

# Oregon Vaccine Management Guide



oregon  
vaccines for children

## CLINIC INFORMATION

Clinic name:	VFC PIN:	ALERT IIS number:
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## KEY STAFF

Responsible provider:
Primary VFC contact:
Back-up VFC contact:

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# Section 1: VFC requirements

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## Overview

Clinics enrolled in the Oregon Vaccines for Children (VFC) Program must:

- Communicate any changes to key staff to the Oregon Immunization Program within 30 days (responsible provider, primary VFC contact, or back-up VFC contact).
- Screen a patient at every immunization visit to find out if they are eligible for VFC or not. Document the vaccine eligibility code in the patient's medical record.
- Administer VFC vaccine only to a child or adolescent through age 18 who meets VFC eligibility criteria.
- Keep all records that relate to VFC for a minimum of three years. This includes:
  - » Borrowing logs
  - » Temperature logs, and
  - » Vaccine storage troubleshooting records.
- Keep the current Vaccine Management Guide in a place where it is easily accessible to clinic staff working with vaccines. Dispose of outdated materials promptly.
- Offer all routinely recommended Advisory Committee on Immunization Practices (ACIP) vaccines. Make non-routine ACIP recommended vaccines available.
- Provide a current Vaccine Information Statement (VIS) in the patient's primary language. Do so at every immunization visit before administering vaccine. Ensure all VIS documents are up-to-date and discard out-of-date VISs.
- Maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA).
- Do not charge for the cost of a state-supplied vaccine.
- Do not bill an administration fee in excess of \$21.96 to a patient who receives state-supplied vaccine.
- Waive administration fees on state-supplied vaccine if a patient cannot pay.
- Comply with standards outlined in Oregon Administrative Rule 333.047:
  - » Report all immunizations to ALERT Immunization Information System (IIS) with a valid vaccine eligibility code within 14 days of administration.
  - » Use the ALERT IIS inventory and ordering modules to manage your private and state-supplied vaccine stocks.
  - » Ensure at least two clinic employees complete three Oregon VFC online training modules on vaccine management at least once every other year.
- Comply with all VFC standards for vaccine management as outlined in this guide. Standards include:
  - » A written plan for vaccine management.
  - » Use of storage equipment and thermometers that meet requirements outlined in this document.

- » Document minimum and maximum temperatures daily. Review of digital data loggers weekly.
- » Notify the Oregon Immunization Program (OIP) when state-supplied vaccine has been stored outside the appropriate temperature range.
- » Provide OIP with temperature logs when requested.
- » Comply with VFC transfer and vaccine return policies.
- » Comply with OIP's policy on vaccine borrowing.
- Recertify with the program yearly. This includes reviewing and updating the VFC Provider Agreement and Profile.
- Ensure at least the primary and back-up VFC contacts complete the "Oregon VFC Overview and Self-Assessment" training module once a year.
- Fully take part in VFC program compliance visits. This includes unannounced site visits.
- Public providers who have signed a Deputization Memorandum of Understanding with a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) agree to:
  - » Serve underinsured VFC-eligible children
  - » Serve underinsured patients who meet VFC requirements, and
  - » Vaccinate "walk-in" VFC-eligible children.\*
- Pharmacies, urgent care and school-located vaccine clinics agree to vaccinate all "walk-in" VFC-eligible children.\*
- Ensure at least two clinic staff maintain a subscription to the Oregon VFC Listserv. This Listserv is the primary way requirements are communicated to Oregon VFC clinics.
- Unless otherwise named, requirements apply to both state-supplied and privately purchased vaccine.

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\* "Walk-in" refers to any VFC-eligible child who requests a vaccine, not just established patients. Providers do not have to serve patients without an appointment. If a provider's office policy is for all patients to make an appointment for vaccines, the policy applies to VFC patients as well.

