

VACCINES FOR ADULTS (VFA) PROGRAM
NEW PROVIDER ENROLLMENT

For DOH Use Only

Date Received:

VFA PIN #:

Use this packet to:

- Enroll in the Vaccines for Adults (VFA) Program as a new provider; OR
- Reactivate lapsed enrollment in the VFA Program.

Annual re-enrollment information and updates to your Provider Agreement and Profile must now be submitted via NYSIIS.

Complete all parts of this enrollment packet:

- Note that signatures are required on pages 8 and 17.
- Email the completed packet to nyvfc@health.ny.gov or fax to 518-449-6912. Electronic completion is preferred.
- Retain a copy of the completed packet, as it includes important guidance concerning VFA eligibility and vaccine storage and handling requirements.

If you have questions, please contact the NYSDOH Vaccine Program at 800-543-7468 or by email at nyvfc@health.ny.gov.

PART I: PROVIDER AGREEMENT

FACILITY INFORMATION

Facility Name

Facility Address

City

County

State

Zip Code

Telephone Number

Fax Number

Email

VACCINE DELIVERY INFORMATION

Full Name of Contact Person

Shipping Address

City

County

State

Zip Code

Telephone Number

Fax Number

Email

Indicate the days and times when vaccine may be delivered:

Delivery Window 1

Delivery Window 2

Mon	AM	PM	to	AM	PM	AM	PM	to	AM	PM
Tues	AM	PM	to	AM	PM	AM	PM	to	AM	PM
Wed	AM	PM	to	AM	PM	AM	PM	to	AM	PM
Thurs	AM	PM	to	AM	PM	AM	PM	to	AM	PM
Fri	AM	PM	to	AM	PM	AM	PM	to	AM	PM

Delivery Instructions:

MEDICAL DIRECTOR OR EQUIVALENT

Instructions: The official Vaccines for Adults (VFA) registered healthcare provider signing the agreement must be a practitioner authorized to administer adult vaccines under state law who will also be held accountable for the entire organization and its VFA providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.

Last Name		First Name		Middle Initial
Title (MD, DO, NP, PA)	Specialty		Email Address	
NYS Medical License Number	Medicaid or NPI Number		Employer Identification Number (optional)	

VFA VACCINE COORDINATORS

Instructions: Each VFA provider must designate a primary vaccine coordinator and a back-up vaccine coordinator. The vaccine coordinators will be responsible for ensuring that 1) vaccines are handled and stored appropriately, 2) all necessary documentation is completed, and 3) all office staff are properly trained in the handling and storage of vaccines.

Primary Vaccine Coordinator Last Name		First Name		Middle Initial
Telephone		Email		
Backup Vaccine Coordinator Last Name		First Name		Middle Initial
Telephone		Email		

REQUIRED TRAINING

Instructions: The medical director or equivalent, the vaccine coordinator, and the backup vaccine coordinator must complete all NYS VFC/VFA Provider Trainings for newly enrolling providers. **Trainings must be completed by the date this enrollment packet is submitted.** Trainings are accessible at:

https://www.health.ny.gov/prevention/immunization/vaccines_for_children/vaccine_personal.htm#training.

Certify:

The medical director or equivalent completed all trainings for newly enrolling providers on: _____.
(mm/dd/yyyy)

The primary vaccine coordinator completed all trainings for newly enrolling providers on: _____.
(mm/dd/yyyy)

The backup vaccine coordinator completed all trainings for newly enrolling providers on: _____.
(mm/dd/yyyy)

ADDITIONAL PROVIDERS PRACTICING AT THIS FACILITY

Instructions: List all licensed healthcare providers (MD, DO, PA, NP, pharmacist) at your facility who have prescribing authority. Attach additional pages if needed.

