

Vaccine Storage and Handling SOP Worksheet

Complete the following checklist and forms and store this information in an easily accessible area near the vaccine storage unit.

Checklist of General Information

- Up-to-date contact information
 - Primary vaccine coordinator
 - Alternate vaccine coordinator
 - Additional staff to assist in emergencies
 - Immunization program
 - Vaccine manufacturers
 - Refrigerator and freezer maintenance and repair companies
 - Temperature monitoring device (TMD) companies
 - Utility/power company
 - Vaccine storage unit alarm company (if applicable)
 - Generator repair company (if applicable)
 - Sources for qualified containers and pack-outs
- Descriptions of the roles and responsibilities of the primary and alternate vaccine coordinators
- Information for each storage unit, including serial number, links to equipment websites, installation dates, and routine maintenance and repair records
- Samples of all vaccine-related forms used in your facility
- Protocols for staff education and training

Checklist for Routine Storage and Handling

- Protocols for:
 - **Ordering** and **accepting** vaccine deliveries
 - Receiving and **unpacking deliveries**
 - **Managing inventory**
 - **Storage requirements** for each vaccine and diluent in your inventory (**package inserts**)
 - **Placing vaccines and diluents in storage units**
 - **Handling vaccines prior to administration**
 - **Disposing of vaccines** and supplies
 - **Monitoring storage unit** and temperature
 - **Maintaining storage equipment** and TMDs
 - **Responding to storage and handling problems**
 - **Transporting vaccines to off-site/satellite facilities**

Vaccine Storage and Handling SOP Worksheet

Checklist of Emergency Vaccine Storage, Handling, and Transport

- All contact information in General Information as well as up-to-date contact information for:
 - Alternative vaccine storage facility (one or more)
 - Transportation of vaccines
- Vaccine storage unit specifications (type, brand, model number, serial number)
- Diagram of facility showing important elements, including doors, flashlights, packing materials, batteries, circuit breakers
- Protocols for:
 - Monitoring vaccines during a **power outage**
 - **Packing vaccines** and diluents for emergency transport
 - **Transporting vaccines** to and from an alternative vaccine storage facility
 - **Assessing whether vaccine can be used** after an emergency
 - **Accessing your building and facility after hours**

Store emergency information with emergency supplies. Keep copies in multiple off-site locations, including homes of the vaccine coordinator staff and alternative storage facility (one or more), and with the building/facility manager and security office (if appropriate).

Vaccine Storage and Handling SOP Worksheet

Staff Contact List

Name	Title	Telephone Numbers home/cell/other	E-mail Address
	Primary Vaccine Coordinator		
	Alternate Vaccine Coordinator		

Emergency Staff Contact List*

Name	Title	Telephone Numbers home/cell/other	E-mail Address
1.			
2.			
3.			
4.			
5.			
6.			

* List contacts in order of preference. Determine whether all or certain persons on the list should be contacted or if the first person reached is sufficient. Include the primary and alternate vaccine coordinators on the list.

Vaccine Storage and Handling SOP Worksheet

General Resources Contact List			
Resources	Contact Person Name/Title	Telephone Numbers home/cell/other	E-mail Address
Local Health Department Immunization Program			
State Health Department Immunization Program			
Vaccine Manufacturers			
Refrigerator Repair Company			
Freezer Repair Company			
Utility/Power Company			
Temperature Monitoring Device Company			
Vaccine Storage Unit Alarm Company (if applicable)			
Generator Repair Company (if applicable)			

Vaccine Storage and Handling SOP Worksheet

Alternative Vaccine Storage Facilities			
Alternative Vaccine Storage Facility Name/Address	Contact Person Name/Title	Telephone Numbers home/cell/other	E-mail Address
1.			
2.			
3.			
4.			

Transportation to Alternative Vaccine Storage Facilities			
Emergency Resources Name/Address	Contact Person Name/Title	Telephone Numbers home/cell/other	E-mail Address
Refrigeration Company			
Refrigeration Company (alternative)			
Private Vehicle			
Private Vehicle (alternative)			

Vaccine Storage and Handling SOP Worksheet

Packing Material Suppliers Contact List			
Emergency Resources Company Name	Contact Person Name/Title	Telephone Numbers home/cell/other	E-mail Address
Portable vaccine refrigerator/freezer units			
Qualified containers and pack-out materials			
Qualified containers and pack-out materials (alternative)			
Packing materials			
Packing materials (alternative)			

Vaccine Storage Unit Specifications			
Type of Unit (Refrigerator or Freezer)	Brand	Model Number	Serial Number
1.			
2.			
3.			
4.			
5.			

SIGNATURE

DATE