Facility Name:	VFC PIN:
Effective Date:	Annual Review Date:
Reviewed By:	

VACCINE STORAGE AND HANDLING PLAN

Keep this plan posted near vaccine storage units.

This vaccine storage and handling plan is a guide for safeguarding vaccines and responding to temperature excursion events. Providers should consult CDC's Vaccine Storage and Handling Toolkit available at https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf for the most current guidance and best practices regarding vaccine storage and handling. Additional details and VFC requirements are outlined in Iowa's Vaccines for Children Program Operations Guide.

DIGITAL DATA LOGGERS (DDL) CALIBRATION DETAILS

Data Logger ID	Current Calibration Date	Next Calibration Due Date	R - Refrigerator F - Freezer B - Backup

VACCINE MANAGEMENT COORDINATOR

Each VFC provider must designate one staff member as the primary vaccine coordinator and at least one back-up coordinator who is able to perform the same responsibilities as the primary vaccine coordinator. These positions shall be responsible for oversight of vaccine management, including vaccine storage and handing, within the facility and serve as the VFC contact for the office.

VFC providers must annually train ALL staff with vaccine management responsibilities on proper vaccine storage and handling procedures. Staff training must be documented.

ROUTINE VACCINE STORAGE AND HANDLING GUIDELINES

STO	DRAGE REQUIREMENTS
	Vaccine storage units maintain recommended unit temperature ranges. The recommended
	temperatures are posted on the units:
	Refrigerator: 36.0° through 46.0°F or 2.0° through 8.0°C
	Freezer: -58.0° through +5.0°F or -50.0° through -15.0°C
Ц	Vaccines and diluents are stored according to manufacturer recommendations
	MMRII (Merck) can be stored in the freezer. This may prevent inadvertent storage of
	MMRV in the refrigerator and may also prevent MMRII (Merck) vaccine loss in a
	temperature excursion
	DO NOT store diluent in the freezer
	DO NOT store Priorix (GSK) in the freezer. It is an MMR vaccine that can
	only be stored at 36.0° through 46.0°F or 2.0° through 8.0°C
Ш	Digital data loggers (DDL) are present in each unit that stores vaccines (refrigerator and
	freezer)
	A digital data logger (DDL) with continuous temperature monitoring, recording capability and a current valid Certificate of Calibration Testing must be placed in the
	refrigerator and freezer unit. The DDL must be equipped with:
	A temperature probe that best reflects vaccine temperatures (e.g., a probe
	buffered with glycol, glass beads, sand or Teflon)
	An active temperature display outside the unit(s) which can be easily read
	without opening the storage unit's door
	Current, minimum, and maximum temperature display
	Logging interval (or reading rate) programmed to measure and record
	temperatures at least every 30 minutes
	Alarm for out of range temperatures
	Refrigerator set to alarm when temperatures are equal to or above
	46.1°F (8.1°C) or equal to or below 35.9°F (1.9°C)
	Freezer set to alarm when temperatures equal to or above 5.1°F
	(-14.9°C) or equal to or below -58.1°F (-50.1°C)
	Low battery indicator
	Recommended uncertainty of +/-0.5 °C (+/-1°F)
	Each DDL has a current Certificate of Calibration Testing. Calibration should be done every 2-3 years or according to manufacturer's recommendations.
	Each certificate of calibration must include:
	Model/device name or number
	Serial number
	Date of calibration (report or issue date)
	 Confirmation that the instrument passed testing (or instrument in tolerance)
	 Recommended uncertainty of +/-0.5 °C (+/-1°F)
	The Certificate of Calibration is issued by an appropriate entity as indicated by one or
	more of the following:
	 Conforms to International Organization for Standardization (ISO)/International
	Electrotechnical Commission (IEC) 17025 international standards for calibration
	testing and traceability
	 Performed by a laboratory accredited by International Laboratory Accreditation
	Cooperation (ILAC) Mutual Recognition Arrangement (MRA) signatory body

