## **VACCINE MANAGEMENT PLAN**

Provider Name:	PIN #:	Date Plan in Effect:	
----------------	--------	----------------------	--

Vaccine Management Plan (Minimum Requirements)	Information about the Requirements	Provider Specific Detail
Designation of a primary vaccine coordinator and at least one back-up staff	Designate two individuals to be responsible for the day-to-day operations of the vaccine program.	Primary Contact Name: Secondary Contact Name:
Proper vaccine storage and handling	Review the CDC Vaccine Storage & Handling Guide (October, 2011). It can be downloaded at: http://www.cdc.gov/vaccines/recs/storage/guide/ vaccine-storage-handling.pdf	Date Primary Contact Reviewed Guide:  Date Secondary Contact Reviewed Guide:
Vaccine shipping (includes receiving, & transport)	When shipping & receiving vaccines, proper procedures will be followed according to the CDC Storage & Handling Guide.	Name of Individual(s) Trained to Ship & Receive Vaccines:
Procedures for vaccine relocation in the event of a power failure, mechanical difficulty or emergency situation (Emergency Plan)	The provider should have an emergency plan in place.	Refer to the Emergency Plan Document. (The Emergency Plan Should be Posted on the Storage Units)
Has the emergency plan been reviewed or updated annually or since change in responsible staff?	The emergency plan must be reviewed annually or when there has been a change in responsible staff.	Date Emergency Plan was Reviewed:
Vaccine ordering	Vaccine is ordered within WyVIP enrollment guidelines.	Name of Individuals Trained to Order Vaccines:
Inventory control (e.g. stock rotation)	Vaccines are rotated and checked for expiration on at least a monthly basis.	Name of Individuals Trained to Rotate Vaccine & Check for Expirations:
Vaccine wastage	If vaccine is wasted, the appropriate forms are completed (WyVIP Expired & Wasted Form)	Name of Individuals Trained to Complete Appropriate Forms: