# **Mobile Unit Vaccine Management Plan**



#### KEEP YOUR MANAGEMENT PLAN IN THE MOBILE UNIT

Practices using mobile units to administer public vaccines must complete this plan to record equipment and protocols specific to mobile units. This requirement applies to mobile-only clinics and clinics with mobile units.

**Instructions:** Complete this form and make sure key practice staff sign and acknowledge the signature log whenever your plan is revised. Keep it in the mobile unit and available for review by CDPH Field Representatives during site visits. (For stationary clinics, see the "<u>Vaccine Management Plan.</u>")

## **Section 1: Key Requirements**

Practices using mobile units to administer publicly supplied vaccines must follow all requirements in the relevant "Provider Agreement" and "Provider Agreement Addendum." Additionally, they agree to these program requirements for operating mobile units:

- 1. Review and update this document at least once a year to ensure that all content in each section is up to date.
- 2. Maintain a copy of this document in an easily accessible place on the mobile unit.
- 3. Make the mobile unit and all relevant equipment and documentation available when CDPH representatives conduct compliance visits.
- 4. Assign a Vaccine Coordinator to travel with the mobile unit when it goes into the field. The Vaccine Coordinator must complete all required training before traveling in the mobile unit. (The Vaccine Coordinator may be different from the Vaccine Coordinator identified in the "Vaccine Management Plan.")
- 5. Follow <u>guidelines for transporting refrigerated</u> (IMM-983) and <u>frozen vaccines</u> (IMM-1130) every time vaccines are transported between the stationary clinic and the mobile unit.
- 6. Complete the <u>vaccine transport log</u> (IMM-1132) every time vaccines are transported between the stationary clinic and the mobile unit.
- 7. Monitor and record current, MIN, and MAX temperatures on the <u>hourly temperature log</u> twice each day: at the beginning and end of each mobile clinic day.
- 8. Document all doses administered in the mobile unit and report numbers to the regional immunization registry at the end of the clinic day.
- 9. In the event of a temperature excursion, report all out-of-range temperatures to myCAvax as soon as possible and follow the standard requirements for responding to temperature excursions.

# **Section 2: Important Contacts**

### **KEY PRACTICE STAFF & ROLES**

Mobile Clinic Name	Provider PIN	CAIR Registry ID
Stationary Clinic Name (Main Program PIN)	Stationary Clinic PIN	(If different)
Address 1	□ VFC □ VFA	□ LHD 317 □ SGF
	☐ Other:	
Address 2		
Vaccine Coordinator for Mobile Unit		

Role	Name	Title	Phone #	Alt Phone #	E-mail
Provider of Record					
Provider of Record Designee					
Organization Coordinator					
Vaccine Coordinator					
Backup Vaccine Coordinator					
Additional Vaccine Coordinator					

### **USEFUL EMERGENCY NUMBERS**

Service	Name	Phone #	Alt Phone #	E-mail
CDPH Field Representative				
VFC Program		(877) 243-8832		MyVFCVaccines@cdph.ca.gov
VFA/LHD 317 Programs		(833) 502-1245		providercallcenter@cdph.ca.gov
SGF Program		(833) 502-1245		SGFvaccine@cdph.ca.gov
Mobile Van Service/Repair				
Towing Service				
Mobile Van Insurance Company & Policy Number				

# **Section 3: Equipment Documentation**

### **VACCINE STORAGE UNITS AND MAINTENANCE**

Ensure all vaccine s									
nsure all vaccine storage units meet program requirements.  Maintenance/Repair Company:						Phone:			
Unit Type	В	rand		Model			Dates / Ty	pes of Serv	vice
Refrigerator									
Freezer									
	logger if s. Ensure	existing de		or probe malfunctions, is eet all program requirem	_	f dev	ice provides Phone:	repeated, i	naccurate
Device Location	Device Location			ture Monitoring Device del/Serial Number	Expira	Calibration Alarm Setting Expiration Low Date		_	Alarm Setting High
Refrigerator									
Freezer									
Refrigerated Coole	er								
Frozen Cooler									
		I					_		
Calibration Company/Laborat	ory				Contact			Phone	
Calibration Company/Laboratory					Contact			Phone	
Auto-Alert Notifications Sent to Staff Contact					Text/ E-mail				
Auto-Alert Notifica Sent to Staff Conta					Text/ E-mail				

Text/

E-mail

**Auto-Alert Notifications** 

Sent to Staff Contact

# **Section 3: Equipment Documentation (Continued)**

<b>For Devices with Auto-Alerts:</b> Outline or attach the practice's protocol for responding to temperature excursions after the mobile event is closed. Consider implementing a phone tree. Ensure staff safety is addressed (e.g., for alerts after dark).