• Traceable to the standards maintained by the National Institute of Standards and

Technology (NIST)

 Meets specifications and testing requirements for the American Society for Testing and Materials (ASTM) Standard E2877 Tolerance Class F or higher Refers to another acceptable accuracy validation method/such as comparison to other traceable reference standards or tests at thermometric fixed points A back-up digital data logger is readily available. The back up DDL meets all of the above requirements and has a <u>different</u> calibration date than the primary DDL's To stabilize temperatures, water bottles are kept on the top shelf, floor, and in the door racks. (Water bottles may not be recommended for use with certain pharmaceutical-grade or purpose-built units. For these units, follow manufacturer guidance) Vaccine is stored in center of the unit(s) in original manufacturer packaging with lids closed Vaccine is not stored under cooling vents, in the door of the unit, crisper, or in the bottom of the unit(s) No food or beverages are stored in the vaccine unit(s) When medication or other biologic products must be stored in the same unit as vaccines, they are clearly marked and stored in separate containers or bins from the vaccines When potentially contaminated items (blood, stool, urine specimens) must be stored in the same unit as vaccines
Vaccines are stored according to manufacturer recommendations in one of the following: • a purpose-built or pharmaceutical grade unit • a household-grade stand alone or combination unit (If a combination household refrigerator/freezer unit is used, only the refrigerator section is utilized for storing vaccines. A separate stand alone freezer is used to store frozen vaccines.) Dorm-style/bar style refrigerator/freezer units are never used to store vaccines Warning signs (e.g., Do Not Unplug) are posted on vaccine storage units and at the outlet Fuses and circuit breakers supporting vaccine storage units are clearly marked Safety lock plugs or outlet covers are used to prevent the unit from being unplugged The vaccine storage unit is not plugged into a GFI outlet, extension cord or power strip Each vaccine storage unit is directly plugged into a wall outlet; only one storage unit per electrical outlet
Vaccine storage unit doors close securely and are free from defects Vaccine storage units are large enough to store vaccine supply at all times without overcrowding
Routine maintenance is completed for all units (check doors seals, clean coils and other components per manufacturer directions, defrost manual-defrost freezers, clean interior of units, test backup generator, etc.)

