC program on time via Vaccine Ordering System.
- Maintain a simple training log documenting staff training.

VACCINE ORDERING

Responsibilities Include:

- Ensure that all orders are made by ordering the number of vaccine doses needed, not the number of boxes.
- Ensure that if more than one vaccine manufacturer is available, order one brand as much as possible to lessen administration and accounting errors.
- Ensure that all orders include VFC PIN and provider name.
- Ensure that the vaccine ordered is only to maintain approximately a 30-45 day supply of vaccine.
- Ensure that the vaccine orders, accountabilities, and temperature logs are submitted electronically via VOS or paper.
- Ensure that all vaccine orders are submitted properly with required documentation.
- Temperature logs are to be documented from the first day of the month through the close of business the last day of the month.
- Temperature logs are due to the VFC program the first business day of every month.
- Ensure that all monthly reports are submitted within the assigned ordering schedule to assure provider remains in good standing and orders can be processed without delay.

VACCINE MANAGEMENT PLAN

VACCINE SHIPMENTS

Responsibilities Include:

- Upon receipt of vaccine, immediately examine all vaccine shipments for damage, or opening prior to receipt, contacting the VFC program within two hours of delivery if abnormalities are noted.
- Immediately open the shipping box and count vaccines received, comparing the numbers against shipping invoice and order form, checking the temperature indicator to ensure vaccine cold chain has been maintained, contacting the VFC program within two hours of delivery if abnormalities are noted.
- Immediately store vaccines in the appropriate refrigeration storage units, checking expiration dates and placing the order received in the proper stock rotation to assure vaccines with the shortest expiration date are used first.
- Maintain vaccine packing slip from manufacturers for three years.

VFC Highly Recommends:

- Documenting the date and time your order was received on packing slip.
- Writing the expiration date in black marker on top of vaccine box.
- Taping boxes of vaccine shut that are not already secured by the manufacturer to avoid opening more than one box of vaccine at a time and to help facilitate your monthly vaccine inventory count.

INVENTORY CONTROL (INCLUDES STOCK ROTATION & VACCINE TRANSFER)

Responsibilities Include:

- Check expiration dates monthly.
- Put the expiration date on the box so it is easily visible yet not obscuring vital vaccine information on the box.
- Rotate vaccine as needed to ensure that the shortest expiration dated vaccine is used first.
- Ensure that vaccine does not expire.
- If expiration date is within 90 days, contact the local public health agency and a minimum of two other VFC provider to see if they will accept a transfer.
- Before transfer is made, contact the VFC program at 800.219.3224 for transfer approval.

Responsibilities for Vaccine Transfers Include:

- Contact the VFC program at 800.219.3224 prior to transfers.
- Transport vaccine per the Emergency Response Plan: Transport Vaccine Procedures. Ensure vaccine is properly packed.
- Complete a Vaccine Transfer form to take with the vaccine to the new location. 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. If vaccine has been placed in a closed zip lock bag for transfer, remove from zip lock bag and place in storage units.
- After transfer is complete, submit the transfer electronically via Vaccine Ordering System or fax a copy of the completed Vaccine Transfer form to the VFC program at 573.526.5220.

VACCINE WASTAGE

Responsibilities Include:

- In the event that vaccine is wasted, the wastage must be reported to the VFC program. Wastage can be reported electronically via a VOS wastage or return form or fax a copy of the completed Vaccine Wastage and Return form to the VFC program at 573.526.5220.
- Upon receipt of a wastage report your VFC liaison will process the wastage form, which will generate a Vaccine Return ID and request a pre-paid return label from McKesson for all returnable vaccine. You will be emailed or faxed a copy of the Vaccine Return ID, which must be included with the vaccine being returned. The vaccine in the box and the vaccine listed on the Vaccine Return ID need to match.
- Ensure the wastage vaccine amounts are deducted from your monthly SMV inventory and dosage or vaccine accountability form submitted to the VFC program. Vaccine that is unaccounted for will be considered wastage and is subject to replacement.
- **ALL** wastage must be entered in VOS prior to submitting monthly inventory and dosage forms.

You will be held financially responsible for replacing vaccine doses due to negligence if the above procedures are not followed.

SIGNATURE

MEDICAL LICENSE NUMBER

DATE

By signing your name, entering your medical license number and date, you, on behalf of yourself and all practitioners associated with this medical office, group practice, health department, specialty clinic, hospital or other entity of which you are the physician-in-charge, medical director or equivalent, agree to comply with each of the VFC program requirements.