# **Section 4: Key Documentation for Mobile Unit**

### PRACTICE PROTOCOLS

☐ Vaccines will be transport ☐ Vaccines will be tempore PIN(s) used for overnight	options applies to your mobile unit. orted back to the stationary clinic (main provider PIN) at the end of the clinic day. rarily stored overnight in another stationary clinic with a different provider PIN. List any nt storage:
•	I to personal residences. Outline your practice's protocol for receiving and storing t is in the field at the time of delivery:
· · · · · · · · · · · · · · · · · · ·	ate when stored at another stationary provider PIN. Describe your practice's protocol for mobile unit vaccine inventory:
LOCATION OF KEY DOCUME  Maintain all documentation for	NTATION three years and make available to CDPH representatives upon request.
Mobile Unit VMP	
Completed Temperature Logs	
Temperature Data Files	
Transport Logs	
Location of Certificates of Calibration	

## **Section 5: Summary of Key Practice Staff Roles and Responsibilities**

This document highlights key duties of designated vaccine management staff. However, all personnel working with vaccines should be familiar with program requirements and best practices.

DD	OVIDED OF DECORD	\/A
_	OVIDER OF RECORD	VA
	Oversees key practice staff to ensure program requirements are met.	
	Completes and documents any required training.	_
	Designates one provider as the Provider of Record Designee responsible for ensuring all program requirements are met when the Provider of Record is	
	not available.	
	Complies with all federal vaccine management requirements, including key areas outlined in this plan.	
	Designates one staff as the Backup Vaccine	
	Coordinator responsible for vaccine management	BA
	when the primary Vaccine Coordinator is not available.	
	Authorizes and reports staffing changes regarding the Vaccine Coordinator, Backup Vaccine Coordinator, Provider of Record, and Provider of Record Designee following program requirements.	
	Meets and documents required annual training for the practice's vaccine management staff.	<b>IM</b> I Con
	Ensures that vaccine management staff are knowledgeable of program requirements for temperature monitoring and vaccine storage.	to fo kno and
	Ensures that the practice's vaccine inventory management is consistent with program requirements.	not an I com
	Ensures that the practice's vaccine storage units and temperature monitoring devices meet program requirements.	The
	Updates and revises vaccine management plan (and this mobile plan if applicable) at least annually and when necessary.	
	Reviews program requirements and management plan with staff at least annually and when necessary.	
	Participates in program compliance site visits.	Ш
PR(	OVIDER OF RECORD DESIGNEE	
	Completes and documents any required training.	
	Meets responsibilities listed above for the Provider of Record in his/her absence.	

VA	CCINE COORDINATOR			
	Completes and documents any required training.			
	Meets responsibilities described in the <u>Vaccine</u> <u>Coordinator job aid.</u>			
	Oversees the practice's vaccine management plan for routine and emergency situations.			
	Monitors vaccine storage units.			
	Maintains program-related documentation in an accessible location.			
	Participates in program compliance site visits.			
ВА	CKUP VACCINE COORDINATOR			
	Completes and documents any required training.			
	Meets responsibilities described in the <u>Vaccine</u> <u>Coordinator job aid</u> when the primary Vaccine Coordinator is not available.			
IM	MUNIZATION CHAMPION (Optional)			
to f kno and not an	nsider assigning the role of Immunization Champion ocus on ensuring providers and staff are owledgeable about IZ schedules, vaccine products I dosages, and on improving coverage levels. This is an official role, but practices and clinics that assign immunization Champion often have better impliance rates.			
The	Immunization Champion			
	ensures staff know how to and are completing patient eligibility screening and documentation consistently;			
	ensures vaccinators are consistently pulling from private or public stock as instructed in written orders;			
	ensures vaccinators are urging parent/guardian to schedule follow-up doses before leaving;			
	ensures vaccinators are educating patients and their parent/guardian about immunizations; and			
	researches and collaborates with provider to implement essential immunization strategies practice wide.			