[illegible]

PROVIDER AGREEMENT

To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent:

1. Annually submit a provider profile representing populations served by my practice/facility. A revised profile will be submitted if; 1) the number of patients served changes or 2) the status of the facility changes during the calendar year.
2. Screen patients and document eligibility status at each immunization encounter for Vaccines for Adults (VFA) eligibility and administer publicly purchased vaccine by such category only to adults who are 19 years of age or older who meet one of the following categories:
 - A. **Are uninsured:** An adult who has no health insurance coverage; or
 - B. **Are underinsured:** An adult who has health insurance, but the coverage does not include vaccines; an adult whose insurance covers only selected vaccines (eligible for non-covered vaccines only); or
 - C. **Meet criteria for VFA special populations, regardless of insurance coverage:** An adult who is incarcerated in a jail, prison, or other detention facility used to house people who have been arrested, detained, held, or convicted by a criminal justice agency or a court (eligible to receive all VFA vaccines); an adult who is enrolled in post-secondary education in New York State (eligible to receive MMR vaccine only).
3. For the vaccines identified and agreed upon in the provider profile, comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the Vaccines for Adults program unless:
 - A. In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the person;
 - B. The particular requirements contradict state law, including laws pertaining to religious exemptions.
4. Maintain all records related to the VFA program for a minimum of three years and upon request make these records available for review. Required VFA records include, but are not limited to, screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.
5. Immunize eligible adults with publicly supplied vaccine at no charge to the patient for the vaccine.
6. Will not charge a vaccine administration fee that exceeds \$25.10 per vaccine dose.
7. Will not deny administration of a publicly purchased vaccine to an established patient because the patient is unable to pay the administration fee.
8. Distribute the current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).

9. Comply with the requirements for vaccine management including:
 - A. Ordering and maintaining appropriate vaccine inventories through routine ordering, rotating stock, and monitoring doses administered;
 - B. Never storing vaccine in dormitory-style units;
 - C. Storing vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet New York State Department of Health storage and handling requirements;
 - D. Returning all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration.
10. Operate within the VFA program in a manner intended to avoid fraud and abuse, consistent with "fraud" and "abuse" as defined in the Medicaid regulations at 42 CFR § 455.2, and for the purposes of the Vaccines for Adults Program:

Fraud: is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself/herself/themselves or some other person. It includes any act that constitutes fraud under applicable federal or state law.

Abuse: provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, (and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient); or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.
11. Participate in VFA program compliance site visits including unannounced visits, and other educational opportunities associated with Vaccines for Adults program requirements.
12. Replace vaccine purchased with state or federal funds that are deemed non-viable due to provider negligence on a **dose-for-dose** basis.
13. Attempt to obtain consent from ALL adult patients for their immunizations to be reported to the New York State Immunization Information System (NYSIIS). Report ALL doses administered according to VFA vaccine eligibility. Doses administered to adults who consent to NYSIIS will be reported to NYSIIS within two weeks of administration; doses administered to adults who do NOT consent will be appropriately decremented from the vaccine inventory in NYSIIS (using reason code "Adult not in NYSIIS") prior to placing a vaccine order.

Use the NYSIIS Ordering Module to submit vaccine orders.

Report vaccine inventory in NYSIIS and ensure that inventory reported with each order reflects current doses administered as reported in NYSIIS.

Record twice daily and minimum/maximum temperatures in NYSIIS.
14. This facility or the New York State Department of Health may terminate this agreement at any time. If this agreement is terminated, I will properly return any unused federal vaccine as directed by the New York State Department of Health.

PART 2: PROVIDER PROFILE

PROVIDER TYPE

Please review the provider type definitions on pages 9-11 to assist with provider type selection.

Provider Type (Select one):

- | | |
|--|---|
| Addiction Treatment Center | Private Practice (e.g., family practice, pediatric, primary care) |
| Birthing Hospital or Birthing Center | Public Health Department Clinic (state/local) |
| Community Health Center | Refugee Health Clinic |
| Community Vaccinator (non-health department) | Rural Health Clinic |
| Correctional Facility | School-Based Clinic (permanent clinic location) |
| Family Planning Clinic (non-health department) | STD/HIV Clinic (non-health department) |
| Federally Qualified Health Center | Teen Health Center (non-health department) |
| Hospital | Urgent Care Center |
| Indian Health Service, Tribal, or Urban Clinic | Women, Infants, and Children (WIC) Clinic |
| Migrant Health Center | Other (specify) _____ |
| Mobile Provider | |
| Pharmacy | |

If applicable, please indicate the specialty of the provider/practice (Select all that apply):

- Family Medicine
- Internal Medicine
- OB/GYN
- Pediatrics
- Preventive Medicine
- Other (specify) _____
- N/A

Is this provider site part of a hospital/healthcare system?