## Section 2: Employee training plan

VFC training requirements and recommendations				
Training	Required/recommended	Who should take it	How often	Website
Review Vaccine Management Guide	Required	All staff handling vaccine	Every year	n/a
VFC overview and self-assessment	Required	Primary and Back-up VFC coordinator	Every year	<a href="http://bit.ly/ORVFCtraining">http://bit.ly/ORVFCtraining</a>
Vaccine management 1. Preparing vaccines 2. Administering vaccines 3. Storing vaccines	Required	Primary and Back-up VFC coordinator (other immunizing staff recommended)	Every two years	
ALERT IIS standard user trainings	Required	All staff accessing ALERT IIS	Once	<a href="http://bit.ly/EnrollALERT">http://bit.ly/EnrollALERT</a>
ALERT IIS super user	Required	At least one person per clinic	Once	
ALERT IIS vaccine inventory	Required	Anyone helping with inventory	Once	<a href="http://bit.ly/ALERTInventory">http://bit.ly/ALERTInventory</a>
ALERT IIS vaccine ordering	Required	Anyone ordering state-supplied vaccine	Once	
ALERT IIS vaccine borrowing	Required	Anyone helping with inventory	Once	
ALERT IIS reports (accountability, ad hoc, assessment, reminder/recall, data monitoring, etc.)	Recommended	Staff involved in quality assurance and improvement	When needed	<a href="http://bit.ly/ReportsTraining">http://bit.ly/ReportsTraining</a>
Clinic-specific training				
Training	Required/recommended	Who should take it	How often	Website

Note: Clinics must keep the most recent training certificates for VFC-related training that staff members attend.

## VFC task list

VFC clinic staff must ensure that vaccine is appropriately stored and managed at all times.

<b>Daily tasks</b>	Take once daily minimum and maximum temperatures. Do so at the start of the day.
	Document all immunizations.
<b>Weekly</b>	Download and review data loggers.
	Rotate vaccine stock.
<b>Monthly</b>	Do a vaccine inventory count.
	Adjust ALERT IIS inventory to match physical inventory.
	Troubleshoot any data quality issues you discover due to inventory count.
<b>Annually</b>	VFC Recertification (January).
	Flu vaccine management: <ul style="list-style-type: none"> <li>• Prebook flu vaccine for upcoming season (January)</li> <li>• Return expired flu vaccine (July)</li> </ul>
	Review/update Vaccine Management Guide, sign and date.
	Take VFC overview and self-assessment training (primary and back-up contacts).
<b>Every other year</b>	Take Vaccine Management Trainings (at least two staff).
	The trainings cover: <ul style="list-style-type: none"> <li>• Storing vaccines</li> <li>• Preparing vaccines, and</li> <li>• Administering vaccines.</li> </ul>
	Complete a VFC site visit.
	Calibrate thermometers.
<b>As needed</b>	Place vaccine orders (after you submit the reconciled inventory count).
	Document borrowed doses and pay them back within 90 days.
	Add private stock into ALERT IIS inventory upon receipt of inventory.
	Complete vaccine transfer documentation in ALERT IIS.
	Update VIS.
	Submit temperature logs to Oregon Immunization Program (when requested).
	Respond to and document temperature excursions in your clinic's vaccine storage troubleshooting record.
	Update clinic shipping hours in ALERT IIS.
	Report changes of key staff to VFC program.
	Manage short-dated vaccine.

# Section 3: Vaccine eligibility, billing and documentation

## Vaccine eligibility coding

VFC providers must have a working knowledge of:

- VFC eligibility categories
- Billing practices, and
- Documentation procedures.

Staff must:

- Screen all patients for VFC eligibility at every visit
- Document specific VFC eligibility category in the patient medical record, and
- Document every vaccine given in ALERT IIS.

Private clinic PIN numbers begin with a “P”. Public clinic PINs begin with a “0” (zero).

Private clinic coding chart			
Age	Definition	Eligibility codes	Vaccine stock
0 through 18	Oregon Health Plan (OHP) or Medicaid	M	VFC
	No insurance	N	VFC
	American Indian or Alaska Native	A	VFC
	Underinsured	F (FQHC or RHC only)	VFC
All ages	Privately insured children or adults on OHP or other insurance	B	Private
	OIP special projects (rarely used)	S	Special project
Public clinic coding chart			
Age	Definition	Eligibility codes	Vaccine stock
0 through 18	OHP or Medicaid	M	State
	No insurance	N	State
	American Indian or Alaska Native	A	State
	Underinsured	F (FQHC or RHC only)	State
19 +	Other state-supplied. See 317 chart for eligibility requirements.	O	State
All ages	Privately insured children or adults on OHP or other insurance	B	State
	Locally owned (privately purchased vaccine, including seasonal flu vaccine for privately insured children and all adults)	L	Private
	OIP special projects (rarely used)	S	Special project

