

Ohio Pandemic Vaccine Management Plan

- All Ohio pandemic providers are required to use this vaccine management plan as a reference to ensure proper vaccine storage and handling practices.
- This document must be maintained at a location accessible to all healthcare personnel handling vaccines and near the vaccine storage units at your facility.

Name of Office/Clinic	
Vaccines for Children Program or Pandemic PIN #	

VACCINE STORAGE PRACTICES LISTED IN THIS DOCUMENT ARE THE PRIMARY RESPONSIBILITY OF:

Pandemic Primary Vaccine Coordinator	Primary Phone Number	Secondary Phone Number
Pandemic Backup Vaccine Coordinator	Primary Phone Number	Secondary Phone Number

1. RESPONSIBILITIES OF HEALTHCARE PERSONNEL WHO HANDLE VACCINES

- A. Pandemic primary vaccine coordinator and backup:** The responsibilities of the pandemic primary vaccine coordinator and the pandemic backup vaccine coordinator include the following vaccine management activities:
- Document the temperatures on the paper logs for each storage unit twice each day, including a once-daily morning minimum and maximum check.
 - Manage all vaccine usage, including access to the ImpactSIIS system; order pandemic vaccine using the Vaccine Ordering Management System (VOMS) through ImpactSIIS; reconcile pandemic vaccine inventories in ImpactSIIS immediately (i.e., within 24 hours); monitor vaccine storage conditions daily; assure vaccine loss is minimized; and ensure all vaccine receiving is performed according to current policy. Refer to state or local guidance for vaccine transport.
- B. All staff who receive, handle, manage, prepare, or administer vaccine:** These staff members must be fully trained on COVID-19 Vaccination Program requirements and the specific storage, handling, preparation, and administration requirements for each COVID-19 vaccine product as applicable to the individual’s role.
- Providers should track, maintain documentation, and monitor the status of the

training received by vaccination staff to ensure the training requirement is met.

- Staff trainings can be tracked on the Ohio Department of Health COVID-19 Training Attestation Form. These trainings include but are not limited to You Call the Shots Module 10: "Vaccine Storage and Handling," "Standards for Reporting Temperature Excursions," and "Temperature Monitoring Standards."

2. VACCINE STORAGE AND HANDLING BASICS

- A. Vaccine Storage Units:** Providers must have appropriate equipment that can store vaccine and maintain proper conditions. The current Centers for Disease Control and Prevention (CDC) recommendation for the types of storage units includes the following:
1. Purpose-built or pharmaceutical/medical-grade units, including doorless and dispensing units.
 2. Stand-alone refrigerator and freezer units that can vary in size from a compact, under-the-counter style to a large, stand-alone, pharmaceutical-grade storage unit.
 3. Combination household refrigerator/freezer unit, using only the refrigerator compartment to store vaccines. A separate standalone freezer should be used to store frozen vaccines.

Note: Dormitory-style refrigerators are NOT acceptable for storage of any vaccines. These units have a single exterior door and an evaporator plate/cooling coil, usually located in an icemaker/freezer compartment.

In addition:

- Vaccine storage units must be able to maintain required vaccine storage temperatures.
- Vaccine storage units must be large enough to hold your maximum vaccine needs.

B. Handling Practices

- Open and correctly store vaccine shipments as soon as they arrive at your healthcare facility.
- Maintain proper vaccine storage temperatures: storage recommendations vary by product.
- **If your site experiences a temperature excursion, contact the Ohio COVID-19 Provider Call Center at 1-844-963-4829 Monday through Friday from 8 a.m.- 6 p.m. Ohio Department of Health (ODH) Immunization Program personnel will discuss storage and handling issues to determine the next steps of action.**
- Store vaccines in the middle of the refrigerator or freezer compartment away from the coils, walls, floor, and cold air vent.
- **Do not** store vaccines against the walls (or sides), in the doors, in the vegetable bin, or in the bottom of the refrigerator/freezer unit.
- Ensure stored vaccines have space around their containers for cold air circulation.
- Check the refrigerator and/or freezer doors to ensure they are closed at the end of each day.
- Place "**Do Not Unplug**" signs near the vaccine storage units' electrical outlets and

circuit breakers.

- **Do not** store food in the vaccine storage units.

3. VACCINE SHIPPING, RECEIVING, AND COLD CHAIN FAILURES

- A.** Staff accepting vaccine deliveries must be aware of the importance of maintaining the cold chain and of the need to notify appropriate staff of the arrival of the vaccine so that it can be handled and stored appropriately.
- Upon receipt of a vaccine shipment, examine the container and contents for physical damage.
 - Check for the correct type and quantity of diluent if applicable.
- B.** If there are any discrepancies with the packing slip, concerns about the vaccine's viability, or possible cold chain failures with the vaccine shipment, immediately notify your practice's pandemic vaccine coordinator(s). The coordinator(s) should take the following actions:
- Mark the vaccine or diluents as "Do Not Use."
 - Store the vaccine under proper conditions.
 - Contact the ODH COVID-19 Provider line at 1-844-963-4829.
 - Monday through Friday from 8 a.m.- 6 p.m. to report the issue and receive additional instruction.

4. EMERGENCY PLAN (For Vaccine Relocation)

A. Responsible Personnel

In the event the refrigerator, freezer, or ultra-cold storage unit malfunctions, the facility has a power failure, a natural disaster occurs, or some other emergency compromises appropriate vaccine storage conditions, vaccines may need to be transported to another location.