- Yes
- No
- N/A or don't know

Facility Type (Select one):

- Private Facility (privately funded entity; non-governmental)
- Public Facility (publicly funded or government entity)
- Combination (funded with public and private funds)

Is this facility a mobile facility, or does this facility have mobile units?*

- Yes
- No

*A mobile unit is a dedicated vehicle with a primary purpose of providing medical services (e.g., immunization services).

VACCINES OFFERED

Select Vaccines Offered:	
COVID-19	Mpox
Hepatitis A	Pneumococcal conjugate (PCV15, PCV20)
Hepatitis A/B Combination	Pneumococcal polysaccharide (PPSV23)
Hepatitis B	Respiratory Syncytial Virus (RSV)
Human papillomavirus (HPV)	Tetanus and diphtheria toxoids (TD)
Influenza (during influenza season)	Tetanus, diphtheria, and acellular pertussis (Tdap)
Measles, Mumps, and Rubella (MMR)	Varicella
Meningococcal conjugate (MenACWY)	Zoster
Meningococcal group B (MenB)	

PROVIDER POPULATION

Report the number of adults 19 years and older who received vaccinations at your facility, by age group, over the last 12 months. Only count an adult once based on their eligibility at the last immunization visit, regardless of the number of visits made. The following table documents how many adults received publicly funded vaccine, by category, and how many received privately purchased vaccine. Include [routine adult vaccines](#) and annual flu vaccinations in these counts.

Publicly Funded Vaccine Eligibility	Number of Adults Who Receive <i>Publicly Funded Vaccine</i> (by age category)			
	19 - 34	35 - 49	50+ Years	Total
No Health Insurance				
Underinsured ¹				
Special Population (e.g., people in correctional facilities, MMR for college students)				
Total Publicly Funded Vaccine				

Privately Purchased Vaccine	Number of Adults Who Received <i>Privately Purchased Vaccine</i> (by age category)			
	19 - 34	35 - 49	50+ Years	Total
Insured (Private pay/health insurance covers vaccine)				
Total Patients (must equal sum of Total Publicly Funded + Total Privately Purchased)				

¹ Underinsured includes adults (age 19+) with health insurance, but the coverage does not include vaccines; whose insurance covers only selected vaccines (VFA-eligible for non-covered vaccines only); or whose insurance has a fixed dollar limit or cap for vaccines (VFA-eligible once fixed dollar amount or cap is reached). Underinsured category does not include insurance plans that are out of provider network, high-deductible, or have co-pays.

TYPE OF DATA USED TO DETERMINE PROVIDER POPULATION (choose all that apply)

NYSIIS

Billing System

Electronic Medical Record System

Other (Please describe):

REQUIRED SIGNATURES

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Adults enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

Medical Director or Equivalent (Print)

Signature

Date

Provider Type Definitions

Addiction Treatment Center

Provides counseling, behavioral therapy, medication, case management, and other types of services to persons with substance use disorders. This provider type is used for addiction treatment centers where on-site vaccination services are provided.

Birthing Hospital or Birthing Center

This provider type is used for birthing centers or birthing hospitals where on-site vaccination services are provided.

Community Health Center

Community-based and patient-directed organizations that serve populations with limited access to health care. This provider type is used for community health centers that provide vaccination services.

Community Vaccinator (non-health department)

This provider type is used for community-wide vaccinators that are external to health departments and conduct vaccination clinics in satellite, temporary, or offsite locations exclusively.

Correctional Facility

A jail, prison, or other detention facility used to house people who have been arrested, detained, held, or convicted by a criminal justice agency or a court.

Family Planning Clinic (non-health department)

Provides contraceptive services for clients who want to prevent pregnancy and space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, STD services (including HIV/AIDS), and other preconception health services (e.g., screening for obesity, smoking, and/or mental health). This provider type is used for family planning clinics where vaccination services are provided. *NOTE: Non-health department clinics that offer only STD/HIV screening and treatment services should be categorized as "STD/HIV Clinic (non-health department)."*

Federally Qualified Health Center

Community-based health care provider that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas. This provider type is used for federally qualified health centers (FQHCs) that provide vaccination services. *NOTE: For tribal or urban Indian health clinics enrolled as FQHCs, use the "Indian Health Service, Tribal, or Urban Clinic" designation.*

Hospital

This provider type is used for all hospitals, excluding birthing hospitals, where on-site vaccination services are provided. *NOTE: For birthing hospitals, use the "Birthing Hospital or Birthing Center" designation.*

Indian Health Service, Tribal, or Urban Clinic

This provider type is used for Indian Health Service (IHS), Tribal, or Urban Indian Health Program facilities that provide vaccination services. Urban Indian Health Centers are also designated Federally Qualified Health Centers and provide comprehensive primary care and related services to American Indians and Alaska Natives. Alaska Village Clinics should be included in this provider type.

