Maine Immunization Program (MIP)
Routine and Emergency Vaccine Storage and Handling Plan

Instructions for Maine Immunization Program (MIP) providers: All MIP providers are responsible for proper routine management of their vaccine inventory and during the event of an emergency. Once completed, this template will serve as the required Routine and Emergency Vaccine Storage and Handling Plan.

MIP providers must review and update this plan **annually** or more frequently if there are any changes to the plan, changes in equipment used to store MIP-supplied vaccine, or changes to staff responsible for vaccine management storage and handling. The most current Routine and Emergency Vaccine Storage and Handling Plan will be reviewed during MIP Compliance Site Visits and Unannounced Storage and Handling Visits.

A copy of this plan must be posted on or near any refrigerator or freezer used to store MIP-supplied vaccine.

Practice Name:	Practice Address:
MIP PIN #:	Email Address:
Telephone Number:	Fax Number:
Healthcare Provider signing MIP Agreement:	Practice Manager:
Primary Vaccine Coordinator:	Secondary Vaccine Coordinator:
Primary Vaccine Coordinator Emergency Contact Number:	Secondary Vaccine Coordinator Emergency Contact Number:
Person Responsible for Receiving Vaccine Shipments:	Person Responsible for Vaccine Inventory and Ordering:
Person Responsible for Temperature Documentation:	Person Responsible for Vaccine Reconciliation:

Routine and Emergency Vaccine Storage and Handling Plan reviewed and updated by:

Name:	Title:
Signature:	Date of Last Review:

Procedures for Proper Routine Storage and Handling of Vaccine

For guidance, refer to Chapter 3 of the MIP Provider Manual.

Temperature Monitoring

Name of primary person responsible for monitoring and recording temperatures of all vaccine storage units: _____

Name of secondary person responsible for monitoring and recording temperatures of all vaccine storage units: _____

- A temperature recording log must be posted on or near all units storing state-supplied vaccine.
- Providers are required to record min/max temperatures at least once daily, preferably in the morning.
- Results of the temperature check must be documented on the temperature log. The time and initials of the staff member monitoring/recording must be documented on the form in addition to the date, time, and temperatures observed.
- If an out-of-range temperature is observed, immediately contact the vaccine manufacturers to determine viability of vaccine. Document all actions taken on the back of the temperature log and/or attach additional pages if necessary.
- Temperatures recorded on logs are required to be documented in ImmPact at least once every thirty days, preferably weekly.

Vaccine Storage

- Provider sites are required to have appropriate equipment that can store vaccine and maintain proper conditions.
- Refrigerator/freezer units must be large enough to hold the year's largest inventory without crowding.
- Two types of storage units are acceptable for storage: a refrigerator that has a separate freezer compartment with a separate exterior door and separate thermostat controls for the refrigerator and freezer compartments (refrigerator use only) or stand-alone purpose refrigerators and freezers. Stand-alone units are preferred.
- Small combination refrigerator-freezer units outfitted with a single external door and dorm-style refrigerators are never allowed for the storage of state-supplied vaccine.
- The refrigerator compartment must maintain temperatures between 36°F and 46°F (2°C and 8°C) for vaccine viability.
- The freezer compartment must maintain temperatures between -58°F and +5°F (-50°C and -15°C).
- Place water bottles (labeled "Do Not Drink") on the top shelf by the cold air vent, floor, and in door racks of the refrigerator.
- Place frozen coolant packs along walls, back, and bottom of freezer and inside the door racks.
- Diluents that are not packaged with vaccine may be stored in the door of the refrigerator and can provide extra insulation much like bottles of water.

- Refrigerators and freezer storing vaccine must be plugged directly into a wall outlet with a plug guard. Multi-strip outlets must not be used.
- It is never acceptable to store food or drinks in the same refrigerator or freezer as vaccine.

Vaccine Shipping and Receiving Procedures

Name of primary person responsible for receiving vaccine orders: _____

Name of secondary person responsible for receiving vaccine orders: _____

- Providers must always accept vaccine shipments. Never refuse or return vaccine shipments without specific instructions from the Maine Immunization Program.
- Providers must ensure that the accurate shipping address and delivery hours are up to date in ImmPact.
- The Maine Immunization Program requires all providers to have a protocol to ensure the vaccine is stored immediately and appropriately upon arrival. The following steps should be taken when a vaccine shipment arrives:
    1. Check the vaccine received against the packing list to verify all vaccines have been received.
    2. Verify the packing list against the order placed in ImmPact to ensure all ordered vaccines were received.
    3. Ensure adequate diluent is included for vaccines requiring reconstitution.
    4. IMMEDIATELY contact the Maine Immunization Program if vaccine (or diluent) order is not received.
    5. Place vaccine in appropriate storage immediately.
    6. Make sure to place those vaccines with longer expiration dates behind shorter-dated vaccines. This ensures short-dated vaccine is used first.
- If the temperature monitoring strip indicates, or if staff suspects, that the cold chain has been compromised, staff should immediately:
    - Segregate questionable vaccine in a bag labeled “Do Not Use” and place in proper storage until viability can be determined. Do not write on the vaccine itself.
    - Contact the vaccine manufacturer(s) immediately to determine the viability of the vaccine.
- Providers must call the Maine Immunization program immediately upon receipt of vaccine(s) received in error.

