



Alabama Vaccines for Children Emergency Response Plan

Submit with enrollment packet and post a
copy on outside of refrigerator for all staff

Name of Clinic:	VFC PIN #
Primary Person Responsible:	24 hour Phone:
Secondary Person Responsible:	24 hour Phone:
Person with 24-hour access:	24 hour Phone:

For a Power Outage: If you do not have a generator, identify at least one location with a generator (hospital, 24-hour store, etc.) and contact them to make arrangements ahead of time. Before transporting, call the back-up location site to ensure that their generator is working.

#1. Location & Contact's Name _____ Ph# _____
 #2. Location & Contact's Name _____ Ph# _____
 How will you be notified of an outage? _____

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

Refrigeration Company _____ Ph# _____

Prevent Loss from Expired Vaccines!!

**Check and rotate your stock to assure shortest dated vaccine is used first.
 Notify the VFC Program at 1-866-674-4807 if vaccines are going to expire within
 3-6 months.**

Check and record refrigerator and freezer temperatures 2 times a day:

1. Once in the morning when the practice opens (includes recording Min/Max temperatures)
2. Once in the afternoon to allow for adjustments prior to the time the practice closes.

What to do if a power failure occurs, refrigerator door was left open, temperature was too cold, refrigerator plug was pulled, 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. 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 VFC Program immediately at 1-866-674-4807.

Turn over for Emergency Response Worksheet

Emergency Response Worksheet

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	Lot number	Doses

FREEZER

Vaccine	Lot number	Doses