Migrant Health Center

Provides health services to migratory and seasonal agricultural workers and their families. This provider type is used for migrant health centers that provide vaccination services.

Mobile Provider

This provider type is used for providers who exclusively store and administer vaccines out of a mobile facility. This designation should NOT be used for providers who have a mobile unit associated with their facility, but the unit is not the primary site for vaccine administration.

Pharmacy

This provider type is used for stand-alone retail pharmacies (e.g., CVS, Duane Reade, Walgreens) or a retail pharmacy within a hospital or health system where on-site vaccination services are provided. This category also includes retail pharmacies that conduct community vaccination clinics at offsite or mobile locations.

Private Practice (e.g., family practice, pediatric, primary care)

This provider type is used for private practice locations, including solo, group, or HMO practitioners, that provide vaccination services.

Public Health Department Clinic (state/local)

This provider type is used for state or local public health department clinics that provide vaccination services. This category includes public health department-run STD/HIV clinics, family planning clinics, and teen health centers.

Refugee Health Clinic

Designated to improve the health care and monitor medical conditions of refugees who have relocated to the United States. This provider type is used for refugee health clinics that provide vaccination services. *NOTE: If vaccination services are provided in a location that is co-located in a physical facility with a refugee health clinic but are not administered by refugee health staff, select the category of the provider with oversight of vaccination services.*

Rural Health Clinic

Located in a non-urbanized Health Professional Shortage Area, Medically Underserved Area, or governor-designated and secretary-certified shortage area. This provider type is used for rural health clinics that provide vaccination services.

School-Based Clinic (permanent clinic location)

This provider type is used to for permanent school-based clinics that provide vaccination services. *NOTE: Non-permanent school-based clinics should be categorized as "Community Vaccinator (non-health department)."*

STD/HIV Clinic (non-health department)

Provides timely STD/HIV diagnosis, testing with on-site treatment, and partner services. This provider type is used for STD/HIV clinics NOT located within a health department where on-site vaccination services are provided. *NOTE: this category should be used by non-HD clinics that exclusively offer STD/HIV screening and treatment services.*

Teen Health Center (non-health department)

This provider type is used for teen health centers that are NOT public health department-sponsored and provide on-site vaccination services.

Urgent Care Center

Provides immediate medical outpatient care for the treatment of acute and chronic illness and injury. This provider type should be used for urgent care centers or walk-in clinics where on-site vaccination services are provided.

Women, Infants, and Children (WIC) Clinic

Serves low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to health care. This provider type is used for WIC clinics that also provide vaccination services. *NOTE: If vaccination services are provided in a location that is co-located in a physical facility with a WIC clinic but are not administered by WIC staff, select the category of the provider with oversight of vaccination services.*

Other

This provider type is used for any provider type not captured in one of the other provider type options (e.g., CVS Minute Clinic or Walgreens Take-Care Clinic).

Provider Specialties Definitions

Family Medicine

Manages common illnesses and conditions for people of all ages, focusing on overall health and well-being throughout the lifespan.

Internal Medicine

Deals with the prevention, diagnosis, and nonsurgical treatment of diseases and disorders of the internal organs/structures in adults.

OB/GYN

Obstetrician-gynecologist. Provides specialized services in women's health.

Pediatrics

Involves disease/disorder prevention, diagnosis, and treatment associated with the physical and developmental health of children from birth to young adulthood.

Preventive Medicine

Focuses on the health of individuals and communities with the goal of promoting health and well-being and preventing disease, disability, and death.

PART 3: VACCINE STORAGE AND HANDLING PLAN

Vaccine must be properly stored and administered to ensure maximum efficacy and safety. All VFA sites must attest to their compliance with routine and emergency storage and handling plans.

Household combination units are acceptable for storing VFA vaccines; however, best practice is to store VFA vaccines in standalone units (i.e., refrigerator or freezer only) or pharmaceutical-grade combination units that have separate compressors.