## Billing

Billing for vaccine and administration fees			
Vaccine eligibility	Can you charge for the vaccine?	Administration fee	Waive fee if patient unable to pay
VFC vaccine	No	\$21.96 per injection	Required
Privately purchased vaccine	Yes	Clinic-designated admin fee	Optional
Special projects	No	\$21.96 per injection	Required
Billable vaccine (public clinics only)	Yes — OIP price	Clinic-designated admin fee	Optional
317 vaccine (public clinics only)	No	\$21.96 per injection	Required

As of Jan. 1, 2020, providers who choose to bill for the vaccine administration fee of a non-Medicaid, VFC-eligible child after the date of service, may issue only a single bill to the patient within 90 days of vaccine administration.

You can still bill Medicaid for the vaccine administration fee for a Medicaid-eligible child that receives VFC vaccines. Unpaid administration fees may not be sent to collections. The provider may not refuse to vaccinate an eligible child whose parents have unpaid vaccine administration fees.

## Documenting vaccine administration

All vaccine administration records must contain the following data elements in accordance with the NCVIA.

- Address of clinic where vaccine was administered
- Name, manufacturer **and** lot number of vaccine administered
- Date of administration
- Name and title of the person administering the vaccine, and
- VIS publication date and date VIS was provided to patient.



## Documenting adverse events

Immunization providers must report all clinically significant adverse events that occur after administration of vaccines to the Vaccine Adverse Event Reporting System (VAERS). They must do so, even if they are not sure whether the vaccine caused the adverse event. VAERS accepts all reports. This includes reports of vaccination errors.

There are two ways to file a VAERS report:

Online — <https://vaers.hhs.gov/esub/index.jsp>

When you use the online form, you must complete the report in a single session. It cannot be saved. This is the fastest method if you are able to complete it in one session.

PDF — <https://vaers.hhs.gov/uploadFile/index.jsp>

You can download and complete a PDF offline. Return to this webpage once you complete the form. Upload the form to finish the process. Use a computer where you can securely save documents that contain protected health information.

Before starting your VAERS report make sure you have the following information on hand:

- Patient information (age, date of birth, sex)
- Vaccine information (brand name, dose number, lot number)
- Date, time and location administered
- Date and time when adverse event started
- Symptoms and outcome of the adverse event
- Medical tests and laboratory results (if applicable), and
- Physician's contact information (if applicable).

# Section 4: Inventory management

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## Managing your inventory

Clinics must keep adequate inventories of vaccine for both privately insured and VFC-eligible children they serve. Clinics should keep six weeks of vaccine. Vaccine orders typically take a week to arrive once an order has been approved in ALERT IIS. This may vary due to holidays and weekends. Plan your orders in advance so you have enough vaccine to serve your patients but avoid unnecessary waste.

Clinics are required to:

1. Enter public and private vaccine stock into ALERT IIS before administering doses.
2. Report all doses to ALERT IIS with an eligibility code within 14 days of administration.
3. Count vaccine in the refrigerator and freezer. Compare the numbers to your ALERT IIS inventory monthly. You must submit a reconciled inventory count in ALERT IIS to place an order.
4. Rotate vaccine stock to make sure that you use vaccines will expire first.

## Receiving vaccine

Providers must be on site to receive state-supplied vaccine:

- At least one day a week,
- For at least four consecutive hours, and
- On a day other than Monday.

Deliveries will only be during the hours and days you designate in ALERT IIS. Do not reject state-supplied vaccine shipments. Accept delivery and contact the VFC Help Desk if there is an issue.

1. Open your vaccine shipment immediately.
2. Check the temperature indicators (if included) in the shipping container. Make sure the vaccine stayed at the recommended temperature range during shipment. Contact the VFC Help Desk if the temperature indicators show exposure to out-of-range temperatures.
3. Be sure your delivery matches the packing slip and the ALERT IIS order transfer. Check:
  - » Vaccine brands
  - » Expiration dates
  - » Lot numbers, and
  - » Quantities.