TEN	APERATURE MONITORING
	DDL(s) are present in each storage unit for temperature monitoring as outlined in 'Storage
	Requirements' section Storage unit(s) minimum and maximum temperatures are checked and recorded on a
	Storage unit(s) minimum and maximum temperatures are checked and recorded on a temperature log at the start of each work day along with staff initials and time of reading
	The storage unit(s) current temperatures are checked and recorded on a temperature log
_	twice daily (at the start and end of the workday) along with staff initials and time of
	readings
Ш	Storage temperature logs are maintained for at least 3 years for each unit either in
	electronic or paper format (If a digital data logger has the capability to annotate an electronic temperature check with the time and initials of the person checking the
	temperature, it is not necessary to manually log the temperature checks at each
	temperature check)
	The designated person reviews temperature logs at least weekly to ensure proper
	temperature recording and takes action if out of range temperatures are found on
	the logs during review The data logger is downloaded and reviewed at least every two weeks and
	whenever the data logger alarms. Data must be maintained for at least three years
	in electronic or paper format
	Clinic staff is trained to take immediate action if temperatures are out of range. If
	temperatures outside of the recommend range are found, immediate action should
	be taken as outlined in the 'Temperature Excursion' section
VF	C VACCINE ORDERING
	Before placing VFC vaccine orders, current inventory/expiration dates are reviewed and
	seasonal events and specialty clinics are considered
	Clinic staff is trained regarding the VFC vaccine ordering process and submits orders through Iowa's Immunization Registry Information System (IRIS)
П	Clinic staff places VFC orders based on the facility's assigned ordering frequency
П	Clinic staff reviews the recommended order quantities prior to placing VFC orders and
	considers the total amount of vaccine needed including combination and single antigen
	presentations
	Clinic staff makes efforts to not over-order or stockpile vaccine, while maintaining adequate
\Box	Clinic staff makes efforts to not over-order or stockpile vaccine, while maintaining adequate inventory to prevent missed opportunities to vaccinate
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REC	Clinic staff makes efforts to not over-order or stockpile vaccine, while maintaining adequate inventory to prevent missed opportunities to vaccinate An adequate inventory of VFC and private vaccine (if applicable) is maintained to eliminate occurrences of borrowing between VFC and private inventories CEIVING VACCINE A protocol is posted for all staff on accepting vaccine deliveries and whom to contact regarding vaccine shipments
REC	Clinic staff makes efforts to not over-order or stockpile vaccine, while maintaining adequate inventory to prevent missed opportunities to vaccinate An adequate inventory of VFC and private vaccine (if applicable) is maintained to eliminate occurrences of borrowing between VFC and private inventories CEIVING VACCINE A protocol is posted for all staff on accepting vaccine deliveries and whom to contact regarding vaccine shipments The facility is available to receive VFC vaccine shipments at least one day a week other
REC	Clinic staff makes efforts to not over-order or stockpile vaccine, while maintaining adequate inventory to prevent missed opportunities to vaccinate An adequate inventory of VFC and private vaccine (if applicable) is maintained to eliminate occurrences of borrowing between VFC and private inventories CEIVING VACCINE A protocol is posted for all staff on accepting vaccine deliveries and whom to contact regarding vaccine shipments
REC	Clinic staff makes efforts to not over-order or stockpile vaccine, while maintaining adequate inventory to prevent missed opportunities to vaccinate An adequate inventory of VFC and private vaccine (if applicable) is maintained to eliminate occurrences of borrowing between VFC and private inventories CEIVING VACCINE A protocol is posted for all staff on accepting vaccine deliveries and whom to contact regarding vaccine shipments The facility is available to receive VFC vaccine shipments at least one day a week other than Monday and is available for at least four consecutive hours during the day

	When reviewing packing slips for frozen vaccines, the maximum time vaccines can be in transit based on shipment date is checked and verified Clinic staff compares the vaccine received to the packing slips and will alert the VFC Program if vaccine doses do not match the invoice or if the vaccines are not in proper condition upon arrival
	Clinic staff checks vaccine/diluent expiration dates to assure no expired or soon to expire products have been received Clinic staff ensures vaccine shipments are unpacked and stored properly IMMEDIATELY
	 Vaccines and diluents are stored according to manufacturer recommendations Varicella containing vaccines and MMRII (Merck) are stored in the freezer Priorix MMR (GSK) is stored in the refrigerator Vaccine packing slips are maintained for both VFC and private vaccine inventory for a minimum of three years VFC vaccine orders are "received" electronically. IRIS functionality automatically adds vaccine orders to the organization inventory and will email the Vaccine Delivery contacts within a provider organization to inform the organization a vaccine order has been sent and has been added to inventory. In addition, IRIS users at the organization will receive a popup message to inform users a new vaccine order was added to inventory
	A physical count of vaccine inventory is conducted at least monthly Vaccine and diluent expiration dates are checked at least monthly. Expired vaccines/diluents are removed immediately Vaccine stock is rotated regularly (best practice is weekly) and each time new inventory is received; vaccines with the earliest expiration dates are moved to the front Clinic staff is able to distinguish VFC vaccine from private vaccine inventory VFC vaccine that will not be used and will expire within 2-3 months is reported to the Iowa VFC Program at 1-800-831-6293
Neve VFC prov	ccine Return/Wastage er assume vaccine is nonviable in the event of a storage or handling issue. Contact the Iowa Program immediately (1-800-831-6293) for instructions regarding VFC vaccine. VFC riders using IRIS inventory shall document vaccine loss using appropriate reasons provided the registry to deduct doses from inventory.
Non and Retu	IRIS non-inventory providers, expired and spoiled vaccine shall be reported on the viable VFC Vaccine Return Form and faxed to the VFC Program at 1-800-831-6292. Expired wasted vaccines should be returned to McKesson; refer to the VFC Non-viable Vaccine Irin Form for instructions. Nonviable vaccines are removed from storage units and labeled as "nonviable vaccine-do not use"
	All VFC vaccine loss is reported to the VFC program Spoiled/expired VFC vaccine doses are returned to McKesson Specialty Distribution