Dormitory style refrigerator/freezer units are never acceptable. Providers must have a digital data logger for every unit storing VFA vaccine and at least one backup digital data logger for the entire site. For additional guidance, see VFA Program Vaccine Storage and Handling Requirements on pages 13 and 14 of this enrollment packet.

PRIMARY VFA REFRIGERATOR UNIT			
Unit Location/ID #		Unit Use <input checked="" type="radio"/> Primary Backup/Overflow	
Unit Grade Commercial Pharmaceutical Household Other (Specify): _____		Unit Style Stand-Alone Combination	
Unit Make		Unit Model	
Data Logger Model State issued Other (Specify make and model): _____		Data Logger Calibration Expiration Date	
ADDITIONAL VFA REFRIGERATOR UNIT			
Unit Location/ID #		Unit Use Primary Backup/Overflow	
Unit Grade Commercial Pharmaceutical Household Other (Specify): _____		Unit Style Stand-Alone Combination	
Unit Make		Unit Model	
Data Logger Model State issued Other (Specify make and model): _____		Data Logger Calibration Expiration Date	
PRIMARY VFA FREEZER UNIT			
Unit Location/ID #		Use <input checked="" type="radio"/> Primary Backup/Overflow	
Unit Grade Commercial Pharmaceutical Household Other (Specify): _____		Unit Style Stand-Alone Combination	
Unit Make		Unit Model	
Data Logger Model State issued Other (Specify make and model): _____		Data Logger Calibration Expiration Date	
ADDITIONAL VFA FREEZER UNIT			
Unit Location/ID #		Use Primary Backup/Overflow	
Unit Grade Commercial Pharmaceutical Household Other (Specify): _____		Unit Style Stand-Alone Combination	
Unit Make		Unit Model	
Data Logger Model State issued Other (Specify make and model): _____		Data Logger Calibration Expiration Date	
BACKUP TEMPERATURE MONITORING DEVICE (required)			
Data Logger Model State issued Other (Specify make and model): _____		Data Logger Calibration Expiration Date	

VACCINE PROGRAM STORAGE AND HANDLING REQUIREMENTS

(For additional guidance, visit https://www.health.ny.gov/prevention/immunization/vaccines_for_children)

1. Maintain temperatures at 36°F - 46°F (2°C - 8°C), with an optimal temperature of 40°F (5°C).
2. Maintain freezer temperatures at or below +5°F (-15°C).
3. Do not connect vaccine storage units to any outlets with a ground-fault circuit interrupter (GFCI) or an outlet activated by a wall switch. Post “Do Not Unplug” signs next to the electrical outlets for the refrigerator and freezer and “Do Not Stop Power” warning labels by the circuit breaker for the electrical outlets. Instruct all staff and any maintenance and custodial staff to never turn off the power to the vaccine storage units.
4. Maintain a calibrated digital data logger with an alarm or alarm system to indicate when storage units are out of range and a Certificate of Traceability and Calibration in accordance with National Institute of Standards and Technology (NIST) standards in each VFC/VFA refrigerator and freezer.
 - Place data logger probes in the center of the storage compartment.
 - Inspect data loggers monthly for signs of breakage or wear.

Certificates of Calibration Testing must be current and valid. These should include the model number of the monitoring instrument, as well as the serial number, date of calibration, confirmation of the instrument passing testing, and notice that the instrument’s accuracy is within $\pm .5^{\circ}\text{C}/1^{\circ}\text{F}$.

As of June 2016, the CDC does not recommend logging temperature with alcohol or mercury thermometers, bi-metal stem temperature monitoring devices, food monitoring equipment, infrared temperature monitoring devices, or non-NIST calibrated devices. Chart recorders are no longer recommended for vaccine temperature logging.

All temperature monitoring devices must be capable of displaying minimum/maximum* temperatures.

*Minimum and maximum temperatures are defined as the coldest (minimum) and the warmest (maximum) temperatures recorded in the storage unit since the last time the min/max was cleared.