If your order is fulfilled in more than one shipment, the packing list will state what is in each box rather than the whole order.

4. Place the vaccine into your refrigerator or freezer. Rotate vaccine stock to make sure you use first vaccines that expire first.
5. Accept the vaccine order transfer in ALERT IIS to add the order to your inventory.

## Reconciling your inventory

Staff should:

- Count physical inventory at least monthly
- Compare physical inventory to ALERT IIS inventory, and
- Adjust inventory in ALERT IIS to match.

Staff must do so:

- No more than two weeks before placing an order, or
- More often as part of data quality work.

Reconciling inventory:

1. Print inventory count list from ALERT IIS.
2. Compare quantity shown in ALERT with physical inventory by lot number. Make a note of difference.
3. Troubleshoot inventory issues. Identify preventable errors such as wrong lot numbers or inventory not entered in ALERT IIS.
4. Ad hoc report for inventory management training: <http://bit.ly/ReportsTraining>
5. Make any corrections you need to your ALERT IIS inventory.
6. Inventory adjustment tip sheet: <http://bit.ly/adjustinventory>
7. Submit your reconciled inventory count.
8. Develop a plan for avoiding preventable errors and train staff.

## Returning spoiled and expired vaccine

If you have spoiled or expired state-supplied vaccine, do not throw it away. You must return it to McKesson Distribution within six months of spoilage or expiration. Providers may be required to replace vaccine spoiled or expired due to negligence.

To return state-supplied vaccine:

**Doses that expired in ALERT inventory will automatically generate a return label to be sent to your organizations' mailing address.**

1. To remove expired vaccine from your inventory in ALERT IIS, simply transfer it to: OIP Expired Vaccine Returns after they have expired in ALERT IIS.
  - If you need help creating transfers, you can find a How to Guide in the Inventory Management section of our provider resources page.
  - All return labels will arrive by mail. There is not an emailed return label option with the simplified system.



- Expiration, not transferring the vaccine, triggers an expired vaccine return label. Transferring vaccine prior to its expiration will remove it from your inventory and no label will be generated. Wait for vaccine to expire before transferring to OIP Expired Vaccine Returns
2. If you do not receive your label within four weeks, please contact the Vaccine Provider Services Help Desk to request the label be resent. [VFC.help@odhsoha.oregon.gov](mailto:VFC.help@odhsoha.oregon.gov) or 800-980-9431
  3. Pack wasted/expired vaccine in a box to return to **McKesson**. You do not need to keep the vaccine cold, but you do need to prevent breakage.

Wasted and spoiled vaccines:

**Return Labels** for spoiled vaccine will also be mailed out. Reducing the quantity of vaccine using the following “Modify Quantity” reasons in ALERT IIS will trigger a return label to be mailed:

- Spoilage reported by Provider
- Lost or damaged in transit to Provider
- Failure to store properly upon receipt by Provider
- Refrigeration failure reported by Provider

If you have privately purchased vaccine that has expired, the manufacturer or your distributor should be able to advise you on next steps.

## Short-dated vaccine

It is the clinic's responsibility to make sure to use vaccine before it expires. Clinics should plan for short-dated vaccine three months before it expires. There are two options to use up the vaccine:

**Option 1:** Run a Reminder/Recall report either in ALERT IIS or in an electronic health record for patients who are due or past due for the vaccine. ALERT IIS Reminder/Recall tip sheet: <http://bit.ly/ReminderRecallRpt>

**Option 2:** Transfer vaccine to another VFC clinic that can use the vaccine. Use the Oregon VFC Provider Map to find a nearby clinic: <http://bit.ly/VFCProviderMap>

Staff at the VFC Help Desk can help with either option.

## Borrowing vaccine between VFC and private stock

In rare circumstances, VFC providers can borrow between their state-supplied and private stock of vaccines.

It's OK to borrow when:

- There are vaccine delivery delays
- Vaccine is damaged in transit
- There is a temporary vaccine shortage
- You use short-dated vaccine to prevent vaccine expiration
- You use private flu vaccine to vaccinate VFC-eligible children. (When VFC stock becomes available, replace borrowed private doses.)

