



Section 5: Vaccine Emergency Plan Template

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Vaccine Emergency Plan Overview

The Oregon Immunization Program requires your clinic to develop a vaccine emergency plan in advance of an emergency situation. Having a plan in place and implementing it during an emergency will protect vaccine and save money.

The template in the following pages, once completed for your clinic, can be used to fulfill this requirement.



This plan was last updated on:

Your vaccine emergency plan must include the following items:

1. Primary and backup staff responsible for packing and moving vaccine to a safe location
2. Alternate storage facility
3. Instructions for staff to access the office and vaccine storage units after hours
4. If your clinic has a backup generator, instructions for operating and maintaining your generator
5. Description of appropriate packing materials on hand and their location within your office
6. Instructions for packing vaccines for transport
7. Specifications of vaccine storage units (type, brand, model number, and serial number)
8. A list of emergency phone numbers for local utility companies, repair technician, alarm monitoring company, etc



Keep a copy of your vaccine emergency plan in an envelope attached to your vaccine storage unit so it's easily accessible by all staff.

Primary and Backup staff should keep a copy of this plan off-site in case they respond after hours.

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Primary and Backup Staff

It is the direct responsibility of designated staff to ensure all emergency vaccine handling procedures are followed.

In an emergency, contact the following people in the order listed:

1. Responsible staff: _____

Primary Phone

Secondary Phone

2. Backup staff: _____

Primary Phone

Secondary Phone

3. Other: _____

Primary Phone

Secondary Phone

4. Other: _____

Primary Phone

Secondary Phone

5. Other: _____

Primary Phone

Secondary Phone

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Alternate Vaccine Storage Facility

Your alternate vaccine storage facility must have proper refrigerator and freezer units, temperature-monitoring capabilities, and a backup generator. A safe location might be:

- Local health department
- Local hospital or pharmacy
- Local jail or fire station
- Other clinic with backup emergency power



Use the **OPTIONAL** Vaccine Relocation Agreement Template, available on the next page.

Call to notify of intent to transfer vaccines:

Facility Name: _____

Facility Address: _____

Contact(s): _____

Phone number: _____

Email: _____

Special instructions: _____

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Optional Alternate Vaccine Storage Agreement

_____ [Site A] and _____ [Site B] have agreed that during a power outage or equipment failure, Site A may store its vaccine and other refrigerated pharmaceuticals in Site B's refrigerator and/or freezer with backup generator.

Site A will contact Site B prior to transporting vaccine.

This agreement is effective as of _____ and will remain until modified or terminated as agreed upon by both sites.

(Signature of Site A Administrator or Manager)

Date

(Signature of Site B Administrator or Manager)

Date

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After-Hours Building Access

Use the space below for instructions for entering your building and vaccine storage location when the building is closed. Primary and backup staff should keep a copy of the vaccine emergency plan off-site, along with building keys and alarm codes if necessary.

Alarm codes and instructions: _____

Doors, locks, and keys: _____

Light switches and flashlights: _____

Circuit breaker location and instructions: _____

Generator Instructions

Location of generator and fuel: _____

Operating instructions: _____

Routine maintenance and generator testing instructions: _____

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Packing Materials Checklist

Keep the following materials on hand. A sufficient amount should be available to pack your entire vaccine supply.

Packing materials:

- Insulated containers
- Cold packs or ice packs
- Packing tape
- Cardboard (use as buffer layer between vaccines and cold packs)
- Protective material (crumpled paper or bubble wrap to protect vaccine from damage during transport)
- Backup continuous tracking thermometer

Location of packing materials: _____

Location of backup thermometer: _____

Special instructions: _____

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Emergency Transport Procedures



Do not open refrigerator until you are ready to take an inventory and pack vaccine for transport.

Emergency Transport Procedures Checklist:

- Contact alternate storage facility with estimated time of arrival, and approximate length of needed storage assistance
- Collect and prepare packing materials and containers
- Prepare to take an inventory
- Remove vaccine from storage unit, and take inventory.
Include:
 - a. Vaccine type/brand
 - b. Number of doses
 - c. Lot number
 - d. Expiration date
- Pack vaccines according to transport guidelines. Include:
 - a. Inventory sheet in shipping container
 - b. Continuous tracking thermometer
- Transport to: _____
(Site B)
- Exchange contact information with staff at receiving site. Include name/title and phone numbers



If you have a written agreement, bring a copy to give to the receiving site



If you use the ALERT IIS inventory module and you have power, you can print your inventory from ALERT IIS.

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Vaccine Storage Unit Information

Name/Location	Brand	Model	Serial Number

Local Utilities, Equipment Repair, Alarm Monitor, etc.:

Type	Company	Contact Name	Phone Number
Oregon Immunization Program main line			971-673-0300
VFC Health Educator			
Power company			
Refrigeration repair			
Thermometer repair/ calibration			
Temperature alarm monitoring			
Perimeter alarm monitoring			
Generator repair			
Alternate storage site			
Other			