## **Section 6: Management Plan during Mobile Unit Events**

### **VACCINE TRANSPORT BETWEEN STATIONARY CLINIC AND MOBILE UNIT**

Due to the risk to vaccines of improper packing and transporting, follow these step-by-step instructions when transporting publicly supplied vaccines between the stationary clinic and the mobile unit.

Step	Description
1.	Verify that the mobile unit's refrigerator and freezer are within the OK ranges: <b>Refrigerator:</b> Between 36.0°F and 46.0°F (2.0°C and 8.0°C) <b>Freezer:</b> 58.0°F and 5.0°F (- 50.0°C and -15.0°C)
2.	Follow guidelines for transporting refrigerated vaccines (IMM-983) and frozen vaccines (IMM-1130) every time vaccines are transported between the stationary clinic and the mobile unit.
3.	Complete the <u>vaccine transport log</u> (IMM-1132) every time vaccines are transported between the stationary clinic and the mobile unit.

#### **DURING A MOBILE UNIT EVENT**

Follow these step-by-step instructions during the mobile clinic event.

Step	Description
1.	Monitor and record current, minimum, and maximum storage unit temperatures on the <a href="https://example.com/hourly-temperature-log">hourly</a> temperature log (IMM-1315) twice each day: at the beginning and end of each mobile clinic day.
2.	Conduct patient eligibility screening to ensure vaccines are pulled from the correct inventory.
3.	Administer all age-appropriate, ACIP-recommended vaccines; recommend non-routine, ACIP-recommended vaccines when indicated or when requested.
4.	Document all doses administered in the mobile unit (see <u>daily usage logs</u> IMM-1053) and report numbers to the regional immunization registry at the end of the clinic day.
5.	In the event of out-of-range temperatures, take immediate action to protect vaccines. (Refer to "In the Event of Temperature Excursions.")

## **Section 6: Management Plan during Mobile Unit Events (Continued)**

#### IN THE EVENT OF TEMPERATURE EXCURSIONS

Follow these step-by-step instructions to respond to out-of-range temperatures.

#### Step Description

#### If an alarm went off:

- 1. Stop administering all vaccines until the vaccine manufacturer determines vaccines are okay to administer.
- 2. Clear the MIN/MAX and any alarm symbol.

*Tip.* This step ensures staff don't report the same excursion during the next recording; skip this step if your device resets automatically.





- 3. Separate and label all vaccines if any vaccines are exposed to out-of-range temperatures during a mobile unit event.
- 4. Alert your Vaccine Coordinator and supervisor that vaccines might have been damaged by out-of-range temperatures and may not be used until the incident has been reported and resolved.
- 5. As soon as possible, report the temperature excursion to myCAvax and follow all instructions given. (Refer to the program's Provider Operations Manual for details.)

### **Section 7: Management Plan for Routine Situations**

Refer to the program's Provider Operations Manual (POM) for instructions on completing each task.

#### **INITIAL EQUIPMENT SETUP**

- Use vaccine storage units and digital data loggers that meet VFC Program requirements.
- Prepare and set up storage units and digital data loggers to meet program requirements.
- Post temperature log on vaccine storage unit doors, or nearby in an accessible location.
- Do not store vaccines in storage units until temperatures are stable (refrigerators at around 40.0°F and freezers below 0.0°F) for 3–5 days.
- **For providers designated solely as mass vaccinators:** Only use purpose-built, vaccine transport units for transport and on-site storage.

#### **DAILY TASKS**

#### **Temperature Monitoring**

- Monitor and record CURRENT, MIN, and MAX temperatures on temperature log twice a day, when the clinic opens and before it closes.
- Take action for all temperature excursions; contact manufacturers to determine if vaccines are okay to use.
- Report temperature excursions in myCAvax.