STA	Staffing/Training			
	A Vaccine Storage and Handling plan is posted on or near the storage unit and is reviewed			
	and updated annually and any time there is a change in staff responsibilities			
	Staff is trained on the plan and proper vaccine storage and handling. Training is			
	documented (minimum of annually)			
	The primary and back-up coordinators have completed the CDC's web-based <u>You Call the</u>			
_	Shots modules Vaccine Storage and Handling and Vaccines for Children			
	(https://www.cdc.gov/vaccines/ed/youcalltheshots.html)			
\Box	Staff who administer vaccines have read and understand package inserts prior to			
_	administering vaccine			
П	Staff who administer vaccines follow the Advisory Committee on Immunization Practices			
	(ACIP) recommendations			
П	Staff has access to manufacturer's package inserts for each vaccine on hand, the most			
ш	current ACIP Immunization Schedules, and the CDC Epidemiology and Prevention of			
	Vaccine Preventable Diseases (Pinkbook)			
	Vaccine i reventable biseases (i inkbook)			
VAC	CCINE PREPARATION			
	Vaccines are prepared in a designated area away from any areas where potentially			
	contaminated items are placed			
	Vaccines are only prepared when ready to administer them			
	Vaccine and diluent expiration dates are checked prior to administration			
	Vaccines are only administered by the person that prepared them			
	Single-dose vials (SDV) are only used one time for one patient			
	Only the number of doses indicated in the package insert are withdrawn from multidose			
_	vials (MDV)			
	Partial doses from two or more vials are never used to obtain a dose of vaccine			
П	Manufacturer-filled syringes (MFS) are only activated (removing syringe cap and attaching			
_	needle) when ready to use			
	Prefilled syringes, unused activated MFS, and unused SDV without a protective cap are			
	stored according to manufacturer recommendations and are discarded at the end of the			
	clinic day if not used. The manufacturer package insert is referenced for storage and			
	handling recommendations of reconstituted vaccines			
	Tiditaling recommendations of recombinated			
VAC	CCINE COORDINATORS			
	primary vaccine coordinator performs the following responsibilities. The back up			
1000	dinator should be prepared to perform the same responsibilities as the primary coordinator			
if ne	eeded.			
	The designated person(s) monitors the operation of the vaccine storage units and systems,			
	as well as the overall vaccine storage and handling practices			
	The designanted person(s) follow routine and emergency procedures for vaccine			
_	shipments, storage and handling, transport, and inventory management			
П	The designated person(s) sets up and maintains a monitoring/notification system during			
_	times of inclement weather or other conditions that would create an interruption of power			
	The designated person(s) ensures the appropriate handling of the vaccine during a disaster			
	or power outage			
	The designated person(s) has access to the building where vaccines are stored 24 hours			
_	per day			

EMERGENCY RESPONSE GUIDELINES

Primary Vaccine Coordinator:	Phone:
Back-Up Vaccine Coordinator:	Phone:
Additional Staff:	Phone:
Iowa Immunization Program:	Phone: 800-831-6293 Fax: 800-831-6292
Nurse Clinician:	Email: <u>IowaVFC@idph.iowa.gov</u>
EMERGENCY CONTACT LIST List of emergency phone numbers, companies, and p Electric Power Company:	points of contact:
Temperature Alarm Monitoring Company:	
Refrigerator Repair Company:	
Transportation to Back-up Storage:	
Emergency Generator Repair Company:	
National Weather Service:	
FACILITY FLOOR PLAN Describe, when necessary, how to enter the building after hours. Include a simple floor diagram (does not following: Storage units:	g and vaccine storage spaces in an emergency if closed or ot need to be a blueprint) and the locations of the
Doors:	
Flash lights:	
Spare batteries:	
Light switches:	
Keys:	
Locks:	
Alarms:	
Circuit breakers:	
Packing materials:	

