VFC/WyVIP Program Emergency Plan for Power Outage or Equipment Failure

Post this Emergency Plan in a clearly visible location, such as on or near each storage unit containing VFC/WyVIP vaccines.

Following proper vaccine transfer protocols, a Vaccine Coordinator or designee will move vaccine(s) to the designated primary back-up location specified below:

Primary Back-up Location:_____

Address: _____

Contact Name & Title: _____

Contact Phone:_____

Alternate Phone: _____

If the primary back-up location does not have power, or cannot properly store the vaccines for any reason, a Vaccine Coordinator or designee will move vaccine(s) to the designated secondary back-up location specified below:

Secondary Back-up Location:_____

Address: _____

Contact Name & Title: _____

Contact Phone:_____

Alternate Phone: _____

Contact the Wyoming Immunization Program immediately following the relocation of vaccines to determine viability and to report the change in storage location:

Diana L. Martin, RN, Clinical & Compliance Specialist
(o) 307-787-6052 (c) 307-256-4442

Valerie Knepp, RN, Clinical & AFIX Specialist
(o) 307-777-8981 (c) 307-256-1727

Immunization Program Main Line: 307-777-7952

Wyoming Immunization Program

Main Line: 307-777-7952
Fax: 307-777-3615
www.immunizewyoming.com

Vaccine Coordinator

Name: _____

Phone #1: _____

Phone #2: _____

Vaccine Coordinator

Name: _____

Phone #1: _____

Phone #2: _____

Person who completed this Emergency Plan:

Name: _____

Title:_____

Signature:_____

Date: _____

Note: Emergency Plans must be updated at least annually or as changes in staff or back-up locations occur.

This is a clickable PDF form. Please fill in your information in the boxes supplied, print, and post it on the vaccine storage units.

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