It's **not** OK to borrow when:

- Doing so may result in no vaccine for VFC patients
- It is routine
- It is a repeated human error
- You run out of stock between orders
- You use VFC flu vaccine for a non-VFC patient.

What to do when you borrow:

- Document every instance of borrowing on the borrowing log, available at <http://bit.ly/VFCProviderResources>
- Update the ALERT IIS inventory to reflect the borrowing pay back.
- Replace all doses within 90 days.
- Submit completed borrowing reports to OIP.

# Section 5: Storage and handling

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## Refrigerator and freezer requirements

All vaccine storage units must meet the following requirements:

- The unit must be able to keep required vaccine storage temperatures:
  - » Refrigerator: 2° – 8° Celsius (36° – 46° Fahrenheit)
  - » Freezer: -15° – -50° Celsius (5° – -58° Fahrenheit).
- The unit must be large enough to store the year’s largest inventory while it keeps the proper temperatures.
- The unit must contain a centrally located, digital data logger with a buffered probe.
- The unit must be dedicated to storage of vaccines (and other pharmaceuticals only as necessary). Food and beverages must **not** be stored in a vaccine storage unit. This practice results in frequent door opening and temperature destabilization.
- **Do Not Use** dorm-style refrigerators for vaccine storage under any circumstances.
- Separate and clearly label stocks bought privately and state-supplied vaccine.
- Plug storage units into ordinary outlets. Do **not** plug storage units into:
  - » Outlets controlled by a wall switch
  - » Outlets with built-in circuit switches
  - » Extension cords, or
  - » Surge protectors.
- Place “Do Not Unplug” stickers near the outlet and on storage equipment circuit breakers.
- You may not use new storage units until a week of temperature logs are approved by the VFC Help Desk.
- When you move storage units to a new location, monitor temperatures for 48 hours before you store vaccine in the unit.
- To help stabilize temperatures in the unit, place water bottles throughout the unit\*:
  - » Against the walls of the unit
  - » In the back of the unit
  - » On the floor of the unit, and
  - » In the doors of the unit.

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\* Water bottles are required for commercial and homestyle units; recommended for pharmaceutical units.

## Refrigerator and freezer recommendations

- Use pharmacy or biologic-grade storage units specifically designed for vaccine storage.
- Use stand-alone refrigerators and stand-alone freezer units only. (VFC may not allow household units may in the future.)
- Install plug guards or locks on outlets.
- Store vaccine in mesh trays or trays with holes that allow air circulation.
- Store vaccine in original box to prevent exposure to light.

## Thermometer requirements

VFC clinics are required to keep one digital data logger for every vaccine storage unit. Each clinic must have at least one back-up digital data logger. These loggers must:

- Test for calibration at least once every 24 months or per manufacturer specifications. Certificates of calibration must include:
  - » Model number
  - » Serial number
  - » Calibration date, and
  - » Documentation of the instrument passing testing.
- Have a buffered temperature probe (glycol, glass beads or similar).
- Be able to display a minimum and maximum temperature since the last check of the logger.

## Thermometer recommendations

In addition to the above requirements, we strongly recommend data loggers have:

- An alarm for out of range temperatures.
- An accuracy of +/-0.5°C (+/-1°F).
- A low battery indicator.
- Memory storage for at least 4,000 readings.
- A logging interval set to once every 15 minutes.
- Be stored in the refrigerator so they are pre-chilled and ready to use.

For more information about refrigerators, freezers and thermometers check out our guides at <http://bit.ly/VFCProviderResources>

# Temperature monitoring

1. **Check and record minimum and maximum temperatures at the start of each clinic day** on your digital data logger. Temperatures must remain in the following ranges:
  - » Refrigerator: 2° – 8° Celsius (36° – 46° Fahrenheit)
  - » Freezer: -15° – -50° Celsius (5° – -58° Fahrenheit)

The following must be recorded in the temperature log:

- » Exact time the temperature is checked, and
- » The initials of the person who records it.

