Vaccine Management Plan

Practice Name: ___________________________________________________ PIN #______________

Vaccine Coordinator: _________________________________________________________________

Phone: ___________________________  Email: ___________________________________________

Back-up Vaccine Coordinator: __________________________________________________________

Phone: ___________________________  Email: ___________________________________________

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 wastage and/or 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 problem:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

If a state supplied datalogger is being used at your site, you are required to log into the cloud once per day and do twice daily audit checks. If you notice the datalogger is not working properly, it is the site’s responsibility to immediately notify RIDOH and we will send someone out with a replacement unit within 24 hours. If you are not utilizing the state supplied datalogger and you have a problem with your temperature monitoring unit it is your responsibility to immediately notify RIDOH and we will send someone out with a temporary replacement unit within 24 hours, 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 be able to print down a 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

Please sign below:

Vaccine Coordinator: ___________________________________________ Date: ________________
Back-up Vaccine Coordinator: ________________________________ Date: ________________
Lead Physician: ___________________________________________ Date: ________________