

VACCINES FOR CHILDREN (VFC) PROGRAM NEW PROVIDER ENROLLMENT

For DOH Use Only Date Received: _____

VFC PIN #: _____

Use this packet to:

- **Enroll** in the Vaccines for Children (VFC) Program as a **new** provider; OR
- **Reactivate** lapsed enrollment in the VFC 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 9 and 18.
- 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 VFC 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		Organizational NPI (lookup here)	
Facility Address			
City	County	State	Zip Code
Telephone Number	Fax Number	Email	

VACCINE DELIVERY INFORMATION			
Full Name of Contact Person			
Shipping Address (if same as above under Facility Information, check here <input type="checkbox"/>)			
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
Tues	AM PM to	AM PM	AM PM
Wed	AM PM to	AM PM	AM PM
Thurs	AM PM to	AM PM	AM PM
Fri	AM PM to	AM PM	AM PM
Delivery Instructions:			

MEDICAL DIRECTOR OR EQUIVALENT

(MD, DO, NP, PA and PharmD - this must be the same person that signs and attests to the program requirements in the VFC provider agreement. The word equivalent is used due to the allowance of non-medical doctors (DO, NP, PA and PharmD) designated for oversight of the VFC program at a facility.)

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

*Note: For the purposes of the VFC program, the term 'vaccine' is defined as any FDA-authorized or licensed, ACIP-recommended product for which ACIP approves a VFC resolution for inclusion in the VFC program.

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)	

VFC VACCINE COORDINATORS

Instructions: Each VFC 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		
Back-up Vaccine Coordinator Last Name		First Name		Middle Initial
Telephone		Email		

REQUIRED TRAINING

Instructions: The medical director or equivalent, the primary vaccine coordinator, and the back-up vaccine coordinator must complete all NYS VFC Provider Trainings for newly enrolling providers. **Trainings must be completed by the date this enrollment packet is submitted.** Information about training can be found here:

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 back-up vaccine coordinator completed all trainings for newly enrolling providers on: _____.
(mm/dd/yyyy)

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 or practice administrator:

1. I will annually submit a provider profile representing the VFC-eligible populations served by my practice/facility and the privately insured (i.e. non-VFC eligible) population I plan to vaccinate. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.
2. I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:

A. Federally Vaccine-eligible Children (VFC eligible)

- 1) Are an American Indian or Alaska Native; or
- 2) Are enrolled in Medicaid; or
- 3) Have no health insurance; or
- 4) Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only); a child whose insurance does not include first-dollar coverage for a vaccine. Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement.

B. State Vaccine-eligible Children

In addition, to the extent that my state designates additional categories of children as “state vaccine-eligible”, I will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses (including 317 funded doses) to such children:

- 1) Underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only); a child whose insurance does not include first-dollar coverage for a vaccine. Underinsured children seen at providers where they are not eligible to receive federal VFC vaccine are eligible to receive state-funded vaccine.
- 2) Children enrolled in the state Children’s Health Insurance Program (CHIP) are eligible for vaccine purchased with funds from the New York State CHIP Program.

Children aged 0 through 18 years that do not meet one or more of the eligibility federal vaccine categories (VFC eligible), are **not** eligible to receive VFC-purchased vaccine.

3. For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC 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 child;
 - B. The particular requirements contradict state law, including laws pertaining to medical exemptions.
4. I will maintain all records related to the VFC program for a minimum of three years and upon request make these records available for review. VFC records include, but are not limited to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.
5. I will immunize eligible children with publicly supplied vaccine at no charge to the patient for the vaccine.

6. **VFC and Non-VFC Vaccine Eligible Children**

I will not charge a vaccine administration fee to non-Medicaid federally vaccine eligible children that exceeds the administration fee cap of \$25.10 per vaccine dose. For Medicaid children, I will accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid and/or State Children's Health Insurance Program (SCHIP) health plans.

7. I will not deny administration of a publicly purchased vaccine to an established patient because the child's parent/guardian/individual of record is unable to pay the administration fee.
8. I will 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).

Note: For any ACIP recommended vaccine or immunization product that does not yet have a Vaccine (or Immunization) Information Statement available, a provider may use the manufacturer's package insert, written FAQs, or any other document – or produce their own information materials – to inform patients about the benefits and risks of that vaccine. Once a VIS is available it should be used; but providers should not delay use of a vaccine because of the absence of a VIS. If the vaccine is under an Emergency Use Authorization (EUA), the EUA Fact Sheet for Recipients should be made available.