**Note:** Minimum and maximum temperatures recorded must be those reached since the last time temperatures were recorded. If your data logger has an automatic reset, you may have to review multiple measurement periods to capture all temperatures since you last reviewed them. A tip sheet for reading your device is at: <http://bit.ly/minmaxguide>

You can find temperature logs here: <http://bit.ly/VFCProviderResources>.

2. **Download and review digital data logger every week:**

- » Preferably Monday mornings, or
- » When you return to the clinic after a weekend or day closure.

(Data may be saved on the cloud instead of downloading.)

3. **Keep temperature monitoring documentation for three years.** This includes:

- » Data from digital data loggers
- » Daily temperature logs
- » Data from alarm systems, and
- » Vaccine storage troubleshooting records.

4. **Test your alarm system quarterly.** Document the results on your vaccine storage troubleshooting record (e.g., warming the thermometer or probe to intentionally trigger the alarm).



## Responding to out of range temperatures

If temperatures are out of range:

1. Restrict use of the refrigerator or freezer. Place a “DO NOT USE” sign on the unit. Also, notify your clinic’s primary responsible staff.
2. Determine the cause and take action. The temperature excursion scenarios below give examples of how you might handle different types of excursions.
3. Notify the VFC Help Desk at 971-673-4VFC (4832) or [vfc.help@odhsoha.oregon.gov](mailto:vfc.help@odhsoha.oregon.gov) (You don’t need to notify VFC if temperatures go out of range for less than half an hour or less than one degree Celsius.)
4. Document the incident. Include the:
  - » Length of excursion
  - » Minimum and maximum temperatures
  - » Steps taken to address the excursion, and
  - » Outcome in your vaccine storage troubleshooting record, available here: <http://bit.ly/VFCProviderResources>.

## Temperature excursion scenarios

### **There is a slight temperature change due to an inventory count or door left ajar:**

- Close the door. Recheck temperature in 30 minutes. Make sure it returned to the recommended temperature range.

### **There is a slight temperature excursion due to an unknown cause:**

- Make a slight adjustment to the thermostat or follow your clinic's protocol. Recheck temperatures in 30 minutes.
- If temperatures return to the normal range, continue to monitor temperatures closely until you are confident you have not over-adjusted. Make sure your storage unit can maintain the appropriate temperature.
- If temperatures have not returned to normal range, move vaccine to a functioning unit.

### **There is a major excursion and your refrigerator or freezer appears to be malfunctioning:**

- Move vaccine to a functioning storage unit. (See vaccine emergency plan)
- Get the malfunctioning unit serviced. You may also want to contact the manufacturer of your vaccine storage equipment for guidance.

### **You suspect the excursion is due to a malfunctioning thermometer (rather than a true excursion):**

- Restrict use of the refrigerator or freezer. Place a "DO NOT USE" sign on the unit. Notify your clinic's primary responsible staff.
- Place a back-up thermometer in the storage unit to confirm the temperature reading.

### **There is a power outage:**

- Contact your power company to see how long the outage may last.
- Do not move your vaccine if the power outage is expected to last less than four hours. Most storage units will maintain temperatures during brief power outages as long as the door remains closed.
- If the power outage is expected to last longer than four hours, move the vaccine to your alternate storage facility. (See vaccine emergency plan.)

### **For all scenarios, notify the VFC Help Desk if the temperature is out of range for:**

- More than half an hour, or
- More than one degree Celsius.

## Off-site and mass vaccination storage requirements

Clinics that hold off-site or mass vaccination clinics must meet below storage and handling standards. This ensures the vaccine administered is safe and effective.

One person should be responsible for off-site clinic vaccine storage and handling. This includes:

- Vaccine transport plans
- Portable storage unit operation
- Inventory management plan
- Off-site clinic temperature logs, available here: <http://bit.ly/VFCProviderResources>
- Off-site clinic emergency plan, and
- Training staff who work at the clinic on vaccine storage and handling.