Floor plan (copy and paste diagram here or attach to the document):	

BACK-UP SUPPLIES/FACILITIES

It is important to have a back-up plan to appropriately store vaccine. Make formal arrangements (memorandum of understanding) with a backup facility to maintain vaccine if vaccine storage equipment malfunctions or there is an extended power outage. Staff should have 24 hour access to the back-up facility. Vaccine storage requirements apply to back-up units. Train a designated person and backup person at the facility to accept vaccine if it must be moved. Before moving the vaccine, call the location to ensure the facility is available to store the vaccine (e.g., not damaged due to storms). If the back-up facility is not available contact the other facilities on the backup facility list.

Back-up Facilities Contact Information

Name of Facility	Address of Back-Up Location	Point of Contact Name	Point of Contact Phone Number Work/Home/Cell

Vaccine Transport

Vaccines should not be routinely transported. A sufficient supply of materials needed for vaccine transport of the largest inventory at any given time should be maintained for situations that require transport. Reference <u>Packing Vaccines for Transport during Emergencies</u>. Only open vaccine storage unit doors when prepared to pack vaccines for transport. Take an inventory of vaccines and document actions taken to protect the vaccines.

he following materials are used for vaccine transport by this facility (select all that apply):	
Portable vaccine refrigerator/freezer units (preferred option)	
Qualified containers and packouts Coolant materials such as phase change materials (PCMs)	
 Hard-sided insulated containers or Styrofoam (This system should only be used in an emergency) Conditioned water bottles (This system should only be used in an emergency) Insulating materials such as bubble wrap and corrugated cardboard 	
Digital data logger for each transport container	

Frozen vaccines: If frozen vaccine must be transported, use a portable vaccine freezer unit or qualified packout that maintains temperatures between: -58.0° through +5.0°F or -50.0° through -15.0°C. DO NOT use dry ice.

- Place a DDL in the container as close as possible to the vaccines
- Immediately upon arrival at the destination, unpack the vaccines and place them in a freezer at the recommended storage temperatures.
- Record the time vaccines are removed from the storage unit and placed in the transport container, the temperature during transport, and the time at the end of transport when vaccines are placed in a stable storage unit.

Refrigerated vaccines: In an emergency situation, frozen water bottles can be used as coolant packs if properly conditioned. Hold water bottles under running tap water or submerge in a sink filled with tap water until a layer of water forming near the surface of the plastic can be seen. Once the ice block inside the bottle can spin freely, the bottle is ready to be used for packing. Use appropriate insulating materials (e.g., bubble wrap) to protect vaccines from direct contact with the water bottles. Do not use frozen gel packs or coolant packs from vaccine shipments to pack refrigerated vaccines.

Immediately upon arrival at the destination, vaccines should be stored in an appropriate storage unit(s) with a DDL. Document total transport time, the current, minimum, and maximum temperatures in the transport container(s) and the current, minimum, maximum temperatures in the alternate storage unit(s). Vaccine storage unit(s) temperatures should continue to be monitored as required as long as vaccine remains in the unit (Reference 'Temperature Monitoring' Section)

If vaccines cannot be stored in an on-site storage unit, they should be kept in the portable vaccine storage unit:

- Place a DDL as close as possible to the vaccines, and check and record temperatures hourly
- Keep the container closed as much as possible

- For off-site clinic use, remove only one multi-dose vial or 10 doses at a time for preparation and administration by each person administering vaccines
- The total time for transport alone or transport plus clinic workday should be a maximum of 8 hours (e.g., if transport to an off-site clinic is 1 hour each way, the clinic may run for up to 6 hours).