#### **BI-WEEKLY TASKS**

#### **Review and Certify Temperature Data**

- Supervisor: Certify and sign that temperatures were recorded twice daily, staff printed names and initials, and corrective actions were taken—for each two-week reporting period.
- Download and review data files at the end of every two-week reporting period to look for missed excursions or temperature trends that might indicate performance issues with vaccine storage units.

#### **MONTHLY TASKS**

#### **Physical Vaccine Inventory**

- <u>Conduct a physical vaccine inventory</u> and complete the vaccine <u>physical inventory form</u> or electronic equivalent.
- Check vaccine expiration dates and rotate stock to place vaccines that will expire soonest in front of those with later expiration dates.
- Remove expired vaccine immediately to prevent administration errors.

#### **ANNUAL TASKS**

- Allocate time for and complete program recertification.
- Review and update the practice's vaccine management plan.
- Review with key practice staff the vaccine management plan's section on preparing for and responding to vaccine-related emergencies and conduct regular vaccine transport drills to maintain competency.
- Calibrate primary and backup temperature monitoring devices every two to three years or according to the manufacturer's suggested timeline (both device and probe together) following all program requirements.
- Calibrate primary and backup devices on different schedules to ensure all refrigerators and freezers storing vaccines from public stock are equipped with data loggers at all times.
- File certificates of calibration in a readily accessible area, keep them for three years.

## **Section 7: Management Plan for Routine Situations (Continued)**

#### PER PROVIDER SCHEDULE

#### **Routine Vaccine Orders**

- Determine total doses administered since previous order using CAIR/EMR administration summary reports.
- Conduct a physical vaccine inventory to determine total doses on hand by vaccine.
- Submit vaccine orders according to provider order frequency following program requirements.

#### Vaccine Deliveries

- Inspect packages carefully and complete the <u>vaccine receiving checklist</u> to report damage or discrepancies immediately.
- Report shipment incidents in myCAvax the same day the shipment arrived at the office.
- Store vaccines and diluents immediately and rotate stock.

#### **Routine Maintenance**

- Establish a regular routine for cleaning vaccine storage units and defrosting manual-defrost freezers.
- Replace batteries in temperature monitoring devices every six months.

#### TO MINIMIZE LOSS

- Transfer vaccines that will expire within six months to other active providers in the same program; report vaccine transfer in myCAvax.
- Respond to vaccine-related emergencies following the practice's vaccine management plan.
- Confirm clinic delivery hours when submitting routine vaccine orders to ensure staff are available to receive vaccines.

#### AT EACH IMMUNIZATION VISIT

- Conduct patient eligibility screening to ensure vaccines are pulled from the correct private or public stock.
- Administer all age-appropriate, ACIP-recommended vaccines.
- Recommend non-routine, ACIP-recommended vaccines when indicated or when requested.
- Report doses administered to the California Immunization Registry (CAIR, or RIDE/Healthy Futures where applicable) in accordance with AB 1797.

### **Section 7: Management Plan for Routine Situations (Continued)**

#### **AS NEEDED**

#### Spoiled, Expired, and Wasted Vaccines

- Report doses spoiled, expired, or wasted in myCAvax and dispose of following practice protocols.
- Return spoiled/expired vaccines to McKesson within six months of expiration/spoilage per program requirements.
- Properly dispose of wasted vaccines following practice protocols.

#### **Changes in Staff and Training**

- Report changes to staff filling key program roles (Provider of Record and Designee, Vaccine Coordinator and Backup) following program requirements.
- Anyone acting in key program roles must complete any required training when hired and annually thereafter
  following program requirements; staff must demonstrate competency in assigned <u>roles and responsibilities</u>.
- Any clinician who administers vaccines from public stock must be knowledgeable of and familiar with all ACIPrecommended immunizations, including schedules, indications, dosages, and new products.
- All staff who conduct patient eligibility screening, documentation, and billing (e.g., front- or back-office staff) must be knowledgeable of all eligibility, documentation, and billing requirements.
- All staff and supervisors who monitor storage unit temperatures or sign off on temperature logs must complete EZIZ training when hired and annually thereafter and be fully trained in use of the practice's data loggers.
- Train staff authorized to accept packages to immediately notify Vaccine Coordinators when vaccines are delivered
- Update the practice's vaccine management plan to reflect any changes in key practice staff.