For VFC monoclonal antibody immunizing products (e.g., nirsevimab), when not co-administered with other vaccines, report all suspected adverse reactions to MedWatch. Report suspected adverse reactions following co-administration of a VFC monoclonal antibody immunizing products (e.g., nirsevimab) with any vaccine to the Vaccine Adverse Event Reporting System (VAERS).

9. I will comply with the requirements for vaccine management including:
- A. Ordering vaccine and maintaining appropriate vaccine inventories;
 - B. Not storing vaccine in dormitory-style units at any time;
 - 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 Immunization Program storage and handling requirements; and
 - D. Returning all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration.

10. I agree to operate within the Vaccine 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 VFC 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 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. It also includes recipient practices that result in unnecessary cost to the Medicaid program.

11. I will participate in Vaccine Program compliance site visits including unannounced visits, and other educational opportunities associated with VFC program requirements.

12. For pharmacies, urgent care, or school located vaccine clinics, I agree to:

- A. Vaccinate all "walk-in" VFC-eligible children and
- B. Not refuse to vaccinate VFC-eligible children based on a parent's inability to pay the administration fee.

Note: "Walk-in" refers to any VFC eligible child who presents requesting a vaccine; not just established patients. "Walk-in" does not mean that a provider must serve VFC patients without an appointment. If a provider's office policy is for all patients to make an appointment to receive immunizations, then the policy would apply to VFC patients as well.

13. I agree to replace vaccine purchased with state or federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a **dose-for-dose** basis.
14. I will report ALL doses administered according to patient's VFC vaccine eligibility, within two weeks of administration, in the New York State Immunization Information System (NYSIIS). (Providers are required by Public Health Law to report all childhood immunizations to NYSIIS.)
I will use the NYSIIS Ordering Module to submit vaccine orders.
I will report vaccine inventory in NYSIIS and ensure that inventory reported with each order reflects current doses administered as reported in NYSIIS.
If my practice uses an Electronic Medical Record (EMR) system to report doses administered to NYSIIS, I will ensure that the EMR system contains the necessary fields required by NYSIIS and can export a data file for submission that uploads all required fields appropriately into NYSIIS.
15. I understand this facility or the New York Immunization Program may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the New York Immunization Program.

PART 2: PROVIDER PROFILE

PROVIDER TYPE

Please review the provider type definitions on pages 10-12 to assist with provider type selection.

Provider Type (Select one):

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

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

Is this provider a specialty provider?*

Please note: the Immunization Program must review and approve any provider who identifies as a specialty provider.

Yes

No

Vaccines Offered (Select one):

All ACIP-recommended vaccines

Select vaccines (This option is only available for facilities designated as **Specialty Providers by the Vaccine Program**)

*A “Specialty Provider” is defined as a provider that only serves (1) a defined population due to the practice specialty (e.g., OB/GYN; STD; family planning) or (2) a specific age group within the general population of children ages 0–18. Local health departments and pediatricians are not considered specialty providers. The Immunization Program has the authority to designate VFC providers as specialty providers. At the discretion of the Immunization Program, certain enrolled providers such as pharmacies or community vaccinators may offer a limited selection of vaccines.

Select Vaccines Offered by Specialty Provider:

COVID-19	Influenza	Rotavirus
DTaP	Meningococcal Conjugate	RSV monoclonal antibody
Hepatitis A	MMR	Td
Hepatitis B	Pneumococcal Conjugate	Tdap
HIB	Pneumococcal Polysaccharide	Varicella
HPV	Polio	Other, specify: _____

PROVIDER POPULATION

Report the number of children who received vaccinations at your facility during the previous 12 months, by age group. Only count a child once based on their status at the last immunization visit, regardless of the number of visits made. The following tables document how many children received VFC vaccine, by category, and how many received non-VFC vaccine.

VFC Vaccine Eligibility Categories	Number of Children Who Received VFC Vaccine (by age category)			
	< 1 Year	1 - 6 Years	7 - 18 Years	Total
Enrolled in Medicaid				
No Health Insurance				
American Indian/Alaska Native				
Underinsured ¹				
Total VFC Patients				
Non-VFC Vaccine Eligibility Categories	Number of Children Who Received Non-VFC Vaccine (by age category)			
	< 1 Year	1 - 6 Years	7 - 18 Years	Total
Insured ²				
Children's Health Insurance Program (CHIP) ³				
Total Non-VFC Patients				
Total Patients (sum of Total VFC Patients + Total Non-VFC Patients)				

¹ Underinsured includes children with health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children seen at providers where they are not eligible to receive federal VFC vaccine are eligible to receive state-funded vaccine.

