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 <u>primary</u> back-up location specified below:

Primary Back-up Location:

Contact Name & Title: _____

Alternate Phone:

Contact 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 <u>secondary</u> 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:

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.