



Vaccine Management Plan

Each State-Supplied Vaccine (SSV) practice must create and maintain a Vaccine Management Plan after SSV orientation. This plan is provided to the Rhode Island Department of Health (RIDOH) Office of Immunization each program year during the re-enrollment period. The Vaccine Management Plan must be available for your Immunization Representative to review during a site visit or upon request.

Practice Name: _____ SSV PIN: _____

Vaccine coordinator name: _____

Phone: _____ Email: _____

Back-up vaccine coordinator: _____

Phone: _____ Email: _____

Lead Physician name: _____

Phone: _____ Email: _____

Describe or attach the roles and responsibilities of the staff listed above:

Describe or attach the practice procedures for vaccine ordering:

Describe or attach the practice plan for receiving vaccine:

Describe or attach the practice plan for vaccine inventory control:

Describe or attach the practice plan for monitoring the storage unit and temperature:

Describe or attach the practice plan to handle vaccine waste and vaccine returns:

Describe or attach the practice plan for transporting vaccine off-site to other facilities, if needed:

Describe or attach the practice plan for when there is a storage/temperature issue:

Per *SSV Terms and Conditions*, practices with RIDOH issued data loggers must complete twice daily audit checks and input their initials into the *Table View* section of [Easy Log Cloud](#) once a day during hours of business operations.

- If you notice the data logger is not working properly, immediately notify your assigned Immunization Representative. RIDOH will send someone out with a replacement unit.
- If you are not utilizing the state supplied data logger and you have a problem with your temperature monitoring unit, immediately notify your assigned Immunization Representative. RIDOH will send someone out with a temporary replacement unit, until you fix or replace your temperature monitoring unit.
- All non-state supplied temperature monitoring units must be recording temperatures 24 hours per day and maintain a printable report to show the appropriate temperatures are being maintained.
- Please attach copies of the following documents:
 - Vaccine Storage Emergency Preparedness Plan
 - Certificates of staff training on vaccine management and vaccine storage and handling

Signatures:

Vaccine coordinator: _____ Date: _____

Back-up vaccine coordinator: _____ Date: _____

Lead physician: _____ Date: _____