Vaccine Ordering Procedures and Inventory Control

Name of primary person responsible for ordering vaccine, controlling inventory, reporting vaccine received, doses administered, vaccine transferred, vaccine loss, and temperatures and reconciliation each month: _____

Name of secondary person responsible for ordering vaccine, controlling inventory, reporting vaccine received, doses administered, vaccine transferred, vaccine loss, and temperatures and reconciliation each month: _____

- All vaccine orders will be placed using ImmPact.
- Providers are required to enter all state-supplied vaccines administered within five days of administration date.
- Providers are required to accept all orders and transfers in ImmPact on the SAME DAY OF DELIVERY.
- Providers are required to enter completed temperature logs in ImmPact at least once every thirty days, although MIP recommends entering weekly.
- Providers are required to reconcile inventory in ImmPact at least once every thirty days, although MIP recommends entering weekly.
- Providers should avoid over ordering and order based on vaccine need numbers submitted in ImmPact. These can be updated at any time there is a change of enrollment numbers in the provider office.
- Providers are responsible for entering accurate provider information into ImmPact, including shipping address, days and hours available to receive shipments, and primary and secondary contact information.
- Vaccine with the shortest expiration date must be used first.

Vaccine Loss (Expired, Spoiled, and Wasted Vaccine)

Name of primary person responsible for reporting state-supplied vaccine loss and returning non-viable vaccine:

_____

Name of secondary person responsible for reporting state-supplied vaccine loss and returning non-viable vaccine:

_____

- Providers are required to follow the procedures listed below when vaccine loss occurs:
    - Remove expired/spoiled vaccine from the vaccine storage unit immediately.
    - Reconcile inventory and account for vaccine loss in ImmPact. Reconciliation must occur at least once every thirty days but is recommended to be done weekly.
    - Contact MIP Vaccine Management to obtain a Return Authorization Form (if applicable).

- Providers should follow the procedures listed below for returning non-viable vaccine (if applicable):
    - MIP Vaccine Management will fax or email a Return Authorization Form to provider office
    - Providers will receive a shipping label from McKesson (emailed or mailed depending on provider site preference)
    - Providers must ensure that all and only vaccines listed on the Return Authorization Form are included in the box for return.
    - If more than one box will be used, mark the boxes with “Box 1 of 2”, “Box 2 of 2”, etc.

- A copy of the Return Authorization Form should be included in each box when returning the non-viable vaccine.
- Providers must indicate on the Return Authorization Form the number of the box in which the vaccine is being shipped (e.g., “Box 1 of 2”, “Box 2 of 2”, etc.).
- Providers must wait until UPS returns to their office with the next delivery to return the box with the non-viable vaccines to avoid shipping costs to the provider office.
- NEVER include broken vials/syringes or exposed syringe needles in the box for return.

Procedures for Proper Emergency Storage and Handling of Vaccine

- Identify a responsible person and back-up person to enact the Emergency Vaccine Storage and Handling Plan. Be sure to include contact information such as home, office, and cell phone numbers for each.
- Identify an emergency and back-up storage location to take the state-supplied vaccine for storage. The emergency locations must have appropriate vaccine storage equipment capable of maintaining temperatures within the accepted ranges, as well as adequate space to accommodate the largest vaccine inventory without crowding. Temperatures for storage units are required to be monitored and recorded per CDC and MIP guidelines. A location with a power generator or alternate source of power such as a hospital, pharmacy, or grocery store is preferable. Be sure to contact the emergency storage locations for their approval before including them on your plan and list their contact persons and phone numbers on your plan.

Provider Site Contact Emergency Contact Information

Primary Emergency Contact:	Secondary Emergency Contact:
Primary Home Phone #:	Secondary Home Phone #:
Primary Cell Phone #:	Secondary Cell Phone #:
Primary Office Phone #:	Secondary Office Phone #:
Person with 24-hour access:	Phone Number of Person with 24-hour access:

Location vaccines will be transferred to in case of emergency:

Location Name:	
Location Physical Address:	
Primary Contact at Emergency Location:	Secondary Contact at Emergency Location:
Primary Contact Phone #:	Secondary Contact Phone #:
Is there a generator: ☐ Yes ☐ No	Date of Agreement with Emergency Location:

Back-up Location vaccines will be transferred to in case of emergency:

Back-up Location Name:	
Back-up Location Physical Address:	
Primary Contact at Back-up Emergency Location:	Secondary Contact at Back-up Emergency Location:
Primary Contact Phone #:	Secondary Contact Phone #:
Is there a generator: ☐ Yes ☐ No	Date of Agreement with Back-up Emergency Location:

- Specify the steps to transport vaccine to the alternate location. At a minimum, steps should include the following:
    - Noting the time the emergency situation/power outage occurs.
    - Noting the temperature of the refrigerator and freezer before removing any vaccine for transportation.
    - Maintaining proper containers and packing supplies that can be used to pack refrigerated vaccines for transport.
    - Taking an inventory of the vaccine as you move it into the transport container being careful to indicate the number of doses of each vaccine and the expiration dates.
    - Keeping a certified and calibrated thermometer in the transport container next to the vaccines and noting the time and temperature when you place the vaccines in the alternate storage units.

- Additional steps taken by provider site in the event of an emergency:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____