5. Keep at least one back-up data logger with a current certificate of calibration on hand in case a temperature monitoring device stops working or calibration testing of the current equipment is required.
6. Record temperatures for each VFA storage unit (refrigerator and freezer) at the beginning and end of each clinic day. Record the minimum and maximum temperatures for each vaccine storage unit daily. **Enter temperatures twice daily and minimum and maximum temperatures within 7 days of the date the temperature was read in the New York State Immunization Information System (NYSIIS).**

VACCINE STORAGE

1. Store vaccines in appropriate storage units at all times.
2. Store vaccines in the center of the storage unit and maintain space between the vaccine containers and all storage unit to allow cold air to circulate around the vaccine.
3. Do not store vaccines on the top shelf of the refrigerator directly under a fan because they may freeze.
4. Monitor expiration dates and rotate vaccine stock to ensure short-dated inventory is used first.
5. Label all publicly-funded vaccine so that it can be distinguished from private stock.
6. Place filled water bottles in storage unit doors and bottoms to help maintain temperatures during potential power outages.
7. Do not keep food, drink, lab specimens, or radioactive materials in a storage unit where vaccines are stored.
8. Store vaccines in their original packaging in clearly labeled, uncovered containers with slotted sides to allow air circulation.

9. Do not store vaccines in storage unit doors or in vegetable bins as these are areas where the temperature can deviate (these are good places for water bottles to help stabilize temperatures).

VACCINE DELIVERIES

1. The practice must be open at least one day other than Monday for 4 or more consecutive hours to receive vaccine shipments.
2. Examine all shipping containers for any evidence of damage during transport.
3. Examine cold-chain monitor cards for any evidence of exposure to out-of-range temperatures.
4. Do not accept shipments if reasonable suspicion exists that the delivered product may have been mishandled.
5. Contact the manufacturer when circumstances raise questions about the efficacy of a delivered vaccine.
6. Check expiration dates to be sure vaccine has not expired.
7. Immediately place vaccine deliveries in an appropriate storage unit.

VACCINE INVENTORY MANAGEMENT

1. Do a physical inventory of all public vaccine supply within 14 days of placing an order and confirm the inventory in NYSIIS.
2. Order at least a month's supply of vaccine but preferably 2 – 3 month's supply using the NYSIIS vaccine ordering module. VFC Program cannot accept greater than one order per PIN# within 30 days.
3. Document all doses administered and VFC recipient eligibility in NYSIIS (Public Health Law Section 2168).
4. Prevent vaccine wastage by ordering accurately and transferring unused vaccine to an alternate facility.
5. Notify the Vaccine Program between 60 – 90 days prior to the expiration date of all unused vaccine excluding flu.
6. Report wasted and returned vaccine in the NYSIIS Returns/Wastage module.

VACCINE ADMINISTRATION

1. Discard reconstituted vaccines if not used within the interval allowed on the package insert.
2. Open only one multi-dose vial of a specific vaccine at a time.
3. Only draw up vaccine immediately before administration.
4. Discard single-dose vials with cap or dust cover removed and any active manufacturer-filled syringes (i.e. syringe cap removed or needle attached) that are not used by the end of the workday.
5. Contact the appropriate vaccine manufacturer and the VFC Program for any storage and handling questions.

VACCINE EMERGENCY PLAN

Instructions: All NYS VFA practices must either have an internally developed emergency plan or use the NYS Vaccine Program guidance below for any emergency situation which will require emergency transport. Practices using their own vaccine emergency plans must consider the key elements of the vaccine emergency plan below (sections 1 - 4). All practices must complete this emergency plan; those with more detailed plans should maintain them and be prepared to present them to NYS VFA staff upon request.

In the event of emergency, this practice will use (*Select one*):

Internally developed vaccine emergency plan; a copy of this plan is attached.

NYS Vaccine emergency plan outlined below; sections 1 and 2 are filled out.

Failure to adhere to this guidance may result in the practice providing restitution for lost vaccine.

In the event of site power failure, pending natural disaster, or other emergencies which could compromise vaccine viability, vaccines may need to be transported to an alternate location. **In the event of refrigerator or freezer malfunction or failure, vaccine must be relocated to an alternate location or back-up unit.** A Vaccine Tracking Transport Sheet must be completed and emailed (nyvfc@health.ny.gov) or faxed (518-449-6912) to the VFC/VFA program. If vaccine temperatures go out of acceptable range for any length of time, the Vaccine Program must be notified at vaccinempexcursion@health.ny.gov.

SECTION 1: RESPONSIBLE STAFF

The Primary Vaccine Coordinator or the Backup Vaccine Coordinator designated in the Provider Agreement is responsible for making the decision whether vaccine relocation is necessary. These individuals must have after hours office access. The vaccine coordinator or back-up coordinator will be available 24/7 as the point person to contact the emergency relocation site to ensure it is prepared to accept the vaccines. The Primary Vaccine Coordinator and/or Backup Vaccine Coordinator are responsible to pack and relocate the vaccines.