Main clinic storage	Vaccine transport	Day storage	Vaccination station
 <ul style="list-style-type: none"><li>• Holds multiple weeks' worth of vaccine stock.</li><li>• Adheres to all VFC storage and handling requirements.</li></ul>	 <ul style="list-style-type: none"><li>• No more than one day's worth of vaccine transported.</li><li>• Use of purpose-built vaccine transport containers recommended.</li><li>• If a purpose-built container is unavailable, transport according to transport instructions on page 16.</li><li>• Include vaccine inventory count list.</li><li>• Monitor temps using a digital data logger with a buffered probe.</li><li>• Document minimum and maximum temps on arrival and after return to main clinic.</li><li>• Unpack vaccines and move them to day storage immediately.</li></ul>	 <ul style="list-style-type: none"><li>• Store only one day's worth of vaccine.</li><li>• Use a purpose built vaccine transport container or portable powered storage unit.</li><li>• Units must be tested in advance to ensure ability to maintain required temps.</li><li>• Include water bottles to ensure stable temps.</li><li>• Monitor temps using a digital data logger with a buffered probe.</li><li>• Take hourly temp readings and document minimum and maximum at end of day.</li><li>• Download and review the temp logs at the end of event.</li></ul>	 <ul style="list-style-type: none"><li>• No more than 10 doses or one hour's worth of vaccine should be stored at vaccination stations.</li><li>• Store vaccine in a small cooler (lunch pail or similar size).</li><li>• One or two conditioned water bottles in bottom.</li><li>• Insulating layer between water bottles and vaccine.</li></ul> <div data-bbox="1180 1528 1531 1953" style="background-color: #ff0000; color: white; padding: 5px;"><p><b>Out of range temps</b></p><ul style="list-style-type: none"><li>• Immediately relocate the vaccine to stable backup unit and label vaccines "DO NOT USE."</li><li>• Contact the Oregon VFC Help Desk (971-673-4832) to determine vaccine viability.</li></ul></div>

# Section 6: Vaccine emergency plan

Activate your emergency plan and transport your vaccine to your alternate storage facility, if:

- The vaccine storage unit is out of range and will not return to the appropriate temperatures for four hours or more, or
- There is a major temperature excursion.

## Emergency vaccine transport

### Step 1: Gather materials

Hard-sided coolers, coolers built for vaccine transport, or foam vaccine shipping containers.	Insulating filler material
	Cardboard
Conditioned water bottles for refrigerated vaccine, frozen water bottles for frozen vaccine, or other transport material approved by OIP.	Digital data logger
	Current vaccine inventory – ALERT IIS printout

### Step 2: Arrange delivery with accepting clinic

Contact alternate storage facility with estimated time of arrival and approximate length of storage time.

### Step 3: Pack for transport

Use a Styrofoam or hard sided cooler at least 2 inches thick designed for transporting vaccines.

Place a layer of conditioned frozen water bottles (for refrigerated vaccine) or frozen water bottles (for frozen vaccine) in the bottom of the transport container. To condition water bottles, run them under warm water for a few minutes until they begin to thaw and the ice spins freely inside the bottle.

Cover water bottles with a layer of cardboard.

Cover the layer of cardboard with 1–2 inches of filler material (e.g., bubble wrap or crumpled paper) to ensure vaccines do not touch the water bottles or shift during transport.

Place the vaccine in a plastic bag with a calibrated digital data logger (the display goes on the outside of the container). Place the bag on top of the filler material.

Place another layer, 1–2 inches, of filler material on top of vaccines. Top with another layer of cardboard.

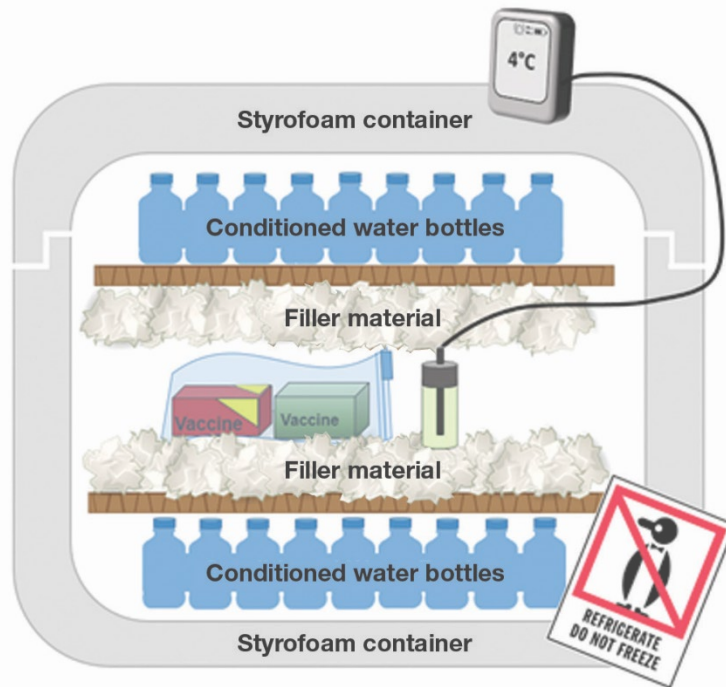
Place another layer of conditioned frozen water bottles or frozen water bottles on top of cardboard.