#### **Device Replacement**

- Purchase a new data logger if existing device or probe malfunctions, is damaged, or if device provides repeated, inaccurate temperature readings. (Exception for replacement probes recommended and replaced by the device manufacturer or calibration company.)
- Ensure new devices meet all program requirements.

# **Section 8: Worksheet for Emergency Vaccine Management**

The following sections include space for information and necessary actions to take in the event of an emergency, such as unit malfunction, mechanical failure, power outage, natural disaster, or human error.

In an emergency, contact the following people in the order listed:

Role/Responsibility	First & Last Name	Phone #	Alt Phone #	E-mail Address
1.				
2.				
3.				
4.				

Does the clinic have a generator? If so, where is it?	

If the mobile van breaks down or is in an accident, your clinic does not have a generator, or a vaccine storage unit fails: It might be necessary to transport vaccines to an alternate storage location (e.g., a local hospital or another active provider in the same vaccination program). Identify an alternate location(s) that has vaccine storage units and data loggers that meet program requirements.

Alternate Vaccine Storage	Address & City	Phone #	Alt Phone #	E-mail Address

Location of Emergency Packing Supplies:	

### **LOCATION OF OTHER SUPPLIES**

Flashlight	
Spare DDL batteries	
Keys to secured cabinets	
Transport cooler & log	
Packing supplies	

### **Section 9: Management Plan for Emergencies**

**Do not risk staff safety during emergencies.** Use common sense when attempting to protect vaccines. Use the following guidance for safeguarding vaccines in the event of planned or unplanned power interruptions (e.g., power outages, weather-related circumstances, fires, building maintenance/repairs, etc.).

Refer to the program's Provider Operations Guide for additional details.

#### **CHECKLIST: BEFORE AN EMERGENCY**

Proper preparation for emergencies is essential for protecting the viability of vaccines. Use the following checklist to help ensure practices are ready for planned or unexpected situations that might affect vaccine viability.

Step	Description
1.	Maintain current emergency contact information for key practice staff in the vaccine management plan.
2.	Maintain current contact information for alternate vaccine storage location(s), including the facility name, address, and telephone number in the vaccine management plan.
3.	Be familiar with backup power sources for commercial- and pharmacy-grade units.
4.	Know the location of the backup data logger used for vaccine transport.
5.	Stock vaccine packing and transport supplies, including a hard-sided cooler, frozen gel packs, and bubble wrap.
6.	Keep copies of the <u>vaccine transport log</u> and floor plans (when available) for easy access during a vaccine-related emergency.
7.	Review annually the steps key practice staff must take to protect vaccines during short- or long-term outages.
8.	Vaccine Transport Drill: Practice packing the transport cooler using packing supplies and materials that simulate vaccine boxes. Do NOT practice with actual vaccines.

## **Section96: Management Plan for Emergencies (Continued)**

Refer to the program's Provider Operations Guide for additional details.

#### **DURING AN EMERGENCY**

Due to the risk to vaccines of improper packing and transporting, follow these step-by-step instructions during an emergency to determine whether vaccines should be transported or sheltered in place.

Step	Description
1.	Do not open the unit.
2.	Place a "DO NOT OPEN" sign on vaccine storage unit(s) and leave door(s) shut to conserve cold air mass.
3.	Notify the emergency contacts identified on the vaccine management plan's "Worksheet for Emergency Vaccine Management."
4.	Note the time the outage started and storage unit temperatures (CURRENT, MIN and MAX).
5.	Assess to determine the cause of the power failure and estimate the time it will take to restore power.
6.	Take appropriate action. <u>Transport refrigerated</u> or <u>frozen vaccines</u> only if necessary following guidance.
	In the event of appliance failure: Place vaccines in any approved backup storage unit with a program-compliant data logger, or transport vaccines to the designated alternate storage facility.
	For power outages after hours: Report any excursion to myCAvax the next morning and take appropriate action.
	For planned outages expected to be short-term (approximately fewer than 4 hours)*:  Monitor storage unit temperature and report any excursions once power has been restored.
	For planned/unplanned outages expected to be longer than approximately 4 hours,* or for any outage that extends beyond the current business day:
	Transport vaccines to the designated alternate storage facility. If transport or relocation is not feasible (e.g., alternate location is not available or travel conditions are unsafe), keep vaccine storage units closed and notify the program contact under this plan's emergency contacts as soon as possible.
7.	Once power has been restored, follow the steps listed in "After an Emergency."

