

# EMERGENCY RESPONSE PLAN

*Post on outside of refrigerator for all staff*

Practice Name:	
Primary Person Responsible:	Phone:
Secondary Person Responsible:	Phone:
Person with 24-hour access:	Phone:

**For a Power Outage: If you do not have a generator, identify a location with one (hospital, 24-hour store, etc.).** Before transporting, call the back-up location site to ensure that their generator is working and that there is space to store your vaccine! **Test your Response Plan to ensure it will work!!**

Back-up Location \_\_\_\_\_ Ph# \_\_\_\_\_

How will you be notified of an outage? \_\_\_\_\_

**For Unit Malfunction: Identify an alternate storage unit (or site), which would have the capacity to store vaccine in case of an equipment malfunction or failure:**

Back-up Location \_\_\_\_\_ Ph# \_\_\_\_\_

Refrigerated vaccines must be transported in a cooler with cold packs.

**Frozen vaccines like varicella and MMRV must be transported with a portable freezer.**

If your location is more than 30 minutes away and you have a large quantity of vaccine, consider renting a refrigerated truck to transport your vaccine.

Refrigeration Company \_\_\_\_\_ Ph# \_\_\_\_\_

## **OTHER RESOURCES:**

LHD Contact: \_\_\_\_\_ Ph# \_\_\_\_\_

## **PREVENT LOSS FROM EXPIRED VACCINES!!**

**Check and rotate your stock at least monthly. (Post vaccine expiration date table.)  
Notify your local health department if vaccines are going to expire within 3- 6 months.**

## **CHECK AND RECORD REFRIGERATOR AND FREEZER TEMPERATURES TWICE A DAY**

- Physically inspect the thermometers - once in the AM when the practice opens and once in the PM when the practice closes, even if you close early.

**What to do if a power failure occurs, the refrigerator door was left open, the temperature was too cold, the refrigerator/freezer was unplugged, or any other situation which would cause improper storage conditions:**

1. Close the door and/or plug in the refrigerator/freezer.
2. Record the current temperature of the refrigerator/freezer.
3. Store the vaccines at appropriate temperatures. Make sure that the refrigerator/freezer is working properly or move the vaccines to a unit that is. **Do not automatically throw out the affected vaccine.** Mark the vaccine so that the potentially compromised vaccines can be easily identified.
4. Collect essential data on the reverse side of this sheet and notify the local health department.
5. Call all manufacturers of affected vaccine(s) (see table on the backside).

Turn over for Emergency Response Worksheet

## EMERGENCY RESPONSE WORKSHEET

Fill out this worksheet prior to calling vaccine manufacturers. This information will assist you on that call and will provide you with a permanent record of the event.

1. Current temperature of refrigerator: \_\_\_\_\_ Max/min temperature reached: \_\_\_\_\_
2. Current temperature of freezer: \_\_\_\_\_ Max/min temperature reached: \_\_\_\_\_
3. Amount of time temperature was outside normal range: refrigerator \_\_\_\_\_ freezer: \_\_\_\_\_

### REFRIGERATOR

Vaccine and Lot #	Expiration Date	Amount of Vaccine	# of Opened Vials

### FREEZER

Vaccine and Lot #	Expiration Date	Amount of Vaccine	# of Opened Vials

### CALL ALL MANUFACTURER(S) OF AFFECTED VACCINE(S):

Vaccine	Manufacturer	Telephone Number
IPV (Polio), Daptacel (DTaP), DT, Pentacel (DTaP-IPV-HIB), Td, Adacel (Tdap), ActHIB, Fluzone (Influenza), IG, Rabies, Menactra (Meningococcal conjugate)	sanofi pasteur	1-800-822-2463
Recombivax (Hep B), MMR, Varivax (Varicella), PedvaxHIB, COMVAX (HIB-Hep B), Gardasil (HPV4), Pneumovax (pneumococcal polysaccharide), VAQTA (Hep A), ProQuad (MMRV), RotaTeq (Rotavirus), Td, Afluria (CSL Flu vaccine)	Merck CSL (Afluria)	1-800-672-6372 1-610-290-7413
Infanrix (DTaP), Pediarix (DTaP-Hep B-IPV), Enderix B (Hep B), Havrix (Hep A), Kinrix (DTaP-IPV), Cervarix (HPV2), Boostrix (Tdap), Rotarix (Rotavirus)	GlaxoSmithKline	1-888-825-5249
Prevnar (PCV13)	Pfizer (Wyeth)	1-800-438-1985
Rabies, Menveo (Meningococcal conjugate), Fluvirin (Influenza)	Novartis	1-800-244-7668
FluMist (Live, attenuated Influenza)	MedImmune	1-877-633-4411