The vaccine coordinator or the backup vaccine coordinator listed at the top of this plan will be responsible for making decisions about relocating the vaccines during normal business hours and after business hours. Responsibilities include:

- Opening the provider office after regular business hours to access the vaccine.
- Alerting the emergency relocation site about the need to relocate vaccine.
- Packing the vaccines for shipment.
- Monitoring temperatures during transport.
- Transporting the vaccines to the emergency relocation site.

If the vaccine coordinator and backup vaccine coordinator are not available, the person(s) listed below will relocate the vaccine:

Staff Name	Primary Phone Number	Secondary Phone Number

B. Procedures for Emergency Transport of Vaccine

Vaccine potency must be protected by maintaining the cold chain at all times during relocation and transport. **Please note that a residence is not a sufficient first option for an emergency relocation site but may be a viable last resort.**

Emergency Relocation Site Name	Emergency Relocation Address
Relocation Contact Name(s)	Relocation Contact Phone Number(s)

During vaccine transport, the following guidelines must be followed:

- Vaccine temperatures must be monitored with a temperature monitoring device during relocation.
- The vaccines should not be left unattended. Stay with the vaccines at all times during transport and promptly place into appropriate storage units upon arrival.
- When transporting vaccines in vehicles, use the passenger compartment – not the trunk.
- For additional guidelines, see www.immunize.org/clinic/storage-handling.asp.

5. VACCINE ORDERING BASICS

- A. Order vaccine in accordance with the actual vaccine need. Avoid stockpiling or a buildup of excess vaccine inventory.
- B. Vaccine orders must be made online through VOMS within the ImpactSIIS software application.
- C. After the vaccine order is delivered to the provider, the vaccine order must be received electronically using the ImpactSIIS online software for the vaccine inventory to be added correctly to the inventory count.
- D. **For more information about how to order, please refer to this webinar.**

6. INVENTORY CONTROL GUIDELINES

The vaccine storage and inventory practices listed below are the responsibility of the following staff member(s):

Staff Name	Note:
	The vaccine coordinator may delegate this duty to another staff member; however, the vaccine coordinator must still oversee this activity.

- Always place vaccines with shorter expiration dates in front of those with later

expiration dates so they can be used first following a “first-in, first-out” system. Short-dated vaccines should be checked at least every four weeks in case the expiration date order gets out of sequence.

- If you have more than 20 doses of excess vaccine that will not likely be used before expiration, complete a transfer request online. ODH may be able to help to find a site to which the vaccine can be moved.
 - **Transfer requests must be submitted via:**
odhredcap.odh.ohio.gov/surveys/?s=M3P4LAXTR9.

7. VACCINE EXPIRATION AND SPOILAGE GUIDELINES

- A.** If vaccine becomes expired, the pandemic primary vaccine coordinator or the pandemic backup vaccine coordinator will be responsible for assuring the doses are reported in VOMS.
- B.** If vaccine is exposed to a temperature excursion, assigned healthcare personnel must:
- Quarantine the suspected spoiled vaccine in the storage unit until the vaccine manufacturers and ODH determine the vaccine to be viable or nonviable.
 - Do not administer the suspected spoiled vaccine. Post a sign on the vaccine storage unit indicating that the vaccine must not be used until viability is determined. Contact the ODH COVID-19 Provider Line at 1-844-963-4829 Monday through Friday from 8 a.m.- 6 p.m.
 - If the vaccine is determined to be spoiled, vaccine wastage should be properly disposed of in accordance with local regulations. The Ohio EPA has made the determination that COVID-19 vaccines do not meet the regulatory definition of an infectious waste, and may be disposed as a solid waste.
 - Please refer to the following [ImpactSIIS job aid for managing inventory of vaccines that have reached expiration](#).
 - For vaccines that have reached the BUD (beyond use date) but have not yet reached the expiration date, please refer to **Adjusting (non-expired) Doses** in the job aid above. Those doses should be reconciled as “**Wasted**” with “**drawn up, not used**” as the reason.

C. BUD (beyond use date) and expiration date monitoring:

Some vaccines have a beyond use date (BUD), which is calculated based on the date the vial is first punctured and the storage information in the package insert. If the vaccine has no BUD, use the expiration date provided by the manufacturer. The BUD replaces the manufacturer’s expiration date and should be noted on the label along with the initials of the person making the calculation.

Place vaccines and diluents with the earliest expiration dates in front of those with later expiration dates. To help providers track expiration dates and beyond use dates (BUDs), CDC has a [COVID-19 Vaccine Expiration Date Tracking Tool](#) for recording available on its website. Also, it should be noted that for COVID-19 vaccine product, expiration dates may change as additional stability data becomes available.



REVIEW AND UPDATE VACCINE MANAGEMENT PLAN

At a minimum, the entire vaccine management plan must be reviewed and updated annually. The plan must also be reviewed and updated when there is a change in personnel who have responsibilities specified in the plan.

Date Vaccine Management Plan Reviewed	Reviewed By (Print):	Reviewed By (Signature):

Pandemic Primary Vaccine Coordinator Signature: _____ Date: _____

Pandemic Backup Vaccine Coordinator Signature: _____ Date: _____

Note: Retain this plan as a tool for facility staff. Do not send the Vaccine Management Plan to the Ohio Department of H unless requested.