Add vaccine inventory printout from ALERT IIS.

Secure any gaps in the container with filler material. Seal with packing tape.

Affix digital data logger display on the outside of the container, on top of the lid.

Affix “Rush! Vaccine Perishable” and “Do Not Freeze” stickers to the transport container.



#### Step 4: Arrive at destination

Unpack and properly store vaccines.

Record minimum and maximum temperatures for the transport period.

#### Step 5: Document the event

When the vaccine is safely back at your clinic, document the transport in your vaccine storage troubleshooting record.

Contact the VFC Help Desk at 971-673-4VFC (4832) to report the emergency before administering vaccine.

- When external temperatures are below 20°F or above 85°F, only transport if necessary. Before doing so, contact the OIP.
- Do **not** leave the insulated container in an unconditioned location such as the trunk of a vehicle.
- Drive directly to the receiving site to minimize transport time.
- Do **not** use non-phase change gel cold packs or dry ice to transport vaccine.
- Always use digital data loggers to monitor temperatures during transport.
- Frozen vaccine must be transported separately from refrigerated vaccine.

## Key phone numbers and information

Write down storage unit details, key phone numbers and other instructions. Primary and back-up staff should keep a copy of this information, building keys and alarm codes in case emergency vaccine relocation or storage unit maintenance is required.

### Vaccine storage equipment

Unit type (e.g., freezer)	Location	Brand	Model #	Maintenance needs

### Thermometers

Primary or back-up	Brand	Model and serial #	Calibration due date

### Important contact information

Maintenance/repair company:	Phone number:
Power company:	Phone number:
Calibration company or laboratory:	Phone number:
Location of calibration certificates:	Location of back-up thermometers:

### After-hours building access

Alarm codes and instructions:

Doors, locks and keys:

Light switches and flashlights:

Circuit breaker location and instructions:

Generator instructions:

Location of generator and fuel:

Routine maintenance and generator testing instructions:

### Alternative storage site

Facility name and contact person:

Phone number:

Address:

## Alternate storage site agreement

\_\_\_\_\_ [Site A] and  
\_\_\_\_\_ [Site B]

agree that during a power outage or equipment failure, site A may store its vaccine and other refrigerated pharmaceuticals in site B's refrigerator and freezer with back-up generator.

Site A will contact site B before transporting vaccine. This agreement is effective as of \_\_\_\_\_ and will remain until modified or terminated as agreed by both sites.

\_\_\_\_\_  
Signature of site A administrator or manager

\_\_\_\_\_  
Signature of site B administrator or manager



You must update your clinic's vaccine management guide:

- Annually
- Whenever key staff changes, and
- Whenever requested by the Vaccines for Children (VFC) program.

At that time, primary and back-up contacts as well as all staff who give vaccinations must review and sign the guide. All clinic staff are responsible to ensure the practice of proper vaccine management as outlined in this guide. The most current version is always available on the Oregon VFC website: <http://bit.ly/VFCProviderResources>

<b>Date reviewed</b> ___/___/___	<b>Date reviewed</b> ___/___/___
Primary contact signature:	Primary contact signature:
Back-up contact signature:	Back-up contact signature:
Additional staff signatures:	Additional staff signatures:

# Oregon Vaccines for Children: Vaccine Management Guide



You can get this document in other languages, large print, braille or a format you prefer. Contact the Oregon Health Authority Immunization Program at 971-673-0300. We accept all relay calls or you can dial 711.

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