² Private pay/health insurance covers vaccines.

³ CHIP - Children enrolled in New York State Children's Health Insurance Program (CHIP). These children are eligible for public vaccine purchased with funds from the New York State CHIP program.

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

Benchmarking

Billing System

Medicaid Claims Data

Other (Must describe): _____

NYSIIS

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 Children 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

This provider type is used for juvenile correctional facilities as well as adult correctional facilities where juveniles are confined and on-site vaccination services are provided. Unlike juvenile detention centers, correctional facilities are long-term in nature; youths are confined in secure correctional facilities for periods generally ranging from a few months to a year or more.

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 to 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.

Juvenile Detention Center

Juvenile detention is defined as the temporary and safe custody of juveniles who are accused of conduct subject to the jurisdiction of the court who require a restricted environment for their own or the community's protection while pending legal action. This provider type is used for juvenile detention centers where on-site vaccination services are provided.

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 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 Vaccines for Children (VFC) sites must attest to their compliance with routine and emergency storage and handling plans.

Newly enrolling providers are required to have standalone refrigerator and freezer units and digital data loggers for every unit storing VFC vaccine. Dormitory style refrigerator/freezer units are never acceptable. For additional guidance, see VFC Program Vaccine Storage and Handling Requirements on pages 14 and 15 of this enrollment packet, and visit:

https://www.health.ny.gov/prevention/immunization/vaccines_for_children/storage_and_handling.htm.

PRIMARY VFC REFRIGERATOR UNIT		
Unit Location/ID #		
Refrigerator Grade Commercial Medical/Lab/Pharmaceutical Household/Consumer Other (Specify): _____		
Refrigerator Make	Refrigerator Model	
Data Logger Model State issued Other (Specify make and model): _____	Data Logger Calibration Expiration Date	
ADDITIONAL VFC REFRIGERATOR UNIT		
Unit Location/ID #	Use Primary Backup/Overflow	
Refrigerator Grade Commercial Medical/Lab/Pharmaceutical Household/Consumer Other (Specify): _____		
Refrigerator Make	Refrigerator Model	
Data Logger Model State issued Other (Specify make and model): _____	Data Logger Calibration Expiration Date	
PRIMARY VFC FREEZER UNIT		
Unit Location/ID #		
Freezer Grade Commercial Medical/Lab/Pharmaceutical Household/Consumer Other (Specify): _____		
Freezer Make	Freezer Model	
Data Logger Model State issued Other (Specify make and model): _____	Data Logger Calibration Expiration Date	
ADDITIONAL VFC FREEZER UNIT		
Unit Location/ID #	Use Primary Backup/Overflow	
Freezer Grade Commercial Medical/Lab/Pharmaceutical Household/Consumer Other (Specify): _____		
Freezer Make	Freezer 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 refrigerator 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 VFC/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. (Recording of temperatures is not required for Birth Dose providers.)

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 units 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 months' 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 VFC/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 VFC 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 program. If vaccine temperatures go out of acceptable range for any length of time, the VFC program must be notified at vaccinetempexcursion@health.ny.gov.

SECTION 1: RESPONSIBLE STAFF

The primary vaccine coordinator or the back-up 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 primary vaccine coordinator or back-up vaccine 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 back-up vaccine coordinator are responsible to pack and relocate the vaccines.

	Full Name	Business Hours Phone Number	Emergency Phone Number
Primary Vaccine Coordinator			
Back-up Coordinator			
Additional Staff			

SECTION 2: ALTERNATE SITE OR BACKUP LOCATION

VFC provider sites must have a designated site to transfer all VFC 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:
 - o Record time, temperature of vaccine, and temperature of receiving storage unit on the Refrigerated/Frozen Vaccine Transport Tracking Sheet.
 - o Immediately transfer vaccine to alternate storage units.
 - o 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 VFC vaccine, we will comply with the emergency procedure.

Medical Director or Equivalent *(Print full name)*

Signature	Date
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Primary Vaccine Coordinator *(Print full name)*

Signature	Date
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Back-up Vaccine Coordinator *(Print full name)*

Signature	Date
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