If vaccines were exposed to out of range temperatures at any time, follow 'Temperature Excursion' guidance.

TEMPERATURE EXCURSION

Any temperature outside the ranges recommended in the manufacturer's package inserts is considered a temperature excursion. Identify temperature excursions quickly and take immediate action.

Notify

- Notify the primary or alternate vaccine coordinator immediately
- Label exposed vaccines "Do Not Use". Continue to store vaccines under correct temperature storage conditions and DO NOT discard the vaccines
- Keep exposed vaccine separated from unaffected vaccine and any new vaccine received
- Notify the IDPH Immunization Program to report the excursion event

Document

Document details of the temperature excursion on Storage and Handling Incident Response Worksheet

- Date and time of the excursion
- Overview of the incident
- Type of storage unit (s)
- Storage unit(s) temperature-current and minimum/maximum temperatures during the time of the event
- Total length of time storage unit(s) was outside of normal range
- Inventory of affected vaccines
- Name of person completing the report

Contact

- Contact the manufacturer's of the affected vaccines. Be prepared to provide DDL data so they can provide guidance on vaccine viability. If multiple excursions have occurred with any of the affected vaccines, provide this cumulative exposure time/temperatures to the manufacturers.
- Contact the IDPH Immunization Program to discuss recommendations and/or submit completed Storage and Handling Incident Response Worksheet

Correct

- If the temperature alarm goes off repeatedly, do not disconnect the alarm until the cause has been determined
- Check the basics (power supply, unit door(s), DDL placement in unit, thermostat settings)
- If the storage unit has failed or is not stabilizing, implement the vaccine storage and handling protocol for transporting vaccine to a back-up unit. If alternative storage is available within the facility, transfer vaccine to that storage unit. If not, contact the backup facility to notify them of a refrigerator/freezer failure and the need to store

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vaccine at the backup location. Do not allow vaccines to remain in a nonfunctioning unit following a temperature excursion.

If vaccines were moved to alternate storage units, verify primary storage units are functioning properly and temperatures are in range before attempting to move any vaccine back. It may take 2 to 7 days to stabilize the temperature in a newly installed or repaired refrigerator or 2 to 3 days for a freezer. Once 2 consecutive days of temperatures have been recorded within the recommended range, the unit is stable and ready to be used. Follow the 'Vaccine Transport' procedure to transfer vaccines back to the primary unit.

Vaccine Manufacturer Contact Information for Excursions		
AstraZeneca	1-800-236-9933	
GlaxoSmithKline	1-888-825-5249	
Grifols	1-888-474-3657	
Johnson & Johnson - Janssen	1-800-565-4008	
Merck	1-800-672-6372	
Moderna	1-866-663-3742	
Novavax	1-844-668-2829	
Pfizer	1-800-438-1985	
Sanofi Pasteur	1-800-822-2463	
Seqirus	1-855-358-8966	

EMERGENCY VACCINE RESPONSE WORKSHEET

	Facility Name:		VFC PIN	N:		
	Date of Event:	Handling Error:				
	Current Refrigerator Temperat	Refrigerator (select one): Minimum Maximum Temperature reached:				
	Current Freezer Temperature:	Freezer (select one): Minimum Maximum				
	Total length of time temperatu	Ten al range for refriger	Temperature reached: or freezer:			
	Vaccine/Manufacturer	Lot Number	Expiration Date	Number of Doses	Opened Vials	Manufacturer Recommendations
TOR						
REFRIGERATOR						
REFRI						
_						
			Expiration	Number	Opened	Manufacturer
	Vaccine/Manufacturer	Lot Number	Date	of Doses	Vials	Recommendations
ZER						
Freezer						

VACCINE STORAGE AND HANDLING TRAINING LOG

Staff	Name of Training	Training Date