	Full Name	Business Hours Phone Number	Emergency Phone Number
Vaccine Coordinator			
Backup Coordinator			
Additional Staff			

SECTION 2: ALTERNATE SITE OR BACKUP LOCATION

VFA provider sites must have a designated site to transfer all VFA vaccines to in an emergency. The alternate site must have the capacity to store the entire public vaccine inventory. **Residences are not acceptable backup locations.** The designated contact person must have 24/7 access to the alternate location.

Site Location	Full Name of Contact Person	Business Hours Phone Number	Emergency Phone Number

SECTION 3: EMERGENCY PLAN VACCINE PACKING AND TRANSPORT INFORMATION

A. PLAN PACKING MATERIALS

1. Portable vaccine refrigerator and freezer units are the best option for transport.
2. Hard sided coolers or Styrofoam™ vaccine containers are acceptable. Coolers must be large enough to accommodate an average supply of vaccine, including influenza and all required packing materials.
3. Enough conditioned frozen water bottles for two layers inside cooler; 16.9 oz. for medium/large coolers or 8 oz. for small coolers.
4. Cushioned insulating materials, including bubble wrap and packing foam.
5. Corrugated cardboard.
6. Digital data logger (DDL) with buffered probe.
7. Refrigerated/Frozen Vaccine Transport Tracking Sheet.

B. PROCEDURES FOR REFRIGERATED VACCINE

Once it is determined that vaccines must be transported to ensure their viability, the following procedure must be followed to pack refrigerated vaccines:

1. Open affected units only when necessary and only after all preparations for packing and moving vaccine have been made.
2. Condition frozen water bottles by placing in a sink filled with several inches of cool or lukewarm water until a layer of water forms near the surface of the bottles. The ice block spins freely when rotated.
3. Line bottom of the cooler with a single layer of dried, conditioned water bottles.
4. Place one sheet of corrugated cardboard over the water bottles to cover completely.
5. Place a one-inch layer of bubble wrap, packing foam, or Styrofoam™ on top to cover the cardboard completely.
6. Place boxes of vaccine and diluents on top of insulating materials.
7. Place DDL buffered probe in center of the vaccines. Keep DDL display outside cooler until finished packing.
8. Cover vaccine with another inch of insulating material.
9. Place another layer of corrugated cardboard on top of the insulating material.
10. Place another layer of dried, conditioned water bottles on top.
11. Close and secure the lid and attach the DDL display.
12. Document transfer information on Refrigerated/Frozen Vaccine Transport Tracking Sheet and affix to transport container. Temperatures are to be maintained between 36°F and 46°F (2°C and 8°C).

C. PROCEDURES FOR FROZEN VACCINE

1. Follow steps for packing refrigerated vaccines but use FROZEN water bottles (not conditioned).
2. If transporting frozen vaccine in the same container as refrigerated vaccine, pack refrigerated vaccine first and place insulating material around refrigerated vaccine. Place rubber bands around frozen vaccine to aid in identification.
3. Do NOT use frozen vaccine transported at refrigerated temperatures. Contact the manufacturer for guidance on viability.

SECTION 4: EMERGENCY PLAN PROCEDURES FOR TRANSPORTING VACCINE IN AN EMERGENCY

1. Staff responding to vaccine emergency must stay with the vaccine during transport and promptly place in appropriate storage unit(s) upon arrival.
2. If transporting vaccine in a vehicle, use the passenger compartment, never the trunk.
3. Before opening cooler:
 - Record time, temperature of vaccine, and temperature of receiving storage unit on the Refrigerated/Frozen Vaccine Transport Tracking Sheet.
 - Immediately transfer vaccine to alternate storage units.
 - Contact the VFC program (800-543-7468) if vaccine temperatures were out of normal range at any time during the vaccine emergency. Any potentially affected vaccine should be quarantined until viability is determined.

REQUIRED SIGNATURES

We agree to implement the storage and handling plan outlined above and/or attached to this document. In the event of any situation which could potentially compromise the efficacy of VFA vaccine, we will comply with the emergency procedure.

Medical Director or Equivalent (Print)

Signature

Date

Primary Vaccine Coordinator (Print)

Signature

Date

Backup Vaccine Coordinator (Print)

Signature

Date