<sup>\*</sup> **Note:** Practices using purpose-built (pharmacy-, biologic-, and laboratory-grade) and commercial-grade storage units may need to transport vaccines to an alternate location sooner than **2 hours** as temperatures in these units tend to increase faster during power failures. If you are using an auto-dispensing doorless unit, please contact the storage unit manufacturer for additional instruction prior to packing vaccines for transport.

## **Section 9: Management Plan for Emergencies (Continued)**

Refer to the program's Provider Operations Guide for additional details.

#### **AFTER AN EMERGENCY**

Follow these step-by-step instructions after vaccine-related emergencies in compliance with program requirements and best practices.

### Step Description 1. Verify storage units are functioning properly. 2. If vaccine storage units are outside the required temperatures ranges, record the time that power was restored and storage unit temperatures (CURRENT, MIN and MAX) on the temperature log. 3. Once vaccine storage unit temperatures have stabilized, notify the emergency contacts identified on the vaccine management plan's "Worksheet for Emergency Vaccine Management." 4. If vaccines were transported due to an emergency situation: A. Follow the same transportation procedures and transfer vaccine back to its original storage unit. B. If vaccines were kept at the proper temperature during the power outage, notify supervisor that the vaccines may be used. 5. If vaccines were maintained at required temperatures: A. Remove the "DO NOT OPEN" sign from storage unit(s). B. Notify supervisor that vaccines may be used. 6. If vaccines were exposed to out-of-range temperatures: A. Label affected vaccines "Do Not Use." B. Document and report the excursion at myCAvax to receive further guidance.

## **Section 10: Training Log for Required EZIZ Lessons**

List the Vaccine Coordinator assigned to the mobile unit to acknowledge completion of the required EZIZ lessons. All other key practice staff may sign below, or on the "Vaccine Management Plan" for the stationary clinic if applicable.

### **Vaccines for Children (VFC)**

Staff Name	Role	VFC Program Requirements (all roles)	Storing Vaccines (all roles)	Monitoring Storage Unit Temperatures (all roles)	Conducting a Vaccine Inventory (Vaccine Coordinator & Backup)

# **Section 10: Training Log for Required EZIZ Lessons (Cont.)**

Vaccines for Adults (VFA & LHD 317)

Staff Name	Role	VFA Program Requirements (all roles)	LHD 317 Program Requirements (all roles)	

## **Section 11: Annual Signature Log**

Sign and date one signature block each year and when you up update practice-specific information. By signing, staff acknowledge they have reviewed and are familiar with this "Mobile Unit Vaccine Management Plan" and all additional VFC Program requirements for mobile units.

Provider of Record	Signature/I	Date				
Provider of Record Designee	Signature/I	Date				
Vaccine Coordinator	Signature/I	Date				
Backup Vaccine Coordinator	Signature/I	Date				
Provider of Record	Signature/I	Date				
Provider of Record Designee	Signature/I	Date				
Vaccine Coordinator	Signature/I	Date				
Backup Vaccine Coordinator	Signature/I	Date				
Provider of Record	Signature/I	Date				
Provider of Record Designee	Signature/I	Date				
Vaccine Coordinator	Signature/I	Date				
Backup Vaccine Coordinator	Signature/I	Date				
Provider of Record	Signature/I	Date				
Provider of Record Designee	Signature/I	Date				
Vaccine Coordinator	Signature/I	Date				
Backup Vaccine Coordinator	Signature/I	Date				
Provider of Record	Signature/I	Date				
Provider of Record Designee	Signature/I	Date				
Vaccine Coordinator	Signature/I	Date				
Backup Vaccine Coordinator	Signature/I	Date				